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**Chief Kitsap Academy  
Healing of the Canoe Class  
First Semester, 2012-2013**

**Course Times:** Monday- Friday, First Period 8:00 am – 9:37 am

**Instructors:**

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**Course Description**

The intent of this Suquamish culturally grounded life skills course is to provide students with the opportunity to apply Health knowledge to daily life to help them make choices that motivate positive actions while avoiding the effects of alcohol, tobacco and other drugs. These skills are taught using Suquamish traditions, practices, beliefs, values, stories, and teachings, using the Tribe's most valuable resources; the Elders, youth, leaders and other Tribal members.

**Course Goals and Objectives**

1. Develop cultural knowledge
2. Explore the meaning of culture
3. Increase lifelong wellness skills
4. Learning the negative effects of drug and alcohol abuse
5. To understand the importance of mentors and leadership

**Educational Methods**

Class sessions include a mix of lecture, discussion, dialogue, multimedia, student presentations and group activities. Emphasis is placed on active participation, experiential learning, critical thinking and reflection on course material. Since this class includes information on Suquamish Culture, we invite guest speakers as often as possible to increase the breadth and depth of the class' exposure to Suquamish Culture.

**Cultivating a Learning Community**

The development of a supportive learning environment reflecting the expressed values of the Suquamish community is fundamental to this course. The classroom is the mutual responsibility

of the instructor and the students. As a learner-centered classroom, we all have wisdom and experience to share.

### **Instructor Responsibilities and Accountability**

- Arrive on time and prepared for class
- Collaborate in the development and maintenance of course structure and content
- Facilitate and actively participate in all aspects of student learning
- Provide timely facilitation and feedback related to student learning activities
- Encourage students to participate in discussion and coursework

### **Student Responsibilities and Accountability**

- Attend class
- Arrive on time and prepared for class
- Participate actively in class and small group activities, as well as community events
- Complete all assignments
- Practice respectful listening etiquette, especially when we have a guest speaker

**Student evaluation is based on amount and quality of participation in-class and group activities, and completion of individual and group assignments.**

### **Course Evaluation**

The instructors welcome both verbal and written feedback from class participants throughout the course

### **Assignments & Projects**

- Daily:
  - Daily participation is a large portion of this class and your grade.
  - Input My Fitness Pal information.
  - “I am, I feel.”
  - Wrap up class, discuss how the information relates to that day’s theme (Spiritual, physical, mental, emotional).
  - Most days (but not all) you will be asked to write in a journal provided to you. You will be graded on how thoroughly you complete the written assignment.
- Research drug abuse information. Answer a set of assigned questions using appropriate sources/websites and be able to cite those sources.
- Present drug abuse info to the class using various media. There will be 4 separate drug research projects though out the semester.
- Personal marketing (Your Ad)
- Story Pole

- Individual Cultural Arts Project
  - Food preservation for give away
  - Weave small basket
  - Beading
  - Sewing Rice Bags for giveaway items
  
- Family Digital Media Project
  - Weekly Photo Journal
    - Students will complete weekly photo journal exercises that consist of a photo of their choice from a specific theme for that week and accompanied by at least one sentence about the selected photo.
  - Photo Voice Project
    - Students will select at least three photos from their photo journal assignment and create a photo voice project that will be displayed as a part of a photo voice exhibit.
  - Digital Story
    - Students will learn the process of developing and creating a digital story that will continue to build on the material previous developed in the photo journal and photo voice exhibit

### Course Schedule Overview

<b>Week</b>	<b>Date</b>	<b>Description</b>
<b>1</b>	<b>Sept 5 – Sept 7</b>	<b>School wide orientation and Lake Leland</b>
<b>2</b>	<b>Sept 10 – Sept 14</b>	<b>Getting Acquainted, Traditional Introductions, Easy A</b>
<b>3</b>	<b>Sept 17 – Sept 21</b>	<b>Session 1: The Four Winds/Canoe Journey as a Metaphor, Discuss Easy A, Edmodo use, watch Waterborne, Introduce “I am, I feel” concept, create ground rules</b>
<b>4</b>	<b>Sept 24 – Sept 28</b>	<b>Session 1 cont.: The Four Winds/Canoe Journey as a Metaphor, Start calorie counting app on iPads, Assign days to Mental, Spiritual, Physical, and Emotional</b>
<b>5</b>	<b>Oct 1 – Oct 5</b>	<b>Session 2: How am I perceived? Media Awareness and Literacy, Watch Reel Injuns, Make personal ad, Story Pole,</b>
<b>6</b>	<b>Oct 8 – Oct 12</b>	<b>Session 3: Who am I? Beginning at the Center, Define ourselves using the Four Winds, Suquamish Values, Learn about integrity</b>
<b>7</b>	<b>Oct 15 – Oct 19</b>	<b>Session 4: Community Help and Support: Help on the Journey, Giving back, your community allies, what a mentor is, becoming a mentor</b>
<b>8</b>	<b>Oct 22 – Oct 24</b>	<b>Who is watching? Social media and healthy boundaries, Research drug abuse effects: alcohol, meth, and marijuana</b>

		<b>Present Drug abuse research to class</b>
<b>9</b>	<b>Oct 29 – Nov 02</b>	<b>Session 5: Who will I become? Goal and objective setting, define and plan the goal</b> <b>Session 6: Overcoming Obstacles: Solving Problems, Recognize problems, learn to make good decisions</b>
<b>10</b>	<b>Nov 5 – Nov 9</b>	<b>Session 7: Listening, Tips for Respectful Listening</b> <b>Session 11: Strengthening Our Community, Leaderships skills</b> <b>November 6, end of 1<sup>st</sup> Quarter</b>
<b>11</b>	<b>Nov 12 – Nov 16</b>	<b>Session 10: Safe Journey without Alcohol and Drugs, Consequences and expectancies, Taking care of our bodies, Nutrition, healthy and unhealthy foods</b>
<b>12</b>	<b>Nov 19 – Nov 21</b>	<b>Session 8: Effective Communication: Expressing Thoughts and Feelings, Resolve Conflict, Refusing Respectfully</b> <b>D.E.A.R. M.A.N.</b> <b>Thanksgiving Break from Nov 22 – Nov 25</b>
<b>13</b>	<b>Nov 26 – Nov 30</b>	<b>Research drug abuse effects: Club Drugs, Hallucinogens and Dissociative drugs</b> <b>Present Drug abuse research to class</b> <b>Understand how family, culture, and environmental factors affect personal health</b>
<b>14</b>	<b>Dec 3 – Dec 7</b>	<b>Digital Storytelling: Watch examples, data/file management, write scripts, story circle, edit scripts, decide on photos to collect, record audio</b>
<b>15</b>	<b>Dec 10 – Dec 14</b>	<b>First Aid, CPR, Automatic Electronic Defibrillators, Communicable Diseases</b>
<b>16</b>	<b>Dec 17 – Dec 21</b>	<b>Sexual Health</b> <b>Stages of growth and development</b> <b>Research drug abuse effects: Stimulants, Nicotine, Opiates</b> <b>Dimensions and indicators of health and how they relate to healthy behaviors</b>
<b>17</b>	<b>Dec 24 – Dec 28</b>	<b>Winter Break</b>
<b>18</b>	<b>Dec 31 – Jan 4</b>	<b>Winter Break</b>
<b>19</b>	<b>Jan 7 – Jan 11</b>	<b>Start planning Honoring Ceremony with students</b> <b>Session 9: Moods and Coping with Negative Emotions, Ten Rules of the Canoe, Suicide Danger Signs, Edit and finalize Digital Stories,</b>
<b>20</b>	<b>Jan 14 – Jan 18</b>	<b>Storyboard Digital Stories, plan and collect pictures, Storyboard, rough cut, and finalize</b> <b>Analyze the stages of addiction and dependency and the impact on the individual, family, and society</b>
<b>21</b>	<b>Jan 22 – Jan 25</b>	<b>Research drug abuse effects: Prescription drugs (including depressants), steroids, inhalants</b> <b>Present Drug research to class</b>
<b>22</b>	<b>Jan 28 – Jan 29</b>	<b>Honoring Ceremony and Presentation of Digital Stories</b> <b>Jan 29, end of semester</b>

**Holding Up Our Youth  
Healing of the Canoe  
Fall 2010**

<b>#</b>	<b>Date</b>	<b>Lesson</b>	<b>Other</b>
1	SEPT 1-3	Get to know you	
2	SEPT 6-10	Get to know you/grandparents project	
3	SEPT 13-17	Quantum Learning	
4	SEPT 20-24	Lesson 1 Four Winds/Canoe Journey	
5	SEPT 27-OCT 1	Lesson 2 How I am Perceived	
6	OCT 4 - 8	Lesson 3 Who am I	
7	OCT 11- 15	Lesson 4 Community Help/Support	
8	OCT 18 - 22	Lesson 5 Goal Setting	Short week T-F
9	OCT 25 - 29	Lesson 6 Overcoming Obstacles	
10	NOV 1-5	Lesson 7 Listening	
11	NOV 8 - 12	Lesson 8 Effective Communication	Short week M-W
12	NOV 15 - 19	...continued	
13	NOV 22 – 26	Lesson 9 Dealing with neg emotions	Short week M-W
14	NOV 29 – DEC 3	... continued	
15	DEC 6 – 10	Lesson 10 Safe Journey w/out Drugs...	
16	DEC 13 – 17	Lesson 11 Strengthening our comm..	
17	DEC 20 –24	WINTER BREAK	
18	DEC 27 – 31	WINTER BREAK	
19	JAN 3 – 7	Health Professions w/ Kathy	
20	JAN 10 – 14	Health Professions w/ Kathy	
21	JAN 17 – 21	Lesson 12 Honoring Ceremony	
22	JAN 24 -28	Lesson 12 Honoring Ceremony	Short week M-W

**“Holding Up Our Youth”  
Workshop-style Implementation Plan – Second Draft  
September 22, 2011**

**Format**

- Three 3-day intensive workshops over three months
  - Workshops will be in January, February and March
  - Wednesday 2pm (after school) until Friday at 6pm
  - Students will miss two full days of school
- High School students ages 16-18 (must be enrolled in a high school)
- Number of Students: 8
- HOC facilitators will conduct individual check-ins with each student, their family representative & a teacher/counselor/case worker/coach.
- Utilize voice, text, email, Facebook and in person methods to promote dialogue between students, families & facilitators in between sessions – providing general information including reminders of upcoming workshops, “homework” assignments/supplies, etc.
- Recruitment will include
  - a brochure being mailed out to all tribal families in Kitsap County with youth ages 16-18. Brochure will include:
    - Curriculum Overview
    - Research Description
    - Contact Information
    - Program Description
    - Accommodation information
  - Families can sign up by calling our office,
  - If additional space is available, HOC facilitators will outreach to families based on referrals from Kingston HS, North Kitsap HS and Suquamish Tribe Education Department.
  - Priority will be given to older students who have not been involved in other Holding Up Our Youth cohorts.
- Enrollment in the program will include:
  - Permission slip
  - Signed document stating a commitment to attend all three sessions and Honoring Ceremony
  - Consent paperwork (participating in the research is not a requirement to attend)
  - Signed release of information statement so facilitators can correspond with teachers, etc.
- Honoring Ceremony will occur within 2 weeks of the final workshop.
- Assessments will include a pre-assess the first day of the workshop, post assessments within one week of the Honoring Ceremony.
- Data will also be collected following each workshop and weekly during check-ins.
- Individual digital stories will be created and collected by HOC.



## Curriculum

- **First Workshop**
  - *Day One*
    - Welcoming Circle
      - HOC Overview
      - Digital Story Process
    - Effective Communication
      - Discussion of Ground Rules
    - SURVEYS/Free Time
    - How am I Perceived?
      - Movie Night – *Easy A*
      - Discussion on stereotypes, double standards, etc
    - Cameras will be checked out to the students at the beginning of the workshop.
  - *Day Two*
    - Physical Activity with mentor – dance, pull, hike, aikido, archery, etc
    - Effective Communication Review
    - Four Winds & Canoe Journey as a Metaphor
      - Guest Speaker/s
      - Students discuss their journey experiences
    - Who am I?
      - Family Tree exercise
        - Photos, special objects brought from home
        - Can we get their family trees from Enrollment with parental permission?
      - Writing Exercise (prep for Digital Story narrative)
        - “I am a person who...”
      - Individual Narrative Review
    - Safe Journey Posters
      - Alcohol, Meth & Tobacco
    - Cultural Arts with mentors
    - Cooking Dinner with mentor
  - *Day Three*
    - Physical Activity with mentor – dance, pull, hike, aikido, archery, etc
    - Who will I become?
      - Discussion
      - Writing exercise – “
    - Record Narrative and Story Pole exercise
    - What next?
      - Discuss next workshop
      - “Homework”
      - Improvements for next time
    - Closing Circle

- **Second Workshop**
  - Day One
    - Welcoming Circle
    - Effective Communication discussion
    - Review of First Workshop
    - Overcoming Obstacles & Strengthening our Community
      - Movie Night & discussion
  - Day Two
    - Physical Activity with mentor – dance, pull, hike, aikido, archery, etc
    - Listening & Strengthening our Community
      - Discussion
      - Develop questions as a group
      - Interview elders about a story from their youth
        - These will be short interviews 10-20 minutes
        - Recorded??
      - Writing exercise – A story telling of something they learned from an elder & how they can pass it along.
    - Digital Story development
      - Select and digitize photos
    - Safe Journey Posters
      - Review previous workshops posters
      - Club Drugs
      - Marijuana
      - Stimulants
    - Cooking Dinner with mentors
    - Cultural Arts with mentors
  - Day Three
    - Physical Activity with mentor – dance, pull, hike, aikido, archery, etc
    - Moods and Coping with Negative Emotions
      - Guest speaker
    - Community Help and Support Posters
    - Finish projects from day before
    - What next?
      - “Homework”
      - Improvements for next time
      - Discuss next workshop
    - Closing Circle
- **Third Workshop – Digital Storytelling**
  - Day One
    - Welcoming Circle
    - Review of First & Second Workshop
    - Community Help and Support
      - Movie Night & discussion

- Day Two (we will ask to have the mobile computer lab brought to our location)
  - Physical Activity with mentor – dance, pull, hike, aikido, archery, etc
  - Adobe Premier tutorial
  - Digital Story completion
  - Cooking Dinner with mentors
  - Cultural Arts with mentors
- Day Three
  - Physical Activity with mentor – dance, pull, hike, aikido, archery, etc
  - Safe Journey Posters as they complete their stories
    - Review previous workshops posters
    - Hallucinogens
    - Prescription Drugs
    - Opiates
  - Digital Story Premier
  - Honoring Ceremony discussion



Healing of the Canoe: Strong People Pulling Together  
 'Navigating Life the S'Klallam Way' Curriculum  
 Intensive Weekend Retreats & Research  
 February – September 2012



Group #1 Lodging at Seabeck Conference Center and Suquamish Clearwater Resort

#	Date	Lesson	Location
	TBD	Individual Baseline Surveys	TBD
1	Feb 17	1) Four Seasons/Canoe Journey Metaphor	Seabeck
2	Feb 18	2) Who I Am	“
3	Feb 18	3) How I am Perceived	“
4	Feb 19	4) Community Help & Support	“
5	Mar 2	5) Moods & Coping with Emotions	Seabeck
6	Mar 3	6) Who I will Become	“
7	Mar 3	7) Overcoming Obstacles	“
8	Mar 4	8) Listening	“
9	Mar 23	9) Effective Communication	Clearwater Resort
10	Mar 24	10) Safe Journey w/o Alcohol & Drugs	“
11	Mar 24	11) Strengthening Our Communities	“
12	Mar 25	Digital Story Completion Party Closing Ceremony Post Survey	“ “ “
	TBD by group	Digital Story Viewing – Invite Only Parent Questionnaires	Youth Center

Group #2 Lodging at Seabeck Conference Center and Suquamish Clearwater Resort

#	Date	Lesson	Location
	Prior to Retreat	Individual Baseline Survey	TBD
1	Apr 13	1) Four Seasons/Canoe Journey Metaphor	Seabeck
2	Apr 14	2) Who I Am	“
3	Apr 14	3) How I am Perceived	“
4	Apr 15	4) Community Help & Support	“
5	May 4	5) Moods & Coping with Emotions	Seabeck
6	May 5	6) Who I will Become	“
7	May 5	7) Overcoming Obstacles	“
8	May 6	8) Listening	“
9	May 18	9) Effective Communication	Clearwater Resort
10	May 19	10) Safe Journey w/o Alcohol & Drugs	“
11	May 19	11) Strengthening Our Communities	“
12	May 20	Digital Story Completion Party Closing Ceremony Post Survey	“ “ “
	TBD by group	Digital Story Viewing – Invite Only Parent Questionnaires	Youth Center

	Tentative June 21	Community Youth Honoring Ceremony	Tribal Gymnasium
	Starting July 25	Group #1 four month follow-up survey	TBD
	Starting Sept 20	Group #2 four month follow-up survey	TBD

# Holding Up Our Youth

## Session Summary

### 1.) **The Four Winds/Canoe Journey as a Metaphor**

- a. Goals: Learn how the canoe journey can be applied to life's journey, and the ways in which the Four winds can teach us about ourselves.
  - i. Introduce the Four Winds
  - ii. Chief Seattle
  - iii. Canoe Journey discussion/film.
  - iv. Alcohol and tobacco use/abuse and effects
  - v. Jeopardy game

### 2.) **How Am I perceived? Media Awareness and Literacy**

- a. Goals: Learn about media portrayals, stereotypes, and exploitation.
  - i. Stereotypes
  - ii. Magazine advertising activity/ Movie
  - iii. Methamphetamines

### 3.) **Who Am I? Beginning at the Center.**

- a. Goals: Using the Four winds to define ourselves, Suquamish introduction protocols, "self-awareness"
  - i. Balancing the mental/spiritual/physical/emotional
  - ii. Suquamish Values
  - iii. Character strengths activity
  - iv. Marijuana

### 4.) **Community Help and Support: Help on the Journey**

- a. Goals: Learn about the importance of community, giving back to your communities, and mentors.
  - i. The Communities around you
  - ii. Community skills
  - iii. Mentors and attributes of a mentor
  - iv. Club drugs.
  - v. Stimulants

**5.) Who Will I Become? Goal Setting**

- a.) Goals: The importance of goals, and how to approach goal-setting.
  - i. Goal Setting
  - ii. Smaller goals and obstacles
  - iii. Hallucinogens and Dissociative drugs
  - iv. Jeopardy game

**6.) Overcoming Obstacles: Solving Problems**

- a. Goals: Learn to recognize and solve problems; where to go for help.
  - i. Problems on a canoe journey
  - ii. Six Problem solving Steps
  - iii. Trickster Story
  - iv. Nicotine

**7.) Listening**

- a.) Goals: to learn about the cultural and personal value of listening.
  - i. Listening in native Communities
  - ii. Effective Listening
  - iii. Betty Pasco Story

**8.) Effective Communication**

- a. Goals: To learn communication skills, how to disagree respectfully, and deal with potential peer interactions.
  - i. Define communication, ways to communicate
  - ii. Non-verbal and verbal behaviors
  - iii. Respectful and disrespectful expression, I-statements
  - iv. Resolving conflict
  - v. Tips for Being Assertive
  - vi. Opiates

**9.) Moods and Coping with Negative Emotion**

- a. Goals: To learn about negative and positive emotions and self-talk, depression and suicide, ways to cope with negative emotions.
  - i. Ten Rules of the Canoe and emotions
  - ii. Healthy responses to Anger
  - iii. Depression and Signs of Suicide
  - iv. Self-medicating behavior
  - v. Healthy and effective ways to deal with emotions
  - vi. Inhalants

## **10.) Safe Journey Without Alcohol and Drugs**

- a. Goals: Learn about the problems that addictions can create, and how to take care of our bodies.
  - i. Drugs and Alcohol on the Canoe Journey, Sterotypes
  - ii. Consequences/Problems associated with Drug and Alcohol use/abuse.
  - iii. Taking care of our physical body, Food habits of our ancestors/today's food.
  - iv. Steroids.

## **11.) Strengthening Our Community**

- a. Goals: To learn about leadership skills within the Suquamish community, and making choices that serve yourself and the community.
  - i. Community activities
  - ii. More about the Canoe Journey

## **12.) Honoring Ceremony**

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ORGANIZATION'S LETTER HEAD/LOGO

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Date:

Dear Parents and/or Guardians:

Your child is involved in the Healing of the Canoe [USE THE NAME OF THE CURRICULUM, CLASS, PROGRAM, CULTURE CAMP, ETC., IN WHICH THE HEALING OF THE CANOE CURRICULUM IS BEING PRESENTED] program. The program goal is to give youth the skills they need to navigate their life's journey safely without being pulled off course by alcohol and drugs. This is done by helping them become more involved with their tribal culture, traditions, and values, which we believe can help prevent substance use and help them cope effectively with other life challenges.

One of the areas that is involved in the program is to help youth deal with negative emotions like stress, anxiety, and depression. An important topic in dealing with depression is the possibility of suicide. Because of this, the program has a number of sessions that focus on coping with negative emotions, recognizing the signs of potential suicidal thoughts, intentions, or plans in oneself or in others like friends or family, and what to do if you see someone struggling with the idea of taking their own life. These are very sensitive and sometimes difficult topics to discuss.

We wanted to let you know that we will be starting these sessions soon. Please be supportive of your youth as we deal with this sensitive topic. Also, please be aware and open to talking with your youth about this topic if it is brought up. We also encourage you to become familiar with resources in your community that can serve as support for youth and family members who may be struggling with suicidal issues, or the aftermath of a suicide in the family or community. [COULD PROVIDE A COPY OF THE LOCAL RESOURCE LIST FOR THE COMMUNITY].

If you have any questions or concerns, please call our program at xxxx.

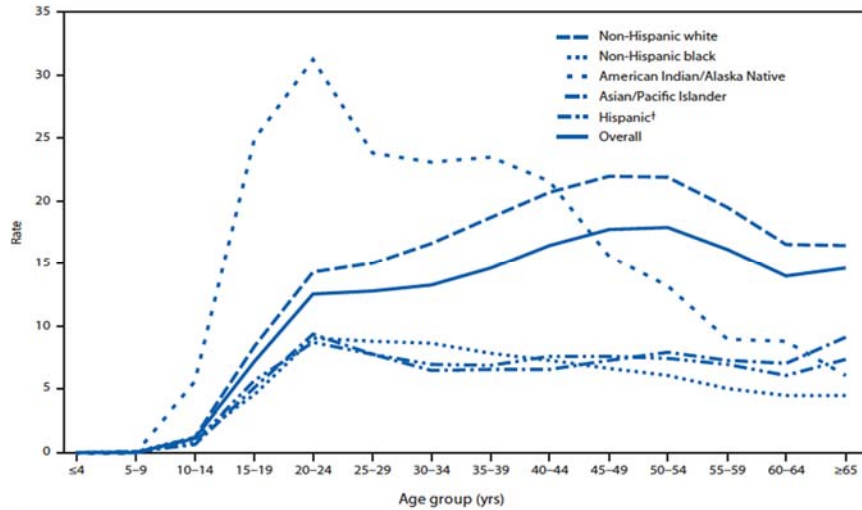
Thank you in advance for your ongoing support of your youth and of the community. It is very much appreciated.

Sincerely,



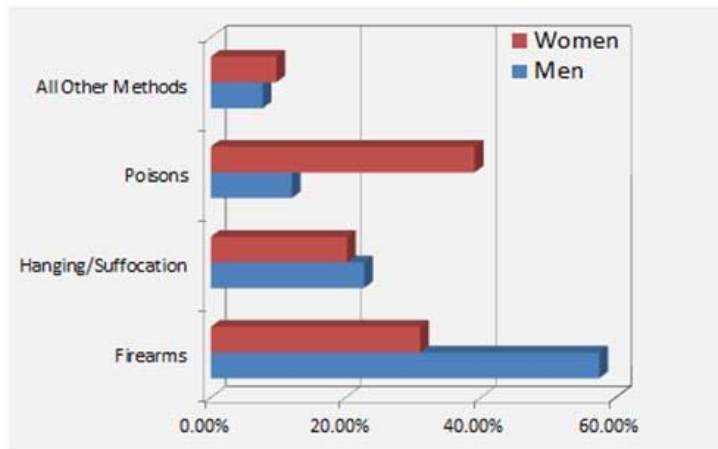
## SUICIDE STATISTICS for HOC Facilitators

FIGURE. Suicide rates,\* by race/ethnicity and age group — National Vital Statistics System, United States, 2005–2009

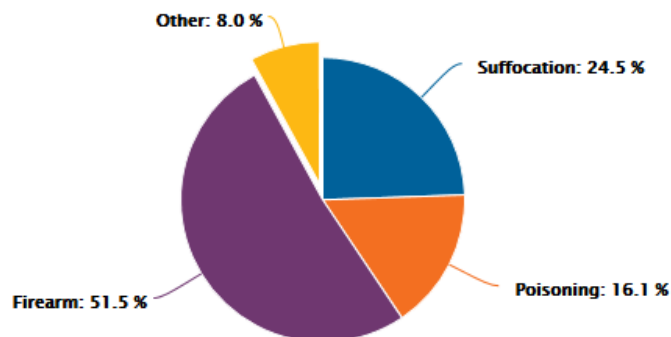


\* Unadjusted (crude) suicide rates per 100,000 population.  
 † Persons of Hispanic ethnicity might be of any race or combination of races.

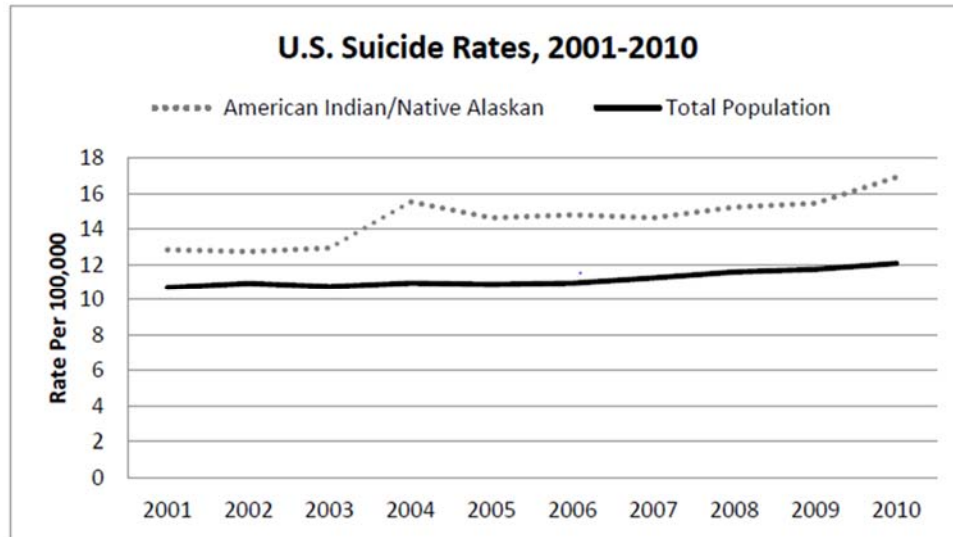
## Suicide Methods by Gender in the U.S.



## Suicide Deaths by Method, 2013



## AMERICAN INDIAN/ALASKA NATIVE SUICIDE STATISTICS



Source: CDC, 2010 Fatal Injury Reports.]

- At 16.93, the suicide rate for American Indians/Alaska Natives of all ages was much higher than the overall U.S. rate of 12.08.
- Suicide was the eighth leading cause of death for American Indians/Alaska Natives of all ages and the second leading cause of death among youth ages 10–24.
- Suicide rates among AIAI are more than double that of the general population, and Native teens experience the highest rate of suicide of any population group in the United States.
- According to the Youth Risk Behavior Survey, 16 percent of students at Bureau of Indian Affairs schools in 2001 reported having attempted suicide in the preceding 12 months.
- Violence, including intentional injuries, homicide and suicide account for 75% of deaths for AI/AN youth age 12-20.
- Adolescent AI/ANs have death rates 2 to 5 times the rate of Whites in the same age group (SAMHSA), resulting from higher levels of suicide and a variety of risky behaviors.
- Suicide is the 2nd leading cause of death – and 2.5 times the national rate – for AI/AN youth in the 15-24 age group.
- In the US, between 1 in 9 and 1 in 5 AI/AN youth report attempting suicide each year
- 22% of females and 12% of males reported to have attempted suicide, while 5% had serious thoughts of suicide in the past year.

### Suicide Deaths: Rates per 100,000

Age	AI/AN Rates		U.S. Rates	
	Males	Females	Males	Females
Total	25.02	9.03	19.78	4.99
15–24	51.93	16.74	16.90	3.89
25–34	42.37	11.22*	22.50	5.34
35–64	26.60	9.93	27.64	8.21
65–84	8.51*	7.01*	26.89	4.36
85+	0.00*	9.01*	47.33	3.27

AI/AN high school students report higher rates of suicidal behaviors than the general population of U.S. high school students:

**Results of 2011 Youth Risk Behavior Survey of high school students:**

<b>"In the past 12 months have you:"</b>	<b>AI/AN</b>	<b>Total U.S.</b>
<b>Had serious thoughts of suicide</b>	21.8%	15.8%
<b>Made suicide plans</b>	17.7%	12.8%
<b>Attempted suicide</b>	14.7%	7.8%
<b>Gotten medical attention for a suicide attempt</b>	6.1%	2.4%

**The percentage of AI/AN female students reporting suicidal thoughts and behaviors was higher than that of White female and AI/AN male students:**

<b>"In the past 12 months have you:"</b>	<b>AI/AN Females</b>	<b>White Females</b>	<b>AI/AN Males</b>
<b>Had serious thoughts of suicide</b>	29.9%	18.4%	14.3%
<b>Made suicide plans</b>	21.5%	13.7%	14.2%
<b>Attempted suicide</b>	19.9%	7.9%	10.0%
<b>Gotten medical attention for a suicide attempt</b>	9.4%	2.2%	3.0%

- Lifetime rates of having attempted suicide reported by adolescents ranged from 21.8% in girls to 11.8% in boys and from 17.6% of both sexes raised on reservations to 14.3% of both sexes raised in urban areas.<sup>11, 12</sup>
- Lifetime rates of suicidal ideation were significantly higher among youth raised on reservations (32.6%) compared to youth raised in urban areas (21%).

**Access to Lethal Methods of Suicide**

- Availability and use of different methods of suicide impacts suicide rates among different groups in the population and different geographical areas of the world.
- In 2013, firearms were the most common method of death by suicide, accounting for a little more than half (51.4%) of all suicide deaths. The next most common methods were suffocation (including hangings) at 24.5% and poisoning at 16.1%
- In the U.S., the most common method of suicide is firearms, used in 51% of all suicides. Currently, firearms are involved in 56% of male suicides and 30% of female suicides.
- Among U.S. women, the most common suicide method involves poisonous substances, especially overdoses of medications. Poisoning accounts for 37% of female suicides, compared to only 12% of male suicides.
- Hanging or other means of suffocation are used in about 25% of both male and female suicides.
- The difference in death rates among the most common suicide methods estimated at 80–90% for firearms and 1.5–4% for overdoses—helps to account for the roughly 4: 1 ratio of male-to-female suicides (Yip, et al., 2012).
- The greater availability of firearms in rural parts of the country also contributes to higher suicide rates in the more rural Western states.

- Studies have shown that many suicide attempts are unplanned and occur during an acute period of ambivalence (Bohanna & Wang, 2012). Therefore, [restricting access to lethal methods is a key suicide prevention strategy](#).

U.S. Suicide Statistics (2005) Suicide Methods by Gender				
Method	Men		Women	
	Men - Percent of Total	Men - Number of Suicides (25,566 total)	Women - Percent of Total	Women - Number of Suicides (6,873 total)
Firearms	57.6%	14,916	31.0%	2,086
Hanging, strangulation, suffocation	22.7%	5,887	20.2%	1,361
Poisons	12.0%	3,112	39.1%	2,632
All other methods	7.7%	1,992	9.7%	651

#### Alcohol, Drugs & Suicide among AIAN

- The reported rate of binge alcohol use over the past month was higher among AI/AN adults than the national average (30.6 percent vs. 24.5 percent).
- Only 1 in 8 (12.6 percent) of AI/AN adults (24,000 people) in need of alcohol or illicit drug use treatment in the past year received treatment at a specialty facility.
- Between 2003–2009, of AI/AN suicide decedents tested for alcohol, **36% were legally intoxicated at the time of death**. There were proportionally more positive test results for alcohol among AI/AN decedents than there were for any other racial or ethnic group.
- In a small 2007–2010 study of AI/AN youth ages 15-24, **64% were “drunk or high”** when they died by suicide, 75.7% were “drunk or high” during a suicide attempt, and 49.4% during suicidal ideation.
- In a study of Alaska Natives in Northwest Alaska between 2001 and 2009, about 60% of those **exhibiting suicidal behavior (attempts and deaths) had a history of substance abuse**.
- In 2011, AI/AN had the highest rate of current illicit drug use (13.4%) among those ages 12 or older compared to any other single racial/ethnic group, and illicit drug use is a risk factor for suicide. The overall rate for all racial/ethnic groups was 8.7%.

## Suicide Awareness/Prevention Video List

Here are a few suggestions/recommendations for YouTube videos dealing with the subject of suicide and suicide prevention – many of which are geared towards Native youth and communities. There are of course many additional ones available online. Because this is a sensitive topic, we highly recommend that the facilitator(s) review videos before showing them to youth to determine if they are appropriate for that specific audience/group.

### **Native Youth Speaks on Suicide Prevention**

<http://youtu.be/M3UNJRVwFwo>

### **This is Who I am: Visual Counter Narratives from Schitsu'umsh Youth**

<http://youtu.be/7Zh6dhZ7hao>

### **PSA – American Indian/Alaska Native Suicide**

<http://youtu.be/kU4fiSBA5-s>

### **Native Cry Suicide PSA Part 1**

<http://youtu.be/LL8NaH0nOB4>

### **Native Cry Suicide PSA Part 2**

<http://youtu.be/LxNv6532sIU>

### **Native American Suicide Prevention**

<http://youtu.be/9FXvS9pIPOc>

### **Rascal Flatts "Why" - Suicide Prevention, Awareness, and Hope**

<http://youtu.be/NjGCLHidIRc>

### **Stay With Us Young Warriors, We Need You Here - #SuicidePrevention**

<http://youtu.be/ggKDHx0QNYw>

### **Youth Suicide in Indian Country**

<http://youtu.be/KEjUhOjKKCM>

### **Drowning Signs Aren't Like the Movies**

<https://youtu.be/X1mVcSUttX4>

This video is helpful for the Suicide Intervention chapters – as a metaphor for how people might not seem like they are overwhelmed and slipping “under the water” in regards to how they are feeling about life.

Communities may also develop digital stories related to suicide, risk and protective factors, and prevention approaches that could be shown.

## Online Suicide Resource List for Facilitators

### Suicide Prevention Helplines and Web-based Chat Sites

- **National Suicide Prevention Lifeline** (<http://www.suicidepreventionlifeline.org/>)  
No matter what problems you are dealing with, we want to help you find a reason to keep living. By calling **1-800-273-TALK (8255)** you'll be connected to a skilled, trained counselor at a crisis center in your area, **anytime 24/7**.
  - **National Suicide Prevention Lifeline Crisis Chat:** Chat with a crisis counselor online, **anytime 24/7**. Get help for yourself or for someone else - Anyone who is depressed, despairing, going through a hard time, or just needs to talk, including people who are thinking about suicide.  
[www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx](http://www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx)
  - **Kristin Brooks Hope Center Hopeline** -- If you (or someone you know) are depressed and thinking about suicide, please call **1-800-442-HOPE (4673)** to talk to a caring crisis hotline volunteer. Your call is free and confidential.
  - **Hopeline Network IMAlive** -- an online crisis center which is part of the the Hopeline Network, the first online crisis service with 100% of its professionally supervised volunteers trained in crisis intervention. <http://hopeline.com/online/>
  - **The Trevor Project:** This is a free, confidential 24-hour hotline. It focuses on crises and suicide prevention among gay, lesbian, bisexual, and transgender youth. **1-866-4-U-TREVOR**
  - **Crisis Text Line:** Text **START** to **741-741** to talk to a trained counselor. It's free, confidential, and available 24/7.
- 

### Phone Apps for Individuals Struggling with Suicide Issues and for Providers

- MY3 App for Iphone and Androids. MY3 lets you stay connected when you are having thoughts of suicide: <http://www.my3app.org/>
  - Suicide Safe: The Suicide Prevention App for Health Care Providers from SAMHSA - <http://store.samhsa.gov/apps/suicidesafe/>
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### Statistics about Suicide: Prevalence/Scope of the Problem – General

- Youth Suicide - Frequently Asked Questions (FAQ):  
[http://www.yspp.org/about\\_suicide/youth\\_suicide\\_FAQ.htm](http://www.yspp.org/about_suicide/youth_suicide_FAQ.htm)
- Reasons for suicide: <http://www.livescience.com/37433-reasons-people-attempt-suicide.html>
- Centers for Disease Control & Prevention (CDC) - Suicide - Facts at a Glance, 2015:  
<http://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf>

- Centers for Disease Control & Prevention (CDC) - Ten Leading Causes of Death in the United States charts for 2014: [http://www.cdc.gov/injury/images/lc-charts/leading\\_causes\\_of\\_death\\_age\\_group\\_2014\\_1050w760h.gif](http://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2014_1050w760h.gif)
- <http://www.cdc.gov/ViolencePrevention/suicide/index.html>
- Suicide Prevention Resource Center – Suicide – Scope & Statistics: <http://www.sprc.org/about-suicide/scope>
- Suicide Prevention Resource Center – Suicide – Scope & Populations: <http://www.sprc.org/about-suicide>
- American Foundation for Suicide Prevention – Suicide Statistics: <https://afsp.org/about-suicide/suicide-statistics/>
- <https://www.afsp.org/understanding-suicide>
- American Foundation for Suicide Prevention – State Fact Sheets: <https://afsp.org/about-suicide/state-fact-sheets/>

### **Statistics about Suicide: Prevalence/Scope of the Problem – American Indian/Alaska Native**

- Fast Facts: Native American Youth and Indian Country: [http://www.aspeninstitute.org/sites/default/files/content/upload/Native%20Youth%20Fast%20Facts%20Update\\_04-2014.pdf](http://www.aspeninstitute.org/sites/default/files/content/upload/Native%20Youth%20Fast%20Facts%20Update_04-2014.pdf)
- Suicide among racial/ethnic populations in the U.S.: American Indians/Alaska Natives: [http://www.sprc.org/library\\_resources/items/suicide-among-raciaethnic-populations-us-american-indiansalaska-natives](http://www.sprc.org/library_resources/items/suicide-among-raciaethnic-populations-us-american-indiansalaska-natives)
- Suicide Among American Indians & Alaska Natives in the Northwest: [http://216.243.141.9/images/resources\\_docs/weeklymailout/2015/may/week4/2%20Northwest%20AIAN%20SuicideFactSheet\\_2015.pdf](http://216.243.141.9/images/resources_docs/weeklymailout/2015/may/week4/2%20Northwest%20AIAN%20SuicideFactSheet_2015.pdf)

### **Reducing Access to Lethal Means**

- <http://www.sprc.org/news-events/events/keeping-youth-safe-reducing-access-lethal-means>
- <http://www.preventionlane.org/means-restriction-firearm-safety>
- <http://legislature.vermont.gov/assets/Documents/2016/WorkGroups/House%20Judiciary/Bills/S.141/Witness%20Testimony/S.141~Laurie%20Emerson~Reducing%20Suicide%20Risk%20by%20Limiting%20Access%20to%20Lethal%20Means~4-8-2015.pdf>
- <http://www.save.org/about-suicide/preventing-suicide/reducing-access-to-means/>

### **Risk Factors and Warning Signs**

- <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>
- [http://www.sprc.org/sites/sprc.org/files/library/RS\\_warningsigns.pdf](http://www.sprc.org/sites/sprc.org/files/library/RS_warningsigns.pdf)
- <http://www.webmd.com/depression/guide/depression-recognizing-signs-of-suicide>
- <https://www.afsp.org/preventing-suicide>
- <http://www.stopasuicide.org/signs.html>
- <http://www.sprc.org/about-suicide/warning-signs>

## **Spiraling Down and Getting Back Up from Depression**

- Downward Spiral of Depression: <http://www.guelphtherapist.ca/blog/downward-spiral-of-depression/>
  - Reversing the Cycle of Depression: <http://www.guelphtherapist.ca/blog/reversing-cycle-depression/>
  - A Parent's Guide to Recognizing and Treating Depression in Your Child: [http://www.yspp.org/downloads/resources/YSPP\\_depression\\_Final\\_low.pdf](http://www.yspp.org/downloads/resources/YSPP_depression_Final_low.pdf)
- 

## **Protective Factors**

- [http://www.sprc.org/library\\_resources/sprc/listing?tid\\_3=199](http://www.sprc.org/library_resources/sprc/listing?tid_3=199)
  - Sources of Strength curriculum: <http://sourcesofstrength.org/working/research-project.html>
  - American Indian Life Skills (<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=81>) covers many protective factors- but don't have the actual curriculum to give the example of how they teach it
  - [https://www.socialworkers.org/practice/adolescent\\_health/shift/documents/information/SHIFT-Protective.pdf](https://www.socialworkers.org/practice/adolescent_health/shift/documents/information/SHIFT-Protective.pdf)
- 

## **Resources for Suicide Prevention: American Indian/Alaska Native Youth**

- SPRC American Indian and Alaska Native Website- Various topics: <http://www.sprc.org/settings/aian>
    - This is a link to the Suicide Prevention Resource Center focused on American Indians and Alaska Natives. The site provides a variety of resources that include culturally grounded approaches and promising practices. Manuals are available to assist individuals and communities understand, prevent, and address suicide in AIAN communities
  - Aboriginal Youth: A Manual of Promising Suicide Prevention Strategies [https://suicideinfo.ca/LinkClick.aspx?fileticket=xYw\\_rxl1F7w%3d&tabid=475](https://suicideinfo.ca/LinkClick.aspx?fileticket=xYw_rxl1F7w%3d&tabid=475)
  - A Guide to Suicide Prevention For American Indian and Alaska Native Communities <http://www.oneskycenter.org/wp-content/uploads/2014/03/AGuidetoSuicidePreventionFINAL.pdf>
  - Adolescent Suicide Prevention Program Manual: A Public Health Model For Native American Communities ([http://www.sprc.org/sites/default/files/migrate/library/AdolescentSP\\_ProgramManuaPH\\_ModelN\\_A\\_Communities.pdf](http://www.sprc.org/sites/default/files/migrate/library/AdolescentSP_ProgramManuaPH_ModelN_A_Communities.pdf))
  - Suicide Prevention Resource Center: American Indian/Alaska Native Settings <http://www.sprc.org/settings/aian>
  - To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults ([http://www.sprc.org/sites/default/files/migrate/library/Suicide\\_Prevention\\_Guide.pdf](http://www.sprc.org/sites/default/files/migrate/library/Suicide_Prevention_Guide.pdf))
  - Indian Health Service Suicide Prevention Program: <https://www.ihs.gov/suicideprevention/>
  - American Indian Life Skills Development/Zuni Life Skills Development: <http://www.sprc.org/resources-programs/american-indian-life-skills-developmentzuni-life-skills-development>
-



## **Resources for Suicide Prevention: School-Based Guides and Resources for Families – General**

- CDC, National Suicide Data & Statistics: <http://www.cdc.gov/ViolencePrevention/suicide/index.html>
    - This is a link to the CDC website with a variety of resources including data and statistics, recent research, documents and reports, etc. Topics include suicide, bullying, self-harm, violence prevention, etc.
  - SAMHSA, Suicide Prevention: <http://www.samhsa.gov/suicide-prevention>
  - Prevention Suicide: A Toolkit for High Schools: <http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>
  - Youth Suicide Prevention School-Based Guide: <http://theguide.fmhi.usf.edu/pdf/2012PDFs/2012GuideAll.pdf>
  - Youth Suicide Prevention Program: <http://www.yspp.org/>
  - Suicide Prevention Resources for Parents/Guardians/Families: <http://www.sprc.org/sites/default/files/resource-program/Families.pdf>
  - What Every Parent Should Know About Teen Suicide: <http://www.sptsusa.org/not-my-kid/>
  - QPR - Question. Persuade. Refer. Three steps anyone can learn to help prevent suicide: <http://www.qprinstitute.com/>
  - Know the Signs: <http://www.suicideispreventable.org/>
  - L.E.A.R.N. Intervention Steps – Tips for Talking With Youth, Adults, Friends, Family or Co-Workers in Crisis: [http://www.intheforefront.org/sites/default/files/LEARN\\_Tips%20for%20Talking%20with%20a%20friend%2C%20child%2C%20family%20member%20co-worker%20at%20Risk%20for%20Suicide\\_FOREFRONT%202016.pdf](http://www.intheforefront.org/sites/default/files/LEARN_Tips%20for%20Talking%20with%20a%20friend%2C%20child%2C%20family%20member%20co-worker%20at%20Risk%20for%20Suicide_FOREFRONT%202016.pdf)
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## **Comprehensive Suicide Prevention Resource Websites**

- SAVE: Suicide Awareness Voices of Education -- <http://www.save.org/find-help/>
  - Suicide Facts: <http://www.save.org/about-suicide/suicide-facts/>
  - Warning Signs, Risk Factor, and Protective Factors: <http://www.save.org/about-suicide/warning-signs-risk-factors-protective-factors/>
  - I'm Having Suicidal Thoughts: <http://www.save.org/find-help/im-having-suicidal-thoughts/>
  - I'm Concerned about Someone Else: <http://www.save.org/find-help/im-concerned-about-someone-else/>
  - Crisis Services: <http://www.save.org/find-help/crisis-intervention-hotlines/>
  - For Suicide Attempt Survivors: <http://www.save.org/find-help/attempt-survivor-resources/>
  - Coping with Loss: <http://www.save.org/find-help/coping-with-loss/>

### • Maine Teen Suicide Prevention

#### For Youth

##### I'm worried about myself

- Finding Help for yourself (<http://www.maine.gov/suicide/youth/myself/index.htm>)
- If you are considering suicide (<http://www.maine.gov/suicide/youth/myself/consider.htm>)
- Am I normal (<http://www.maine.gov/suicide/youth/myself/normal.htm>)

##### I'm worried about a friend

- Finding help for a friend (<http://www.maine.gov/suicide/youth/friend/index.htm>)

- How to help a troubled friend – Harmful and Helpful Tips (<http://www.maine.gov/suicide/youth/friend/troubled.htm>)
- If you Suspect a Friend is Suicidal (<http://www.maine.gov/suicide/youth/friend/suspect.htm>)
- Take Action - Remove the Method (<http://www.maine.gov/suicide/youth/friend/action.htm>)
- When a Friend/Family Member Dies by Suicide (<http://www.maine.gov/suicide/youth/friend/dies.htm>)

#### For Parents

- How to Support Grieving Youth (<http://www.maine.gov/suicide/parents/support.htm>)
- Common Youth Reactions to Suicide (<http://www.maine.gov/suicide/parents/common.htm>)

#### For Survivors

- I've lost a loved one to suicide - What do I do now? (<http://www.maine.gov/suicide/docs/Postvention-Survivor-Booklet.pdf>)
- SOS: A Handbook for Survivors of Suicide: <http://www.maine.gov/suicide/docs/Survivor-Kit/Handbook-Survivors-Suicide.pdf>
- Beyond Surviving (<http://www.maine.gov/suicide/docs/BeyondSurviving.pdf>)
- Society for the Prevention of Teen Suicide
  - Information and resources for parents, educators, and teens: <http://www.sptsusa.org/>
- SAMHSA Tribal Training and Technical Assistance Center
  - Bullying Prevention - <http://www.samhsa.gov/tribal-ttac/resources/bullying-prevention>
  - Suicide Prevention - <http://www.samhsa.gov/tribal-ttac/resources/suicide-prevention>

#### **Bullying Prevention Resources**

- Education Development Center (EDC) PromotePrevent: Prevent Bullying: <http://preventingbullying.promoteprevent.org/>
- Bullying Prevention Resources: (<http://www.stopbullying.gov/>)
- SAMHSA Bullying Resource List: <http://www.samhsa.gov/tribal-ttac/resources/bullying-prevention>
- Centers for Disease Control and Prevention (CDC) - The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools: <http://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf>
- Centers for Disease Control and Prevention (CDC) - Youth Bullying: What Does the Research Say? <http://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/>
- Alcohol & Drug Abuse Institute's Clearinghouse Pinterest website on Bullying Resources: <https://www.pinterest.com/clearinghouse/bullying/>

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**Examples of evidence-based practice (EBP), Tribal practices, and/or promising practice prevention or intervention programs can be found at:**

- IHS Behavioral Health Website: <https://www.ihs.gov/dbh/>
- Native H.O.P.E.: <http://www.nativeprideus.org/>
- NPAIHB- THRIVE suicide prevention project: <http://www.npaihb.org/home/thrive/>

- Project Venture: <http://niylp.org/wordpress/index.php/programs/>
- RESPONSE, suicide prevention school curriculum: <http://www.columbiacare.org/Page.asp?NavID=113>
- Strengthening Families Program: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=63>
- Substance Abuse & Mental Health Services Administration (SAMHSA)- EBP <http://www.nrepp.samhsa.gov/index.asp> or <http://www.samhsa.gov/tribal-ttac>
- Suicide Prevention Resource Center (SPRC) : <http://www.sprc.org/>
- Tribal Practices: <http://www.oregon.gov/oha/amh/Pages/ebp.aspx>
- Connect Trainings: <http://www.theconnectprogram.org/>

**Eligible training opportunities can be found at the websites below or by requesting information from the THRIVE project at the Northwest Portland Area Indian Health Board**  
[\(http://www.npaihb.org/home/thrive/\)](http://www.npaihb.org/home/thrive/)

- ASIST & safeTALK Trainings- locations worldwide: <http://www.livingworks.net/>
- QPR Training- <http://www.qprinstitute.com/>
- Yellow Ribbon Gatekeeper Training- <http://www.yellowribbon.org/>
- Training calendars to find trainings close to you or online:
  - [http://www.yspp.org/training/training\\_calendar.htm](http://www.yspp.org/training/training_calendar.htm)
  - <http://www.sprc.org/events-trainings?day=1&month=1>

## Local Suicide Prevention Resources

**Note to Facilitator:** You can use this document as a template for the Local Suicide Prevention Resources Handout referred to in Chapter 6 – Staying Safe: Suicide Prevention. This also can be sent to parents/caregivers along with the letter that discusses the upcoming suicide prevention/intervention topics. [Delete this informational text once this handout is complete]

- Put your local state hotline here
- Put your local county hotline here
- Put the number for your local/Tribal Wellness Center, Mental Health Center, Behavioral Health Center here
- Put the number for your medical clinic here
- Put the number for your youth center here

### NATIONAL RESOURCES

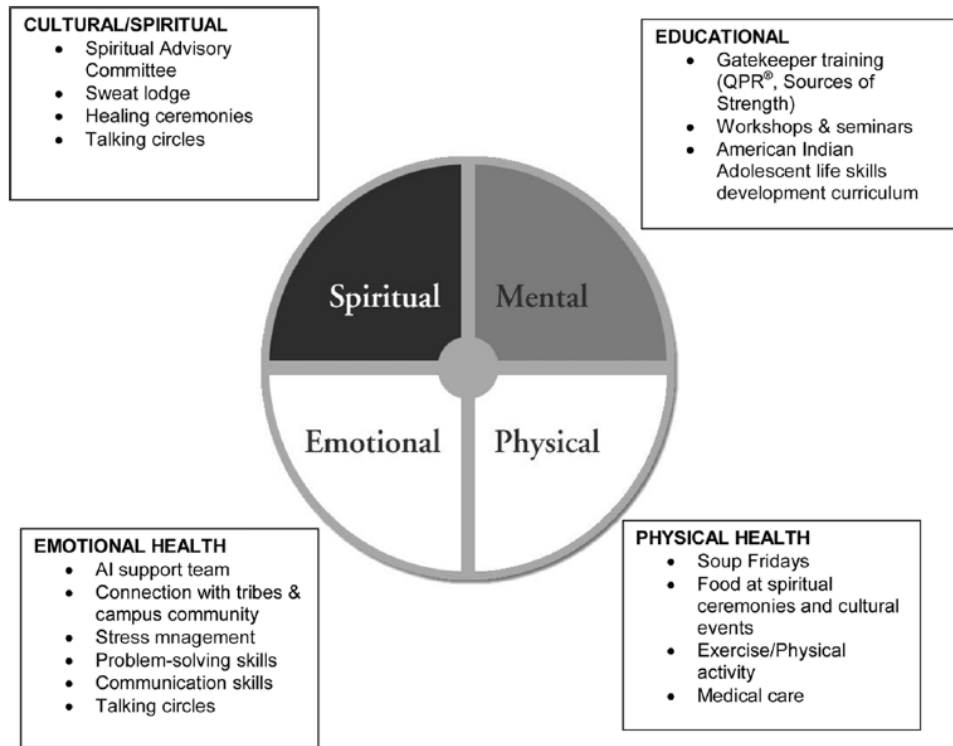
- National Suicide Prevention Hotline 1-800-273-TALK (1-800-273-8255)
- Lifeline Crisis Chat: [www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx](http://www.suicidepreventionlifeline.org/gethelp/lifelinechat.aspx)
- Crisis Text Line: Text START to 741-741 to talk to a trained counselor. It's free, confidential, and available 24/7
- MY3 App for Iphone and Androids. MY3 lets you stay connected when you are having thoughts of suicide: <http://www.my3app.org/>

Remember that you have people in your community to talk to – friends, parents, Elders, caregivers, trusted adults. Those people would be glad to help you access these resources. If you have an adult, Elder, parent, teacher, friend, etc. that you trust and could talk to if you needed to, please put their number here: \_\_\_\_\_

**If this is a life threatening event, call 911.**

Here is an example from an article that uses the medicine wheel as part of a suicide prevention program. It focuses on protective factors in each area.

### *Culturally Integrated Prevention*



*FIGURE 1. Medicine wheel model of suicide prevention activities.*

Gray, Jacqueline S. and Muehlenkamp, Jennifer J.(2010). Circle of Strength: A Case Description of Culturally Integrated Suicide Prevention. *Archives of Suicide Research*, 14: 2, 182 – 191.

# Healing of the Canoe

## Supplemental Teaching Material

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### **House With Many Fires - Craft**

Used to teach about community roots, identifying and belonging, how tribal communities are still living similar to the traditional village where many families share a communal house, where as today many families share a community where resources and responsibilities are shared. This is a good craft to learn about community programs, resources and community support. And how our norms may differ form others.

Have each youth Identify root family names, ones that directly link them to their tribal community. Have group participants cut and glue together a picture of a large house or longhouse. We used felt. Have each participant write their family root names on a large button or other surface and sew or glue within the house. It promotes a feeling of membership.

### **Sacagawea Coin Necklace – Craft**

To open dialog about Native contributors and perceptions, we made medallion necklaces using the \$1 coin with Sacagawea and baby. You can get the coins from a public bank. We used sobriety coin plastic display cases found at a specialty shop, and used lanyards as the necklace piece. The necklace will serve as a memento for lesson learned.

### **Talking Circle – Activity**

Find a rock or other object that could be used to identify who will take turns to speak while sitting around in a group circle. Pick a theme or questions and go in a circle to have each participate take a turn sharing about. This is a good activity for learning about listening and effective communication while using a traditional learning environment.

### **Come Forth Laughing – Activity**

We watched the film developed by the Suquamish Museum, of recorded elders telling life stories and teachings from the old days. The elders were primarily Suquamish and PGST. There is a tribal game call *Come Forth Laughing* that teaches self-control and trust building using humor and camaraderie.

### **Digital Stories – Activity, Skill building, Trust & Development**

The digital stories were a great activity for participants to open up and get to know one another. It is important to incorporate trust and get-to-know-you games and activities before sharing of personal topics can be attempted. Staff trained in Digital Story development shared their knowledge and skills with youth participants. If using a platform such as iMovie, it is an easy process and most teenagers will be able to figure it out.

### **Genealogy Research – Activity**

A great activity to help youth identify and feel better connected to their tribal community is to research genealogies. It is a strengthening factor to see how individuals are linked, to feel a family connection and see how social ties have developed over the years. We were able to use family charts from our Tribal Archives. Each youth updated their own family tree, contributing to archival preservation. We also used the website ancestry.com. This topic surfaced several times throughout the curriculum implementation and could be developed as a reoccurring theme.

### **Things to remember when making a Digital Story**

- Have the shot list/storyboard of pictures line up with audio. This speeds things up if you already have the pictures before you try to work in the video editing software.
- Name/rename the pictures to put them in order (001,002, 002a) or to associate with the script that you want it linked with (smiling, walking, etc.) or both (001smiling, 002walking). Having them in order makes finding them easier to import into the video editing software, as well as finding them inside the software.
- Find the highest resolution pictures available. Low resolution images look fuzzy and pixelated, distracting from your message.
- Learn how to zoom and pan. This makes the pictures more interesting as well as emphasizing different aspects of a single photo. You can even use the same picture more than once and zoom in different areas.
- Think about zooming out to make a low res picture smaller, but better looking.
- While recording audio, don't talk like The Dark Knight.
- Do audio editing in Audacity to remove unwanted sounds. Can even copy and paste "room tone" to add pauses in between sentences, to the beginning or to the end to stretch it out.
- Might even be able to combine two tracks (voiceover and music) in Audacity to import into a video editing software as a single audio file. May need to be careful to adjust volumes first, to not drown out the voiceover with music.



## HOC Media Guide

### Movies

1. Easy A (PG-13):
  - a. Mainstream, teenage comedy
  - b. Movie explores issues of double standards for young women and men. Social media issues, gossip and roles in community. Shows example of healthy and unhealthy mentors.
  - c. Several good discussion points. Plus used as a fun movie night activity and trust building
  - d. Well received by male and female participants.
2. Walk the Line (PG-13)
  - a. Mainstream movie on the life of Johnny Cash
  - b. Movie explores issues of childhood trauma, grief and loss, substance abuse, getting clean and sober, that people have both strengths and weaknesses, family dynamics.
  - c. Good discussion consistently generated by this movie. Plus used as a fun movie night activity and trust building.
  - d. Well received by male and female participants.
3. Mean Girls (PG-13)
  - a. Mainstream comedy based on the non-fiction book “Queen Bees and WannaBes”
  - b. Movie explores the complexities of being a teenager, relating to parents, teacher and friends.
  - c. Good discussion consistently generated by this movie. Plus used as a fun movie night activity and trust building.
  - d. Well received by female and most male participants
4. The Proposal (PG)
  - a. Mainstream romantic comedy
  - b. Movie has an example of cultural appropriation when the main character is trying to get in touch with herself.
  - c. It provides a funny and poignant example of how white people misinterpret Native spiritual practices and generates good dialogue.
  - d. Students usually want to watch the whole movie not just the clip.
5. Waterborne
  - a. Suquamish documentary on canoes
  - b. Short and generated a lot of dialogue
6. Reel Injuns
  - a. Documentary on Natives in Hollywood and the stereotypes generated by them.
  - b. Great discussion generated and included many Native activists for the students to be introduced to.
7. Bury My Heart at Wounded Knee
  - a. HBO produced film adaptation of the Dee Brown book
  - b. Movie explores issues of racism, stereotypes, boarding schools
  - c. Students responded well to the movie and it was referred back to during subsequent conversations.
8. In Whose Honor? American Indian Mascots in Sports

- a. Documentary on the debate about the use of Native American mascots
  - b. Generated good discussion, powerful images
- 9. Dear Lemon Lima
  - a. Independent teen movie
  - b. Movie looks at teen suicide, fitting in, struggling to find your place and reconnecting with your heritage.
  - c. Students responded well and both male and female students liked it.
- 10. Come Forth Laughing
  - a. Suquamish tribe developed documentary
  - b. Voices of elders tell the story of our history after contact.
  - c. Powerful footage and statements
- 11. Northwest Indian News segments
  - a. Available online
  - b. Very informative and help generate discussion

Example of resources used by Tribes for Community Engagement and Curriculum Development and Implementation

1. The People of Cascadia by Heidi Bohan
2. Klallam Ethnography by Erna Gunther
3. Northwest Indian News found online
4. [www.weRnative.com](http://www.weRnative.com)
5. Seabeck: Tides Out, Table's Set (look at to review stereotypes)
6. *A River Runs Through Us: 90-Day Journal for Wellness* by HIS
7. "The Strong People: Port Gamble S'Klallam History"
8. Haboo by Vi Hilbert
9. Suquamish Ethnographic Notes by Jay
10. Community Readiness: A Handbook for Successful Change by Tri-Ethnic Center
11. *Kiss Me Deadly* by Richard Van Camp (The Healthy Aboriginal Network comic book)
12. Ancestry.com subscriptions
13. Suquamish Early Learning Center 2012-13 Calendar: Coming Together to Grow & Learn
14. "The Healing of the Canoe needs your help!" doc
  - a. Enabled tribal members to pass on who they feel are the experts in their tribe on a variety of activities including basket weaving, berry picking, wool weaving, clam digging, carving, cooking, cedar gathering, storytelling, gathering herbs, canoe pulling, history, food preservation, etc.

# Values Auction

This exercise has students decide which values are most important to them by forcing them to bid for them in an auction. In other words, they will not be able to have any particular value unless they outbid the other competitors to “win” that value.

Give each student the “Values Auction Chart” (copy it front to back) and tell them that they have \$10,000 to bid in an auction to win these values. Have them spend a few minutes filling it out individually and figuring where they would want to put the most money, etc.

Then get students in groups of 5 or so to discuss their values. Give them 10 minutes to work in groups to present their top values and why they chose them.

Once they are finished, inform them that they are now a team. Their team has \$10,000 and they will be competing against the other teams to bid on these values. Have them come up with a team name. Give them 10-15 minutes to negotiate between their individual preferences and decide on their team’s top values. They must reach a consensus and decide which values they prioritize and will try to win.

Write the team names on the board in a place where you can keep a tally. Start with \$10,000 under each team and then deduct for each successful/winning bid. Also, set a minimum bid of \$50 or \$100 so that you don’t end up with unending bids of \$10 each.

At this point, run it like a real auction with a caller (the more enthusiastic the better) naming the value that is up for bid and taking bids. For example:

“The value is ‘To be the richest person in the world.’ Who will start the bidding at \$500? I got \$500, do I have \$700? Alright \$700 to my left? What about \$800? \$800? No, how about \$750? Yes - \$750. Who will bid \$800? \$800? Last bid is \$750 – going once, going twice... SOLD to the Great Gauchos!”

If you wish, you can have premade signs with each value on it and hand each one out as they are won by each team.

After each winning bid, add that to that team’s tally and subtract to give them their new available total they have left to bid. Also, after each winning bid, give the teams a minute to renegotiate their lists as certain values are no longer available.

## *Process:*

When you did this solo, what did you learn about your own values?

Did anything change about your priorities when you realized that you could only have a few?

How did you decide for yourself among all these values?

Which ones were most important to you and why?

Which ones did you debate about?

Which ones were not important to you? Why?

How did your team go about coming to consensus?

How did you negotiate your values in the group? Were you happy with the results?

Were there certain values that you fought harder for than others? How did that work out?

Did anyone push really hard or give up really easy? How did that strategy work?

How do you feel about the outcome of the auction?

Was your team happy with the results? Why?

What did your team lose out on that you really wanted?

Did anyone in your team become a renegade and bid without the group's permission? What happened?

How do you think you developed these values? Which ones come from your parents?

Your community? The opinions of your peers? Media? Other?

Have any of your values been affected by your college experiences? Say more.

How do you think your values might shift as you get older? Why?

How might you meet other people with similar values in college?

Anything else?

## Values Chart

Item (and values it represents)	Amount That I Budgeted	Highest Amount I Bid	Winning Bid
A long vacation with nothing to do but enjoy myself (pleasure, health, relaxation, leisure, comfortable life).			
The opportunity to do what I want when I want to do it (autonomy, independence, freedom, skill, power, pleasure).			
To know the meaning of life (wisdom, knowledge, intelligence, spirituality, influence).			
The ability to provide all people with adequate food, water, shelter and medical care (altruism, health, friendship, security, spirituality).			
A satisfying and loving partnership and a happy, fulfilling family life (love, family, security, happiness, loyalty).			
Travel and tickets to any concert, sports event, play, etc. that I want at any time in any place (pleasure, exciting life, creativity, travel, freedom).			
To be acknowledged as the most attractive by everyone I know (physical appearance, recognition, status, prestige, self-esteem).			
An opportunity to set my own ideal working conditions at every job (autonomy, freedom, power, independence, pleasure).			
The have best food from the world's best chef for the rest of my life (pleasure, health, a comfortable life, happiness, prestige).			
To be the richest person in the world (wealth, pleasure, a comfortable life, influence, material possessions).			
To live with the greatest person of my spiritual faith (religion, salvation, wisdom, justice, power, love).			
A pleasing personality and the assurance that I am well liked by everyone I meet (social recognition, popularity, friendship, self-esteem, happiness).			
A world free of prejudice and unfairness for everyone (justice, equality, forgiveness, altruism, morality).			
An opportunity to direct the destiny of the nation or an international organization (power, security, recognition, ambition, responsibility).			
The ability to provide outstanding service to the poor and the sick of the world (altruism, love, morality, health, justice, spirituality).			
A learning center with all the knowledge and learning aids (experts, etc.) for my private use (knowledge, creativity, intellectual stimulation).			
To know, for certain, who I am and what I am supposed to do with my life (knowledge, security, spirituality, inner peace).			
A beautiful home with a scenic view, car and the material possessions I desire (security, esteem, recognition, happiness, pleasure, wealth).			
A world where people give and receive love freely (love, altruism, friendship, happiness, spirituality).			
A long life without illness for me and my immediate family (health, happiness, security, love).			
I would have international fame and popularity and would be treated like royalty wherever I went (recognition, power, popularity, influence).			
Mastery and success in my chosen career (achievement, skill, knowledge, self-respect, recognition, accomplishment, ambition).			
The ability to end all war around the world (altruism, security, power, influence, justice, morality).			
<b>Total must equal \$10,000</b>			

## Community Readiness Assessment Interview Questions

### A. **COMMUNITY EFFORTS (programs, activities, policies, etc.)**

#### AND

### B. **COMMUNITY KNOWLEDGE OF EFFORTS**

1. Using a scale from 1-10, how much of a concern is this issue in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
2. Please describe the efforts that are available in your community to address this issue. (A)
3. How long have these efforts been going on in your community? (A)
4. Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)* (B)
5. What does the community know about these efforts or activities? (B)
6. What are the strengths of these efforts? (B)
7. What are the weaknesses of these efforts? (B)
8. Who do these programs serve? (Prompt: For example, individuals of a certain age group, ethnicity, etc.) (A)
9. Would there be any segments of the community for which these efforts/services may appear inaccessible? (Prompt: For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.) (A)
10. Is there a need to expand these efforts/services? If not, why not? (A)
11. Is there any planning for efforts/services going on in your community surrounding this issue? If yes, please explain. (A)
12. What formal or informal policies, practices and laws related to this issue are in place in your community, and for how long? (Prompt: An example of "formal" would be established policies of schools, police, or courts. An example of "informal" would be similar to the police not responding to calls from a particular part of town, etc.) (A)

13. Are there segments of the community for which these policies, practices and laws may not apply? (Prompt: For example, due to socioeconomic status, ethnicity, age, etc.) (A)
14. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain. (A)
15. How does the community view these policies, practices and laws? (A)

### **C. LEADERSHIP**

16. Who are the "leaders" specific to this issue in your community?
17. Using a scale from 1 to 10, how much of a concern is this issue to the leadership in your community (with 1 being "not at all" and 10 being "of great concern")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*
18. How are these leaders involved in efforts regarding this issue? Please explain. (For example: Are they involved in a committee, task force, etc.? How often do they meet?)
19. Would the leadership support additional efforts? Please explain.

### **D. COMMUNITY CLIMATE**

20. Describe \_\_\_\_\_ (name of your community).
21. Are there ever any circumstances in which members of your community might think that this issue should be tolerated? Please explain.
22. How does the community support the efforts to address this issue?
23. What are the primary obstacles to efforts addressing this issue in your community?
24. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding this issue?

### **E. KNOWLEDGE ABOUT THE ISSUE**

25. How knowledgeable are community members about this issue? Please explain. (Prompt: For example, dynamics, signs, symptoms, local statistics, effects on family and friends, etc.)

26. What type of information is available in your community regarding this issue?

27. What local data are available on this issue in your community?

28. How do people obtain this information in your community?

**F. RESOURCES FOR PREVENTION EFFORTS (time, money, people, space, etc.)**

29. To whom would an individual affected by this issue turn to first for help in your community? Why?

30. On a scale from 1 to 10, what is the level of expertise and training among those working on this issue (with 1 being "very low" and 10 being "very high")? Please explain. *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*

31. Do efforts that address this issue have a broad base of volunteers?

32. What is the community's and/or local business' attitude about supporting efforts to address this issue, with people volunteering time, making financial donations, and/or providing space?

33. How are current efforts funded? Please explain.

34. Are you aware of any proposals or action plans that have been submitted for funding that address this issue in your community? If yes, please explain.

35. Do you know if there is any evaluation of efforts that are in place to address this issue? If yes, on a scale of 1 to 10, how sophisticated is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated")? *(NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way - it is only to provide a reference point.)*

36. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?



**Healing of the Canoe**  
The Community Pulling Together

**KEY STAKEHOLDER INTERVIEW**  
Community Readiness Questionnaire

In Phase I of the Healing of the Canoe project, we conducted focus groups and key stakeholder interviews with Suquamish Tribal members, community members and service providers. This was to discover which issues were of greatest concern to the community, and what kinds of strengths and resources already existed in the community to address those issues. *[Provide interviewee with a copy of the needs and resources report for their info and to keep.]*

The issues of greatest concern to the community were the prevention of youth substance abuse and the need for youth to feel a sense of belonging to the Suquamish Tribe and community. Community members felt that these two issues were linked, and that if youth don't feel a sense of belonging to their Tribe and community they might be more likely to have problems with alcohol and other drugs. Community members also said that Suquamish Elders, youth and traditional cultural practices were the greatest strengths in the community to prevent youth substance abuse and promote a sense of belonging.

Now that we are in Phase II of the project, we are again interviewing key people and leaders in the community to gather more information about these specific concerns and strengths and about community knowledge of the Healing of the Canoe project. We plan to conduct interviews again in three years to see if there are any changes in the community regarding these concerns and strengths and to help us find out if the Healing of the Project has made a difference in your community.

Today's interview questions are grouped into six areas or topics. It may feel like some of the questions are repeated since we need to ask them for each topic. The six areas are:

- **Community Efforts.** To what extent are there efforts, programs and policies that address these issues of concern?
- **Community Knowledge of the Efforts.** To what extent do community members know about local efforts and their effectiveness, and are these efforts accessible to all segments of the community?
- **Leadership.** To what extent are appointed leaders and influential community members supportive of efforts to address these issues of concern?
- **Community Climate.** What is the general attitude of the community toward these issues of concern? Is it one of helplessness, or one of responsibility and empowerment?
- **Community Knowledge about the Issue.** To what extent do community members know about the causes of the problems or consequences, and how they impact your community?
- **Resources Related to the Issue.** To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Thank you very much for your willingness to be interviewed. Please remember that you don't have to answer any question you don't want to, and you can stop at any time. Feel free to make your answers as long or short as you like. Also, if there are responses that you don't want recorded, please let us know and we'll turn off the audio recorder and then turn it back on when you're ready.

Do you have any questions? *[Record questions and responses]*

## Key Stakeholder Interview Questions

As you answer our questions today please focus on prevention of youth substance abuse, the need for youth to have a sense of belonging to the Tribe and community, or a combination of the two.

### COMMUNITY EFFORTS (A) AND COMMUNITY KNOWLEDGE OF EFFORTS (B) (Programs, activities, policies, etc.)

1. Using a scale from 1-10, how much of a community concern is the prevention of youth substance abuse and promoting or supporting a sense of youth belonging to the Suquamish Tribe and community (with 1 being "not at all" and 10 being "a very great concern")? Please explain.
2. Please describe the efforts that are available in your community to prevent youth substance abuse and to promote a sense of youth belonging to the Suquamish Tribe and community.
3. How long have these efforts *[interviewer can refer to specific efforts mentioned here]* been going on in your community?
4. Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain.
5. What does the community know about these efforts or activities?
6. What are the strengths of these efforts? *[interviewer can refer to specific efforts mentioned here]*
7. What are the weaknesses or limitations of these efforts? *[interviewer can refer to specific efforts mentioned here]*
8. Who do these efforts/services serve? *[For example, individuals of a certain age group, ethnicity, etc.]*
9. Would there be any members of the community for which these efforts/services may appear inaccessible? In other words, are there barriers to some community members for these services or efforts? *[For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.]*
10. Is there a need to expand these efforts/services? *[interviewer can refer specific efforts mentioned here]* If not, why not?
11. Is there any planning for these additional efforts/services? If yes, please explain or describe.
12. What formal or informal policies, practices and laws related to the prevention of youth substance abuse are in place in your community, and for how long? *[An example of an informal policy in the Suquamish community would be that community events are drug and alcohol free. An example of a formal policy to promote cultural identity and belonging is that Suquamish Tribal member employees are eligible for 40 hours per year of cultural leave.]*

13. Are there members of the community for which these policies *[interviewer can refer to specific policies mentioned here]*, practices and laws may not apply? *[For example, due to socioeconomic status, ethnicity, age, etc.]*
14. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain or describe.
15. How does the community view these policies, practices and laws? *[interviewer can refer to specific policies, practices and laws mentioned here]*

#### C. LEADERSHIP

16. Who are the leaders in your community working to prevent youth substance abuse and promote youth belonging to the Suquamish Tribe and community? By leaders we mean both community leaders as well as elected officials.
17. Using a scale from 1 to 10, how much of a concern is the prevention of youth substance abuse and the promotion of youth belonging to the Suquamish Tribe and community to the leadership in your community (with 1 being “not at all” and 10 being “of great concern”)? Please explain.
18. How are these leaders involved in efforts regarding this issue? Please explain. *[For example: Are they involved in a committee, task force, etc.? How often do they meet?]*
19. Would the leadership support additional efforts? Please explain.

#### D. COMMUNITY CLIMATE

20. How would you describe the Suquamish Tribe and community to someone outside of the community?
21. Are there ever any times when members of your community might think that youth substance abuse should be tolerated? Please explain.
22. How does the community support the efforts to prevent youth substance abuse and promote a sense of youth belonging to the Suquamish Tribe and community? *[interviewer can refer to specific efforts mentioned by the interviewee here]*
23. What are the primary obstacles or barriers to efforts to prevent youth substance abuse and promote youth belonging in your community?
24. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding the prevention of youth substance abuse and the promotion of youth belonging to the Suquamish Tribe and community?

#### E. KNOWLEDGE ABOUT THE ISSUE

25. How knowledgeable are Suquamish community members about the prevention of youth substance abuse and a sense of youth belonging to the Suquamish Tribe and Community? Please explain. *[For example, dynamics, signs, symptoms, local statistics, effects on family and friends, etc.]*

26. What type of information is available in your community regarding the prevention of youth substance abuse and promoting a sense of youth belonging to the Suquamish Tribe and community?
27. What local data or information is available about the prevention of youth substance abuse and a sense of youth belonging to the Suquamish Tribe and community?
28. How do people find out about this information in your community?

F. RESOURCES FOR PREVENTION EFFORTS (time, money, people, space, etc.)

29. If a youth needed help with substance abuse prevention, or feeling more connected to the Suquamish Tribe and community, where would they or their family members first turn for help in the Suquamish community? Why would they choose \_\_\_\_?
30. On a scale from 1 to 10, what do you think is the level of expertise and training among those working on the prevention of youth substance abuse and the promotion of youth belonging to the Suquamish Tribe and community (with 1 being “very low” and 10 being “very high”)? Please explain.
31. Do efforts that address the prevention of youth substance abuse and the promotion of youth belonging to the Suquamish Tribe and community have a broad base of volunteers or community members willing to help?
32. What is the Suquamish community’s and/or local business’ attitude [*for example PME*] about supporting efforts to prevent youth substance abuse and promoting a sense of youth belonging to the Suquamish Tribe and community, with people volunteering time, making financial donations, and/or providing space?
33. How are current efforts funded? Please explain.
34. Are you aware of any proposals or action plans that have been submitted for funding to prevent youth substance abuse and promote a sense of youth belonging to the Suquamish Tribe and community? If yes, please describe.
35. Do you know if there is any evaluation of efforts that are in place to prevent youth substance abuse and promote a sense of youth belonging to the Suquamish Tribe and community? If yes, on a scale of 1 to 10, how successful is the evaluation effort (with 1 being “not at all” and 10 being “very sophisticated”)? Are the results of the evaluation shared with the community?
36. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

GENERAL QUESTIONS

37. If you think about all that you’ve shared with me so far, how do you think youth substance abuse and a lack of youth feeling connected to the Suquamish Tribe and community could best be “fixed” in your community?
38. How would you know that your community was healthy and in balance? What kinds of things would be in place?
39. What do you know about the HOC project?

40. Please tell us about any of the community events/presentations or HOC classes you have been a part of?
41. Do you think the HOC project has made a difference in your community? If yes, can you provide an example? If no, what do you think the staff could do to make it more effective?
42. Is there anything else that you feel is important to mention that we haven't asked?

## **Proposed Focus Group Format & Questions**

Four Groups, with 8-10 in each group and will be held in the Tribal Council Chambers.

- Youth – 12 and up
- Elders – 55 and older
- Tribal Members
- Service Providers

### **General Questions for All Four Groups**

1. How would you want someone to describe the Suquamish Tribe?
2. How would you know that your community was healthy and in balance?
  - a. What kinds of things would be in place?
  - b. What would it look like? Programs, events, relationships, participation, other?
3. What are some ways to get tribal members to be more involved in community activities?
  - a. i.e. volunteer, treatment/prevention, cultural activities...
4. What are some of the greatest challenges to address youth substance abuse in your community?
5. What kinds of resources and strengths exist in the community or are needed to address youth substance abuse in your community?
6. How do you think the issue of youth substance abuse could best be “fixed” in your community?

### **Additional Questions for Youth**

1. What do feel is most important for people to know about being a Suquamish youth today?
2. How could youth be more involved in community and cultural events?
3. In what ways do you think our youth could be more involved with the elders?

### **Additional Questions for Elders**

1. What do you feel is most important for our young people to know/learn about our Culture?

2. What do you feel is important for our youth to know about being an Elder?
3. In what ways do you think our Elders could be more involved in our youth's lives?

**Additional Questions for Service Providers**

1. How can service providers reach more people and overcome barriers to accessing services?

**Additional Questions for Adult Tribal Members**

1. What do you feel is most important for our young people to know/learn about our Culture?
2. What do you feel is important for our youth to know about being Suquamish?
3. In what ways do you think our tribal members could be more involved in our youth's lives and our elder's lives?



**Healing of the Canoe**  
The Community Pulling Together

**KEY STAKEHOLDER INTERVIEW**  
Community Readiness Questionnaire

The Healing of the Canoe project is a collaboration between the Port Gamble S'Klallam Tribe and the Alcohol and Drug Abuse Institute at the University of WA. We recently conducted focus groups with Port Gamble S'Klallam Tribal members, community members and service providers. This was to discover which issues were of greatest concern to the community, and what kinds of strengths and resources already existed in the community to address those issues.

The issues of greatest concern to the community were the prevention of youth substance abuse and the importance of cultural revitalization in PGST. Community members felt that these two issues were linked, and that if youth don't feel a sense of connection to their culture they might be more likely to have problems with alcohol and other drugs. Community members also said that Elders, youth, traditional cultural practices, and services provided by the Tribe were the greatest strengths in the community to prevent youth substance abuse and promote cultural revitalization.

Now that we are in the next phase of the project, we are interviewing key people and leaders in the community to gather more information about these specific concerns and strengths. We plan to conduct interviews again in three years to see if there are any changes in the community regarding these concerns and strengths.

Today's interview questions are grouped into six areas or topics. It may feel like some of the questions are repeated since we need to ask them for each topic. The six areas are:

- **Community Efforts.** To what extent are there efforts, programs and policies that address these issues of concern?
- **Community Knowledge of the Efforts.** To what extent do community members know about local efforts and their effectiveness, and are these efforts accessible to all segments of the community?
- **Leadership.** To what extent are appointed leaders and influential community members supportive of efforts to address these issues of concern?
- **Community Climate.** What is the general attitude of the community toward these issues of concern? Is it one of helplessness, or one of responsibility and empowerment?
- **Community Knowledge about the Issue.** To what extent do community members know about the causes of the problems or consequences, and how they impact your community?
- **Resources Related to the Issue.** To what extent are local resources – people, time, money, space, etc. – available to support efforts?

Thank you very much for your willingness to be interviewed. Please remember that you don't have to answer any question you don't want to, and you can stop at any time. Feel free to make your answers as long or short as you like and it's okay if you don't know the answers to some of the questions. Also, if there are responses that you don't want recorded, please let us know and we'll turn off the audio recorder and then turn it back on when you're ready.

You will be offered a copy of your recording after the interview. If you wish, we can also archive your recording in the PGST archives. We know that some people may want to contribute to tribal

records in this way; however this option is entirely voluntary. You can also choose to identify yourself in the recording or not.

Do you have any questions? *[Record questions and responses]*

## Key Stakeholder Interview Questions

As you answer our questions today please focus on prevention of youth substance abuse, the importance of cultural revitalization, or a combination of the two.

### COMMUNITY EFFORTS (A) AND COMMUNITY KNOWLEDGE OF EFFORTS (B) (Programs, activities, policies, etc.)

1. Using a scale from 1-10, how much of a community concern is the prevention of youth substance abuse and promoting or supporting cultural revitalization to the Port Gamble S'Klallam Tribe and community (with 1 being "not at all" and 10 being "a very great concern")? Please explain.
2. Please describe the efforts that are available in your community to prevent youth substance abuse and to promote cultural revitalization in the PGST community.
3. How long have these efforts *[interviewer can refer to specific efforts mentioned here]* been going on in your community?
4. Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain.
5. What does the community know about these efforts or activities?
6. What are the strengths of these efforts? *[interviewer can refer to specific efforts mentioned here]*
7. What are the weaknesses or limitations of these efforts? *[interviewer can refer to specific efforts mentioned here]*
8. Who do these efforts/services serve? *[For example, individuals of a certain age group, ethnicity, etc.]*
9. Would there be any members of the community for which these efforts/services may appear inaccessible? In other words, are there barriers to some community members for these services or efforts? *[For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.]*
10. Is there a need to expand these efforts/services? *[interviewer can refer specific efforts mentioned here]* If not, why not?
11. Is there any planning for these additional efforts/services? If yes, please explain or describe.
12. What formal or informal policies, practices and laws related to the prevention of youth substance abuse are in place in your community, and for how long? *[An example of a formal policy in the PGST community would be that Tribal program community events be drug and alcohol free. An example of an informal policy to promote cultural resurgence is that PGST Tribal members and employees be drug and alcohol free while participating in Canoe Journeys.]*

13. Are there members of the community for which these policies *[interviewer can refer to specific policies mentioned here]*, practices and laws may not apply? *[For example, due to socioeconomic status, ethnicity, age, etc.]*
14. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain or describe.
15. How does the community view these policies, practices and laws? *[interviewer can refer to specific policies, practices and laws mentioned here]*

#### C. LEADERSHIP

16. Who are the leaders in your community working to prevent youth substance abuse and promote cultural revitalization to the leadership in your community? By leaders we mean both community leaders as well as elected officials.
17. Using a scale from 1 to 10, how much of a concern is the prevention of youth substance abuse and the promotion of cultural revitalization to the leadership in your community (with 1 being “not at all” and 10 being “of great concern”)? Please explain.
18. How are these leaders involved in efforts regarding this issue? Please explain. *[For example: Are they involved in a committee, task force, etc.? How often do they meet?]*
19. Would the leadership support additional efforts? Please explain.

#### D. COMMUNITY CLIMATE

20. How would you describe the Port Gamble S’Klallam Tribe community to someone outside of the community?
21. Are there ever any times when members of your community might think that youth substance abuse should be tolerated? Please explain.
22. How does the community support the efforts to prevent youth substance abuse and promote cultural revitalization to the PGST community? *[interviewer can refer to specific efforts mentioned by the interviewee here]*
23. What are the primary obstacles or barriers to efforts to prevent youth substance abuse and promote cultural revitalization in your community?
24. Based on the answers that you have provided so far, what do you think is the overall feeling among community members regarding the prevention of youth substance abuse and the promotion of cultural revitalization to the PGST community?

#### E. KNOWLEDGE ABOUT THE ISSUE

25. How knowledgeable are PGST community members about the prevention of youth substance abuse and cultural revitalization to the Port Gamble S’Klallam Tribal Community? Please explain. *[For example, dynamics, signs, symptoms, local statistics, effects on family and friends, etc.]*
26. What type of information is available in your community regarding the prevention of youth substance abuse and promoting cultural revitalization to the PGST community?

27. What local data or information is available about the prevention of youth substance abuse and cultural revitalization in the PGST community?
28. How do people find out about this information in your community?

F. RESOURCES FOR PREVENTION EFFORTS (time, money, people, space, etc.)

29. If a youth needed help with substance abuse prevention, or learning more about S'Klallam culture, where would they or their family members first turn for help in the PGST community? Why would they choose \_\_\_\_\_?
30. On a scale from 1 to 10, what do you think is the level of expertise and training among those working on the prevention of youth substance abuse and cultural revitalization in the PGST community (with 1 being "very low" and 10 being "very high")? Please explain.
31. Do efforts that address the prevention of youth substance abuse and the promotion of cultural revitalization in the PGST community have a broad base of volunteers or community members willing to help?
32. What is the PGST community's and/or local business' attitude [*for example Port Gamble Development Authority*] about supporting efforts to prevent youth substance abuse and promoting cultural revitalization, with people volunteering time, making financial donations, and/or providing space?
33. How are current efforts funded? Please explain.
34. Are you aware of any proposals or action plans that have been submitted for funding to prevent youth substance abuse and promote cultural revitalization in PGST? If yes, please describe.
35. Do you know if there is any evaluation of efforts that are in place to prevent youth substance abuse and promote cultural revitalization in PGST? If yes, on a scale of 1 to 10, how successful is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated")? Are the results of the evaluation shared with the community?
36. Are the evaluation results being used to make changes in programs, activities, or policies or to start new ones?

GENERAL QUESTIONS

37. If you think about all that you've shared with me so far, how do you think youth substance abuse and loss of culture could best be "fixed" in your community?
38. How would you know that your community was healthy and in balance? What kinds of things would be in place?
39. Is there anything else that you feel is important to mention that we haven't asked?

## **Proposed Focus Group Format & Questions**

Four Groups, with 8-10 in each group and will be held in held in the [location]Tribal Council Chambers.

- Youth – 12 and up
- Elders – 55 and older (this is the age at which PGST establishes one as an Elder)
- Tribal Members
- Service Providers

Include Tribal and other community members

### **Introduction**

- *Welcome everyone and allow for time to get snacks*
- *Explain the purpose of the focus group*
- *Read the info statement*
- *Answer any questions*
- *Discuss issues of confidentiality and respect for others while talking, remind everyone that the focus group is being recorded*
- *Introduce note taker and explain why they are there*
- *Make sure everyone is comfortable and begin with the questions*

### **General Questions for All Four Groups**

1. How would you know that your community was strong and healthy?
  - a. <What would it look like? Describe programs, events, relationships leadership, other?>
2. What kinds of strengths and resources do you think exist in your community?
  - a. <Things that are already working to keep your community strong and healthy>
  - b. Of these, which do think are most important?
3. Think about your community, the physical, mental, spiritual, and cultural health, including substance abuse problems. What do you think are the greatest concerns?
  - a. Of these, which ones are most important to you?
4. How do you think the issue of substance abuse could best be “fixed” in your community? What is already working to prevent substance abuse in your community?

5. How would you want someone to describe the Port Gamble S’Klallam Tribe? **THIS QUESTION WILL PROVIDED ON A PIECE OF PAPER AND TIME ALLOWED FOR PARTICIPANTS TO WRITE AN ANSWER – CHI-EE-CHEE FELT THAT PEOPLE WOULD BE MORE LIKELY TO SHARE THIS WAY. IF THERE IS TIME, WE WILL ALSO DISCUSS IT IN THE FG.**

#### **Additional Questions for Youth**

1. What do feel is most important for people to know about being a Port Gamble S’Klallam youth today?
2. How could youth be more involved in community and cultural events?
3. In what ways do you think our youth could be more involved with the Elders?

#### **Additional Questions for Elders**

1. What do you feel is most important for our young people to know/learn about our Culture?
2. What do you feel is important for our youth to know about being an Elder?
3. In what ways do you think our Elders could be more involved in our youth’s lives?

#### **Additional Questions for Service Providers**

1. How can service providers reach more people and overcome barriers to accessing services?

#### **Additional Questions for Adult Tribal Members**

1. What do you feel is most important for our young people to know/learn about our Culture?
2. What do you feel is important for our youth to know about being Port Gamble S’Klallam?
3. In what ways do you think our tribal members could be more involved in our youth’s lives and our Elders’ lives?

## **Estimated Employee Hours & Expenses for Adaptation, Implementation & Other Costs**

### **Adaptation = 170 hours (Admin = 80 hours, Adaptation = 90 hours)**

- Facilitator(s) Prep: 40 hours each to familiarize with curriculum
- Invitations & Coordination for Adaptation Meetings: 40 hours to meet with advisory boards, get recommendations for members, outreach, invite, schedule rooms, etc.
- Adaptation Meetings: 1 hours prep + 2 hour adaptation meeting (best to have a scribe to take notes) + 2 hour write up = 5 hr/week x 12 sessions = 60 hours;
- Format, edit, print and prepare curriculum = 30 hours
- Note: Admin time is 80 hours of the total and could be split between two positions to get ready.
- Note: Adaptation meetings really benefits from at least two people being there, one for facilitation and one to take notes. Additionally, having another person to work with while doing the write up and formatting is helpful.

### **Implementation = 164 hours x 2 facilitators (ideally, more for overnight groups)**

- Facilitators prep: 80+ hours - 20 hours to read & thoroughly understand the curriculum, 30 hours practice sessions/mock classrooms with some mentors & other staff if available, 30 hours to recruit, meet with parents, preparations for a classroom space, transportation details confirmed.
- Facilitation of groups: 2 hours of classroom time, 2 hour prep and 1 hour clean-up per class. 7 hours/session x 12 sessions = 84 hours x two facilitators (ideally) = 168 hours
- More time will be needed if you are doing a daily school format

### **Other Costs**

- Supplies Costs: can range from \$0 - \$50 per session depending on crafts, food and/or gifts.
- Speaker gifts can be very cost effective
  - poems written by students rolled up and presented to the speaker,



- a song and/or dance presents after they speak,
- Ask for donations of cultural materials (cedar for baskets, herbs for teas or medicines, fabric for rice eye masks, beads for necklaces, stamps/scrapbook materials for cards, drum making supplies)
- Any of the items made during class can be used to gift at the Honoring Ceremony for mentors and families. Remember to talk about it prior to the students making it so they make it with intention and aren't surprised that they have to give it away.
- Honoring Ceremony: Can be minimal (potluck, free facility or hosted in home or office) or more elaborate (catered)
- Transportation costs – we often borrowed 15-passenger vans from other programs but still needed to cover the gas prices
- Overnight Workshop Costs
  - Facility expenses
  - Extra staff are needed, especially for cooking & prep.
    - We found 3-4 staff with 8-12 students worked well
  - It is difficult to have mentors come if it is too far away, it is nice to offer an honorarium or gas voucher to help with their expenses if possible.
  - If holding it during the week, try to work with the school district to see how to ensure the absences are excused and/or counted as field trips – have your agenda or syllabus ready to show them.
  - Remember that you may have to bring your own technology
  - Evening events were often movie nights (refer to our media guide in the manual pg. 66) with fun snacks (rootbeer floats, make your snack mix, popcorn, birthday cake)
  - Ideas for workshop locations
    - Fort Worden in Port Townsend, WA
    - Seabeck Conference Center Seabeck, WA
    - Great Wolf Lodge
    - Camping could be a lower cost option

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## Navigating the Tide Together: Early Collaboration between Tribal and Academic Partners in a CBPR Study

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### Abstract

Community Based Participatory Research (CBPR) approaches stress the importance of building strong, cohesive collaborations between academic researchers and partnering communities; yet there is minimal research examining the actual quality of CBPR partnerships. The objective of the present paper is to describe and explore the quality of collaborative relationships across the first two years of the Healing of the Canoe project teams, comprised of researchers from the University of Washington and community partners from the Suquamish Tribe. Three quantitative/qualitative process measures were used to assess perceptions regarding collaborative processes and aspects of meeting effectiveness. Staff meetings were primarily viewed as cohesive, with clear agendas and shared communication. Collaborative processes were perceived as generally positive, with Tribal empowerment rated as especially important. Additionally, effective leadership and flexibility were highly rated while a need for a stronger community voice in decision-making was noted. Steady improvements were found in terms of trust between research teams, and both research teams reported a need for more intra-team project- and social-focused interaction. Overall, this data reveals a solid CBPR collaboration that is making effective strides in fostering a climate of respect, trust, and open communication between research partners.

### Keywords

Community Based Participatory Research; American Indian/Alaska Native; Tribal Participatory Research; Process Measures; Healing of the Canoe; Research Partnership(s)

## INTRODUCTION

Until recently most research focusing on American Indian/Alaska Native (AIAN) people and communities was conducted by researchers from academic institutions. These researchers were often “outsiders”; in other words they were not familiar with the community/participants under study nor did they spend time in the community or attend to important cultural differences. This generally resulted in studies with questionable findings

(J.P. Gone, 2006) that had little or no benefit to the participants or their communities and, unfortunately, often resulted in harms of omission (for example, study findings were never shared with participating communities) or outright harms (Foulks, 1989; Hodge, 2012). In addition, such research practices sometimes led to interventions and practices that were not effective or acceptable to AIAN communities (Caldwell et al., 2005; Joseph P. Gone & Calf Looking, 2011; Wexler, 2011). Equally troubling, little attention was paid to the diversity of AIAN people and communities. With over 565 distinct federally recognized Tribes, many more unrecognized Tribes, and noting that approximately 60% of Native people live off reservations/in urban areas, while some generalizations are possible, it is critical that researchers be aware of the unique histories, belief systems, and current sociopolitical contexts of AIAN communities and use caution in generalizing results to the AIAN population at large (J.P. Gone & Trimble, 2012; Whitbeck, 2006).

Fortunately, the use of Community Based Participatory/Tribal Participatory Research approaches has dramatically improved the rigor and effectiveness of research with AIAN communities (Arviso et al., 2012; Christopher, 2005; Christopher et al., 2011; Lane & Simmons, 2011; LaVeaux & Christopher, 2009; Mohatt, Hazel, et al., 2004; Mohatt, Rasmus, et al., 2004; Thomas, Rosa, Forcehimes, & Donovan, 2011). True CBPR/TPR research partnerships require equitable distribution of power and decision making from determining the research question to appropriate analyses, interpretation, and dissemination of findings. In addition, when working with federally recognized Tribes, attention must be paid to the role of sovereignty including data ownership, use and sharing (Harding et al., 2012; Thomas, Rosa, et al., 2011). Because of the history of research abuses, and consistent with CBPR/TPR principles, the importance of respect, equity, trust, relationship, and collaboration is underscored. Many researchers who work in collaboration with AIAN communities have emphasized the importance of these values in their research partnerships (Burhansstipanov, Christopher, & Schumacher, 2005; Christopher, Watts, McCormick, & Young, 2008; Santiago-Rivera, Morse, & Hunt, 1998; Thomas, Donovan, Sigo, & Price, 2011). Recently, attention has turned to the role of community engagement and the research partnership in the research process. Although relatively sparse, the literature indicates that research partnerships are multi-dimensional, complex, related to research outcomes, and changing over time (Brodsky et al., 2004; Khodyakov et al., 2012). Increasingly, evidence indicates that the quality of the CBPR/TPR research partnership is important for the success of the project.

Community Based Participatory/Tribal Participatory Research approaches stress the importance of building strong, cohesive collaborations between academic researchers and partnering communities; yet there is minimal research examining the actual quality of CBPR partnerships. The Healing of the Canoe project<sup>1</sup> (HOC), described below, is firmly guided by the CBPR/TPR framework and has been recognized nationally as an example for its application of the principles of community engagement (Duffy, Aguilar-Gaxiola, McCloskey, Ziegahn, & Silberberg, 2011). HOC project goals were not only to identify and prioritize behavioral health disparities of concern to the community, but also to build

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<sup>1</sup>The Suquamish Tribe has approved being named in this paper.

relationship and trust between the collaborative partners. It would be disingenuous to espouse the CBPR/TPR philosophy without actually investigating the working relationship between partners; we have made such inquiry a key priority and the results are described in this paper including a discussion section primarily authored by the community partners.

## BACKGROUND

### Healing of the Canoe: The Community Pulling Together

The Healing of the Canoe project (HOC: <http://healingofthecanoe.org>) is a collaborative effort between the University of Washington Alcohol and Drug Abuse Institute (ADAI) and two federally recognized Tribes, the Suquamish Tribe (ST) and a second Tribe, both located in western Washington State. The second Tribe was not a partner in Phase I of the HOC project and therefore will not be named in this paper; we focus only on the partnership and project with the Suquamish Tribe<sup>1</sup> during the first two years of the project.

HOC has used a CBPR/TPR approach from the inception of the partnership. It is important to note that the second author, who is Alaska Native, was known to the Suquamish community for a number of years prior to the research project. The Suquamish Wellness Program was aware of work that she had done previously (LaMarr & Marlatt, 2005) and invited her to meet with them to discuss a potential research project to prevent youth substance abuse and promote good health in a community based and culturally grounded manner. This provided the opportunity for her to serve in the role as “facilitator” from the beginning, one of the core principles of CBPR/TPR which facilitates a balance of power and to assist in translation between researchers (academic institutions) and community members (Tribes in this case). Formal permission to develop a partnership to seek funding was obtained from the Suquamish Tribal Council via a Tribal Resolution and the team was directed to work with the Suquamish Cultural Co-op as the Community Advisory Board. The Suquamish Cultural Co-op is formally charged by the Tribal Council to review and monitor any projects or activities with tribal members that include culture to ensure that they are consistent with Suquamish tribal values and practices. To ensure equity and true partnership, the team co-crafted a grant application, with a Suquamish tribal member as a co-investigator and the principal investigator of the subcontract to the Tribe; the application was successfully funded. The team moved forward with a commitment to work in partnership to plan, implement and evaluate a culturally grounded intervention to reduce health disparities and promote health with a focus on the youth. Through an in-depth community needs/strengths assessment, the Tribe identified youth substance abuse and the need for a sense of cultural belonging among youth as primary issues of community concern and their Elders, youth, and culture as their strengths and resources to address these issues. For a more thorough description of this phase see Thomas, et al, 2009 & 2010, which are co-authored by university and community partners (Thomas, Donovan, & Sigo, 2010; Thomas et al., 2009).

Based on the results of the needs/resources assessment, a focus was placed on developing a culturally relevant intervention. The HOC team reviewed a number of AIAN programs and “best practices” and selected the prevention program “Canoe Journey/Life’s Journey: Life Skills Manual for At-Risk Native Youth” (LaMarr & Marlatt, 2005) developed by members

of a UW research team and the Seattle Indian Health Board for use with American Indian/Alaska Native youth in urban settings. This manual was based on the traditional Coastal Salish canoe journey (Neel, 1995), and was adapted for use with the Suquamish community as a tribally specific, culturally tailored prevention program. Members of the ADAI and Suquamish research teams met weekly over the course of a few months with a curriculum development team composed of Suquamish Elders and community members. These meetings were open to all community members and were held immediately after the Elder's Lunch to allow Elders to participate. This process resulted in a cognitive-behavioral life skills curriculum for tribal youth based on the metaphor of the canoe journey that incorporates Suquamish beliefs, values, traditions, practices, stories and history. Suquamish Elders named this adapted manual "Holding Up Our Youth".

Regular HOC project meetings were held as follows: the Suquamish Research Team met (at least) weekly and the second author attended these meetings as well; the ADAI team met bi-weekly; and the entire combined team met monthly. The all-team meeting rotated location with one meeting held at the university and the next held in the Suquamish community. Chairmanship of each meeting was also rotated to share leadership roles. Regular community meetings were held to provide updates on the project and receive feedback and suggestions. We served food and gave formal and informal presentations and provided a number of mechanisms for community members to share thoughts, concerns, gratitude, etc. We also provided brief project updates in the monthly Suquamish tribal newsletter. This allowed us to better serve the community and also to be held accountable. Elders are a respected and revered part of the Suquamish community; therefore we also provided formal and informal updates and presentations to them during Elders Lunch.

In addition to these project activities, we committed to bi-directional training and capacity building. Suquamish team members as well as community members were provided training in research methods; the ADAI team was provided with cultural training to increase cultural knowledge, sensitivity, and humility. We also found it necessary to provide training to various university departments with regard to Tribal sovereignty and cultural sensitivity. This ongoing training process resulted in better communication and shared knowledge. The second and fourth authors also served as cultural facilitators, or a "bridge" between the community and the university, which helped with navigating the necessary processes needed to move forward with the project.

It is important to note that in addition to these formal project activities, ADAI committed to informal time spent in the community as well. All ADAI team members have spent time attending community meetings, cultural events, etc., and have volunteered to help prepare and serve meals in Suquamish during the annual Tribal Journey. In addition, the second author attended many additional community events as well as Elders Lunch on a weekly basis. This allowed time for the research team to get to know and better understand the community and, equally important, allowed community members to meet and develop a relationship with the university team. This kind of "face time" supports and nurtures the research partnership as well.

## METHODS

### Procedure

The majority of data described in this paper are drawn from three primarily *quantitative* process-related measures administered to both university and Tribal team members of the HOC project staff. The measures were administered at the end of regularly scheduled all-team monthly meetings and, in most cases, turned in anonymously to the Research Coordinator. Two of the questionnaires, Individual Perceptions of the Collaborative Process (IP) (Taylor-Powell, Rossing, & Geran, 1998) and the Meeting Effectiveness Inventory (MEI) (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996) were administered at each meeting (meetings occurred approximately once a month) and, because it is longer and more involved, the Wilder Collaboration Factors Inventory (WCFI) (Mattessich, Murray-Close, & Monsey, 2001) was administered less often (about once every three months). Both the quantitative and qualitative data from measures completed by ADAI or Suquamish core project team members are included in the present analyses.

### Measures

Three quantitative process measures were used to assess perceptions regarding collaborative processes and aspects of meeting effectiveness across time. Table 1 presents an overview of the process measure administration and contents.

The Individual Perceptions of the Collaborative Process (*IP*) survey is a 12-item instrument that focuses primarily on one's personal role in the collaboration. The IP was adapted from the Community Group Member Survey (Taylor-Powell, et al., 1998) in order to fit the specific needs of the HOC project; it was chosen for the present study as one of the few measures available to assess the collaborative processes. Likert response choices range from 1 (Infrequently) through 5 (All the Time), with three additional open-ended questions designed to assess project impact and areas for improvement in the collaborative process. The items of the IP are found in Table 2.

The *Wilder Collaboration Factors Inventory (WCFI)* (Mattessich, et al., 2001) contains 40 questions that focus on many aspects of the collaborative process, with response choices again ranging from 1 (Strongly Disagree) through 5 (Strongly Agree). This measure was chosen because it has been used in a number of evaluations of community coalitions, since it provides indicators of the quality of coalition formation, researcher-community partnerships, and successful collaboration factors such as formalization of rules/procedures, leadership style, member participation, membership diversity, agency collaboration, and group cohesion (Zakocs & Edwards, 2006), and because it has been used across time to assess change in such dimensions (Ziff et al., 2010). Items are grouped into categories of factors associated with the collaborative process (e.g. "History of collaboration or cooperation in the community;" "Ability to compromise;" and "Mutual respect, understanding, and trust"). In order to better guide analysis and interpretation, questions were summed and averaged for each category, creating a reduced number of 19 total scale items. These categories are listed in Table 3.

The *Meeting Effectiveness Inventory (MEI)* is a relatively brief measure consisting of 8 questions that evaluate work group and coalition meeting effectiveness and productivity adapted from the work of Goodman and colleagues (Goodman, et al., 1996). Given that much of the work between the university and tribal teams took place in the context of regularly scheduled meetings, it was felt important to have a measure of the perceived value of these meetings and to provide corrective feedback across time. The 8 items of the scale focus on various aspects of these team meetings (e.g., productivity, leadership, decision-making, etc.). Response choices ranged from 1 (Poor) through 5 (Excellent) on a Likert scale. The items included on the MEI are found in Table 4.

Both the WCFI and the MEI were adapted by providing a comment space for each question, thus allowing individuals to provide additional information and/or feedback. This provided qualitative information in addition to the quantitative scores on each of these measures.

## Participants

As this is specifically a *process*-focused paper, participants are exclusively the project staff involved in the first two years of the project. Because of the natural course of staff hiring and turnover during the early years of the project, the number of participants is estimated. Over the course of the two-year time period, four ADAI project staff (the study PI, Project Director and Co-Investigator, Research Analyst, and Research Coordinator) and two Suquamish staff members (the Tribal Co-Investigator and the Tribal Peer Youth Educator) were involved in the project for the entirety of the time period; three additional core Suquamish staff members (Youth Liaison/Facilitators) came and went over the two-year period. Overall, 4 ADAI and 5 Suquamish team members contributed process data, although there is fluctuation in these numbers at any given time. In the case of both the MEI and IP Survey, between 2 and 7 (mean = 5) staff members completed surveys at each meeting over the course of 15 meetings (from 10/2006 to 6/2008). For the WCFI there is less data because it was administered only quarterly. The time-span for the WCFI is the same, as is the range of respondents per meeting (2 to 7); the average number of completed surveys per meetings is however slightly lower (4.2). There is more completed data for the ADAI team for all measures (e.g., 48 IP surveys for ADAI and 23 for Suquamish) because, during the first two study years, there was simply a consistently larger ADAI staff, and more regular attendance by ADAI staff members at team meetings

## Analysis

To examine differences between the first two project years, process data were compared between Time 1 (10/2006 – 6/2007) and Time 2 (9/2007 – 6/2008). This comparison was only conducted for the MEI and the IP, as the WCFI was not administered frequently enough to allow it. For these comparative analyses, IP data are available for 7 meetings during Time 1, and 9 meetings during Time 2; MEI data are available for 8 meetings during Time 1, and 7 meetings during Time 2.

Differences in IP and WI responses were also compared between the two research groups: Suquamish Research Team (SRT) and the ADAI Research Team (ART). As noted, more process data are available for ART versus SRT staff because the former research team was

larger. Qualitative process data were analyzed by careful and repeated investigation of themes and patterns. From such investigation, constructs were identified and then checked, modified, and ultimately approved by all members of the research team before continued analysis.

An essential caveat concerns the importance of respecting confidentiality in a CBPR-based study, despite potential methodological ramifications. In tribal communities, where many or most community members are at least minimally acquainted and word can travel quickly from person-to-person, failure of tribally-approved research teams to protect participant (including project staff member) confidentiality can potentially have negative consequences at the individual, familial, and community levels (Foulks, 1989). As such, these well-justified concerns regarding research confidentiality within tribal communities are common (Davis & Reid, 1999; Fisher & Ball, 2002), and the present study represents no exception. During the HOC project's early days, tribal partners were not comfortable with the notion of linking SRT members' identifiers (e.g., names, key demographic information, or study identification numbers) with process data. This consequent inability to assess which specific team members were present across meetings precludes the ability to adjust for nested data. Therefore, the present data are descriptive in nature. Notably, when a balancing act between issues of confidentiality and data quality exists during CBPR-based research, *the importance of confidentiality takes precedence*. Once trust between the two teams has been earned, more opportunities may be negotiated. Such is the case in the present HOC Phase 2 project, where a confidential participant coding system was subsequently devised, thereby enabling a more thorough, informative method of analysis with the ability to address key questions posed by the tribal community itself.

## RESULTS

### Quantitative Questionnaire Findings

**Individual Perceptions of the Collaborative Process**—Overall, responses on the IP survey's 1 - 5 scale (Most Infrequently - All of the Time) indicated a generally positive perception of these indicators of group dynamics and productivity with all item means between 4 and 5. The scale items reported most frequently and, thus, favorably, include “My viewpoint is heard” (m = 4.7); “I feel there is good communication and respect between community and university collaborators” (m = 4.6); “I have felt comfortable participating in group meetings and discussions” (m = 4.6); and “I am viewed as a valued member of the group” (m = 4.6). Though still in a favorable range (means between 4.0 - 4.4), less positive responses centered around two general topic areas: 1) Tangible indicators of meeting effectiveness (three items pertaining to Progress, Frequency, and Productivity (combined mean = 4.23); and 2) Community-focused indicators (two items pertaining to Community Participation, and Community Impact (combined mean = 4.04). For the full list of IP items along with descriptive statistics, see Table 2).

The responses on the IP survey indicated generally more positive perceptions about collaborative processes during the second period of the study as compared to the first. Small increases were evident for 5 items; and were largest for the 8 items displayed in Figure 1. The 4 scale items with the largest average differences, and thus improvements, between



period one and two were as follows: Feeling Comfortable in the Group, Feeling Trusting of both Community and Research Collaborators, I feel like my opinions have an effect on group decision-making, and I feel there is good communication and respect between community and university collaborators. One scale item mean was the same across time-points: I am satisfied with the degree of community participation in the project ( $m = 4.0$ ;  $sd$ 's for Time 1 and Time 2 = .71 and .68, respectively), therefore suggesting that while being relatively high at both points, there was no perceived change in terms of community involvement in the project.

In terms of research team differences, the ART generally tended to perceive the collaboration more favorably relative to the SRT. However, most group differences were not dramatic, with the largest differences between teams occurring for the following three items: 1) I am satisfied with the Degree of Community Participation; 2) I am Satisfied with the Degree of Community Impact on the Project; and 3) I Feel Trusting of both Community and Research Collaborators; notably, the UW responded more favorably across all three items. The largest difference where the SRT scored higher was for *Frequency of Group Meetings*, thus indicating relatively greater approval by the SRT with respect to how often HOC research meetings were conducted. The 8 items with the largest research team differences on the IP measure are displayed in Figure 2).

**Wilder Collaboration Factors Inventory**—The Wilder responses ranged from 3.51 to 4.76 (on an agreement scale from 1 through 5), with an overall mean of 4.26. These responses indicate that research team members generally are between *Agreement* and *Strong Agreement* as far as most of these positive indicators of collaborative effectiveness. The weakest reported areas regarding the collaboration include: “Appropriate Cross Section of Members;” “Multiple Layers of Participation;” and “Appropriate pace of development” (means range from 3.51 to 3.83); whereas, those with the highest means include: “Flexibility,” “Favorable Political and Social Climate,” and “Skilled Leadership” (means range from 4.62 to 4.76; See Table 3).

Comparing time periods, there was an increase in desirable perceptions regarding the collaboration between Year One and Year Two for all but one question (Members see collaboration as in their self-interest), but only a small decrease from 4.67 to 4.50 is noted for this item. Many mean differences, while positive, are small (less than .5) and, those with the largest increases in the latter part of the study include *Mutual Respect, Understanding, and Trust* (Time 1 = 3.7; Time 2 = 4.5); *Appropriate Pace of Development* (Time 1 = 3.4; Time 2 = 4.2); *Members share a stake in both process and outcome* (Time 1 = 3.9; Time 2 = 4.6), *Flexibility* (Time 1 = 4.3; Time 2 = 4.8); and *Sufficient funds, staff, materials, and time* (Time 1 = 3.8; Time 2 = 4.2). The ten factors with the largest differences between time-points are displayed in Figure 3.

Analyses of differences between research teams on the WCFI indicate that, on average, the ADAI Team again tended to respond more favorably, with the latter group responding with higher averages for 15 out of 19 (79%) collaborative factors. The largest mean differences between teams occurred for the following factors: *Sufficient Funds, Staff, Materials, and Time* (SRT = 3.67; ART = 4.20); *Shared Vision* (SRT = 4.22; ART = 4.72); *Unique Purpose*

(SRT = 4.25; ART = 4.70); *Multiple Layers of Participation* (SRT = 3.81; ART = 3.43); and *Appropriate Pace of Development* (SRT = 4.07; ART = 3.75). As indicated here, for the last two scale factors the Suquamish Team provided higher average responses relative to the ADAI Team. The SRT also reported higher averages for Members see collaboration as in their self-interest (SRT = 4.62; ART = 4.55), and *Development of clear roles and policy guidelines* (SRT = 4.00; ART = 3.97), though these differences were small. The 8 factors with the largest differences between means across research teams are displayed in Figure 4.

**Meeting Effectiveness Inventory**—Overall, descriptive analyses suggest that the HOC team regard research meetings in a generally positive light, as all items using the 1 through 5 (*Poor through Excellent*) scale had means greater than 4.0 (Good). On average, *Leadership* was reported as between *Good* and *Excellent* (mean = 4.3), with the Balance of Leadership between the Chairperson and Staff Members about midway (mean = 3.6) between 50/50 and 25/75 (chair/staff ratio). As noted earlier, chairmanship of meetings was rotated between partners. The highest average rating was evident for *Meeting Cohesiveness* (4.7), indicating that team members work well together and have achieved a sense of trust among one another. The other areas with the highest ratings include *Clarity of Goals for Meeting* (mean = 4.5) and *General Level of Participation in the Meeting* (mean = 4.5) – both halfway between *Good* and *Excellent* (see Table 4). As a reminder, MEI analyses cannot be conducted across research teams because this descriptor was not recorded on this instrument. There were no notable differences between time periods for the MEI.

## Qualitative Findings

**Individual Perceptions of the Collaborative Process**—As previously noted, the IP survey contains 3 open-ended questions assessing group processes. Responses to first of these questions (What do you think is the greatest Impact that this collaborative effort has had on the community to date?) were categorized into the following constructs: *Tribal Empowerment/Ownership* (13 responses); *Community Involvement* (10 responses); *Community Support* (7 responses); *Youth Impact* (6 responses); *Trust/Relationship Building* (6 responses); and *Research-Related Impact* (5 responses).

Clearly, the area in which team members feel the project has had the greatest impact is the *Promotion of Tribal Empowerment and/or Ownership*. The following quotations represent examples of such responses: 1) “Empowering [the community] and gaining interest and trust in the project” (ART); 2) “It has helped to empower community members to take on some of the challenges they have identified” (ART); 3) “Feeling ownership in the project by the Tribe as a whole” (SRT); and 4) “The satisfaction of knowing that [the community] had the opportunity to design and participate in the project” (SRT).

Another key area of focus concerned Getting the Community More Involved both in the Project and With Each Other. Responses indicating a focus on this construct include the following: 1) “Increasing [community] involvement in identifying the strengths and weaknesses of the community, and methods for increasing well-being. Basically involving, respecting and empowering the community” (ART); 2) “Facilitation of community involvement in the project and more interaction with each other” (ART); 3) “Bringing the

community together to discuss priority issues to address” (SRT); and 4) “The Suquamish community has been supportive of the project and have taken a real interest in it. Many have participated in the curriculum review meetings and retreat” (SRT). The latter of these quotes also emphasizes the importance of *Community Support* for the project, as do the following: 1) “The project evaluation indicates that it is viewed positively and particularly likes the blending of culture and substance abuse. They see positive changes in the youth” (ART); and 2) “We have had great meetings with the community about the project. A lot of people are interested and that’s great” (SRT). This data also indicated a specific focus on how the youth are impacted by the project, as exemplified by the following comments: 1) “Chance to demonstrate commitment to youth” (ART); and 2) “The effect we have at community meetings and our effect on the youth” (SRT).

Examples of comments related to Trust-building are as follows: 1) “Building a relationship based on trust and respect with community members, and between the [Suquamish Team] and the [UW Team]” (ART); and 2) “Suquamish communities trust of the University of Washington” (SRT). The final prominent category concerned the project’s impact on research itself, although this was only expressed by members of the UW team. For example, one ADAI team member noted “Increased capacity as consumers of research” as a key impact of the HOC project.

The second open-ended IP question: “In your opinion, what could be done to improve the collaborative group’s effectiveness?” indicated that, by far, both research teams felt that this end could best be met by both research teams *Spending More Time Together* (20 total responses). For example, team members expressed the need to 1) “Continue to have more time for social interaction and building and maintaining trust” (ART); and 2) “Continue to have [the Suquamish Team] and [the UW Team] meet regularly - face to face time is so important” (SRT). The priority for more time shared between the two research teams included both work-related, more formal types of gatherings, as well as informal social gatherings. Other suggested improvements included *More Community outreach* (6 responses); *Trust building* (3 responses); and *Focus on the Curriculum* (3 responses). Importantly, satisfaction with how things were going was also common. Team members either wrote that “nothing [needs to be done]” (3 responses) or that the project is on the right track and should continue what it’s doing (6 responses).

Similarly, in response to the IP’s final qualitative question: “Is there anything you would do differently if you participated in a collaborative effort in the future?” the most common response was *not to do anything differently*. On the other hand, suggested improvements were as follows: *Authority/Role-Related Improvements*, for example 1) “Better clarification of roles;” and 2) “More clearly specify leadership roles at the outset”, though this was only reported by ADAI team members. Greater care in hiring decisions was another key concern for both teams (4 responses); and, a specific desire for a male to be hired on the Suquamish Team was noted by members from both teams. Several other responses pertained to improvements in the relationship between Suquamish and ADAI research group members, with emphasis on Improved Communication, More Time Together, Relationship Building, and more *Cross-Cultural Training*. Overall, though, responses to this question suggest

general satisfaction in the project, or, as stated by one member of the SRT: “No! This project is going great and I am very satisfied with it”.

**Wilder Collaboration Factors Inventory**—While the WCFI does not contain open-ended questions, the HOC project revised the measure to allow space for comments. Among the 13 comments provided by the research team, the majority (all but two) were made by the ADAI team, thus such comments are biased toward the perceptions of this group. The most recurring theme was *Trust*. Trust was mentioned in 6 of the comments, for example, “There have been some issues with trust on both sides” (ART); and “Most problems are solved top-down. There have been some personality conflicts that contribute to lack of trust” (SRT). The requirement of *Time for the Development of Trust* was also noted, for example, “The SRT does not always trust the university team. This is OK, it takes time” (ART); and trust was generally viewed as being more problematic early on in the project and improving over time, for example: 1) “Not sure how trusting the relationship was early on. I think it has gotten better” (ART); 2) “I feel a sense of trust and ease between the UW and Suquamish teams that has steadily increased over time” (ART); and 3) “Trust is still being developed” (ART). The need for increased *Community Involvement*, particularly *Elders* and *Youth*, was noted on 3 occasions by ADAI colleagues. Overall, the ADAI comments were generally optimistic about the future of the project, for example: “It has been such a pleasure to be part of Phase I of this project! Looking forward to all the new developments that will happen in Phase II.”

**Meeting Effectiveness Inventory**—The MEI was also adapted to provide space for ideas and comments. Among the 13 total comments, there was a focus on *Productivity*, *Use of Time*, and *Digression from the Agenda*. Several team members felt that the meetings veered off-topic, for example: “A little tangential at times” and “Did digress at times!” Example of comments indicating that productivity could have been better include “We could have gotten through agenda more quickly” and “Need to better monitor time”. Therefore, the research team could likely increase perceived effectiveness by more closely monitoring time and content. However, the circumstantial nature of discussion was not always construed as negative, for example: “We digressed but it led to some good problem solving and brainstorming.” This comment suggests that allowing a more social aspect of project meetings also may be important for building rapport, generating new ideas, and simply enjoying each other’s company. Finally, meetings were also considered *Productive* and *Positive*, for example: “Well prepared agenda. A lot of input from many perspectives;” and “I thought this was an excellent, productive and fun meeting!<sup>2</sup>”

## DISCUSSION

The research team felt the discussion would be most powerful presented in two distinct but related sections. This first section summarizes and discusses the overall findings. The second section provides reflections on the collaborative process from the perspective of the community partners.

<sup>2</sup>MEI data did not indicate research group.

This study provides key insights into the quality of relationships across and between research teams in a university and Tribal partnership grounded in CBPR and TPR. Although preliminary, these process findings illuminate a project with a uniform dedication to its objectives and generally congenial relationships overall between research teams. This view is consistent with the project having been identified as an exemplar of community engagement principles (Duffy, et al., 2011). It demonstrates the evolution over time from different perspectives and two distinct research groups to a common vision, shared goals, and truly collaborative partnership based on the development of trust and community involvement and project ownership.

From the perspective of the tribal partner, for many AIAN tribes, communities and individuals science is just another wave of groups wanting to “help” the Indians similar to the government, the army/military, the churches, etc. Historically this meant that these non-Native entities imposed their own values of what type of “help” is needed rather than what the tribe/community wanted or may have needed. Unfortunately, this scenario has played out with regard to research. Many AIAN communities have experienced researchers “swooping” in with studies that are often irrelevant, at best, and harmful, at worst. AIAN communities consider this “helicopter research”; the data is extracted from a community and the researcher and findings are never seen again. In the course of the current project, Elders in the Suquamish community remembered earlier experiences of being interviewed years ago by “someone from some university somewhere” and never saw the interviewers or data again. Fortunately, the Healing of the Canoe project team was committed to the importance of cultural humility and research that was guided by the Suquamish Tribe and was respectful, ethical, and effective.

This collaboration has been a learning process for the full research team because we come at our work from different perspectives. The Suquamish Tribe as a government implores us as staff to put the tribal members first; this is in line with what we are taught as tribal members so we have a tendency to drop everything when someone comes to our office or if there is a community event or meeting. This has at times been a point of irritation on “both sides of the water” (for community and academic partners). Fortunately, we are all forthright about this issue so that it can be worked out and priorities can be negotiated and revised. This is a terrific example of how we listen to each other and how deeply we respect each other and one reason why this partnership is working. We respect our differences, value and utilize our strengths, and allow for our difficulties, be they personal, physical or professional. We have always been able to deal with issues that emerged because we as individuals and as a team are able to be humble as opposed to arrogant. We have committed ourselves to a true partnership based on trust and respect.

Our partnership allows for a different timeline – it is community-driven rather than grant- or IRB-driven. While those things are important and we certainly have to make room for them, they do not take precedence over community timelines. We needed time to build trust and show what we can offer, and the Tribe needed time to think about what the implications of this relationship/partnership would mean and decide if it is a path they want to take and if it is the right time. Then we were able to begin discussions about what type of research, what we should research, and who should research. After this process, we were able to map out a

path to reach the Tribe's goals as well as the aims of the proposed study. An important part of that map included increasing the capacity for research in the community, including processes like obtaining NIH grants and the need for IRB approvals. This provided opportunities to teach our Community Advisory Board (Suquamish Cultural Co-op) about these processes; now the Cultural Co-op asks "Will this change need Human Subjects approval?" or "What will be needed to secure our next grant?" This indicates that the Tribe sees these as important steps in meeting its goal rather than just having more processes imposed on them.

CBPR and TPR allow our community to be in the driver's seat of how (and if) research is conducted within our reservation with our people. This provides us the opportunity to decide what we would like to see researched so that we may view it from another perspective (rather than only from the perspective of the academy). We as a Tribe may know that a traditional practice works because of the hundreds of years it has been in practice. By partnering in research, we have the opportunity to conduct a community-based culturally grounded study with the hopes of collecting data that supports our practice as a "Best Practice", affording it all of the prestige and funding it deserves.

## Acknowledgments

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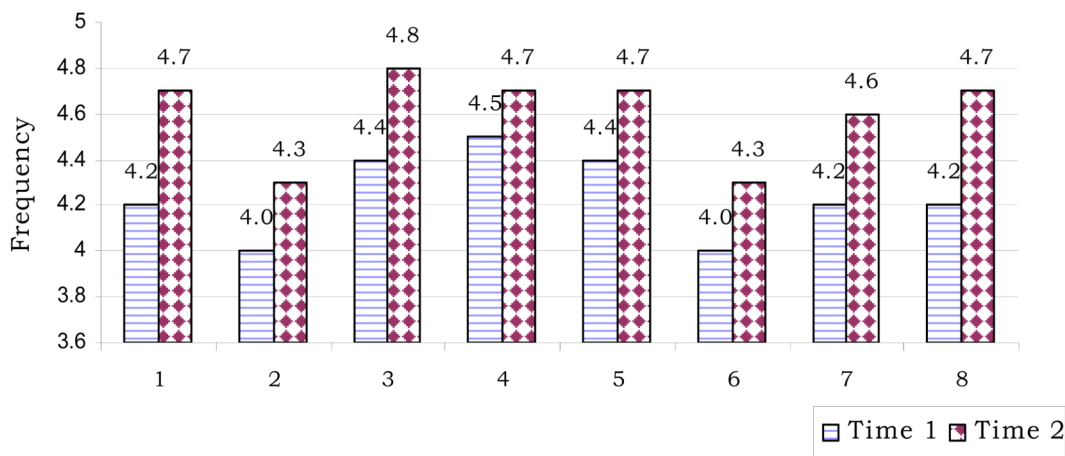
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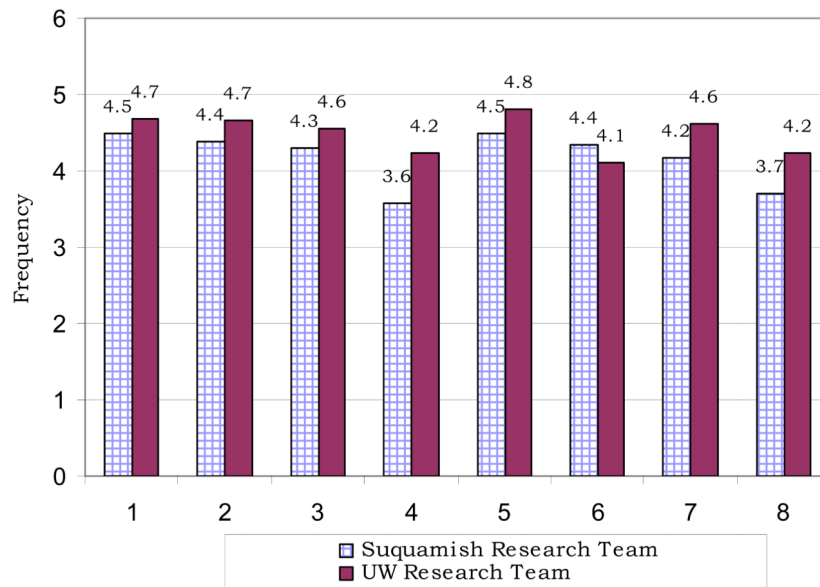




**Figure 1. Individual Perceptions Scale: Means for Scale Items with the Largest Differences between Time-points**

**Scale Constructs included in Figure 1:**

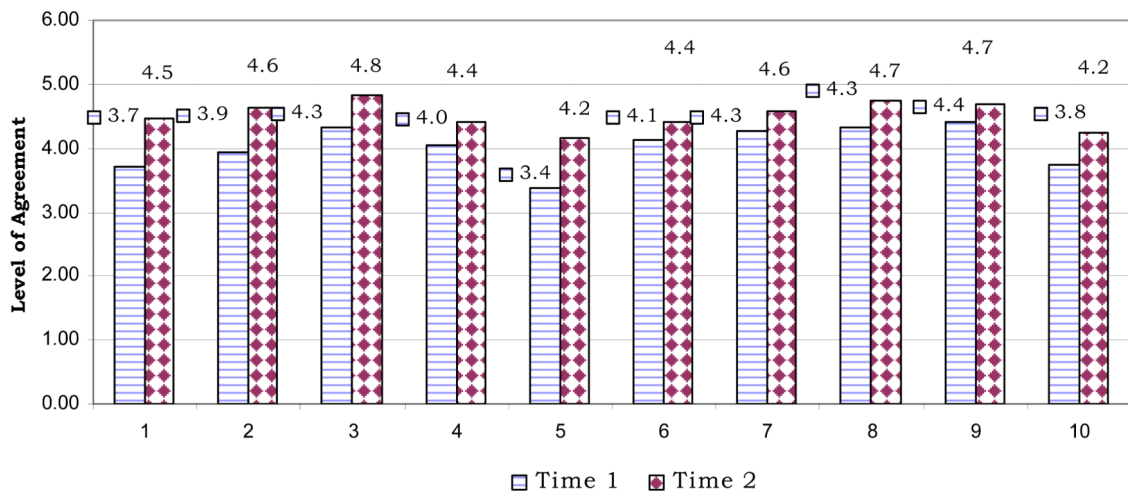
- #1: I feel comfortable in the group
- #2: I am satisfied with the group’s progress
- #3: I feel there is good communication and respect between community and university collaborators
- #4: I have felt comfortable participating in group meetings and discussions
- #5: I am viewed as a valued member of the group
- #6: I am satisfied with the frequency of group meetings
- #7: I feel like my opinions have an effect on group decision-making
- #8: I feel trusting of both community and research collaborators



**Figure 2. Individual Perceptions Scale: Means Across Research Teams**

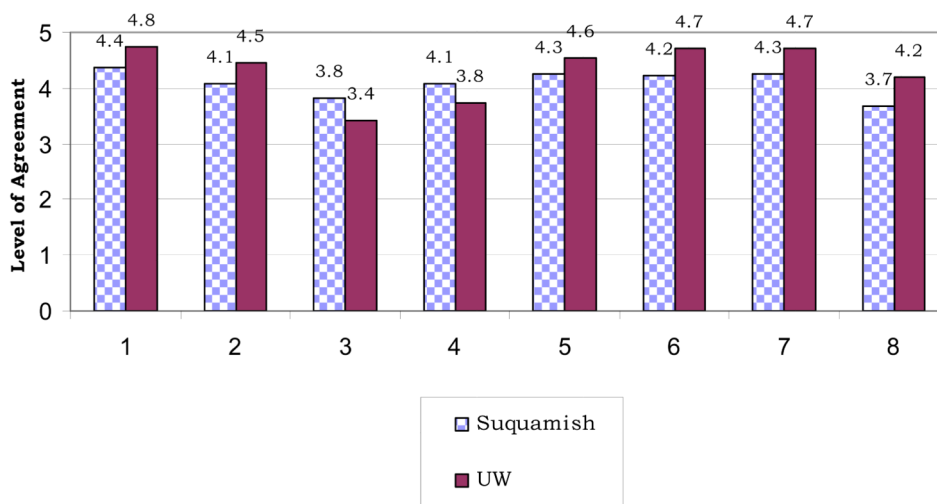
**Scale Constructs included in Figure 2:**

- 1: I feel there is good communication and respect between community and university collaborators
- 2: I am viewed as a valued member of the group
- 3: I feel like my opinions have an effect on group decision-making
- 4: I am satisfied with the degree of community participation in the project
- 5: My viewpoint is heard
- 6: I am satisfied with the frequency of group meetings
- 7: I feel trusting of both community and research collaborators
- 8: I am satisfied about the degree of community impact on project processes



**Figure 3. Wilder Collaboration Factors Inventory: Comparison of Means between Time Periods**  
**Scale Constructs included in Figure 3:**

- 1= Mutual respect, understanding, and trust 6= Open and frequent communication
- 2= Members share a stake in both process and outcome 7= Concrete, attainable goals and objectives
- 3= Flexibility 8 = Shared vision
- 4= Adaptability 9 = Unique purpose
- 5= Appropriate pace of development 10 = Sufficient funds, staff, materials, and time



**Figure 4. Wilder Collaboration Factors Inventory: Means Across Research Teams**

**Scale Constructs included in Figure 4:**

- 1 = Favorable political and social climate
- 2 = Members share a stake in both process and outcome
- 3 = Multiple layers of participation
- 4 = Appropriate pace of development
- 5 = Concrete, attainable goals and objectives
- 6 = Shared vision
- 7 = Unique purpose
- 8 = Sufficient funds, staff, materials and time

**Table 1**  
**General Information for Individual Perceptions, Wilder, and Meeting Effectiveness Measures**

Questionnaire	Citation	Total Items	Response Choices	Other
<b>Individual Perceptions of the Collaborative Process</b>	Lonczak, 2006, adapted from Taylor-Powell, E., Rossing, B., Geran, J. 1998	16	Range from 1- 5 (Infrequently; Sometimes; All of the Time)	12 with 1-5 Range. 3 Open-ended (assess Project Impact; Possible Improvements; and Ways to Do Differently in the Future). 1 with 1-4 Range indicating degree of benefit to community (not for UW staff). The following open-ended question was added the first 12 questions: "If you answered 1 or 2 above, could you please elaborate and let us know how we might improve?"
<b>Wilder Collaborative Factors Inventory</b>	Mattessich, Murray-Close and Monsey, 2001	40 *	Range from 1 - 5 (Strongly Disagree; Disagree; Neutral, No Opinion; Agree; Strongly Agree)	The following open-ended question was added to all 19 items (sub-categories): "If you answered 1 or 2 above, could you please elaborate on your thoughts and/or suggestions?"
<b>Meeting Effectiveness Inventory</b>	Goodman, Wandersman, Chinman, Imm, Morrisey, 1996	11	Range from 1 - 5 (Poor; Fair; Satisfactory; Good; Excellent) Includes question-specific examples for extreme ends of scale.	8 with 1-5 Range; Others assess meeting chair, balance of leadership, and meeting conflict. Spaces for comments are provided.

\* 40 Individual Questions; 19 Items after sub-category questions were combined

**Table 2**  
**Individual Perceptions Survey: Overall Descriptive Statistics**

	Scale Item	Mean (Sd)
1	My viewpoint is heard	4.70 (.55)
2	I feel comfortable in the group	4.49 (.69)
3	I am satisfied with the group's progress	4.17 (.53)
4	I feel there is good communication and respect between community and university collaborators	4.62 (.57)
5	I have felt comfortable participating in group meetings and discussions	4.58 (.63)
6	I feel that group meetings are productive	4.35 (.51)
7	I am viewed as a valued member of the group	4.56 (.63)
8	I am satisfied with the frequency of group meetings	4.18 (.66)
9	I feel like my opinions have an effect on group decision-making	4.48 (.65)
10	I am satisfied with the degree of community participation in the project	4.01 (.69)
11	I feel trusting of both community and research collaborators	4.48 (.63)
12	I am satisfied about the degree of community impact on project processes	4.06 (.65)

Scores range from 1 (Infrequently) to 5 (All of the time)

**Table 3**  
**Wilder Collaboration Factors Inventory: Overall Descriptive Statistics**

	<b>Collaborative factors</b>	<b>Mean (Sd)</b>
1	Favorable political and social climate	4.64 (.47)
2	Mutual respect, understanding, and trust	4.14 (.58)
3	Appropriate cross section of members	3.51 (.83)
4	Members share a stake in both process and outcome	4.35 (.62)
5	Multiple layers of participation	3.53 (.68)
6	Flexibility	4.62 (.51)
7	Development of clear roles and policy guidelines	3.98 (.57)
8	Adaptability	4.25 (.53)
9	Appropriate pace of development	3.83 (.68)
10	Open and frequent communication	4.30 (.52)
11	Established informal relationships and communication links	4.50 (.56)
12	Concrete, attainable goals and objectives	4.46 (.42)
13	Shared vision	4.57 (.48)
14	Unique purpose	4.57 (.60)
15	Sufficient funds, staff, materials, and time	4.03 (.63)
16	Collaborative group seen as a legitimate leader in the community	3.95 (.59)
17	Members see collaboration as in their self-interest	4.57 (.57)
18	Ability to compromise	4.32 (.61)
19	Skilled leadership	4.76 (.44)

Scores range from 1 (Infrequently) to 5 (All of the time)

**Table 4**  
**MEI Scale: Overall Descriptive Statistics**

	Scale Item	Mean (Sd)
1	Clarity of goals for meeting	4.5 (.532)
2	General level of participation in the meeting	4.5 (.558)
3	Leadership during the meeting	4.3 (.578)
4	Balance of leadership between chairperson and staff member	3.6 (.769)
5	Quality of decision-making	4.3 (.583)
6	Cohesiveness among meeting participants	4.7 (.498)
7	Organization of meeting	4.3 (.603)
8	Productivity of the meeting	4.2 (.516)

Scores range from 1 (Poor) to 5 (Excellent)



## Chapter 9

# COMMUNITY-BASED PARTICIPATORY RESEARCH IN INDIAN COUNTRY: DEFINITIONS, THEORY, RATIONALE, EXAMPLES, AND PRINCIPLES

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American Indian and Alaska Native children, youth, and families experience some of the most appalling health disparities of any minority group in our country. Research to address these health disparities has often been less than effective and has, at times, resulted in harm to Native communities. Community-based participatory research and tribal participatory research (CBPR and TPR) are two approaches that have been quite successful in developing research partnerships between academic and tribal/Native communities to improve health and mental health status. This chapter provides the definition, theory, rationale, and principles of in Indian Country and provides a brief case example.

“We’ve been researched to death and it doesn’t even benefit us.”

“Researchers are like mosquitoes; they swarm in, take what they want, and swarm out.”

“We’ve been doing these things for thousands of years; it’s just that nobody wrote it down.”

“We’ve always done ‘research’; we just called it ‘common sense.’”

These quotes come from numerous discussions with community members from tribes that the authors have had the privilege to work with. The

quotes represent the tension between most research projects that have been conducted to date *on* tribal communities (rather than *with* tribal communities, as described later) and the need to respect and build on thousands of years of indigenous science through true research partnerships.

This chapter is focused on community-based participatory research and tribal participatory research (CBPR and TPR) approaches and how these innovative research partnerships are improving the health status of American Indian and Alaska Native communities. As communities become increasingly sophisticated consumers of, and collaborators in, research, it becomes evident that we have the opportunity to substantively advance the field of mental health research. This will occur only by acknowledging that tribal communities have expertise and knowledge that is equally critical to the conduct of rigorous science as that of more academically trained researchers. In addition, as more American Indian/Alaska Native communities, as sovereign entities, regulate the research that is conducted with their members, it is our obligation as ethical research partners to educate ourselves about the principles of CBPR and TPR.

We begin with a brief discussion of the history of research in American Indian/Alaska Native communities, as well as definitions of and theory behind CBPR/TPR approaches. Next, we provide quotes and themes from interviews we've conducted with community-based research partners in the Pacific Northwest who have varying degrees of experience with CBPR/TPR. These quotes address the principles found in the literature but also include fundamental values that are critical to achieving these principles, such as the importance of trust and the necessity of academic partners being willing to spend time in the partnering communities. We then use a case study of a research partnership between an academic institution and two federally recognized and sovereign tribes to provide some context and to illustrate how the principles of CBPR/TPR may be implemented in "real life." This case example provides important lessons learned and recommendations for successful research partnerships to develop community-based and culturally grounded interventions that can nurture the health of American Indian/Alaska Native communities. Finally, we close with comments from two of our community-based partners on CBPR/TPR partnerships from the communities' perspectives.

## BACKGROUND, DEFINITIONS, AND THEORY

For some time, and with a variety of communities and ethnic groups, there has been a "disconnect" between academic research and the communities in which, for which, and with which it has been conducted

(Goldberg-Freeman et al., 2007). To a large extent this disconnect is related to basic differences between research institutions and the “researched” communities. Edwards and colleagues note, “The fundamental dichotomies that exist between academic and community partners range from their agendas for research, the power differentials in partnerships, to ownership of and identity with the research project,” (Edwards et al., 2008, 189). This has been particularly true in research between academic institutions and American Indian/Alaska Native communities, where prior experiences of tribal communities with academic research often have not been positive, with the research not addressing primary concerns of the community and thus failing to provide benefit to their members (Caldwell et al., 2005; McKennitt & Fletcher, 2007). These efforts were not collaborative and more often were conceptualized by academicians with minimal input from the targeted communities. Research studies and protocols have been formulated, implemented, and evaluated with limited knowledge of community strengths, traditions, and values, or active participation of community “researchers” or those individuals in the communities who have indigenous knowledge that can better shape questions in the context of tribal history and culture (Cochran et al., 2008; Thomas et al., 2010). These experiences, including a lack of understanding and failure to include communities in the research process, have led to mistrust of academic researchers and have raised questions among American Indian/Alaska Native communities about the value of participating in research with academic partners (Edwards et al., 2008; Goldberg-Freeman et al., 2007). At worst, research conducted in this unethical manner has resulted in much harm done to American Indian/Alaska Native communities (Foulks, 1989). In a special volume of *American Indian and Alaska Native Mental Health Research*, Foulks describes an alcohol study conducted on (rather than with) a remote Alaska Native village. The data were misinterpreted and presented the village as being plagued by extremely high rates of alcohol abuse as a result of revenue from oil and gas production. The researchers published a news release on the front page of the *New York Times* with the title “Alcohol Plagues Eskimos,” (Sobel, 1980). In addition to the harm to the reputation of the village and the members of the community, the village subsequently lost contracts with gas and oil companies, resulting in a harmful loss of revenue.

## COMMUNITY-BASED PARTICIPATORY RESEARCH

CBPR (Minkler, 2005; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2003) has been promoted as one approach to help overcome the “disconnect” between researchers and communities (Goldberg-Freeman et al., 2007); as a

means of addressing issues of health disparities in disadvantaged communities (Wallerstein & Duran, 2006); and as a method of developing, implementing, and sustaining effective behavioral health interventions (Bogart & Uyeda, 2009). CBPR has been defined as a “collaborative approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given phenomenon and the social and cultural dynamics of the community, and integrate the knowledge gained with action to improve the health and well-being of community members,” (Israel et al., 1998, 177). There is a commitment that there will be an ongoing, collaborative process that determines the proposed focus of the research, the research process, and the data collection methodology. Involving community members in data analysis and interpretation of results enriches insights and findings through the context of the community’s understanding of them (Cashman et al., 2008). There should also be joint involvement in dissemination of the findings. Most importantly, the goal of the research is to benefit the community; it should be conducted “only if it’s going to mean something,” (Jacklin & Kinoshameg, 2008). The meaningfulness is based not on researchers’ prior evidence and/or theory, but rather on relevance of the research to the community and addressing its areas of concern.

CBPR has been described as an approach that serves as a bridge between these two cultures, academia and community, translating knowledge derived from academic research into community-relevant interventions and policies by combining collaborative research methods and community involvement and capacity building (Viswanathan et al., 2004). This requires an ongoing balancing act between scientific rigor and empiricism on the one hand, and the use of local cultural knowledge on the other. Unlike other approaches, CBPR focuses on conducting research *with* communities, not just *in* or *on* communities; communities and their members assume an active role as collaborators and co-investigators in the research process (Edwards et al., 2008 ; Viswanathan et al., 2004). It views indigenous knowledge as being as valuable and valid as that derived from scientific methods and believes that it helps shape and guide the research process (Caldwell et al., 2005; Cochran et al., 2008).

Such an approach focuses less on career-building of academic researchers, which often has involved relatively short-term projects in the context of the “publish or perish” atmosphere of the academy, and increasingly on the longer-term commitment involved in engaging and benefiting American Indian/Alaska Native communities (Mitchell & Baker, 2005). Together, researchers and community members work to

assess strengths, resources, and needs of the community; select an issue of particular concern; and adapt and implement available “evidence-based” interventions or potential solutions derived from the community to address the identified concern (Minkler et al., 2008). Since the evidence base for most medical and behavioral health interventions is based on selective and ethnically restricted samples, adaptation is important to make them culturally relevant and acceptable. “Culturally supported interventions” that emerge from a community’s traditions, values, and indigenous knowledge capitalize on the strength and resources of the community (Duran et al., 2008). The CBPR approach is based on a set of basic principles that foster collaboration and equity in the working relationship and partnership between researchers and communities (Israel et al., 2005; Israel et al., 1998; Minkler & Wallerstein, 2002; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2003). These have been articulated and elaborated recently by Jacklin and Kinoshameg (2008). The principles are found in table 9.1 They include the development of a partnership that involves the community in the planning and conduct of the research; a focus on empowering the community

**Table 9.1**  
**Eight Principles of Appropriate Community-Based Participatory Research**

<i>Principles</i>	<i>Research Philosophy</i>	<i>Specifics</i>
Partnership	Local involvement and participation in planning and implementation	<ul style="list-style-type: none"> <li>• The project should be conceived by the community</li> <li>• The methodology should include mechanisms for community representatives to participate in research design, process, and outcomes</li> <li>• Communication should be continuous throughout the process</li> </ul>
Empowerment	Research as a process that enhances community empowerment and moves toward self-determination	<ul style="list-style-type: none"> <li>• The project incorporates and values local knowledge and experience</li> <li>• The project meets the political/policy needs of the community</li> <li>• Community participation guides the research process</li> <li>• Capacity is developed in the community</li> </ul>

(Continued)

**Table 9.1** (Continued)

<i>Principles</i>	<i>Research Philosophy</i>	<i>Specifics</i>
Community Control	Community maintains ownership and control of research process and outcomes	<ul style="list-style-type: none"> <li>• The tools developed, the results, and the planning belong to the community, not the researchers</li> <li>• There is a process for the community to review, comment on, and approve the tools, methods, findings, reports, publications, etc.</li> </ul>
Mutual Benefit	Working in partnership with and for the community for a mutually beneficial outcome	<ul style="list-style-type: none"> <li>• There are tangible benefits to the community</li> <li>• Process allows for skills and knowledge transfer</li> <li>• Academic outcomes (dissertations, publications, presentations) reflect community needs</li> </ul>
Wholism	Use and production of holistic knowledge	<ul style="list-style-type: none"> <li>• Value is placed on all forms of knowing: spiritual, cultural, local, and academic</li> <li>• Knowledge transfer is two-way</li> <li>• Local knowledge is respected</li> </ul>
Action	Knowledge produced is used for action	<ul style="list-style-type: none"> <li>• Holistic knowledge to be used for action is the result</li> <li>• Cycle of knowledge to action is continuous</li> </ul>
Communication	Commitment to communication, dissemination, and knowledge translation of research and results	<ul style="list-style-type: none"> <li>• Local colleagues, participants, and community members are aware of the study, its progress, and the results</li> <li>• Data is readily available and accessible to community members</li> <li>• Knowledge produced is communicated to participants, community members, policy developers, government officials, and academics</li> </ul>
Respect	Respect for local research philosophy and culture	<ul style="list-style-type: none"> <li>• A research philosophy that respects and is compatible with local teachings and culture is maintained</li> <li>• Local ethical standards are respected and attended to</li> </ul>

From Jacklin and Kinoshameg, 2008. Used with permission of the author and publisher.

through the research process, its findings, and policy implications; community control and ownership of the research process, outcomes, and data; working in partnership toward mutually beneficial goals and outcomes; the production of holistic knowledge; that this knowledge be used for some positive action to benefit the community; a commitment to communicate throughout the research process, as well as in the dissemination/translation of findings; and a respect for the community's traditions, values, and culture.

While these general CBPR principles apply to many populations and communities, it is important to contextualize them to be more specific and culturally appropriate in their application (LaVeaux & Christopher, 2009). This has been the case in particular in the use of CBPR with American Indian/Alaska Native populations (Burhansstipanov et al., 2005; Caldwell et al., 2005; Christopher, 2005; Holkup et al., 2004; Mail et al., 2006; Norton & Manson, 1996). The resulting approach is tribal participatory research (TPR) (Fisher & Ball, 2002, 2003).

## **TRIBAL PARTICIPATORY RESEARCH**

TPR embodies the general principles of CBPR and extends them into specific recommendations for doing research with American Indian/Alaska Native communities (LaVeaux & Christopher, 2009). This coincides with tribal communities assuming a more active and proactive role in the development of community-university partnerships and in conducting research in their communities. A fundamental principle underlying TPR is that American Indian/Alaska Native tribes and their communities are sovereign nations whose rights must be respected and reflected in the research process. TPR indicates that research should involve continual tribal oversight of the process and project. Such oversight is often provided through tribal research review committees, tribal council review, and/or by a community advisory board whose function is to help guide research development; ensure that the research is consistent with and respects community values, tradition, and culture; and ensures the community's safety and benefit. This includes the development and implementation of tribal council resolutions to support the intended research, and the development of memoranda of understanding to define the roles, responsibilities, and parameters of the community and academic partners, as well as agreements about ownership of data and the right to review and approve project-related information prior to dissemination.

Research in American Indian/Alaska Native communities may be regulated by the community and may also involve tribal research review boards,

tribal research codes, and possibly tribal institutional review boards (IRBs) to ensure ethical behavior on the part of researchers, including appropriate respect of the culture, traditions, and values of the particular tribe. In fact, there has been an increased focus on ethical issues in the conduct of research with American Indian/Alaska Native, First Nation, and Aboriginal communities (Ball & Janyst, 2008; Ethics Office of the Canadian Institutes of Health Research, 2007; Jacklin & Kinoshameg, 2008; Letendre & Caine, 2004; Van der Woerd & Cox, 2006). A number of tribal research codes are being, or have been, developed in many tribal communities to better protect tribal interests (American Indian Law Center, 1999; Brugge & Missaghian, 2006; Martin-Hill & Soucy, 2005).

These steps, which are not involved in many approaches to research but are integral to CBPR and TPR, are crucial to the development of a truly equitable and collaborative partnership between researchers and communities that increase the likelihood of community buy-in, engagement, and benefit from research. Further, these steps, which involve researchers spending time in the communities with which they work as a means of gaining the trust of their partners, are necessary to ensure that they “do it in a good way,” (Ball & Janyst, 2008) and “only if it’s going to mean something,” (Jacklin & Kinoshameg, 2008).

Clearly, CBPR and TPR offer ethical, respectful, and rigorous approaches to develop research partnerships between American Indian/Alaska Native communities and academic institutions to engage in research that is collaborative, equitable, mutually beneficial, and involves clear, transparent communication in a manner that ensures a balance of power and control over the research process. The next section provides quotes from interviews conducted with American Indian/Alaska Native community-based research partners that illustrate both principles and underlying values and practices that are essential for successful collaborative CBPR/TPR partnerships.

## **CRITICAL VALUES AND PRACTICES FROM THE COMMUNITY PERSPECTIVE**

In the course of developing a user-friendly manual for CBPR/TPR research partnerships (not released yet), we conducted interviews with academic and community-based research partners, as well as with individuals with experience and expertise with regards to ethics in American Indian/Alaska Native health research, and in the use of IRBs that review American Indian/Alaska Native health research protocols. The quotes and themes that follow represent some of the key underlying values as well as practices that American Indian/Alaska Native community-based research



partners feel are critical to CBPR/TPR research partnerships. The voice of community partners is often missing in the literature; therefore, we felt it was critical to include our partners' voices in this chapter. We have organized them under the eight principles identified in table 1: partnership, empowerment, community control, mutual benefit, holism, action, communication, and respect. For the sake of brevity, we offer two or three quotes for each principle.

For *partnership*, community-based research partners had the following thoughts: "We had the university come over to the reservation and have face to face meetings with us and other native Americans that worked on the project were part of the team, or community members, and cultural co-op committee. They ranged from tribal council chairman, to a grant writer, to someone who worked in the computer lab with the kids, and youth services people, and janitorial staff. It wasn't just who you'd think would be involved in this sort of thing; there was an assistant cook who worked with the youth who was involved. Very much the community involved in all these types of processes. Those people were the people who were able to teach the people from the university"; and "They were very happy to have help from the university to get the project going so that alcohol in the end might be prevented and all the bullying in children. So they were very happy to have the help of the university to start something to prevent both alcohol and suicide. We already had a group and we're always doing this and that to prevent all this. That is why they were ready to accept help from the outside." There were similar thoughts expressed by all the community-based researchers interviewed: the community must be ready, it is important that the university-based researchers come to the community, and all must recognize and build on the successful practices and community-based interventions that exist in the community.

For *empowerment*, community-based researchers shared the following two quotes with us: "I think the more CBPR that are conducted in Indian country will lead through the process to more community empowerment. Having the research review board for our tribe has been really empowering to our tribe, our people. We have a radio show; we have a brochure out there. We have had a couple of research summits on what the research review board is all about. We are also holding the researchers accountable that after the research is done and they have some data to present, that they present it in the community at our annual research conference where they rotate area to area giving the same information and feedback and allowing the community people to ask questions or make suggestions"; and "I just really think that respect and humility is so powerful in this community. Like, 'We're coming forward and this is what we have to offer that is

something you're interested in,' rather than a big sales pitch, because it never felt like that. It felt like, 'How can we do this together? What is it that you guys want us to help with? Can we do that? We've got these ideas, but that doesn't mean they're set in stone and we can't change them.'" The themes in the interviews focused on respect for tribal sovereignty and authority, as well as a commitment to an equal partnership.

For *community control*, community-based partners shared the following: "Well, I would hope that we can give them a little bit of education about the uniqueness of our community. One of the things—I'm sure somebody like Lisa knows this—but in the past, with others, that we've dealt with before, some tend to think that all tribes are alike. That's just not right. We're all unique communities and, for instance, us and the Port Gamble S'Klallam Tribe are 12 miles apart, but probably couldn't be more different in many respects. And there are actually a lot of relations between the two tribes, intermarriage or whatever, but still the basic reservations, the way we do things, the size of the community and where the community is situated, are all different and unique. We've been more of an identifiable community for a lot, lot longer. So I guess I would say that the partners need to get up to speed fairly quickly, and that would be what we'd have to help them to learn about the community"; and "I'd reiterate get involved with the Elders first and ask questions and, of course, explain the program to them so you can find out who could help you the most as far as the Elders are concerned, different aspects of learning here. That's definitely where we'd start. Of course, you'd have to have the approval, should have the approval of the tribal council on what you're trying to do. That'd probably be the first thing, get involved with the tribal council and ask them what the program is and ask them how they could help, and get involved with the Elders, of course." These two quotes illustrate critical components of CBPR/TPR partnerships with tribes and Native communities. First, while there may be similarities between tribes/Native communities, they are actually more unique than similar and it is the responsibility of the researcher to acknowledge this and inform themselves. Second, each community has a unique process for gaining approval, trust, and for implementing the research plans that include tribal councils, existing committees, and specific groups such as elders. Once again, it is the responsibility of the academic researcher to acknowledge this and become informed about how to work respectfully with each community.

For *mutual benefit*, the community-based researchers shared the following: "One thing I think it has brought is an understanding of the academic, social, political networking that can occur. It really kind of has brought that out. It has kind of broken new ground in the community in providing that.

So it has given people that opportunity. Also, just the new relationships and the pride in being able to talk about this project in a public manner too is important for us as well”; and “I want to go back to the university. I think the fact that they’ve helped us with curriculum. They also provided resources such as supplies and equipment which we don’t always have that opportunity to have available . . . . They also invited another partner from the University of Washington which was very beneficial. The partnership was a health partnership, but it also involved the media and so, in that manner, was a positive, because by adding in the media component we learned a lot more. And so were able to gain additional skills and the individual trained our staff person in the use of video cameras, so the training was done on-site here with students and with staff. And so they were able to build skills at the same time.” Themes in this section focused on the benefits of research to the participating communities and the importance of supporting skill building and capacity at the community level.

For *holism*, community-based partners offered the following: “So the process with that was we met with community people. So we met with the tribal historian, members of the canoe family, the teachers in the community, Elders in the community. So we met with a group of people, and talked about sections of the curriculum and asked their opinion about adapting, how they would adapt it. What stories could we use? And so they would give their suggestions and we would incorporate it into the manual. So we used the same kind of framework of the manual, but we just incorporated the stories and values of the community”; and “We revised the curriculum to fit the culture and traditions of the Suquamish Tribe. This was done with the help of Tribal Elders, Members, Youth, Cultural Co-op and the Tribal Council”; and “Really, I think that it’s important that an understanding of culturally responsive and respectful health initiatives that have occurred in the community or ways that they can occur in the communities is important to understand prior to even coming into the community.” Themes here reiterate the importance of incorporating the knowledge, skills, and wisdom of the community members, both in research protocols and in designing interventions.

For *action*, community-based research partners shared the following: “I think the other part is that people really see this project as they really helped create it, and there were things in our needs and resources assessment. One person had said, ‘I definitely think youth substance abuse is a problem, but I don’t think it’s the biggest one, and I want to shine the light on sexual assault in the community.’ So our project didn’t end up focusing on sexual assault, but what we were able to do was note that somebody had said that and when a grant opportunity came along for a sexual assault

prevention and treatment program, I made sure that that grant went to this person. I said, ‘Hey, this is available’; and ‘‘We as tribal council members would like to see the community be a better place to live and we know that that challenge today is just like it is in a lot of communities that the youth and everyone have the same opportunities that they do everywhere and drugs and alcohol are part of that. And making this a better place to live means in part doing things to steer our members away from harmful things that they might get engaged in. So I would hope that our project will make a difference in the community in some way in that regard.’’ The themes expressed about *action* focus on the research project bringing positive change to the communities and also providing resources and increased capacity for community members to address other issues of concern.

For *communication*, community members shared the following: (In response to a question about what works best to develop a research relationship) ‘‘One on one for one thing. You have to communicate. That’s true in anything we do, and it’s very important to be up front and be knowledgeable about what you’re trying to do, and being respectful of the community and how you approach them in a friendly manner and explaining everything involved with the program. I think that’s real important’’; and ‘‘I listen. I’m listening and trying to listen to what individuals say and behavior of individuals I watch. Interactions. Behaviors. Because that’s important to me. By listening I mean I’m listening for things like information, consistency with information, communication styles—are individuals able to move from different communication styles as well? And I think that’s it for me. Communication styles ... I’m always looking at communication styles and really listening to what individuals are saying, but also observing at the same time. And then also another piece is shared responsibilities. Do we share; do we clarify with one another? I’m always looking for clarity’’; and ‘‘They need to be visible in the community. They need to develop the collaboration. And that takes so much time. They need to create that relationship. And that starts with small meetings, including more people, and explaining who you are, and what you’re doing there. I think that’s just one part of it, that’s relationship building, and that takes a lot of time and effort and that has to be the university people that do it. You might have someone in the community, but they’re part of the community. It needs to be many more people in the community that the university people talk to and collaborate with. They should know the tribal structure. They should know the political structure of the community because each tribe sets it up differently.’’ Themes related to *communication* focused on the need for transparency, sharing knowledge, and the importance of face-to-face communications and the researchers spending time in the community.

For *respect*, community members shared the following: “Everything I think about and everything I work on, the first thing that comes to mind is respect, and that can be in many aspects, culturally, socially. Respect is the first thing and that comes to my mind”; and “Knowing the culture and traditions of the community you will be working with and being respectful of it”; and “Just the partnership deal already with the Alcohol and Drug Abuse Institute staff at the University of Washington. I feel that I can trust them. I feel already that I can respect and trust them and that’s huge. And I think once everyone else gets to meet them and to know them I think they’re going to be well-received in our community.” Themes related to *respect* focused on the importance of academic researchers learning and respecting the unique culture and traditions of the community, as well as the importance of the community members being able to trust and respect academic researchers.

The quotes represent a very small part of the rich and important data that community-based researchers have shared with us. Successful research partnerships can be established when the principles of partnership, empowerment, community control, mutual benefit, holism, action, communication, and respect, are discussed and acknowledged by community and academic research partners. In particular, learning and attending to the perspectives and expertise of community partners is critical to ethical and effective collaborations. We offer a case study below to illustrate how these principles may be implemented, as well as lessons learned.

### **THE HEALING OF THE CANOE: A CASE STUDY OF CBPR AND TPR**

The Healing of the Canoe Project began as an informal discussion between community members from the Suquamish Tribe and a Native research scientist from the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington. The Suquamish Tribe Wellness Program administrator invited ADAI staff to discuss partnering on a project to improve the health of the members of the Suquamish Tribe and community. We obtained approval from the Suquamish Tribal Council (STC) to seek research funds. STC appointed the Suquamish Cultural Cooperative (SCC) to be the community advisory board for our partnership. The SCC is a standing committee that oversees all activities in the Suquamish community that relate to culture, thereby an indication to the academic researchers from the very beginning that the research would need to be community based and culturally grounded and appropriate.

Not long after our research partnership began, the National Institutes of Health’s National Center on Minority Health and Health Disparities

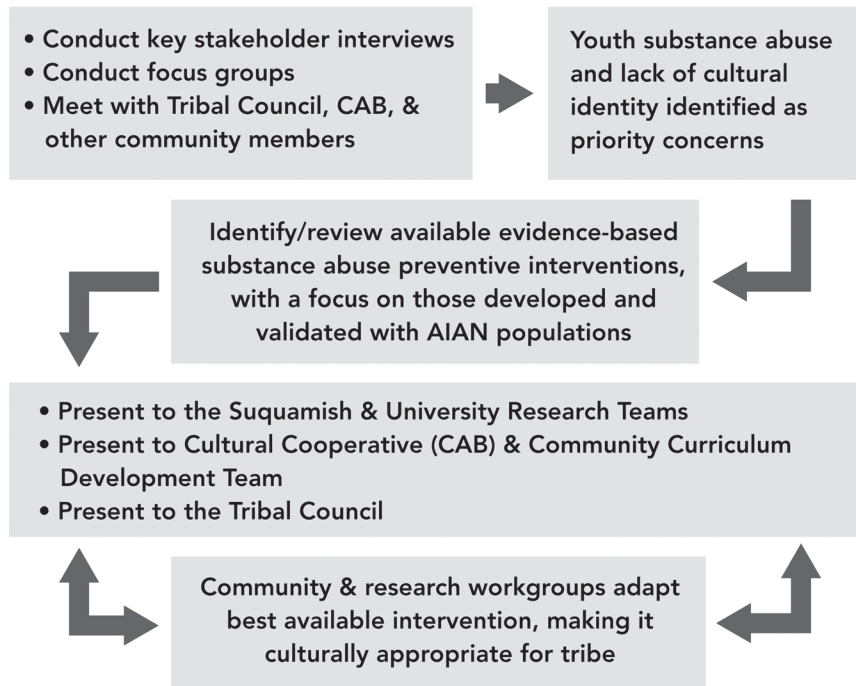
(NCMHD) issued a request for applications (RFA) to propose a project using CBPR approaches to address areas of significant health disparities. Tribal and university-based researchers worked together to craft a proposal to submit in response. This process allowed the community to have meaningful input in every aspect of the proposed research project, and it resulted in having a community member as a co-investigator and a significant portion of the budget allocated to community-based research partners who would be responsible for much of the development and implementation of the research.

We were successful in obtaining a three-year exploratory and developmental grant and began working as full research partners in 2008 on the Healing of the Canoe: The Community Pulling Together Project (HOC) (5R24MD001764-03, Donovan, PI). This was a unique opportunity, as the RFA required that the first year be devoted to developing a research partnership to: a) build and nurture a respectful collaborative effort that was based on trust, b) conduct a needs-and-resources assessment to identify research priorities of the community, as well as the strengths and resources that already existed in the community to address the issues of concern, c) adapt or develop and pilot an intervention to address the issues of concern to the community, and d) engage in bilateral training and capacity building. Figure 1 demonstrates the iterative process of phase one of HOC.

As you can see from this figure, community guidance, input, contribution, and approval was an integral component to phase one and significantly contributed to the success of the phase one project aims. Prior to starting any “official” research activities, university-based project staff began spending time in the community, and in particular the co-investigator, a Native investigator (from a different tribal community), served as the liaison between the two partners. Although all university-based staff spent time in the community, the liaison spent considerable time getting to know the community and, more important, allowing the community to get to know her. This requires that a great deal of time be spent in the community in non-project-related activities and community events. In general, this time is not supported by grant funds and much of it results from the values and commitment of university-based staff to be a true partner to the community.

Before any research activities began, we also met regularly with the SCC for guidance in developing research protocols that would be effective as well as respectful of potential participants and the community as a whole (Thomas et al., 2009). Academic IRBs play an important role in protecting individual participants in research; however, when working with American Indian/Alaska Native communities, protection of the entire community is critical and the local community advisory board is

## Figure 1. Developing the HOC Intervention: An Iterative Process



the most appropriate body to ensure this protection. The academic IRB for our institution has been very committed to adhering to the most rigorous standards and policies and procedures for the protection of research participants, while also recognizing that academic institutions may have some important training and capacity-building needs in order to meet the more rigorous standards for the protection of individuals and communities, particularly when the community is a sovereign entity such as a federally recognized tribe. (See Thomas et al., 2010, for a complete description of the early HOC phase one partnership development and a more complete description of the needs-and-resources assessment).

The collaborative research team determined that the community readiness model (Jumper-Thurman et al., 2004; Jumper-Thurman et al., 2001; Thurman et al., 2003) was the most appropriate model for the needs and resources assessment. This innovative model was developed at the Tri-Ethnic Center at Colorado State University and has been used effectively by researchers working with American Indian/Alaska Native communities.

The CR model uses interviews with key community members and cultural experts to assess the level of a community's awareness of a particular issue of concern and what resources and potential solutions currently exist in the community. Most importantly, interviews are also designed to assess the community's level of readiness to make changes to address the issue.

The team worked collaboratively to adapt the questions for the Suquamish community, and community-based project staff conducted key stakeholder interviews and follow-up focus groups to identify the issues of most concern to the community, as well the strengths and resources that existed in the community to address them. These qualitative data were summarized and presented to the STC and the SCC to ensure their accuracy. With guidance from STC and SCC, the summaries were then presented to the Elders and to the community in general at a community meeting hosted by the project. The community determined that the prevention of youth substance abuse was the most important issue in the community, and that this could best be done by working with the youth to support their identity as tribal members and their sense of belonging to their community. The community determined that the Suquamish culture, youth, and Elders were the most important strengths and resources in preventing youth substance abuse and supporting tribal identity and a sense of belonging.

The project team did a literature search and selected a curriculum developed by the Seattle Indian Health Board and the University of Washington Addictive Behaviors Research Center, *Journeys of the Circle* (LaMarr & Marlatt, 2005; Marlatt et al., 2003), to be adapted by HOC as the intervention. The project team worked with community volunteers over a period of five months to adapt this curriculum to address the needs as identified by the Suquamish Tribe and build on the strengths and resources of the tribe. The resulting curriculum was named "Holding up Our Youth" by the Suquamish elders, and has been piloted with middle school and high school students from the community and will be rigorously evaluated in phase two. This curriculum is an eleven-session prevention program, plus an honoring ceremony incorporating evidence-based components with Indigenous knowledge, traditions, and values. The "Holding up Our Youth" curriculum provides Native youth the skills needed to navigate through life without being pulled off course by alcohol or drugs, with tribal culture, traditions, and values as compass and anchor.

Throughout this process the community was involved and informed via regular presentations to the STC and the SCC, as well as to the Elders and the community in general via community meetings hosted by the project. In addition, the project provides updates in the monthly



Suquamish newsletter, which goes to all Suquamish Tribe members. Finally, the project has an “open-door” policy and any and all community members are welcome to stop in to the project office to ask questions, obtain more information, or just chat. Transparency in the research partnership has been a key component to building and maintaining trust.

The HOC project successfully competed for phase two funding and the Port Gamble S’Klallam Tribe agreed to join the research partnership. Tribal members from each of the two communities serve as co-investigators on the NIH/NCMHD grant and as principle investigators on the subcontracts to the tribes. This allows for maximum community ownership, engagement, and cultural appropriateness, and will also support sustainability. The Suquamish Tribal School has invited the Suquamish HOC team to implement the curriculum as a part of their high school curriculum. The SRT will be engaged in testing the curriculum intervention over the coming year; the hope is that this community-based and culturally grounded curriculum will become a best practice and serve as a template for other American Indian/Alaska Native communities who are committed to improving the health of their members. The Port Gamble S’Klallam research team (PGSRT) is engaged in the needs-and-resources assessment for their community, which will inform the adaptation of the intervention curriculum to ensure that it incorporates PGSRT traditions, values, and practices while adhering to the evidence-based life skills components that form the core of the curriculum.

There are three notable points in our current HOC partnership. First, the partnership has remained committed to regular and bi-directional training. Community-based research staff receive training in research methods and approaches and also participate as coauthors on manuscripts and copresenters at professional meetings. University-based staff engage in monthly cultural training to better understand sociopolitical and health disparity issues in American Indian/Alaska Native communities in general, and the specific history and culture of the two tribal partners, as well. Second, we are collecting data on the nature and quality of our CBPR/TPR partnership. Many academic researchers engage in CBPR/TPR partnerships, but the quality of these partnerships varies and is generally not measured. By collecting data on the quality of our partnership we can engage in ongoing evaluation of what is working and also identify and address any issues that may arise. This data will also allow us to contribute to the literature about successful strategies for research partnerships between American Indian/Alaska Native communities/tribes and academic institutions. Finally, in addition to the overall research partnership of HOC (Suquamish Tribe,

Port Gamble S’Klallam Tribe, and ADAI/UW), the two tribal partners support and learn from each other as research partners engaged in health research, in a manner that we, as the academic research partner, are not able to do. It is incumbent on us, the academic researchers, to practice cultural humility and step back as our community partners emerge as leaders in the CBPR/TPR process.

## **VOICES FROM OUR AMERICAN INDIAN/ALASKA NATIVE COMMUNITY PARTNERS**

Community research partner/co-investigator #1: “The Healing of the Canoe Project embodies the essence of community-based participatory research (CBPR). It is in every sense a true collaboration. The relationship is based on mutual respect for the expertise of all partners from the teenage youth worker to those with high level degrees and ‘prestigious reputations’. There is an overall goal that what we do will be beneficial to the tribal communities and we operate under the oath of ‘First Do No Harm’.

This mutual understanding guides all decision making and is evident through our continued and increasing community support from the tribes, universities and funders. Many of the Suquamish Tribal Members have commented that they thought that university staff member, Lisa R Thomas, worked for Suquamish because ‘she is at everything.’ This level of commitment and respect has made this project one to be emulated and should set a standard for tribal research partnerships.

That being said, there is a need to caution other tribes that not all research projects are created equal and that CBPR is a spectrum. Healing of the Canoe is on the far margins and may be unique in its ability to embrace each hand of its partners and gently, skillfully cherish the tribal communities it serves.

Therefore, it is with caution that tribes should enter into any research partnership. Some examples of helpful knowledge and skills to access would include obtaining Human Subject training and to require several references of potential academic researchers and cultivating relationships with other tribes who have healthy research partnerships.”

Community research partner/co-investigator #2: “As a Tribal Member I feel that the University of Washington ADAI staff have really made important steps in protecting, valuing and respecting our S’Klallam families. I feel very privileged to work with this institution as it strives to better our Tribal Communities by acknowledging our indigenous knowledge and expertise in knowing what works best to address our unique

needs and respect our ways of using our tribal customs and culture as the foundation to build a network of approaches to improve our health and well-being. I appreciate Lisa, who is a strong AIAN Woman who understands and works hard to promote cultural respect and competence. As an AIAN person she has an innate sense of understanding and knowing what is acceptable when working with our Tribal Families. She is a 'protective factor' for us. I do need to stress still that just because a person is AIAN does not mean that they will work well with a tribal community. It is a very unique blending of professional experience and cultural history with a heart committed to serving the people that makes for a leader in CBPR."

## CONCLUSION

CBPR and TPR can be effective approaches for effective, respectful, and engaged research partnerships between academic institutions and American Indian/Alaska Native communities when based on the principles of partnership, empowerment, community control, mutual benefit, holism, action, communication, and respect. Consistent themes from our community partners include: 1) the community must be ready for and guide the research process; 2) it is critical for university-based staff to spend time in the community to build trust and respect; 3) research must be strengths based; 4) tribal authority and approval must be obtained; 5) the partnership must be based on equity in all aspects; 6) tribes and American Indian/Alaska Native communities are unique, with unique research engagement processes, and it is the responsibility of the academic researcher to learn these (again, by spending time in the community); 7) local knowledge, expertise, and traditions must inform research protocols and be incorporated into research interventions; 8) research should benefit the community and support capacity development in the community; 9) training for working with American Indian/Alaska Native communities and Tribes as sovereign entities is needed by academic researchers and their institutions; 10) the research process must be transparent and include clear and consistent communication; and 11) face-to-face communication is very important, rather than relying on emails and telephone communication.

We cannot emphasize enough the importance and value of trust and respect in CBPR/TPR partnerships between American Indian/Alaska Native communities/tribes and academic institutions, as well as the importance of recognizing the community members as the experts with regards to research in their own community. As one tribal elder said, "We told them what to do and they did it!"

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# Identifying Community Needs and Resources in a Native Community: A Research Partnership in the Pacific Northwest

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**Abstract** Indigenous communities have engaged in needs and resources assessments for thousands of years. By blending CBPR/TPR approaches with community-driven assets and needs assessments, academic and community based researchers can work together to better understand and identify community strengths as well as issues of concern in Native communities. This best practice approach can set research agendas that are relevant to Native communities and result in interventions and health promotion programs that are respectful of Tribal sovereignty and that incorporate unique traditions and strengths of Native communities. A successful research partnership to develop and implement a needs and resources assessment using CBPR/TPR approaches is presented using a case study that can be used as a model for other research partnerships.

**Keywords** American Indian and Alaska Native · CBPR · TPR ·  
Needs and resources assessment · Substance abuse · Cultural identity

Indigenous communities around the world have thrived for centuries by engaging in ongoing, community-driven “needs and resources” assessments (Smith 1999). These methods are based on indigenous scientific methods and apply findings to develop strategies to prevent negative health outcomes and promote positive health outcomes in “programs” that can arguably be identified as “Evidence-Based Practices” (Cochran et al. 2008; Jumper-Thurman et al. 2001; Swinomish Tribal Mental Health Project 2002; Whitbeck 2006). These practices were historically transmitted from one generation to the next via what is referred to as the “oral tradition” and often used legends as a teaching tool (Friesen 1999). In fact, one of our Tribally-based research partners stated that “We’ve been doing this for thousands of years but nobody wrote it down” (C. Wagner, personal communication, November 17, 2005).

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One contemporary example of a community-driven needs and resources assessment and subsequent intervention in a Native<sup>1</sup> community was shared with the first author by Suquamish Tribal Elders<sup>2</sup> (personal communication, September, 2007). Suquamish Elders had noted that there was a “meth house” on the reservation where non-Tribal members were engaging in the production and abuse of methamphetamines. The Elders were concerned about the environmental hazards, legal issues, and the welfare of their Tribal members, with particular concern for their youth. The Elders gathered this “data” and used it to develop an intervention wherein they came together with their drums and rattles and walked to the “meth house” while drumming and singing traditional songs. The Elders continued to do this until the occupants of the meth house stopped producing and using methamphetamines in the house and left the reservation. Clearly, a community-driven needs and resources assessment was utilized and resulted in community-based and culturally grounded intervention that was effective.

Recent evidence in the literature indicates that building on the knowledge that already exists in Native communities when implementing intervention programs can result in better outcomes as well as build the needed trust between these communities and their researcher partners (Allen et al. 2006; Burhansstipanov et al. 2005; Caldwell et al. 2005; Fisher and Ball 2005; Mohatt et al. 2004a, b). This approach can also shift the paradigm from a focus on deficits and pathologies to one on strengths and resilience (Duran and Duran 1995; Minkler and Hancock 2008; Walters and Simoni 2002)

This paper will describe a needs and resources assessment process that was developed and used in a collaborative effort between Tribal and university based research partners in the Healing of the Canoe (HOC)<sup>3</sup> project (Thomas et al. 2009). A Community Based/ Tribally Based Participatory approach (CBPR/TPR) (Burhansstipanov et al. 2005; Fisher and Ball 2002, 2003; Minkler and Wallerstein 2002) was used to work with the Suquamish Tribe to identify key behavioral health issues of concern to the community as well as the strengths and resources that already existed in the community to address the identified issues. The findings from this community assessment were used to develop a culturally grounded curriculum for Suquamish youth that incorporated traditional values, practices, teachings, and stories to promote a sense of Tribal identity and a sense of belonging in the community to prevent youth substance abuse. Lessons learned from this process as well as implications for this approach to identifying research questions and desired outcomes will be discussed. It is the view of the collaborative Healing of the Canoe research team that this approach to identifying assets and needs in Native and Aboriginal communities is an emerging best practice.

## Background

### History of Research with Native Communities

Research with Native communities that focuses on behavioral health issues has often been less than successful, in part because of researchers who were not sensitive to the culture and

<sup>1</sup> “Native” and “AIAN ” are used in this paper to refer to American Indian, Alaska Native, and Aboriginal groups

<sup>2</sup> The Suquamish Tribe is a sovereign nation whose reservation is in Washington State. Please note that this manuscript has been approved for publication by the Suquamish Tribal Council.

<sup>3</sup> The project described was supported by Award Number R24MD001764 from the National Center On Minority Health And Health Disparities. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NCMHD or the National Institutes of Health.

traditions of the Tribes and communities with which they were working or to their status as sovereign nations. (Beals et al. 2003; Duran and Duran 1995; Foulks 1989; Manson et al. 2004; Smith 1999; Sue and Dhindsa 2006). These issues need to be viewed within the context of postcolonial oppression of AIAN peoples, with loss of lands, suppression of language and culture, lack of recognition of sovereignty, and disregard for personal and communal rights (Caldwell et al. 2005; Duran et al. 2008; Stone 2002). Lingering concerns derived from this history of trauma have made AIAN individuals and communities wary of “outsiders” and distrustful of research in general and those who conduct it.

Too often in the past there has been a tendency for academicians to enter into communities with predetermined research agendas and established research protocols, with community members or the community as a whole serving as research subjects. It is research *on* AIAN individuals and their problems rather than research *with* AIAN individuals and communities. Often times such research has led to collection of data that is never shared with the communities from which it has been collected and may identify problems without sufficient follow through to help develop appropriate interventions (Burhansstipanov et al. 2005). Many researchers have also failed to understand Tribal sovereignty, respect the diversity of the AIAN communities, understand specific sociopolitical and historical contexts, build on Tribal strengths and resources, or incorporate Tribal customs, traditions and values into interventions developed to address substance abuse problems. It is also important to note that academic institutions have historically been involved in the removal of children from homes and communities to be placed into boarding schools. This practice has resulted in suspicion and apprehension on the part of Native communities with regards to working with academic institutions. Clearly, the burden is on the academic researchers to demonstrate ethical and respectful practices in our research partnerships.

In this context, it is also important to point out that most “evidence-based practices” regarding substance abuse prevention and treatment have not been tested with urban, rural, or reservation AIAN communities (Miranda et al. 2005; University of Washington Alcohol and Drug Abuse Institute 2006). Duran et al. (2008) promote the importance of “culturally supported interventions” that emerge from the community based on its traditions and values; these are less familiar to and are typically not the target of academicians. Yet such interventions, based on indigenous knowledge, capitalize on the strength and resources of the community. Duran et al. (2008) also argue that it is important to work toward the validation of such culturally supported interventions while at the same time working to adapt empirically supported interventions to make them culturally relevant and acceptable.

Fortunately, as Native communities become increasingly sophisticated consumers of and partners in research, protocols and approaches are emerging that result in effective, ethical, and respectful research. Community Based/Tribally Based Participatory Research (CBPR/TPR) approaches require that the academic researchers and the community based research partners work collaboratively on every step of the research project from the development of the research question to analysis, interpretation, and dissemination of the findings (Burhansstipanov et al. 2005; Caldwell et al. 2005; Holkup et al. 2004; Minkler and Hancock, 2008; Viswanathan et al. 2004). CBPR approaches have been used increasingly in research with AIAN communities and involve the development of equitable partnerships between communities and academically based researchers.

While CBPR provides a general framework for working with communities, Fisher and Ball (2002, 2003) have presented the Tribal Participatory Research Model (TPR) that incorporates a number of additional principles or basic mechanisms to facilitate work with

Native communities. Tribal Participatory Research approaches require additional steps that acknowledge and respect the unique sovereign status of Tribes and the unique cultural context of Tribes and Native communities. Equally important, the development of research guidelines and Tribal research codes are other mechanisms for insuring that research conducted with Native communities is ethical (see, e.g. (Alaska Native Science Commission 1997; American Indian Law Center 1999; Brugge and Missaghian 2006; Canadian Institutes of Health Research Ethics Office 2005))

A related principle is that CBPR/TPR focuses on health problems that are of particular relevance or high priority to the community and attempts to view these from a positive model of health and well-being. This is of particular relevance in working with Native communities, where there has often been an emphasis on the extent and scope of problems, based more on a deficit model that pathologizes AIAN individuals and communities rather than emphasizing or at least providing an equal balance to strengths and cultural protective and resilience factors (Caldwell et al. 2005). These principles provided guidance for our project team as we developed our research partnership and conducted the needs and resources assessment.

### Healing of the Canoe: A Case Example

The Healing of the Canoe is a research partnership between the Suquamish Tribe and the <deleted for de-identification> that is using CBPR/TPR approaches to develop, implement, and evaluate a community-based and culturally grounded intervention. We will describe the development of the research partnership and the methods used for the needs and resources assessment that was asset based and culturally appropriate. The project's adherence to principles of CBPR/TPR in the early phase is more fully described in a separate manuscript (Thomas et al. 2009). The development, implementation, and outcomes of the intervention that resulted from the needs and resources assessment will be presented in separate manuscripts. Please note that a second Tribal community is now also a research partner for the Healing of the Canoe project but will not be discussed in this paper.

#### Development of the Research Partnership

Historically researchers have approached Native communities as potential research participants with research questions and protocols previously determined. However, this approach is less than ideal and recent evidence supports the trend that this approach will need to evolve and academic researchers must be responsive to invitations *from* Native communities to collaborate on research projects (Duran et al. 2008). Duran et al. (2008) suggest that the ideal method for public health workers and researchers to work with AIAN communities is if they are approached by and invited to work with Tribal communities; this was the opportunity presented us. The Administrator of the Suquamish Tribe's Wellness Program, which provides mental health and substance abuse services in a Tribally run clinic, approached members of our team. He indicated that there was an increased concern about substance use and abuse among Tribal youth and he wanted to know whether it would be possible to work with the university researchers to develop a culturally grounded intervention to address this issue.

We began meeting with Tribal members about the development of a community-university partnership to be based on the principles of CBPR/TPR. At about the same time, the National Institutes of Health's National Center on Minority Health and Health

Disparities (NCMHD) had a call for proposals for Community-Based Participatory Research with communities to address issues of health disparities. Following Tribal Council approval, a formal Tribal resolution, and a memorandum of understanding that spelled out the roles, responsibilities, and process to be involved in our working relationship, we submitted an application in response to this call for proposals.

Consistent with CBPR/TPR principles, an MSW level Tribal member was identified as a Co-Investigator for the proposal and Principle Investigator for the subcontract to the Tribe and community key personnel were included in the budget. Our proposal was selected as one of 25 CBPR grantees, and only one of three working with AIAN communities.

The focus of our proposal as submitted was on the prevention of youth substance abuse, in response to the original inquiry and invitation from our Tribal partners. However, as specified in the call for proposals, these 3-year planning grants were to identify and reduce health disparities and promote health and wellness by (1) conducting community needs and resources assessment, (2) identifying and prioritizing health disparities of greatest concern to the community, (3) identifying strengths and resources already in the community to address concerns, (4) developing appropriate, community based, and culturally relevant intervention(s), and (5) developing and pilot testing the community-based intervention(s). Thus, despite the language in our proposal, the use of CBPR approaches and the results of the needs and resources assessment might lead to the community identifying and prioritizing issues of concern different from or in addition to youth substance abuse. This is a key point in respectful and ethical research partnerships with AIAN and Aboriginal communities—the ability and willingness of the academic researchers to acknowledge and yield to the research questions as identified by the community.

In addition to project oversight by the Suquamish Tribal Council described above, the Council designated the Suquamish Cultural Cooperative (SCC) as the Community Advisory Board for the Healing of the Canoe project. Therefore, in addition to reporting to the Tribal Council at least quarterly and the Suquamish community at least bi-annually, we met at least monthly with the SCC and they provided direct oversight, input, and guidance for every step of the research process.

### Methods for Developing and Implementing the Needs and Resources Assessment

The SCC requested that we identify the strengths and resources in the community in addition to the behavioral health issues of greatest concern. The findings from this assessment would then guide the development of the community based and culturally grounded intervention. This approach is consistent with the “community-driven asset identification and issue selection” approach as described by Minkler and Hancock (Minkler and Hancock 2008) which recognizes and builds on community capacity and can promote community collaboration as well as support sustainability. It was determined that qualitative data would be gathered by conducting key stakeholder interviews and through focus groups.

### Key Stakeholder Interviews

For the key stakeholder interviews, the project team also wanted to assess and better understand the community’s readiness to address issues of concern and employ current strengths in the process. Therefore, we worked with the SCC to adapt the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University (Plested et al. 2005). The Community Readiness model (CR) and measure have been used successfully with AIAN communities and for the development of culturally

valid community interventions, including those dealing with substance use prevention (Jumper-Thurman et al. 2003, 2001). The CR interview assesses the community's efforts to address identified issues (programs, activities, policies, etc.), community knowledge of these efforts, the leadership in the community (including appointed leaders and influential community members), community climate, community knowledge about the issues, and resources related to the issue (people, money, time, space). Examples of interview questions used include "Think about your community, the physical, mental, spiritual, and cultural health, including substance abuse problems. Using a scale of 1–10, how important is the health of your community to you?" and "What kinds of strengths and resources do you think exist in your community? Of these, which do think are most important?"

Although the CR literature indicates that a community's perspective can be documented with as few as five interviews with key stakeholders, the SCC indicated that as many as 20 interviews would be more appropriate to accurately capture the diversity of knowledge and concerns in their community. Therefore, the SCC, in collaboration with the project team, developed a pool of thirty individuals of which twenty were nominated as key stakeholders in the community. A total of 16 interviews were conducted and all interviews were done in the community and by Native project staff. In addition to the adapted CR questions, all participants were given the opportunity to share anything else that the interview may not have covered. All protocols had IRB approval; because of the history of Native communities and institutions, written consent was waived and oral consent and assent was obtained. The interviews were transcribed and summarized with issues of concern tallied and strengths and resources identified and listed in rank order. Following our commitment to give back to the community to the extent possible during the research process, research project staff also conducted an inventory of services available to the community to be included in the final N&R report.

### Focus Groups

In order to confirm that our summary of key issues and strengths of the Suquamish community was accurate, the next step in the N&R process involved asking a subset of the CR questions and vetting the summary of key stakeholder responses with focus groups. The SCC and project team identified four constituent groups to be represented: Elders, youth, service providers, and community members and participants were recruited by flyers, word of mouth, and by nomination. As with the key stakeholder interviews, written consent was waived and oral consent/assent was obtained. We followed the guidelines and protocol suggested by Strickland (1999) for conducting focus groups with AIAN individuals. The focus groups were held in the community and facilitated by Native, community-based project staff; one of the academic researchers (who is Native) was present to take notes and assist as needed. The focus group participants were also asked to identify and rank order key issues of concern to their community as well as the strengths and resources that exist to address them. The focus group recordings were also transcribed and summarized.

## Results

### Identification of Issues of Concern

Key stakeholders and focus group participants identified a number of behavioral health issues of concern in their community. Equally important, strengths and existing resources

were identified that could be built upon as the project unfolded. The issues and strengths were summarized in a list in order to identify which were of most importance to the community as indicated by the number of times they were mentioned and the salience with which they were discussed. Two issues appeared to be of most concern to the community: 1) prevention of youth substance abuse, and 2) the need for youth to have a sense of Tribal identity and a sense of belonging to the community. In addition, participants indicated that these two issues were related and felt that if a sense of Tribal identity and belonging could be strengthened, youth would be less likely to develop substance abuse problems.

#### Identification of Community Strengths and Assets

Participants identified three strengths/resources in their community that they felt would be critical to address the areas of concern. These strengths were: 1) the Tribal Elders, 2) Tribal youth, and 3) Suquamish culture and traditions. Based on these findings it was suggested that in order to address the concerns about youth substance abuse it would be necessary to do so in a way that would allow a “re-traditionalization” (Caldwell et al. 2005) by incorporating the use of extended family and Tribal Elders, traditional teachings, culturally specific approaches, and approaches promoting cultural restoration (mentors, crafts, stories, language). In so doing, such an approach would take advantage of identified strengths and community assets, promote Suquamish identity and self-efficacy, build community connections, and increase community support systems. As the community had shared from its unique perspective, and consistent with a number of Native-focused prevention efforts (Hawkins et al. 2004), strengthening the youths’ sense of Tribal and cultural identity, and incorporating Tribal values and traditions, should contribute to a decreased likelihood of use and abuse of alcohol and drugs

#### The Community as the Expert Partner

Following CBPR/TPR principles, the project staff presented a draft N&R report to the SCC for review, feedback, suggestions, and approval. This step is critical in research partnerships with Native communities to insure that the summarization and interpretation of the qualitative data is accurate and recognizes the community as the expert in this process. The draft N&R report identified the priority concerns and most important resources as described above (prevention of youth substance abuse and promotion of a sense of belonging to the Tribe by utilizing the Tribe’s Elders, youth, and culture). The report also included a summary of the entire list of issues of concern and strengths/resources identified in the key stakeholder interviews and focus groups as this information was determined to be important for the future use of the Tribal Council in making decisions about programming and budgets as well as for use in grant submissions by the Tribe. The SCC reviewed and approved the draft N&R report for the next step per TPR principles, presentation to the Tribal Council and the community.

#### CBPR/TPR Principles and Giving Back to the Community

The project team presented the report to the Suquamish Tribal Council. Because of historic misuse of research findings in Native communities, the Tribal Council expressed some apprehension about the data prior to our presentation. However, because the SCC had been fully involved throughout the assessment process, the Tribal Council understood that the data would be accurate, culturally appropriate, and important for the Tribal community. The

Tribal Council found the information particularly useful and has been able to use it for program planning purposes. As an additional benefit to the community, Tribal members have used the data from the report to obtain funding to address other health disparity issues identified by the community as important.

An abbreviated version of the report was presented at a community meeting and a presentation was made to the Tribal Elders who are the knowledge holders of a Native community. A summary of the report was sent to all Tribal members as a way of making them aware of the issues of concern in their community and the resources currently available to deal with these. These steps to share the outcomes from the assessment with the community are a key component to CBPR/TPR principles and resulted in both strengthening the research partnership and increasing research capacity at the community level.

Finally, the information derived from the process involved in the community needs and resources assessment provided us with direction about important elements to include in the development of a culturally appropriate prevention program to reduce youth substance use by incorporating Tribal traditions and values and maximizing community strengths and assets. The resultant intervention curriculum, called "Holding Up Our Youth", is based on the traditional canoe journey, which has served as a vehicle for cultural resurgence among the water-based Native communities in the Pacific Northwest. The intervention, developed through an iterative process by a workgroup comprised of community members and researchers, blends traditional values, cultural activities, and stories with evidence-based social-skills training and alcohol and drug education components. The result is an intervention that uses the canoe journey as a metaphor, providing youth with the skills needed to navigate through life without being pulled off course by alcohol or drugs with culture and tradition as both anchor and compass. This component of the project will be the focus of other manuscripts.

## Discussion from the Community's Perspective

This process, which we have followed and which we advocate for work with AIAN communities, leads true CBPR/TPR researchers to explore the concept/adventure of *indigenizing science* rather than continuing to do the opposite. Thus, we as academic researchers allow ourselves to be a part of the journey; "skipped" not by ourselves, grantors, deadlines or scientific methods that have not evolved to fit the need but rather to be quietly present as we are allowed into the canoe to be one of many pullers (paddlers) who rely on each other and accept the navigation and direction of the skipper, which in this case is the community. Of course, this requires the researcher to be vulnerable and express humility to their community partners which may put the academic researcher into an uneasy position that can not be prepared for in any realm of academia.

We have learned that the CBPR/TPR process can be slow; however, each day is another block in the foundation of a true partnership. The Healing of the Canoe needs and resources assessment could have been quick and easy if we had followed the protocol which stated we only need five interviews to get the information needed. By adhering to community knowledge and expertise, the assessment moved from "ours" to "everyone's," making it more welcomed, reviewed and respected within the Tribal community as well as by the Suquamish Tribal Council. Further, those who were approached for an interview were more amenable to participating when they were told they had been nominated by fellow community members. This allowed the interview process to proceed more quickly; making up for the extended time needed for the additional interviews. It offered the added bonus of

introducing the staff to a wider range of community members and making connections that have proven to be invaluable. It will be these solid partnerships that allow us to be approached by other Tribal nations to partner on future CBPR/TPR projects.

Finally, we had been fortunate to receive in one of our earliest meetings a copy of *The Ten Rules of the Canoe* (Quileute Canoe Contingent 1990). This document clearly outlines the code of conduct for those participating in the canoe journeys and is easily adapted to research conduct. Specifically, rule number four states: “Every story is important. The bow, the stern, the skipper, the power puller in the middle—everyone is part of the movement. The Elder sits in her cedar at the front, singing her paddle song, praying for us all. The weary paddler resting is still ballast. And there is always that time when the crew needs some joke, some remark, some silence to keep going, and the least likely person provides.” Re-indigenizing science means to accept the challenge of being “the least likely person”.

## Conclusion

Although many lessons were learned along the way, it was clear to the community based and university based research team, the SCC, the Tribal Council, the Elders, and the general community that the CBPR/TPR approach to this needs and resources assessment that was community driven and assets focused was the best practice approach and congruent with the community’s Tribal culture. By conducting the assessment in full partnership with the community the findings reflected the true needs and strengths of the community. In addition, the findings were critical to the research project as the foundation for developing the intervention. In addition, the findings from the assessment were also beneficial to the community which is an essential principle of CBPR/TPR with Tribes and Native communities.

## Lessons Learned

- CBPR/TPR principles must be adhered to from the very beginning, i.e. before the research proposal is developed and submitted for funding.
- It is critical that key personnel are hired in the community and are considered as true research partners.
- Tribal Council resolutions are required in respect to Tribal sovereignty and to demonstrate to Tribal and community members that leadership is involved.
- A memorandum of understanding is critical for documenting roles and responsibilities as well as level of Tribal involvement and right to review and approve all research materials.
- University based researchers must understand and follow the research policies and procedures of their Tribal research partners inclusive of community advisory councils as research partners and experts.
- The needs and resources assessment protocol should be developed in partnership with the community experts, blending the expertise of the literature with the expertise of the community advisory board.
- Recruitment and consent/assent protocols should be developed under the guidance of the community advisory board to insure that historic institutional transgressions are not repeated. Waiving written consent can increase the willingness of community members to participate and to trust the research process. Working with university IRB’s to protect the individual and community participants can increase levels of participation and the quality and richness of the data.



- Assessment instruments, surveys, and questionnaires should be identified, adapted, and/or modified in partnership with the community based project staff and community advisory board to insure cultural appropriateness.
- The focus assessment should be the strengths and assets of the community rather than being problem focused.
- Data should be gathered by community based project staff with support from the academic researchers as needed.
- Findings should be presented in draft form to the community advisory board as the experts for interpretation and analysis.
- Findings should be presented and provided to the community via a number of venues beginning with Tribal Council and as advised by the community advisory board.
- Transparency is critical; data and project findings belong to the community as well as the research project.
- The success of the subsequent interventions and health promotion programs is dependent on the quality of the needs and resources assessment.

All of the members of our research partnership, in the community and at the university, advocate for this community-driven, assets-focused approach when conducting a needs and resources assessment with a Native community. As described by our community-based co-investigator, this approach allows the community's true voice to be heard, builds a long-term and mutually beneficial relationship built on trust, and promotes community support and sustainability. This leads to setting research agendas and health promotion programs that are respectful of Tribal sovereignty, relevant to the Native communities, and that incorporate Native traditions and strengths. As one Tribal Elder stated when interviewed by an outside evaluator of the Healing of the Canoe project, "We told them what to do and they did it!" Clearly, this approach can be viewed as a best practice for true CBPR/TPR collaborative research.

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### The Community Pulling Together: A Tribal Community-University Partnership Project to Reduce Substance Abuse and Promote Good Health in a Reservation Tribal Community

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## **The Community Pulling Together: A Tribal Community–University Partnership Project to Reduce Substance Abuse and Promote Good Health in a Reservation Tribal Community**

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*Alcohol and drug abuse are major areas of concern for many American Indian/Alaska Native communities. Research on these problems has often been less than successful, in part because many researchers are not sensitive to the culture and traditions of the tribes and communities with which they are working. They also often fail to incorporate tribal customs, traditions, and values into the interventions developed to deal with substance abuse. The authors describe the use of community-based participatory research and tribal participatory research approaches to develop a culturally sensitive substance abuse prevention program for Native youth. This project, *The Community Pulling Together: Healing of the Canoe*, is a collaboration between the Suquamish Tribe*

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**KEYWORDS** *Alaska Native, American Indian, community-based participatory research, health disparities, substance abuse, tribal participatory research, youth*

## INTRODUCTION

American Indians and Alaska Natives (AI/ANs) comprise less than 2% of the U.S. population (Ogunwole, 2002), but they continue to suffer unacceptably high and persistent health disparities. These health disparities include lack of access to effective, culturally appropriate care, poorer health outcomes, and alarmingly high rates of mental health and substance abuse problems (Beals et al., 2005; Beauvais, Jumper-Thurman, Helm, Plested, & Burnside, 2004; Duran et al., 2005; Hawkins, Cummins, & Marlatt, 2004; Rodenhauer, 1994; Steenhout & St. Charles, 2002; United States Government Accountability Office, 2005; Walters, Simoni, & Evans-Campbell, 2002).

Substance abuse in particular is of great concern to AI/AN communities. However, there is increasing evidence that many AI/ANs do not drink or drink moderately (May & Gossage, 2001; Mohatt, Rasmus et al., 2004; Office of Applied Studies: Substance Abuse and Mental Health Services Administration, 2007). In addition, little is known about strengths and resources in AI/AN communities, including community-based programs, to address issues related to substance abuse (Lafromboise, Hoyt, Oliver, & Whitbeck, 2006; Mohatt, Hazel et al., 2004; Silmere & Stiffman, 2006). However, and most importantly, there is increasing evidence that prevention, intervention, and treatment programs that emerge from and are culturally relevant to target communities are more feasible and effective (Allen et al., 2006; Fisher & Ball, 2002; Hazel & Mohatt, 2001; Holkup, Tripp-Reimer, Salois, & Weinert, 2004; May & Moran, 1995; Whitbeck, 2006).

Research on these issues has often been less than successful, in part because of researchers who were not sensitive to the culture and traditions of the tribes and communities with which they were working (Beals, Manson, Mitchell, & Spicer, 2003; Duran & Duran, 1995; Foulks, 1989; Manson, Garrouette, Goins, & Henderson, 2004; Norton & Manson, 1996; Smith, 1999; Sue & Dhindsa, 2006; Taulii & Forquera, 2006; Whitbeck, 2006). Many researchers have also failed to understand tribal sovereignty, respect the diversity of the AI/AN communities, understand specific sociopolitical and historical contexts, build on tribal strengths and resources, or incorporate tribal customs, traditions, and values into interventions developed to address health disparities, including substance abuse (Burhansstipanov, Christopher, & Schumacher, 2005; Caldwell et al., 2005; Foulks, 1989; Whitbeck, 2006). Finally, it is important to point out that

most evidence-based practices regarding substance abuse prevention and treatment have not been tested with urban, rural, or reservation AI/AN communities (Miranda et al., 2005; University of Washington Alcohol and Drug Abuse Institute, 2006).

Fortunately, there are two promising approaches to working with AI/AN communities to conduct scientifically sound and culturally competent research: community-based participatory research (CBPR) and tribal participatory research (TPR). CBPR is a research methodology in which the research institution and the community or agency are fully partnered in every aspect of the research process, from determining research questions to analyzing, interpreting, and disseminating research findings. TPR is similar in that it is a full partnership between the research institution and the AI/AN community or agency and extends the collaborative agreements to issues unique to AI/AN communities; both are described more thoroughly below. CBPR and TPR are particularly appropriate methodologies because they provide a mechanism for understanding the complexities of conducting scientifically sound and respectful research with tribal communities. For example, there are more than 560 federally recognized tribes that are geographically, culturally, historically, and sociopolitically unique. Both CBPR and TPR provide methods for conducting research that is respectful of this diversity (Caldwell et al., 2005; Christopher, 2005).

This article will describe the use of a CBPR/TPR approach in an ongoing project funded by the National Institutes of Health's National Center on Minority Health and Health Disparities to develop a culturally grounded prevention program for AI/AN youth. This project, *Healing of the Canoe: The Community Pulling Together*, is a collaborative effort between a rural, reservation tribe in the Pacific Northwest and the Alcohol and Drug Abuse Institute (ADAI) at the University of Washington in Seattle, Washington. Specifically, this article will describe essential principles of CBPR/TPR, describe the *Healing of the Canoe* youth substance abuse prevention project, an ongoing CBPR/TPR project, discuss the future of the project, and describe lessons learned to date.

## PRINCIPLES OF CBPR AND TPR

Our work in developing the *Healing of the Canoe* project has been guided by a set of principles that define CBPR in general and its application to AI/AN communities more specifically. First and foremost, CBPR represents a full partnership between researchers and the community in which it is conducted (Viswanathan et al., 2004). Unlike much research in the past, this approach is not an imposition of academicians and their interests onto a community. Instead, it is an invitation from the community to trusted researchers to enter into a research partnership. The implication is that there

will be an ongoing collaborative process that determines the proposed focus of the research, research process and data collection methodology, interpretation of the data in the context of the community's understanding of it, and joint involvement in dissemination of the findings. Furthermore, there is an equitable sharing of funding and resources between the community and researchers.

Using CBPR, the researchers' focus is more responsive to issues of concern to the target community, addresses needs of the community, and takes into account the community's strengths and resources. This often requires the development and implementation of a needs and resources assessment, either to identify and prioritize community needs or to refine researcher and community understanding of the nature and scope of a previously defined concern (DeWit & Rush, 1996). Needs and resources assessments must be sensitive to the unique cultural factors of the community and its people (Okamoto et al., 2006). Rather than focusing only on the community's "problem," which often leads unintentionally to a pathologizing process, the needs and resources assessment builds on what is currently already "working" in the target community. This approach is consistent with approaches that take into account the risk and protective factors that exist in communities (Hawkins, Arthur, & Catalano, 1995).

Once the needs, concerns, strengths, and resources have been identified, the researcher needs to develop and use assessments and interventions that are culturally appropriate and relevant. Although a goal in this process is to use available instruments with known psychometric properties and empirically supported interventions, this is not always possible or culturally appropriate. Often, measures and interventions need to be adapted to the specific needs of a project and to the traditions, culture, and values of the community. This process also applies to defining "meaningful" outcomes. What might be viewed as meaningful to the community may be different from what researchers might suggest based on prior evidence or theory, which requires an ongoing balancing act between scientific rigor and empiricism on the one hand and the use of local cultural knowledge on the other (Fisher & Ball, 2005; Whitbeck, 2006). This balancing act sets up a dynamic that requires ongoing communication among all parties; CBPR is an iterative and interactive process that often involves changes in plans and methods as the project progresses, evolves, and is informed by input from the community. This communication process also leads to another important aspect of CBPR, namely that it is meant not only to provide scientific data, but also to provide information that can enhance the community's ability to more successfully reduce health disparities and promote health.

There has been considerable focus on the applicability of CBPR with AI/AN communities (Burhansstipanov et al., 2005; Fisher & Ball, 2002, 2003, 2005; Holkup et al., 2004; Mail, Conner, & Conner, 2006; Shiu-Thornton, 2003; Strickland, 2006). CBPR provides a model that differs in many ways from



more traditional approaches to research that have led AI/AN communities to be suspicious of and resistant to becoming involved with academic researchers and institutions (Burhansstipanov et al., 2005; Christopher, 2005). The TPR approach (Fisher & Ball, 2002, 2003) embodies the general principles of CBPR and extends them into specific recommendations for doing research with AI/AN communities. In addition to the points noted above, TPR indicates that research should involve continual tribal oversight of the process and project. This includes the development and implementation of tribal council resolutions to support the intended research and may include tribal research codes to assure ethical behavior on the part of researchers, including appropriate respect of the culture, traditions, and values of the particular tribe. In fact, tribal research codes are being developed in many tribal communities to better protect tribal interests (American Indian Law Center, 1999; Brugge & Missaghian, 2006; Martin-Hill & Soucy, 2005).

One method to insure tribal oversight is to have a community advisory council with representation of all relevant segments of the community. This assures that assessments and interventions are culturally relevant and that they incorporate traditional practices and concepts. The advisory council also facilitates ongoing communication with community members. Another recommendation is that a “cultural facilitator” be used to act as an intermediary between project staff and the oversight committee and that the facilitator establish a culturally appropriate process for meetings of community members and researchers (Fisher & Ball, 2003). Such an individual serves as a “translator,” conveying research concepts to community leaders and members in a manner and language that is understandable to them and providing researchers with culturally relevant information that can be incorporated into research design and conduct. Another extremely important component of TPR is to employ community members as project staff, providing them with the requisite training to successfully contribute to the research team and represent their community in the process. Community staff can also provide an added bridge between the community and the research institution.

Burhansstipanov et al. (2005) noted that to work effectively with AI/AN communities it is necessary to work honestly and cooperatively, to work from the standpoint of respect, to spend time with communities to build trust and gain tribal support, and to ensure that Native communities are involved at all stages of the research process. To this list, Christopher (2005) has added the need for Native communities to receive benefits from research, both in terms of employment of community members and of tangible outcomes from the research. Furthermore, researchers must place the needs of the community ahead of their own interests. The goal is that both science and community will benefit from the collaborative partnership that is the foundation of CBPR and TPR. The *Healing of the Canoe* is a good example of CBPR and TPR methodologies in practice.

## HEALING OF THE CANOE: THE COMMUNITY PULLING TOGETHER

### History of the Project

The *Healing of the Canoe* project evolved out of ongoing communication between the Suquamish Tribe and faculty and staff members at the ADAI at the University of Washington. The Suquamish Tribe is a federally recognized tribe that resides on the Port Madison Indian Reservation in the rural Puget Sound area of Washington State. The Suquamish Tribal enrollment is more than 800 members, with approximately 350 tribal members living on the reservation.

The Suquamish Tribe is one of many tribes in the Pacific Northwest and Alaska that participates in “Tribal Journeys.” Tribal Journeys is a multi-tribal cultural event that occurs annually on the waters of Puget Sound and British Columbia. Tribal Journeys is the outgrowth of a short, yet historic journey of tribal canoes from Suquamish to Seattle known as the “Paddle to Seattle” that occurs in 1989. During the celebration on the eve of the pull in Suquamish, a challenge was made by the indigenous people of Bella Bella, British Columbia, to travel to their village in 1994. After 5 years of preparation, numerous tribal canoe families traveled in their traditional canoes for weeks from their respective reservations and descended on Bella Bella for a cultural celebration lasting many days. Tribal Journeys has since become an annual event that is drug and alcohol free and based on ancestral traditions. Tribal canoe families are made up of youth, adults, and elders who organize their respective expeditions with weeks of training in the canoe, intensive practice of their traditional songs and dances, and intensive training to learn the cultural protocol necessary for the canoe family to appropriately conduct themselves during the long journey.

The Suquamish Tribe has participated in all subsequent Tribal Journeys. In response to the success and importance of these cultural celebrations, the director of the Suquamish Tribe’s Wellness Program expressed an interest in developing a culturally relevant substance abuse and mental health intervention that would use Tribal Journeys as a teaching tool that could be implemented and evaluated as a “best practice” in the community.

The discussions between the Suquamish Tribe and ADAI had been ongoing for some time when a Request for Applications was published by the National Institutes of Health’s National Center on Minority Health and Health Disparities to use CBPR methods to address issues of health disparities in communities. The Request for Applications provided an ideal mechanism to pursue the partnership between the tribe and university members. A series of meetings were held between key members of the evolving research team. The concept of the canoe, an important traditional component of coastal Native life and a source of cultural resurgence among West Coast Salish

tribes, was seen as the cornerstone of the proposal. The canoe concept also integrated well with the *Canoe Journey/Life's Journey Manual*, a life skills and substance abuse prevention curriculum for use with urban Native youth (LaMarr & Marlatt, 2005; Marlatt et al., 2003) previously developed by some members of our research team. The manual uses the Canoe Journey as a metaphor for one's journey through life and for the skills needed to successfully navigate the journey. Many of the staff at the Tribal Wellness Program expressed an interest in partnering with ADAI to create a similar culturally based intervention in their community.

The research team sought approval from both the tribal council and the Suquamish Cultural Co-Op, which is responsible for assuring that all programs introduced in the community are respectful of tribal traditions, culture, and values. A tribal resolution of support for the project was developed by the Suquamish Wellness Program administrator and presented to the tribal council, and the tribe agreed to participate. The expectations, scope of work, and terms of the collaborative partnership between the tribe and the university were identified in a Memorandum of Understanding (MOU).

Developing the MOU was a time- and labor-intensive process; however, it was a crucial step in developing trust, assuring tribal involvement from the outset, gaining support of key members of the Suquamish leadership and community, and establishing a partnership in which all parties contributed equally. For example, rather than using a boilerplate MOU generated by the University of Washington, the Suquamish Tribal attorney worked closely with the project team and the Suquamish Tribal Council to insure and protect tribal sovereignty. This was particularly evident in the negotiations related to ownership of data and rights to publish and present. The project's principal investigator worked with the university's grants office to understand these unique requirements for working with sovereign entities and for respecting CBPR guidelines. The resulting MOU protected tribal rights to data and the tribe's right to review and approve publications and professional presentations. Given historical abuses of these important activities, the MOU was representative of both the tribe's and the university's commitment to work as full partners.

Our project was one of 25 CBPR projects selected for funding nationally. All of the projects were 3 years in duration. The first year was specifically focused on developing the partnership, establishing relationships, and determining and prioritizing health disparities and areas of concern. The remaining 2 years were devoted to developing and piloting an intervention to address the identified areas of concern.<sup>1</sup>

### Insuring Project Adherence to CBPR/TPR Principles

As previously noted, the *Healing of the Canoe* project has been guided from the outset by the basic principles of CBPR and TPR. Although it is one thing

to endorse such principles, it is not always easy to actualize them in practice (e.g., Burhansstipanov et al., 2005; Christopher, 2005; Fisher & Ball, 2005; Norton & Manson, 1996; Strickland, 2006). We have attempted to operationalize these principles in several ways. First, as mentioned, the development of the proposal for the project emerged out of an initial invitation from the tribe to ADAI to partner in this project and from ongoing discussions between the tribe and university. A tribal council resolution, approval by the tribe's Cultural Co-Op, and an MOU were all mutually agreed to before the proposal could be submitted. The MOU also outlined a data sharing agreement that gave both the tribe and university researchers access to project data and specified that all results and any dissemination of findings through professional presentations, publications, or reports would first be presented to and approved by the Cultural Co-Op and tribal council before dissemination.

These agreements also incorporated the tribe's continual oversight of the process and project. All materials, such as key stakeholder interview protocols, focus group questions, assessment instruments, and the intervention curriculum, are reviewed initially by the Cultural Co-Op to assure their cultural respectfulness and appropriateness. After gaining Cultural Co-Op approval, project materials can then be reviewed by the University's Human Subjects Division to assure research ethics and protection of participants' safety and rights. It is important to note that if the "Human Subjects" review indicates that revisions need to be made in any of the materials all changes must be reviewed and approved by the Suquamish Cultural Co-op again. Clearly, project teams must be mindful about the time it may take for this iterative process.

The Cultural Co-Op also serves as the project's Community Advisory Board. This group is composed of elders, youth, and representatives of major tribal agencies and constituencies. Members of the research team attend the monthly Cultural Co-Op meetings and provide quarterly updates about the project to the tribal council. Members of the broader community are informed about the project through articles that appear in the monthly tribal newsletter and at quarterly community meetings. These meetings, held in a communal setting, include an opening blessing by a tribal elder, a project update with a discussion and question period, and a traditional dinner. A project poster is also displayed at the annual general council meeting, which is attended by many of the enrolled tribal members.

Consistent with TPR, the project has hired community members as research staff. A tribal member serves as one of the principal investigators on the grant, assuming responsibility and leadership for the activities that occur in the community. In addition, the project employs a youth tribal member as the peer youth educator. The two other community-based staff are also AI/AN/Native Hawaiian. The university and community research teams meet independently twice per month and jointly every other month. The site of these joint meetings alternates between the university and the tribal

community. There have been several joint research staff retreats to build relationships and to facilitate team and project development. An important part of this process, consistent with recommendations by Davis and Reid (1999) and Holkup et al. (2004) has been a cultural training process for members of the university research team. Through focused readings, videos, and other means (e.g., visit to the Suquamish Tribal museum or meetings with tribal elders), many of which were recommended or set up by tribal partners, the university-based research team is becoming more familiar with the traditions, values, and issues of concern to AI/AN communities in general, and the Suquamish Tribe in particular.

The project also benefits from having the recommended cultural facilitator. The overall project director, an Alaska Native, literally and figuratively serves as a “go between” between the university and the Suquamish community. She is a university research scientist with a background in AI/AN substance abuse and mental health issues. She also has considerable experience with AI/AN community-based research and lives near the Suquamish reservation. She attends both community and university research team meetings as well as Cultural Co-Op meetings with members of the community research team and over time has established a trusted presence and working relationship with key members of the community and tribal leadership.

Burhansstipanov et al. (2005) outlined several “lessons learned” from conducting CBPR in Indian County. These included (1) investing time to create the partnership team and project, (2) allocating the budget equitably among the partners, (3) developing partnerships with leaders who have decision-making responsibilities from each organization, (4) providing salaries to tribal partners and project staff, (5) implementing active, effective communication among all members of the partnership (including becoming aware of real barriers to communication and setting realistic expectations), (6) alternating meetings between academic and tribal settings, (7) sharing raw and summary data related to the CBPR project, (8) modifying standardized evaluation procedures to be culturally acceptable and respectful of the local community, and (9) following both tribal and researchers’ protocols for disseminating and publishing the findings.

To date, the *Healing of the Canoe* project not only has espoused these goals, but also has been able to put them into practice in a way that has led to a functional, respectful campus–community partnership. This collaborative project between the Suquamish Tribe and ADAI will continue to address concerns of highest priority for the community. This collaboration also promises to result in the development and implementation of a culturally relevant substance abuse prevention program that uses the actual tribal Canoe Journeys as a teaching tool and will effectively blend elements of empirically supported best practices with local cultural knowledge (Fisher & Ball, 2005).

## Completed Project Tasks

Despite of some of the challenges and because of the collaborative nature of the project and the project teams, we have been able to complete many tasks in the first months of this project. As previously mentioned, one of the essential components in CBPR/TPR is building and nurturing a collaborative, trusting, and respectful relationship between the tribal community and the research institution. Therefore, many of our first year tasks were oriented toward accomplishing this goal. Completed project tasks for year one include the following: hired the Suquamish research team (all of whom are AI/AN and two of whom are Suquamish Tribal members); hired University of Washington research team (the project director is AI/AN); held two community-wide meetings with the Suquamish Tribe; published project updates in the Suquamish monthly newsletter sent to all tribal members; attended monthly Suquamish co-op meetings to give project updates and obtained input, guidance, and approval for project activities; provided Suquamish Tribal Council with quarterly project updates; submitted and obtained approval from the University of Washington Human Subjects office for current project activities; established a regular cross-training program to build research skills and capacity in the tribal community and to increase general and specific cultural competence on the part of the researchers; began the community needs and resources assessment by surveying services currently available to tribal members; and conducted a review of current best practices for AI/AN communities.

## Next Steps: Planned Project Activities

The project activities planned for the next 2 years of this 3-year project will continue to support and nurture the collaborative relationship between the tribal community and the research institution. In addition, we plan to complete the needs and resources assessment as well as develop/adapt the intervention curriculum and the culturally appropriate and relevant outcome measures. The needs and resources assessment will involve key stakeholder interviews and focus groups; this assessment is described below. The findings from the needs and resources assessment will guide the development of the intervention, the target participants, the research methods, and the desired outcomes.

To assess the strengths and resources of the Suquamish tribal community, the project team will use the community readiness model. This innovative model was developed at the Tri-Ethnic Center at Colorado State University and is a promising assessment tool for researchers working with AI/AN communities (Oetting, Jumper-Thurman, Plested, & Edwards, 2001; Plested, Smitham, Jumper-Thurman, Oetting, & Edwards, 1999; Thurman, Plested, Edwards, Foley, & Burnside, 2003). The community readiness model

uses interviews with key community members and cultural experts to assess the level of a community's awareness of a particular issue of concern and what resources and potential solutions currently exist in the community. Most importantly, interviews are also designed to assess the community's level of readiness to make changes to address the issue.

The *Healing of the Canoe* project plans to conduct interviews with key community members, including elders, tribal leaders, spiritual leaders, and members involved in law, health and education. The Suquamish Cultural Co-op will identify key community stakeholders and provide a list to project staff. The research team will adapt the model so that multiple areas of concern can be identified by informants and then ranked in order of importance. Once top areas of concern to the community are identified, informants will be asked standard community readiness questions about these issues, focusing on six dimensions: existing efforts (programs, activities, and policies), community knowledge of efforts, leadership (both appointed and influential community members), community climate, community knowledge about the problem, and resources available. The Cultural Co-op will approve all interview questions before interviews are conducted.

Data collected via the community readiness assessment will inform the project research team about the community's priorities in regards to a research intervention and will also be used to compile a report about the Suquamish Tribe's concerns, strengths, resources, and climate. This report will be presented to the community both at community meetings and through pamphlets and brochures.

After completing the community readiness assessment, the project plans to hold focus groups with four community subgroups: elders, youth, service providers, and general community members. The goal of these focus groups is to gain in-depth information about the top two to three identified community issues of concern. Although the tribe has indicated that they expect issues related to substance abuse (by youth in particular) will be the issue of most concern to the community, we will not know this until we have completed our full assessment. We will employ specific procedures for conducting focus groups and needs assessments that have demonstrated success in working with Native American communities to insure appropriate sensitivity to the unique cultural and historical issues of the community (Freeman, Iron Cloud-Two Dogs, Novins, & LeMaster, 2004; Okamoto et al., 2006; Strickland, 1999a). Qualitative data collected at these focus groups will further inform the development of the project intervention (Strickland, 1999b). Although the focus of the intervention will be driven by the data gathered in the needs and resources assessment, early indications suggest that a culturally appropriate, community-based life skills intervention for tribal youth to prevent substance abuse will be the top priority.

One promising intervention is the *Canoe Journey/Life's Journey Life Skills Manual for Adolescents* (LaMarr & Marlatt, 2005). The *Canoe*

*Journey/Life's Journey* program content is focused on training adolescents in basic life skills that are patterned after the skills required for a clean and sober journey in life, including acquiring navigational coping skills, communication and lifestyle balance skills, and skills to cope with negative emotional states that might otherwise prompt some teens to give up on the journey (especially by giving into alcohol and other drug temptations). It is likely that the community will elect to adapt this manual to incorporate Suquamish Tribal values, practices, traditions, and beliefs. Outcome measures will be developed or adapted once the intervention is determined and will reflect outcomes that are important to the Suquamish community in addition to theory-driven outcomes. Finally, the intervention will be piloted for feasibility and potential effectiveness.

## CONCLUSION AND DISCUSSION: LESSONS LEARNED

### Community and Tribal-Based Perspective of Lessons Learned: Voice of the Community Partners

The precarious relationship between tribes and non-Native institutions is one that is well known across Indian Country. Chief Seattle, the famous leader of the Suquamish Tribe and whom the city of Seattle was named after, stated in an 1854 speech, "Day and night cannot dwell together. The Red Man has ever fled the approach of the White man, as the changing mist on the mountain side flees before the blazing morning sun" (Chief Seattle, 1854).

More than 150 years later, these words and feelings still echo through the community, creating challenges that necessitate nontraditional research approaches to overcome a well-earned lack of trust with institutions and to build a bridge between varying worldviews, values, and priorities. Successful implementation of the CBPR approach requires a forthright acknowledgement of this history and the gains made at the expense of tribal peoples. Our first challenge then becomes how to convey our intentions to work in a full partnership with the University of Washington and to trust that they would work with us in a genuine and culturally appropriate manner.

Thus, the first step to overcoming this challenge was identification and recruitment of "cultural facilitators" in our tribal community. These stakeholders bring to the project the insight to develop an outreach strategy that works with the flow of the community rather than against it, saving substantial time and resources. Cultural facilitators can be youth, adults, or elders but should all possess a dedication to project integrity and the ability to speak up when it is not being upheld. By providing a framework from which to conduct community outreach, cultural facilitators are able to introduce the *Healing of the Canoe* project and its teams to small groups of tribal members.



The intimacy of a small group allows tribal members to feel more comfortable asking questions and making comments. Incorporating stakeholder's feedback into our presentations and outreach methods provides evidence to the community that this project is truly community driven.

Developing community trust is a vital objective, although it is difficult to quantify and to subject it to a time schedule. Thus, the project implementation schedule is adjusted as needed with regard to the tribal council and advisory board meetings and the unique needs of the Suquamish community. This presents a challenge in our attempt to coordinate the tribal review process with the university review process. Postponement of deadlines is occasionally necessary but provides the important reminder that communities are not laboratories or sterile laboratories, but rather are process oriented, and we are "along for the ride." The ability to be patient and trust the pace set by the tribe, while still maintaining a pace consistent with grant requirements, can be a difficult balance for traditional researchers.

### Building a Lasting Collaborative, Respectful Effort: Lessons Learned and Questions for the Future

Our efforts to develop collaboration, trust, respect, and true partnership are ongoing and include many lessons learned, many questions to resolve, and, most importantly, many points of success. We share lessons learned as well as important questions left to resolve.

Lessons learned included the following:

1. Be prepared for continued involvement and potential delays given the need to gain community entry, trust, and buy-in;
2. Be prepared to provide some training to research institution-based offices regarding CBPR methods and the unique issues involved in working with tribal communities as Sovereign Nations;
3. Be prepared to educate funding agencies regarding the importance of providing food at tribal gatherings as part of the cultural process and the need for extended timelines;
4. Be prepared to understand and navigate at least two cultures, that of the research institution and that of the community;
5. Clarify and document each party's expectations and responsibilities (e.g., in an MOU);
6. Allow sufficient time for tribal review and approval as well as university Institutional Review Board approval of all forms, questionnaires, and procedures;
7. Hire from within the community and be sensitive to the multiple roles that community-based project staff must navigate;
8. Be open to input and evaluation;
9. Be flexible;

10. Be able to develop commitment, perseverance, and some ability to tolerate delays and discouragement;
11. Be willing to adapt as needed;
12. Involve a formal assessment process to evaluate the process and the status of the partnership; and
13. Develop and use assessment instruments for measuring the quality of collaborative relationships and meeting effectiveness.

Important questions to resolve include the following:

1. How do you respect and honor tribal sovereignty while adhering to grant expectations?
2. When is research not research? Where is the boundary between “research” and participatory community involvement, information sharing, and project presence?
3. Who is a subject in the context of participatory research in the community?
4. How do you define and insure confidentiality in small, relatively closed communities?
5. How do you define “data” and who owns the data (e.g., narratives)?
6. How do you manage findings that may cast the community in a negative light?

Although the answers to these questions are not yet clear, we believe that utilizing CBPR/TPR methodologies in substance abuse prevention projects with AI/AN communities is the best choice because it is likely to result in research that is not only scientifically sound, but also is culturally relevant and appropriate, sustainable, and able to make a positive impact in reducing health disparities and promoting good health in AI/AN communities.

#### NOTE

1. Because this is a CBPR project and the intervention and related methods (e.g., participants, sample size, recruitment strategies, and outcomes) will be determined based on the results of the needs and resources assessment, we cannot describe them in this article. They have subsequently been determined and developed and will be the focus of a future publication.

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# HEALING OF THE CANOE: PRELIMINARY RESULTS OF A CULTURALLY GROUNDED INTERVENTION TO PREVENT SUBSTANCE ABUSE AND PROMOTE TRIBAL IDENTITY FOR NATIVE YOUTH IN TWO PACIFIC NORTHWEST TRIBE

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*Abstract: Using Community-based and Tribal Participatory Research (CBPR/TPR) approaches, an academic-tribal partnership between the University of Washington Alcohol and Drug Abuse Institute and the Suquamish and Port Gamble S’Klallam Tribes developed a culturally grounded social skills intervention to promote increased cultural belonging and prevent substance abuse among tribal youth. Participation in the intervention, which used the Canoe Journey as a metaphor for life, was associated with increased hope, optimism, and self-efficacy and with reduced substance use, as well as with higher levels of cultural identity and knowledge about alcohol and drugs among high school-age tribal youth. These results provide preliminary support for the intervention curricula in promoting positive youth development, an optimistic future orientation, and the reduction of substance use among Native youth.*

## INTRODUCTION

American Indian and Alaska Native (AI/AN) people demonstrate resilience, strength, and endurance despite centuries of postcolonial efforts to eradicate and assimilate them. Resulting health disparities and health inequality are critical issues for AI/AN tribes and communities. Comprising only 1.7% of the overall population, AI/ANs suffer alarming rates of health disparities, resulting in a life expectancy that is 4.2 years less than that of the U.S. all races population (Indian Health

Service, 2015; Norris, Vines, & Hoeffel, 2012). A recent report from the Institute of Medicine (2012) stated that AI/ANs, as a group, saw the fewest advances toward achieving Healthy People 2010 objectives.

Among the disparities experienced by many AI/ANs is substance abuse and its related negative health and social consequences (Substance Abuse and Mental Health Services Administration [SAMHSA], 2010; Whitesell, Beals, Big Crow, Mitchell, & Novins, 2012), which has led the Indian Health Service to call alcohol and substance abuse the number-one health problem among AIs. Of particular concern is substance use and abuse among AI/AN youth. Older data indicate that alcohol and substance abuse by AI/AN youth in some communities has reached alarming rates (Beauvais, 1992). AI/AN youth also were found to begin alcohol/drug use at an earlier age, to have a higher frequency and quantity of consumption, and to have disproportionately higher levels of associated negative consequences (Beauvais, 1996; Hawkins, Cummins, & Marlatt, 2004; Moran & Reaman, 2002). More recent data indicate that, while past month alcohol use was similar between AI/AN youth and the national average (17.5% vs. 16.0%, respectively), AI/AN youth past month marijuana use (13.8% vs. 6%, respectively) and nonmedical use of prescription drugs such as opiate pain medication (6.1% vs. 3.3%, respectively) were nearly twice the national average (Beauvais, Jumper-Thurman, Helm, Plested, & Burnside, 2004; SAMHSA, 2011).

Given its prevalence, the prevention of substance abuse among AI/AN youth is critical to avoid associated negative consequences such as suicide, comorbid mental health disorders, school dropout, delinquency, reduced academic performance, diabetes, injuries, fetal alcohol spectrum disorder, poverty, cancer, and heart disease (Gray & Nye, 2001; Whitbeck, Johnson, Hoyt, & Walls, 2006; Whitbeck, Walls, & Welch, 2012). As such, developing interventions for the prevention and treatment of substance abuse is a high priority for most AI/AN communities, in particular because of the relatively young age of many AI/ANs—their median age is 29 years, versus 37.2 years for the population as a whole (U.S. Census Bureau, 2011).

More recently, there has been increased focus on the role of historical trauma as a contributing factor to substance abuse and mental health challenges among AI/ANs. Removal of AI/AN children to boarding schools, theft of land, disruption of culture, loss of language and traditional practices, and the resulting grief has been associated with increased vulnerability to mental health and substance abuse issues for AI/ANs (Brave Heart & DeBruyn, 1998; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998; Struthers & Lowe, 2003; Walters & Simoni, 2002). However, there is increasing evidence that cultural identity (i.e., one's sense of belonging to an ethnic group, defined by cultural heritage; shared values, traditions, and practices; and often language; Phinney & Ong, 2007), cultural continuity (i.e., the transmission of core cultural beliefs, values, and traditions across generations), and feeling connected to one's tribe and community are important for preventing substance abuse,



suicide, and other significant behavioral health issues, and that community-based and culturally grounded programs may be the most effective prevention strategy (Gone & Calf Looking, 2011; Hawkins et al., 2004; Lane & Simmons, 2011; Lowe, Liang, Riggs, & Henson, 2012; Moran & Reaman, 2002; Thomas, Donovan, & Sigo, 2010).

Addressing substance-related health disparities and health inequality in Indian Country is even more pressing given the lack of adequate, let alone effective and culturally appropriate, services available to AI/ANs (Gone & Trimble, 2012). Current services and evidence-based practices (EBPs), most of which have been developed with and for the majority population, are often viewed with distrust by AI/AN communities (Cross, Friesen, & Maher, 2007; Gone & Alcantara, 2007; Lane & Simmons, 2011; Larios, Wright, Jernstrom, Lebron, & Sorensen, 2011; Lowe, Riggs, & Henson, 2011; Wexler, 2011), and there is little evidence that they are effective for AI/ANs (Gone, 2007; Lowe et al., 2011; 2012). Many AI/AN communities have also come to view research with suspicion and mistrust (Christopher, Watts, McCormick, & Young, 2008; Lowe et al., 2011).

Community-based and Tribal Participatory Research (CBPR/TPR) approaches have begun to address this research gap, with AI/AN communities participating as collaborators and co-researchers in the identification of issues of concern, strengths to address these issues, and desired outcomes; the analysis and interpretation of data; and the effective dissemination of findings (Ball & Janyst, 2008; Baydala et al., 2009; Burhansstipanov, Christopher, & Schumacher, 2005; Christopher et al., 2008; 2011; Cochran et al., 2008; Fisher & Ball, 2003; 2005; Holkup, Tripp-Reimer, Salois, & Weinert, 2004; LaVeaux & Christopher, 2009; Michell, 2009; Thomas, Rosa, Forcehimes, & Donovan, 2011). Community-driven, culturally grounded prevention interventions, derived from the beliefs and values of a given tribe or culture, appear to be more acceptable and potentially more effective for AI/AN youth than EBPs developed with non-Native populations (Gone & Calf Looking, 2011; Hawkins et al., 2004; Lane & Simons, 2011; Lowe et al., 2012; Moran & Reaman, 2002; Nebelkopf et al., 2011; Okamoto, Helm, Pel, McClain, Hill, & Hayashida, 2014).

Therefore, it is critical that efforts to reduce substance use and prevent substance abuse with AI/AN youth be implemented in partnership with AI/AN communities, incorporate local expertise and knowledge, build on strengths and resources within the communities, and integrate unique cultural practices (Brown, Baldwin, & Walsh, 2012). It is also important to recognize that the unique cultural characteristics and traditions of the more than 560 federally recognized tribes in the U.S. may limit the generalizability of interventions across tribes, requiring community-informed and tribal-specific adaptations (Gone & Trimble, 2012; Trimble & Beauvais, 2001; Whitesell, Kaufman, et al., 2012).

In this article, we describe the CBPR/TPR process involved in a university-tribal partnership that led to the development of a community-informed, culturally grounded intervention to promote a sense of cultural belonging and to prevent substance abuse among tribal youth. The transfer of the process to a second tribal community, to demonstrate replicability of the development and adaptation process and generalizability of the intervention, is also described. Finally, we present the results of an initial evaluation of the intervention's impact.

## THE HEALING OF THE CANOE PROJECT

### CBPR/TPR Process and Intervention Development

The Healing of the Canoe project (HOC; <http://healingofthecanoe.org>) is a collaboration among the Suquamish Tribe, the Port Gamble S'Klallam Tribe, and the University of Washington Alcohol and Drug Abuse Institute (ADAI). Both tribes have given their permission to be named in this article, and both are sovereign, reservation-based tribes in the Pacific Northwest with enrollments of approximately 1,100 and 1,200, respectively (although fewer than half of the enrolled members live on each reservation).

The collaborative partnership was initiated by the Suquamish Tribe, when the Director of its Wellness Program approached ADAI asking if it would be possible to work together to address the community's increasing concern about alcohol and drug use among its youth. Members of the ADAI research staff, one of whom is AN, began meeting regularly with the Wellness Program staff, tribal leaders and Elders, and the Suquamish Cultural Co-Operative (the body designated by the Tribal Council to ensure that all programs introduced into the community are consistent with tribal sovereignty, culture, and values).

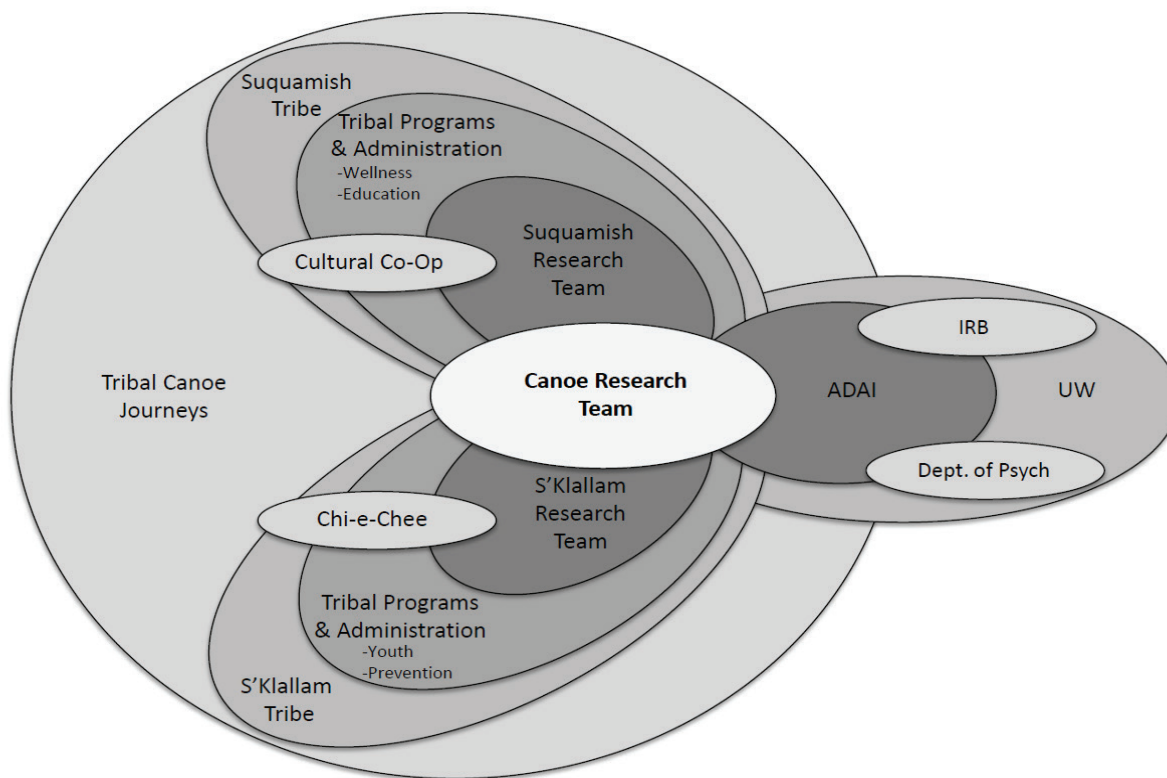
Concurrent with this initial development work, the National Institute on Minority Health and Health Disparities (NIMHD) issued a call for applications focusing on the use of CBPR approaches to address health disparities. The Suquamish Tribe and ADAI researchers jointly decided to apply for a grant to support the development of a culturally grounded substance abuse prevention program. Consistent with principles of CBPR and TPR, tribal- and university-based personnel shared responsibility in a variety of areas, including the grant application process, the proposed project leadership, and the research team membership. We were fortunate to have been selected as one of 25 grantees funded as part of NIMHD's CBPR initiative. The HOC team worked with community members to develop an intervention that blends cognitive-behavioral life skills with culturally grounded, tribal-specific teachings, practices, and values that targeted both the prevention of substance use/abuse and the promotion of cultural identity and belonging among tribal youth.

This article focuses on the first two phases of the project. Phase I involved partnership

development, needs and resources assessment, intervention development, and feasibility piloting with the Suquamish Tribe (Lonczak et al., 2013; Thomas et al., 2010; Thomas et al., 2009). Phase II extended the partnership to the Port Gamble S’Klallam Tribe to replicate the development process, and involved an evaluation of the intervention in the two communities.

Figure 1 provides a relational mapping of the different organizations, both tribal and university, and the research teams involved in the HOC project across its first two phases.

**Figure 1**



Developed by Qualitative Research Team, Research for Improved Health Study, Center for Participatory Research, University of New Mexico, 2013; used with permission

## METHODS

### Tribal and University Review

Procedures for all phases of the research were reviewed and approved by each tribe’s Community Advisory Board (CAB) and Tribal Council.

Before Phase I project activities began, the Suquamish Tribal Council passed a resolution to permit the research to proceed, and both the Tribe and the University of Washington developed,

negotiated, and accepted a memorandum of understanding and a data ownership, sharing, and dissemination agreement. The University of Washington Human Subjects Division also reviewed and approved all activities for the ethical conduct of research. To participate in the research, youth provided assent and their parents/guardians provided consent.

### **HOC: Phase I**

Phase I was a 3-year planning and development period (June 2005-June 2008). The NIMHD grant guidelines specified that, during this phase, a CBPR approach would be used to (1) establish a university-community working partnership, with a focus on community engagement, (2) conduct a community needs and resources assessment, (3) identify and prioritize health disparities, (4) specify a disorder to address through CBPR development of appropriate intervention(s), and (5) develop and pilot community-based intervention(s).

#### **Needs and Resources Assessment with the Suquamish Tribe**

Consistent with these expectations, the ADAI and Suquamish research team used CBPR/TPR approaches to engage the community and conduct a community readiness, needs, and resources assessment. Guided by the Cultural Co-Operative, which serves as the project's CAB in Suquamish, tribal research team members conducted interviews with key stakeholders and focus groups with service providers, Elders, youth, and other community members (Thomas et al., 2009; Thomas et al., 2010). The team used a modification of the community readiness assessment developed by the Colorado State University Tri-Ethnic Research Center (Jumper-Thurman, Plested, Edwards, Foley, & Burnside, 2004).

Two primary concerns emerged from the community assessment: (1) prevention of youth substance abuse and (2) the importance of cultural identity, meaning, and tribal/community belonging among youth. The community viewed substance abuse as being directly related to the lack of cultural connectedness among the youth. The greatest resources in the community to deal with these issues were identified as tribal Elders; tribal youth; and Suquamish tribal traditions, values, beliefs, teachings, practices and stories. Given these findings and context, the key stakeholders, focus group members, and CAB members felt that the community concern about youth substance abuse should be addressed using a process that strengthened youths' connection to their tribe and community, especially to extended family; specific mentors; and cultural activities, traditions, and values, all of which are believed to promote cultural identity (Caldwell et al., 2005; Edwards, 2003; Schweigman, Soto, Wright, & Unger, 2011). In addition, it would be important to build community connections, increase community support systems, and promote culture. These are all key components and core competencies of positive youth development and have been incorporated into other culturally

grounded, community-informed approaches to minimize the risk of substance abuse and mental health problems and to promote wellness among AI/AN and other ethnic minority youth (Cross et al., 2011; Haegerich & Tolan, 2008; Hawkins et al., 2004; Kenyon & Hanson, 2012; Lam, Lau, Law, & Poon, 2011; Lowe et al., 2012; Smokowski, Evans, Cotter, & Webber, 2014).

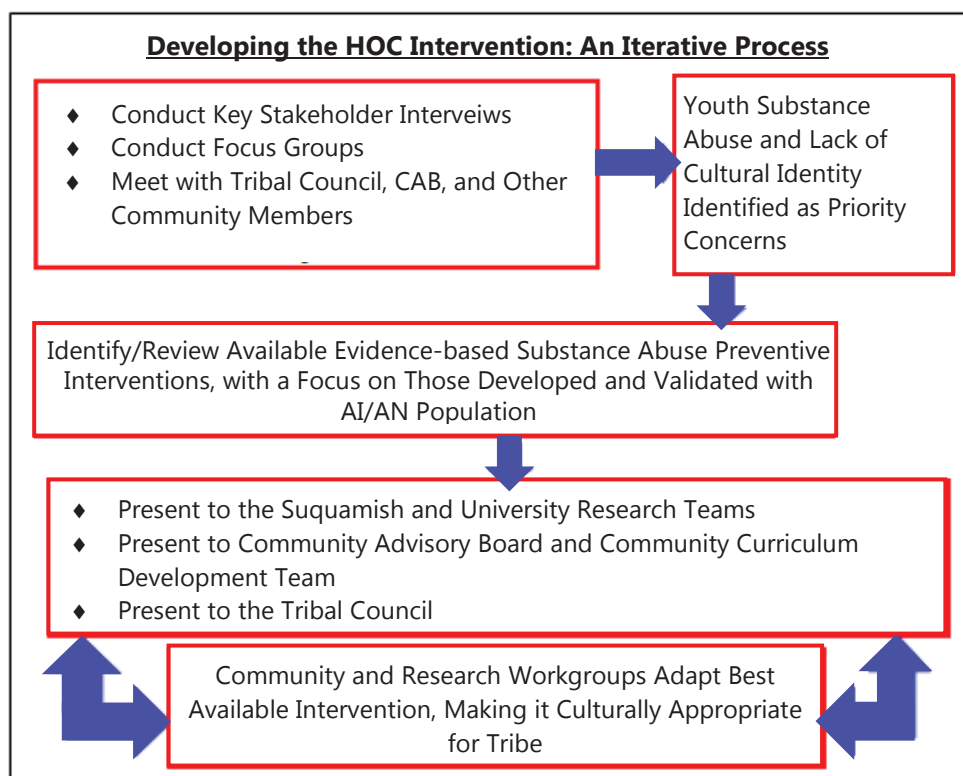
### **Intervention Development and Piloting with the Suquamish Tribe**

Both tribal- and university-based team members gathered information about EBPs and promising prevention interventions that could be adapted to meet the identified needs. The Canoe Journey/Life's Journey curriculum (Hawkins & La Marr, 2012; LaMarr & Marlatt, 2005; Marlatt et al., 2003), developed by University of Washington colleagues and the Seattle Indian Health Board for use with inter-tribal urban AI/AN youth, was selected as a model. It is an 8-session curriculum designed to help urban Native youth identify and utilize healthy and appropriate social, interpersonal, and intrapersonal life skills and lifestyle choices to prevent the initiation of substance use, promote abstinence, and reduce the risk of harm and the potential for developing an addiction. The curriculum, which was designed to be adaptable to other communities, is culturally grounded. It is based on the Canoe Journey, a major factor in cultural revitalization among Pacific Northwest coastal tribes (Hawkins & La Marr, 2012; Johnson, 2012; Lane & Simmons, 2011; Neel, 1995). The seagoing canoe represents the traditional means of transportation, commerce/trade, fishing, and social gathering among Pacific Northwest tribes. The modern-day Canoe Journey, which began in 1989 with the "Paddle to Seattle" from Suquamish, has become an annual event, often drawing over 100 canoes. The journey includes stops at tribal communities along the way to dance, drum, sing, and share stories until arriving at a final hosting community, where there is a weeklong potlatch or celebration. The journey honors ancestors, embraces Indigenous values and traditions, and "teaches the community traditional cultural ways of being" (Hawkins & La Marr, 2012, p. 238). As an alcohol- and drug-free event, the journey also offers participants an opportunity for "healing and recovery of culture, traditional knowledge, and spirituality" (Washington Indian Gaming Association, 2014).

A community-based curriculum review and development group, composed of Elders, CAB members, and other community members, and facilitated by Suquamish and ADAI research team members, used principles for cultural adaptation of prevention interventions (Castro, Barrera, & Martinez, 2004) and an iterative process (Chu, Huynh, & Area'n, 2012) to adapt the original Canoe Journey/Life's Journey curriculum to be specific to the Suquamish Tribe. The iterative process followed principles of cultural adaptation—namely, initial gathering of information about available and relevant evidence-based prevention interventions; preliminary adaptation through a back-and-forth review of information and recommended adaptations among the research teams, the Cultural Co-Operative, the curriculum development team, and the Tribal Council; preliminary adaptation pilot testing; and modification and refinement (Barrera & Castro, 2006; Chu, Huynh, & Area'n,

2012). The goal of this iterative adaptation process, depicted in Figure 2, was to preserve core evidence-based treatment components of the prevention intervention while adding cultural content to enhance tribal-specific cultural relevance (Castro, Barrera, & Martinez, 2004).

**Figure 2**  
**HOC Adaptation**



Holding Up Our Youth consists of an 11-session curriculum, attempting to prevent initiation of substance use among those not yet using and escalation among those who already have initiated use. The curriculum is culturally grounded and uses the Canoe Journey as a metaphor and teaching tool to provide Native youth the skills needed to navigate through life's journey without being pulled off course by alcohol or drugs. It blends tribal traditions, cultural values, and Indigenous knowledge with evidence-based practices and elements of positive youth development. It includes an Honoring Ceremony in which participants are honored for their unique strengths and accomplishments. The youth, in turn, honor their mentors and important role models in oral testimony and with traditional gifts that they have made during the program. The sessions are listed in Table 1 below, and more detailed descriptions can be found at <http://healingofthecanoe.org/holding-up-our-youth/>. Prior to the implementation described below, we pilot tested the curriculum with Suquamish middle school and junior high school students in a tribal summer session and as an after-school program; the results (unpublished) demonstrated that the program was feasible to conduct and acceptable to youth.

**Table 1**  
**Sessions Included in the Holding Up Our Youth Curriculum**

Session Title	Session Goals/Focus*
1. The Four Winds/ Canoe Journey as a Metaphor	<ul style="list-style-type: none"> <li>• Introduce and discuss the Four Winds, a traditional Suquamish spiritual concept that can be used to frame daily life and teach life skills; discuss the Northwest Native traditional Canoe Journey and how it can serve as a metaphor for life. Other traditional Suquamish beliefs are also discussed.</li> <li>• Information about alcohol is also included</li> </ul>
2. How am I Perceived? Media Awareness and Literacy	<ul style="list-style-type: none"> <li>• Focus on how American Indians/Alaska Natives are portrayed in the media; learn how to recognize when stereotypes are being used, how AI/AN culture has been exploited, how AI/AN history has been misrepresented, and how to stand up against stereotypes.</li> <li>• Information about prescription drugs is also included.</li> </ul>
3. Who am I? Beginning at the Center	<ul style="list-style-type: none"> <li>• Learn about Suquamish values, traditional ways to introduce oneself, self-awareness and integrity, and how to use the concept of the Four Winds as a part of self-definition. Participants are encouraged to explore the idea of a physical self, mental self, emotional self and spiritual self.</li> <li>• Information about marijuana is also included.</li> </ul>
4. Community Help and Support: Help on the Journey	<ul style="list-style-type: none"> <li>• Learn about the importance of community, how they are a part of many communities, and the importance of giving back to their community; learn how to identify where they can go for help in their own community; learn about what it means to be a mentor and how they can become mentors for those around them.</li> <li>• Information about club drugs and stimulants is also included.</li> </ul>
5. Who Will I Become? Goal Setting	<ul style="list-style-type: none"> <li>• Explore what kinds of goals are important and learn a step-by-step approach to setting goals; begin to understand the importance of goal setting and learn how to cope with obstacles that might hinder achieving set goals.</li> <li>• Information about hallucinogens is also included.</li> </ul>
6. Overcoming Obstacles: Solving Problems	<ul style="list-style-type: none"> <li>• Learn how to recognize when they are having a problem, learn ways to solve problems and make good decisions, and discuss where they can go when they do have a problem; learn how to define a problem, brainstorm solutions, pick the best solution, make and act on a plan, and review/revise the plan if needed.</li> <li>• Information about nicotine is also included.</li> </ul>
7. Listening	<ul style="list-style-type: none"> <li>• Teach listening skills - effective listening is discussed; the importance of listening is illustrated through storytelling and other traditional activities. Suquamish values stress respect and the belief that you must be an effective listener before you can become an effective communicator.</li> <li>• Information about methamphetamines is also included.</li> </ul>
8. Effective Communication: Expressing Thoughts and Feelings	<ul style="list-style-type: none"> <li>• Teach effective communications skills, how to disagree respectfully, refusal and assertiveness skills and how to deal with peer reactions to assertiveness; participants practice positive ways to resolve conflict and to express feelings.</li> <li>• Information about opiates is also included.</li> </ul>
9. Moods and Coping with Negative Emotions	<ul style="list-style-type: none"> <li>• Learn about different emotions and positive and negative self-talk. This session is facilitated by the use of the Suquamish "Ten Rules of the Canoe"; learn about depression and suicide, how to cope with negative emotions and difficult situations, and how to find a safe person or place to express emotions.</li> <li>• Information about inhalants is also included.</li> </ul>

continued on next page

**Table 1, Continued**  
**Sessions Included in the Holding Up Our Youth Curriculum**

<b>Session Title</b>	<b>Session Goals/Focus*</b>
10. Safe Journey without Alcohol/ Drugs	<ul style="list-style-type: none"> <li>• Learn about addictions, how expectancies influence perception, and about the consequences of drug and alcohol use/abuse.</li> </ul>
11. Strengthening our Community	<ul style="list-style-type: none"> <li>• Focus on finding leaders within the Suquamish community to serve as role models; learning about the Boldt decision, about leadership, and how to make good choices within the Suquamish community.</li> <li>• Includes field trips into the community to volunteer with important community projects.</li> </ul>
12. Honoring Ceremony	<ul style="list-style-type: none"> <li>• This ceremony is a way to acknowledge youth for the completion of the program and honor their unique attributes. Mentors are invited by the youth to attend and have the opportunity to talk about the youth and their accomplishments. tribal Elders, leaders and families are also invited to witness the ceremony and share a meal.</li> </ul>

\* Traditional stories, cultural activities and speakers from the community are woven throughout the sessions.

At the end of Phase I, we also asked a Native researcher with expertise in CBPR to conduct an external evaluation of the project (Randall, 2008). Qualitative data were derived from interviews with key stakeholders and focus groups with community members to assess the community engagement and curriculum development processes, as well as initial impressions of the curriculum as delivered in the pilot feasibility implementations.

## **HOC: Phase II**

The primary aims of Phase II (July 2008-February 2013) were: (1) using CBPR methods, to work with the Suquamish Tribe to refine, implement, and evaluate the intervention developed in Phase I; and (2) to replicate the CBPR and curriculum development process with the Port Gamble S’Klallam Tribe (PGST) to tailor the curriculum to PGST’s traditions and culture, and to implement and evaluate the intervention in both communities.

### **Intervention Implementation with the Suquamish Tribe**

Working with tribal communities and using a CBPR/TPR approach are not always linear processes (Lowe et al., 2011), and researchers need to be responsive and adapt to changes in the community over the course of a study. Although the initial curriculum had been developed for and piloted with middle school students, at the beginning of Phase II the Suquamish CAB wanted to shift the focus of the intervention to high school students, to coincide with the opening of a tribal high school. They invited the HOC team to teach the Holding Up Our Youth curriculum in the



new high school. This shift required us to change the curriculum content slightly to be more age appropriate; in addition, it was expanded from the original 11 sessions to a year-long academic class, which met daily for 1.5 hours. The class included a mix of lectures, discussion, dialogue, multimedia, student presentations, and group activities. Guest speakers were invited as often as possible to increase the breadth and depth of exposure to Suquamish culture and traditional activities. The class was facilitated by one female and one male staff who were members of the Suquamish Tribe and research team, which was most effective with a mixed gender group. Students were able to receive class credit from both the high school and a local community college. However, after 1 year the high school closed to review and revise its overall focus and instructional approach and curriculum; thus, it was not possible to implement the intervention for a second year.

### **Intervention Extension to PGST**

An important aspect of the Holding Up Our Youth curriculum is that, while it standardizes the core social, interpersonal, and intrapersonal skills to be delivered, it was designed to be adaptable: It has “placeholders” where other tribes/communities can insert their unique traditions, stories, values, and cultural practices. This format facilitates subsequent generalizability, dissemination, adaptation, and implementation by other tribes, and honors and protects tribal-specific cultural knowledge, which research suggests is important (Lane & Simmons, 2011; Moran & Reaman, 2002). As noted, a goal for Phase II was to replicate the CBPR community engagement and curriculum development processes with PGST. Therefore, concurrent with the implementation of the curriculum in the Suquamish high school, we began working with PGST. The transport of these processes to PGST was of particular interest because, despite their geographic proximity (10 miles by car, but 29 miles by canoe) and the fact that both are waterside communities actively involved in the Canoe Journey, Suquamish and PGST are quite different with respect to the nature of their reservations (e.g., their languages are different, and one reservation is “checker boarded,” with much of the land having been sold to non-tribal members, while the other is consolidated, with almost all of the land owned by tribal members). These differences provided an opportunity to determine the portability and generalizability of the processes, and our ability to tailor the curriculum to another tribal culture.

The PGST Tribal Council approved involvement in the project through a tribal resolution; a memorandum of understanding; and a data ownership, sharing, and dissemination agreement. The PGST research team, composed of tribal members, was guided by its CAB, the Chi-e-chee Network, which is the tribe’s Alcohol, Tobacco, and Other Drugs Prevention Committee. One of the Chi-e-chee Network’s duties is to assure that all prevention projects performed by different tribal departments are culturally competent and respectful of the sovereignty and integrity of the PGST culture and traditions. Working in collaboration with the Suquamish and ADAI teams and the Chi-e-chee Network, the

PGST research team conducted community readiness, needs, and resources assessments using focus groups and key stakeholder interviews. The community identified the prevention of youth substance abuse and cultural revitalization as the issues it wished to address with the curriculum.

To further adapt the Holding Up Our Youth curriculum, members of the ADAI and PGST research teams met over a number of months with a tribal curriculum revision and adaptation committee, composed of PGST Elders, Chi-e-chee members, and other community members. During this process, the PGST research team engaged the community through newsletters, community meetings, and regular reports to Chi-e-chee and the Tribal Council. The result was an adaptation that incorporated Port Gamble S’Klallam culture, traditions, values, and stories into the placeholders throughout the curriculum template, while retaining the core social skills elements and evidence-based components. It is entitled Navigating Life the S’Klallam Way. Session content parallels that found in the Holding Up Our Youth, except for the tribal-specific material and a slight reordering of the sessions. The sessions are listed in Table 2 on the next page, and more detailed descriptions can be found at <http://healingofthecanoe.org/navigating-life-the-sklallam-way/>.

**Table 2**  
**Sessions Included in the Navigating Life the S’Klallam Way curriculum**

Session Title	Session Goals/Focus*
1. The Four Seasons/Canoe Journey as a Metaphor	<ul style="list-style-type: none"> <li>• Introduce and discuss the Four Seasons, a traditional S’Klallam concept used to frame daily life and teach life skills, a schedule set by nature that S’Klallam livelihood revolved around</li> <li>• Discuss the Northwest Native traditional Canoe Journey and how it can serve as a metaphor for life. Each session ends with a reflection back to this concept. Other traditional S’Klallam beliefs are also discussed.</li> <li>• Information about alcohol is also included.</li> </ul>
2. Who am I? Beginning at the Center	<ul style="list-style-type: none"> <li>• Learn about S’Klallam values, traditional ways to introduce oneself, self-awareness genealogy, family ties and integrity, and how to use the concept of the Four Seasons as a part of self-definition. Participants are encouraged to explore the idea of a physical self, mental self, emotional self and spiritual self.</li> <li>• Information about marijuana is also included.</li> </ul>
3. How am I Perceived? Media Awareness and Literacy	<ul style="list-style-type: none"> <li>• Focus on how American Indians/Alaska Natives, and specifically the S’Klallam people, are portrayed in the media; learn how to recognize when stereotypes are being used, how AI/AN culture has been exploited, how AI/AN history has been misrepresented, and how to stand up against stereotypes.</li> <li>• Information about prescription drugs is also included.</li> </ul>
4. Community Help and Support: Help on the Journey	<ul style="list-style-type: none"> <li>• Learn about the importance of community, how they are a part of many communities, and the importance of giving back to their community; learn how to identify where they can go for help in their own community; learn about what it means to be a mentor and how they can become mentors for those around them.</li> <li>• Information about club drugs and stimulants is also included.</li> </ul>

continued on next page

**Table 2, Continued**  
**Sessions Included in the Navigating Life the S’Klallam Way curriculum**

Session Title	Session Goals/Focus*
5. Moods and Coping with Negative Emotions	<ul style="list-style-type: none"> <li>• Learn about different emotions and positive and negative self-talk; learn about depression and suicide, how to cope with negative emotions and difficult situations, and how to find a safe person or place to express emotions.</li> <li>• Information about inhalants is also included.</li> </ul>
6. Who Will I Become? Goal Setting	<ul style="list-style-type: none"> <li>• Explore what kinds of goals are important and learn a step-by-step approach to setting goals; begin to understand the importance of goal setting and learn how to cope with obstacles that might hinder achieving set goals.</li> <li>• Information about hallucinogens is also included.</li> </ul>
7. Overcoming Obstacles: Solving Problems	<ul style="list-style-type: none"> <li>• Learn how to recognize when they are having a problem, learn ways to solve problems and make good decisions, and discuss where they can go when they do have a problem; learn how to define a problem, brainstorm solutions, pick the best solution, make and act on a plan, and review/revise the plan if needed.</li> <li>• Information about nicotine is also included.</li> </ul>
8. Listening	<ul style="list-style-type: none"> <li>• Teach listening skills - effective listening is discussed; the importance of listening is illustrated through S’Klallam storytelling and other traditional activities. S’Klallam values stress respect and the belief that you must be an effective listener before you can become an effective communicator.</li> <li>• Information about methamphetamines is also included.</li> </ul>
9. Effective Communication: Expressing Thoughts and Feelings	<ul style="list-style-type: none"> <li>• Teach effective communications skills, how to disagree respectfully, refusal and assertiveness skills and how to deal with peer reactions to assertiveness; participants practice positive ways to resolve conflict and to express feelings.</li> <li>• Information about opiates is also included.</li> </ul>
10. Safe Journey without Alcohol/Drugs	<ul style="list-style-type: none"> <li>• Learn about addictions, how expectancies influence perception, and about the consequences of drug and alcohol use/abuse.</li> <li>• Reflecting on the “Canoe Way of Life” as an example of “Life’s Journey.”</li> </ul>
11. Strengthening our Community	<ul style="list-style-type: none"> <li>• Focus on finding leaders within the S’Klallam community to serve as role models; learning about the Boldt decision, tribal sovereignty, leadership, and how to make good choices within the Port Gamble S’Klallam community.</li> <li>• Includes field trips into the community to volunteer with important community projects.</li> <li>• This session includes field trips into the community to volunteer with important community projects.</li> </ul>
12. Honoring Ceremony	<ul style="list-style-type: none"> <li>• This ceremony is a way to acknowledge youth for the completion of the program and honor their unique attributes. Mentors are invited by the youth to attend and have the opportunity to talk about the youth and their accomplishments. tribal Elders, leaders and families are also invited to witness the ceremony and share a meal.</li> <li>• Gifts are prepared and given formally, and digital stories are shared.</li> </ul>

\* Traditional stories, cultural activities and speakers from the community are woven throughout the sessions.

### **Workshop Implementation of Intervention with Suquamish and PGST**

The Suquamish team needed to develop an alternative method of delivering the curriculum following the closing of the high school; the PGST team also needed a delivery method for its newly developed curriculum. The two tribal research teams worked together to determine a format that would meet each community's needs; a series of multiday intensive workshops to be held overnight in off-reservation retreat settings was chosen. Each team developed a series of three 2.5- to 3-day tribal-specific workshops spread over a 3-month period. Workshops for Suquamish youth used the Holding Up Our Youth curriculum, while those for PGST youth used the Navigating Life the S'Klallam Way curriculum. This new format and timeframe required yet another adaptation, but still incorporated the core elements from each of the lengthier curricula from which they were derived. The workshops were facilitated by research team staff who were members of the respective tribal communities; two of the facilitators (one from Suquamish and one from PGST) also were skippers of youth canoes involved in the annual Canoe Journey. In addition, mentors, Elders, and other community members participated as guest speakers or instructors in cultural practices. Students were given permission to miss their regular public school classes to attend the workshops.

### **Participants**

#### **Suquamish High School**

All Suquamish high school students had the opportunity to participate in the Holding Up Our Youth intervention as part of their regular high school curriculum, and to receive high school or college credit for it, regardless of whether they opted to participate in the research component (e.g., completing assessments). While a larger number of students participated in the class across the academic year, only those for whom assent and parental consent were obtained are included here. The high school sample consisted of 8 students. There were 5 males and 3 females; 2 students were in the 10th grade and 6 were in the 12th grade. This cohort represented one-third of total student body, which fluctuated between 25-30 students during the school's first year of operation.

#### **Suquamish/PGST Workshops**

Participants were recruited through community announcements about the workshops in monthly tribal newsletters, social networks (e.g., Facebook), fliers in youth programs (e.g., Sports and Recreation Department, Youth Council, Youth Center, Cultural Activity Workshops, Song and Dance Group, Youth Canoe Club), and personal contact. A total of 23 youth (5 males, 8 females in Suquamish; 3 males, 7 females in PGST) in 9th through 12<sup>th</sup> grade participated in the workshops. No incentives were provided for participating in the workshops.

## Measures

Four target outcomes were evaluated using the same instruments in both the high school and workshop samples: (1) cultural identification and participation in cultural activities, (2) hope/optimism/self-efficacy, (3) knowledge about substance abuse, and (4) substance use. These variables were chosen by the ADAI and both tribal research teams because they represented domains that were primary targets of the intervention.

### **Cultural Identification and Participation in Cultural Activities**

The measure of cultural identification was adapted by the research teams from measures of AI/AN identity (e.g., Multigroup Ethnic Identity Measure; Phinney, 1992; Phinney & Ong, 2007), enculturation (e.g., American Indian Enculturation Scale; Winterowd, Montgomery, Stumblingbear, Harless, & Hicks, 2008; Zimmerman, Ramirez-Valles, Washienko, Walter, & Dyer, 1996, and cultural practices (e.g., Traditional Activities Scale; Stone, Whitbeck, Chen, Johnson, & Olson, 2006;). It consisted of nine items, each rated on a 4-point Likert scale from 1 (*Strongly disagree*) to 4 (*Strongly agree*). We also asked youth how often they participated in a number of traditional Native cultural activities (e.g., singing/drumming, dancing, canoe pulling, fishing) on a scale from 1 (*Never*) to 5 (*At least once per week*).

### **Hope/Optimism/Self-efficacy**

The Children's Hope Scale (Snyder et al., 1997), known as the Questions about Your Goals Questionnaire when used with older youth, was used to assess hope, optimism, and positive expectations about the future. The six items, rated on a 6-point scale from 1 (*None of the time*) to 6 (*All of the time*), assess two components of hope/optimism: *agency* (e.g., the perception that one can initiate and sustain action toward a desired goal) and *pathways* (e.g., perceived capability to produce routes to those goals). The scale, which has demonstrated a high degree of internal consistency in use with AI/AN youth (Gowen, Bandurraga, Jivanjee, Cross, & Friesen, 2012), has been found to be related positively to self-esteem; self-efficacy; community, cultural, and individual resilience; community mindedness; conflict management; and coping, which are components of positive youth development (Cross et al., 2011; Gowen et al., 2012; Haegerich & Tolan, 2008; Snyder, 2000; Snyder et al., 1997; Sun & Shek, 2012).

### **Substance Use**

Substance use was assessed with items from the Washington State Healthy Youth Survey (Washington State Department of Health, 2012), a measure of substance-related health risk behaviors that contribute to morbidity, mortality, and social problems among youth in Washington State. These behaviors include frequency of alcohol, tobacco, and other drug use; behaviors that result in

unintentional and intentional injuries (e.g., violence); and related risk and protective factors (e.g., community, school, peer and individual, family). This survey is typically administered every 2 years in 6th, 8th, 10th, and 12th grades in local school districts, and is used for local and state prevention program planning.

### **Substance Abuse Knowledge**

The knowledge test consisted of 21 true/false items that assessed factual information about tobacco, alcohol, and other drugs of abuse (e.g., “Teenagers are too young to get addicted to alcohol or drugs,” “It takes the same amount of beer and wine to get a person drunk,” “Pain medications are safe to use even if you don’t have a prescription since they are legal drugs”). The items, developed by the ADAI research team, were based on information derived from the NIDA for Teens Drug Facts (National Institute on Drug Abuse, 2011) and the National Institute on Alcohol Abuse and Alcoholism Fact Sheets (National Institute on Alcohol Abuse and Alcoholism, n.d.).

### **Assessment Administration Schedule**

These measures were administered to the high school sample at baseline (beginning of the school year), at the end of the school year (approximately 9 months after baseline), and at a follow-up assessment 4 months after the end of school. The measures were administered to the tribal-specific workshop participants at baseline (prior to the first workshop), following the last workshop (about 3 months following baseline), and at a 4-month follow-up assessment.

In addition, as part of the post-intervention assessment (at the end of the school year or at the end of the third workshop) participants responded to open-ended questions to provide qualitative feedback and their impressions of the intervention (e.g., “How would you describe your overall experience with the HOC class?” “What was your favorite/least favorite part?” “What part[s] do you think had the most positive impact on you?” “How did participating in the HOC class affect you or your family?” “Would you recommend this class to a friend?”). Participants received \$25 gift cards for the baseline, post assessment, and 4-month follow-up assessment (for a total of \$75 if they completed all assessments).

## **ANALYSES**

### **Suquamish High School**

We evaluated the high school sample by comparing the baseline versus end-of-year and 4-month follow-up assessments. An overall analysis across time points was conducted using Friedman’s Two-Way Analysis of Variance by Ranks, which is a nonparametric analog of the

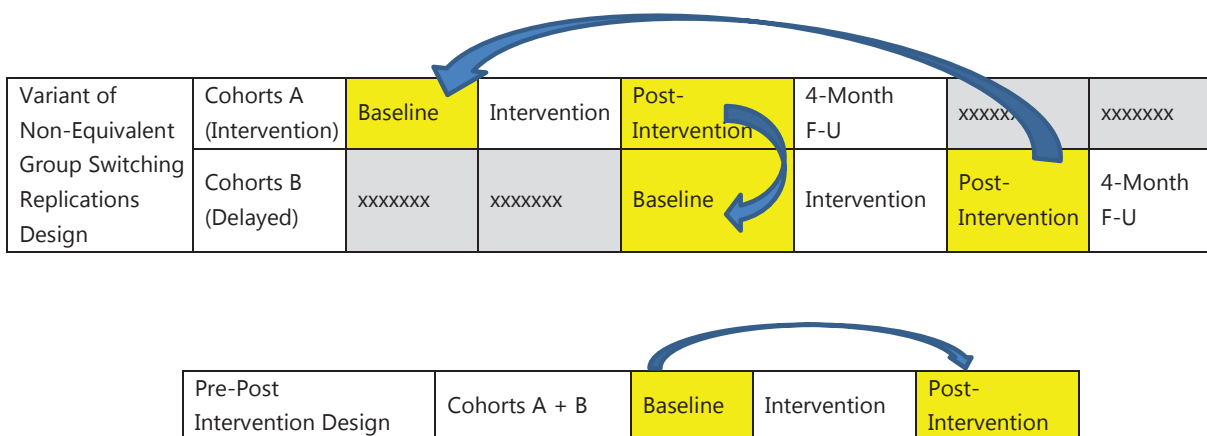
parametric repeated measures analysis of variance. A Wilcoxon Signed Ranks Test, a nonparametric test of paired-sample repeated measures, was used to follow up significant differences on the Friedman's test.

### **Suquamish/PGST Workshops**

We evaluated the intensive workshops using a quasi-experimental design, a variant of the non-equivalent group, switching replication design (Trochim, 2006). This design, while not involving random assignment to conditions, is thought to be very strong with respect to internal validity. It also allowed for two independent implementations of the intervention in each tribal community, potentially enhancing external validity or generalizability. In this design, there are typically two groups, both of which receive the intervention, but in a sequential process. In the first phase of the design, both groups are assessed at baseline, but only one receives the intervention; both are then reassessed at the post-intervention point. In the second phase, the original comparison group is now provided the intervention while the original cohort serves as the control. This design is similar to a wait-list control design and might be thought of as two parallel pre-/post-treatment control designs grafted together. That is, when the treatment is replicated, the two groups switch roles—the original control group becomes the treatment group in phase 2. By the end of the study, all participants have received the treatment. Because participants in all groups eventually receive the intervention, which was a condition stipulated by our tribal CABs, it is considered to be one of the most ethically feasible quasi-experimental designs.

The design and the comparisons are shown in Figure 3. In this variant of the design, Cohort A has a baseline assessment, receives the intervention over the specified time period, and has a post-intervention assessment and a 4-month follow-up. After a delay, Cohort B has a baseline assessment, receives the intervention over the specified time period, and has a post-intervention assessment and a 4-month follow-up. This design allows two sets of comparisons between those groups that have received the intervention and control groups. In addition, it is also possible to combine cohorts and compare pre-/post-intervention and 4-month follow-up scores. Given the small sample sizes and the non-normal distributional properties of scores, we conducted nonparametric analyses (Conover, 1999; De Muth, 2009; Nachar, 2008; Trochim, 2006). Analyses involving independent group comparisons used the Mann-Whitney-U statistic. For repeated measures across time, in a manner similar to that described for the tribal high school analyses, we conducted an overall analysis using Friedman's Two-Way Analysis of Variance by Ranks, followed by post hoc Wilcoxon Signed Ranks Test.

**Figure 3  
Planned Group Comparisons**



We hypothesized that involvement in the intervention would lead to increased levels of cultural identification and participation, hope/optimism/self-efficacy, and knowledge about substance abuse, and to lower levels of substance use. Based on directional hypotheses, 1-tailed probabilities were used against which to judge significance of differences.

## RESULTS

### Suquamish High School

Data were available for all 8 participants at baseline, 6 (75%) at the end of school and 7 (87.5%) at the 4-month follow-up assessment. At baseline, 50% of students reported having smoked cigarettes and having used marijuana; for those who reported prior use, the age of first use was 13.0 years and 10.5 years for tobacco and marijuana, respectively. Nearly two thirds (62.5%) of the students had consumed alcohol beyond a mere sip (e.g., drank a glass, can, or bottle of alcohol); their age of initial use was 12.2 years. One quarter of the sample had used pain pills to get high, with age of initial use being 16.5 years. Nearly two-thirds (62.5%) reported frequent/regular participation in cultural activities, with the remaining 37.5% having moderate levels of involvement (a few times per month); 71.4% indicated that they participated in such activities to the extent that they would like.

The results of the Friedman’s test indicated that there was an overall difference across time for the measures of hope/optimism/self-efficacy ( $X^2 = 6.50, p = 0.020$ ) and substance use ( $X^2 = 7.43, p = 0.012$ ). Post hoc analyses indicated that the level of hope/optimism/self-efficacy increased significantly from the beginning to the end of the school year ( $p = 0.021$ ) and remained significantly higher at the 4-month follow-up compared to the beginning of the school year ( $p = 0.023$ ). Substance use reduced significantly from the beginning to the end of the school year ( $p = 0.021$ ); however,



although it was still 26% lower at the 4-month follow up than at the beginning of school, it was no longer significantly different ( $p = 0.051$ ). No differences were found on the measure of cultural identification and participation or knowledge substance abuse from the beginning of school to either the end of school or the 4-month follow-up.

### Suquamish/PGST Workshops

Of the 23 participants who started the workshops, post-intervention data are available for 19 (82.6%). Of the 12 participants in the first series of workshops (Cohort A), 11 completed both the post-intervention and 4-month follow-up assessments (91.7%); of the 11 participants in the second series (Cohort B), 8 completed both post-intervention and 4-month follow-up assessments (72.7%). These rates represent an 82.6% follow-up rate at 4 months for the two cohorts combined.

In an initial analysis, we compared the two cohorts with respect to their baseline scores on the four primary measures to evaluate their comparability. There were no differences on any of these primary measures between Cohorts A and B from either community or the combined communities at baseline, indicating equivalence of participants prior to involvement in the workshops.

At baseline, over half of the combined cohorts had previously smoked cigarettes (54.5%), while two thirds had consumed alcohol (68.2%) and used marijuana (66.7%). The ages of first use of these substances among those who had used them were 11.4, 12.1, and 13.1 years, respectively; 9.1% had used pain pills to get high. Only 39.1% of the combined cohorts reported frequent/regular involvement in cultural activities, while an equal percentage reported low levels of involvement (once a month or less); the remaining 21.7% had moderate levels of involvement (a few times per month). Fewer than half (43.5%) of those in the combined cohorts felt that they were involved in such activities to the extent that they wanted to be.

Differences were found when those who had completed the workshop intervention (Cohort A post-intervention and Cohort B post-intervention) were compared to those who had not yet been exposed. In comparing the post-intervention assessment of Cohort A with the baseline assessment of Cohort B, Cohort A had significantly higher levels of hope/optimism/self-efficacy (Mann-Whitney-U = 20.5,  $Z = -2.639$ ,  $p = .004$ , 1-tailed), and lower levels of substance use than those who had not yet received the intervention (Mann-Whitney-U = 34.5,  $Z = 1.71$ ,  $p = .043$ , 1-tailed). However, neither the differences in hope/optimism/self-efficacy ( $U = 73.0$ ,  $Z = 0.43$ ,  $p = 0.333$ ) nor those in substance use ( $U = 76.0$ ,  $Z = 0.146$ ) were maintained when comparing Cohort A 4-month follow-up to Cohort B baseline values. Also, there were no differences between groups with respect to cultural identity/practices when comparing Cohort A post-intervention or 4-month follow-up to Cohort B baseline values, nor were differences found between Cohort A post-intervention and Cohort

B baseline values with respect to knowledge about substance abuse; however, the comparison between Cohort A 4-month follow-up and Cohort B baseline values approached significance ( $U = 92.5$ ,  $Z = 1.63$ ,  $p = 0.051$ ).

In the second comparison within the switching replication design, the post-intervention and 4-month follow-up scores for Cohort B were compared to the baseline scores of Cohort A. Youth who had received the intervention had significantly higher levels of cultural identity/practices (Mann-Whitney- $U = 26.5$ ,  $Z = -1.669$ ,  $p = 0.048$ , 1-tailed), hope/optimism/self-efficacy (Mann-Whitney- $U = 7.00$ ,  $Z = -3.186$ ,  $p = 0.001$ , 1-tailed), and knowledge about substance abuse (Mann-Whitney- $U = 20.0$ ,  $Z = -2.198$ ,  $p = 0.014$ , 1-tailed) compared to those who had not yet received it. The differences with respect to hope/optimism/self-efficacy ( $U = 84.5$ ,  $Z = 2.816$ ,  $p = 0.0024$ ) and knowledge about substance abuse ( $U = 68.5$ ,  $Z = 2.24$ ,  $p = 0.013$ ) persisted at the 4-month follow-up, while cultural involvement approached significance at the 4-month follow-up ( $U = 67.0$ ,  $Z = 1.466$ ,  $p = 0.071$ ). While substance use was 38% lower for those who had received the intervention compared to the baseline of those who had not, this difference was not significant ( $p = 0.193$ ) at post intervention or at the 4-month follow-up ( $p = 0.439$ ).

The third set of analyses combined the cohorts and examined changes from baseline to post intervention and 4-month follow-up, utilizing the Friedman's test followed by post hoc Wilcoxon Signed Ranks Test. Overall, there were significant differences across time on the measures of hope/optimism/self-efficacy ( $X^2 = 7.914$ ,  $p = 0.01$ ), substance use ( $X^2 = 6.821$ ,  $p = 0.017$ ), and knowledge about substance abuse ( $X^2 = 4.966$ ,  $p = 0.042$ ). There was a significant increase in hope/optimism/self-efficacy ( $Z = -2.088$ ,  $p = 0.019$ , 1-tailed) and a reduction in substance use ( $Z = -1.990$ ,  $p = 0.024$ , 1-tailed) associated with receiving the intervention from baseline until completion of the three workshops. These differences in hope/optimism/self-efficacy ( $Z = -3.042$ ,  $p = 0.001$ ) and substance use ( $Z = -1.838$ ,  $p = 0.033$ ) remained significant at the 4-month follow-up compared to baseline. Although knowledge about drugs of abuse was not significant at post intervention ( $Z = -1.491$ ,  $p = 0.068$ ), it was significantly different at the 4-month follow-up ( $Z = -2.502$ ,  $p = 0.006$ ).

### Qualitative Information

Qualitative data from the Phase I external evaluation key stakeholder interviews and focus groups (Randall, 2008), and from the open-ended questions asked of youth participants at post intervention, reflect the communities' and youths' positive appraisal of the project, as well as the perceived community- and participant-level benefits attributed to involvement. This finding is reflected in the following exemplary quotations:

Responses from adult community members:

I think that the way that they have been able to combine the culture activities with the drug and alcohol prevention information and being able to combine those two things into one class has really been instrumental. I don't think anybody has done that really well in combining those two things.

I think that everyone benefits from it because even people who aren't involved in Healing of the Canoe, you know, they're still involved in the sense that the Healing of the Canoe is thinking about them. And weighing out all of these things that happen and basing it and really trying to see how it ripples throughout the rest of the community. Because I can tell you my experience, or somebody else can tell you their experience, but really it has to do with the rest of the community. And so Healing of the Canoe, definitely I think it benefits everybody that is in the surrounding area and then even farther.

Everyone has input into the project. We review the input and the kids review the input. It is a good way of doing it. Something everyone collaborated on. I saw my grandson blossom into a leader.

Responses from youth participants:

I think that going to...or having Healing of the Canoe as a class in high school definitely helped me and also made changes in some of the other kids' lives.

It was a good learning opportunity and a great experience. Good way to learn knowledge about drugs and alcohol. The people that I got a chance to learn with we strengthened our bond over the three workshops. Gained a better friendship with the other students.

It's very educational with culture and drugs and alcohol, expressing yourself, building a lil' community in a lil' class.

## DISCUSSION

### Community Engagement

HOC project development was predicated on an increased empirical and Indigenous knowledge evidence base suggesting that programs derived from the community and incorporating tribal-specific culture, values, and traditions are more acceptable, and may have a more positive impact, than interventions developed with majority populations (Brown et al, 2012; Hawkins et al., 2004; Kenyen & Hanson, 2012; Lowe et al., 2012; Moran & Reaman, 2002; Okamoto et al., 2014). The development process incorporated a number of key components previously noted as contributing to successful development, adaptation, and acceptance of interventions in AI/AN communities (Moran & Reaman, 2002; Trimble, 1992). These included establishing a collaborative working relationship and actively involving the communities; incorporating local tribal cultural values, customs, lifeways, and activities; and training community paraprofessionals to deliver the program. Clearly, our development process incorporated the spirit of and processes inherent in CBPR/TPR, and exemplified the principles of community engagement (Duffy et al., 2011). The curricula developed in the HOC project and evaluated in the present paper were based on these principles. They incorporate evidence-based components from standard interventions (e.g., social skills training, decision making, problem solving, emotional regulation), and were adapted to be consistent with and presented in the context of the values, culture, and traditions associated with the Canoe Journey and of the Suquamish Tribe and PGST. Such skills are important to complete the Canoe Journey successfully, as well as to navigate through life without being pulled off course by alcohol and drugs (Hawkins & La Marr, 2012).

### Overall Findings

Despite the small sample sizes involved, there is support for the delivery of the expanded Holding Up Our Youth curriculum in the high school; participation was associated with increased hope/optimism/self-efficacy from baseline through the 4-month follow-up and with reduced substance use from baseline until the end of the school year. Similarly, there is support for the adapted Holding Up Our Youth and Navigating Life the S'Klallam Way curricula delivered in the workshop format. Workshop participants consistently demonstrated higher levels of hope/optimism/self-efficacy across comparisons. In at least one of the cohort analyses, participation in the curricula also was associated with higher levels of cultural identity and practices, knowledge of alcohol and drugs, and lower levels of substance use than for those youth who had not yet participated. These

differences were all in the hypothesized direction. Thus, the curricula appear to have demonstrated effectiveness in addressing the primary concern identified by the communities—namely, youth substance use and abuse.

### **Cultural Identity and Participation in Cultural Activities**

Somewhat surprisingly, we did not find consistent evidence of increased cultural identity among participants, or an increase in their cultural activities. It is possible that the measures utilized did not fully assess these constructs adequately; the addition of a more qualitative approach might have been more helpful in identifying them. A positive change was found in one of the analyses in the cohort comparisons, but not in the other, and not in the high school sample. The level of cultural activity in the high school sample at baseline was already quite high; that is, 100% of the high school youth reported moderate to high levels of participation (at least a few times per month), and over 70% indicated that they were satisfied with this level. As such, there may have been a “ceiling effect” with less probability of change among these youth. In contrast, youth who participated in the workshops were less actively involved in cultural practices at baseline. Nearly 40% of the combined cohorts reported low levels of involvement (once a month or less), with 56.5% at baseline saying that they were not participating as much as they would like. Given that the intervention demonstrated an increase in traditional activities in this group, it may be most effective among those youth who enter the program with lower levels of cultural involvement—consistent with one of the goals the communities had identified.

A community-based cultural mental health intervention for AI/AN youth and their families in the Southwest had a similar finding (Goodkind, LaNoue, Lee, Freeland, & Freund, 2012). While participants demonstrated increased cultural identity, the intervention did not lead to increased participation in traditional cultural activities. The authors suggest that, while youth may have gained cultural knowledge and interest, it may take time to translate this knowledge into practice. They also noted the importance of providing ongoing opportunities for youth to participate in traditional cultural learning and activities. Consistent with this latter point, the communities in the present study incorporated many activities to ensure that youth had opportunities to participate and to increase their interactions with other tribal members, including community events, presentations in classes by Elders and mentors, and projects that introduced students to community members and tribal programs.

### **Increased Hope/Optimism/Self-efficacy**

The most consistent finding across all the analyses was an increase in, and maintenance of, a sense of hope/optimism/self-efficacy. Hope and optimism represent core competencies in substance abuse prevention and are components of positive youth development (Haegerich & Tolan, 2008; Lam et al., 2011). Higher levels of hope and optimism and a positive future orientation have also been found to predict lower levels of depressive symptoms, alcohol use, and heavy drinking in early adolescence and into early adulthood among Canadian Aboriginal youth (Ames, Rawana, Gentile, & Morgan, 2015; Rawana & Ames, 2012). As such, substance abuse prevention interventions should focus on increasing hope and optimism as elements of positive youth development (Lam et al., 2011).

Some researchers have suggested that substance abuse prevention programs for AI/AN youth might be more effective if they target entire communities rather than specific individuals (Hawkins et al., 2004). Although the HOC interventions focused on the individual level, community members actively participated in their development and implementation, the project was conducted in partnership with tribal agencies, tribal members were employed as research and facilitator staff, and the research team made regular presentations to the CABs and Tribal Councils and provided ongoing communication about the project in newspaper articles and community meetings. In addition, university-based team members spent (and still spend) a considerable amount of time in the communities, attending events and ceremonies and volunteering when appropriate. The project's early Phase I university-community partnership development process was selected by representatives from federal health agencies as one of 12 case examples of the effective use of the principles of community engagement (Duffy, Aguilar-Gaxiola, McCloskey, Ziegahn, & Silberberg, 2011; Thomas et al., 2009). These efforts led to the acceptance of the research and curricula by, and the perceived impact on, the broader community. It is clear from qualitative statements from community members and youth participants that the interventions were viewed as beneficial at both the individual participant and community levels.

### **Study Limitations**

The present study has a number of limitations. First, the study must be viewed as preliminary in nature. The results are based on a small sample derived from a yearlong high school class and a series of intensive workshops. While both tribal communities are relatively small, the sample also was restricted due to community-driven changes in the target age group and the availability of venues in which the curricula were delivered (e.g., the Suquamish tribal high school closure; it should be noted that the high school has reopened, two of the high school teachers have been trained in the delivery of the Holding Up Our Youth curriculum, and the intervention is once again

being delivered as part of the school's offerings). While the small sample size may limit statistical power and generalizability, significant changes in key outcomes still were obtained over time and across settings. The fact that differences were obtained in both the high school and the workshop samples also speaks to the flexibility and adaptability of the core curricula.

A second concern was the design employed in evaluating the curricula. The high school evaluation used a pre-/post design and can be faulted for lack of a non-intervention comparison group. However, given the preliminary nature of the study and the small size of the student body, this was the most feasible approach available. We employed comparison groups to evaluate the workshops in a quasi-experimental design. We considered random assignment; however, our CABs both objected. They felt that if the proposed intervention might be effective, then it should be provided to all youth. As such, we chose the non-equivalent switching replication design, which has been described as very strong with respect to internal validity, and as one of the most ethically feasible quasi-experimental designs because participants in all groups eventually receive the intervention.

A third potential limitation was the conduct of the study in two different tribal communities with curricula developed in each. However, the core elements of the two curricula were the same; what differed were the tribal-specific traditions, values, and cultural activities that were inserted into the placeholders for each session. This approach facilitates the generalizability of the curricula across tribal communities while maintaining their evidence-based components, and allows integration of cultural elements in a way that accommodates the diversity across AI/AN populations (Hawkins & La Marr, 2012; Moran & Reaman, 2002). This flexibility is important now that the project is in Phase III, a dissemination phase in which we are providing 2-day trainings to tribal communities. These trainings cover the curricula, how to assess community needs and resources, how to engage the community in the curriculum adaptation process, how to determine a metaphor that best fits the community's context (e.g., we have trained a number of non-coastal tribes for which the canoe is not appropriate, but other types of journeys or metaphors fit), and how to tailor the curriculum with tribal-specific values, traditions, and activities to fill into the placeholders. In addition, we hold weekly technical assistance calls and/or webinars for individuals who have participated in the trainings. From February through December 2014, we trained 85 individuals from 17 tribes and five tribal organizations to adapt and implement the generic HOC curriculum template for their communities or organizations.

## CONCLUSION

While acknowledging the preliminary nature of the current report, and the need for additional research with larger samples, the present findings suggest that the community-derived, culturally grounded prevention curricula represent promising practices. Integrating evidence-based components of positive youth development and tribal-specific culture, traditions, and values, the curricula have the potential of reducing substance use; increasing hope, optimism, and self-efficacy; and facilitating cultural identity. Further, it appears that a number of different delivery formats can accommodate the needs of different tribal communities. Consistent with the skills needed to successfully complete the Canoe Journey, the curricula have the potential of helping AI/AN youth stay on course as they navigate life's journey.

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