



National American Indian & Alaska Native

PTTC

Prevention Technology Transfer Center Network
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Prevention

IN OUR NATIVE AMERICAN COMMUNITIES • VOL 2 ISSUE 3 FALL 2021

**Technology
Supporting
Mental Health**



DIRECTOR'S CORNER



Welcome to the last issue of the newsletter for the National American Indian and Alaska Native Prevention TTC for 2021. The focus this time is on adolescents' and young adults' use of technology, electronics, and telehealth, with emphasis on the advantages and the pitfalls of the use of virtual formats for behavioral health services.

November is Native American Heritage Month, and we started the celebration by Co-Director Sean A. Bear, 1st, Meskwaki tribal member, addressing staff and faculty at the University of Iowa College of Public Health on November 1 with his presentation: Celebrating Native cultural knowledge, practices, beliefs and contributions of the Native Peoples of the Americas. We will follow up with several other events during Native American Heritage Month in all three of the National American Indian and Alaska Native TTCs.

We are so impressed with all the creative and culturally informed prevention initiatives taking place in urban Native communities, so we decided to feature one great prevention program in each of the Prevention TTC newsletters from now on. This month, Dr. Carrie Johnson introduces us to the Seven Generations Child and Family Services, a department at United American Indian Involvement (UAI) in Los Angeles, CA.

Cindy Sagoe, coordinator of the National AI & AN Prevention TTC, has continued to develop the culture card series she started in 2018. The fourth card is titled *Using a Strength-Based Approach to Enhance the Quality of Prevention Programs in Native American Communities*. We anticipate publishing this card later this month.

Motivational interviewing (MI) is a method embedded in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach, used in prevention and early intervention specifically in primary care and emergency departments. Trainings on MI and SBIRT have been in high demand in our Prevention TTC, and several cohorts of practitioners have completed the program and been involved in the learning collaborative since the beginning of 2021. Going forward, we will initiate a collaboration with our Mental Health TTC to make sure we are able to meet the demands for this kind of training.

Last month, in collaboration with our Mental Health and Addiction TTCs, we held our first face-to-face event since the pandemic began: a combined event of two cohorts of our Native American and Alaska Native Leadership Academy in San Diego. The projects the graduates presented were very impressive and will be included in a proceedings document. Because of the pandemic, many of the graduates had to change their projects completely to meet the needs of their tribal communities. Culture is prevention, and several of the projects focused on the importance of reinforcing culturally informed practices in their communities.

This issue also includes poems by Sean Bear and Dara Jefferson, Northern Arapaho and PhD student at the University of Iowa, College of Public Health. Stay safe and healthy and take care of your relatives.

Anne Helene Skinstad, PhD
Program Director

Technology to Promote Adolescent Health

KEN C. WINTERS, PhD

Contributions from
MARY K. WINTERS, MEd

Introduction

Technology-based or eHealth applications, which include the use of computers, mobile phone apps, and wearable smart apps, are becoming more popular to address youth health issues. Such technologies can promote access, engagement, and compliance for health services, including recovery services. Electronic health resources also enhance the opportunity to readily monitor and assess a youth's progress with health goals via the collection of real time data, allow various tailoring and personalization of content and delivery to optimize engagement, and likely increase the reporting of honest and valid information given the privacy and confidentiality provided by these technology-based options.

This shift toward technology runs counter to traditional in-person models of receiving health information and related services. Yet as teens are communicating more digitally, e-technologies are also altering how health information and services are being exchanged and received. Using eHealth services was the norm for many during the COVID-19 lockdown. Support groups for adolescents stepped up and often provided virtual connections, often with the aid of smartphone apps.

These technologies are being integrated into a wide range of preventative and recovery-oriented services to address general emotional well-being, as well as addressing specific mental and behavioral health issues, including schizophrenia, depression, anxiety, nicotine addiction, and other substance use problems.²

Electronic health technologies are receiving support from research with respect to comfort in their use, to be less stigmatizing, to promoting easy access, and to improved behavioral outcomes; this favorability is coming from both adolescents and counselors.³ These technologies are being integrated into prevention and treatment services for a wide range of behavioral health issues, including schizophrenia, depression, anxiety, nicotine addiction, and other substance use problems.²



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Technology Access Among American Indian and Alaska Native Youth

Access to the Internet and usage of mobile devices is common among most youth in the US. Nearly all US adolescents (95%) indicate they have access to a smartphone;⁴ thus, it is not surprising the preferred form of communication is texting.⁵ YouTube, Instagram, and Snapchat are the most popular online platforms among teens. These platforms allow adolescents access to social networking, entertainment, and news and information.

Yet, because the “digital divide” persists in Native communities, a significant percentage of Native youth do not have access to reliable and affordable telecommunications services.^{6,7} Native individuals on tribal land may be the least connected to high-speed internet compared to any major ethnic/racial group or sector in the US. Location, terrain, signal quality and network load all contribute to poor or non-existent access. More than half of all Native youth in the United States live in rural areas.⁸ Adarsh and colleagues compared the performance of four major high-speed telecommunications network providers in tribal, rural, congested urban and uncongested urban regions. The performance of LTE networks in tribal and rural areas was found to be typically much worse compared to urban regions in terms of video streaming quality, start-up time, number of resolution switches, and browser speed.

Adolescents and Comfort with Technology

Because of several adolescent developmental factors, there has been significant attention to the use of technology to promote prevention efforts. Experts point to the adolescent developing brain as being particularly receptive to interactive learning that technology offers. Youth in particular are a group that tends to prefer technology-based interactions over face-to-face meetings when discussing personal information.¹⁰ Also, much of adolescent culture centers on the offerings from the internet, phone/texting, mobile apps, and social media (<https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>).

Electronic health (eHealth) applications offer a great opportunity to teach adolescents specific skills related to promoting health via virtual role-plays, problem-solving, audio and video instruction of techniques, and rehearsal learning. This context may be more comfortable for many adolescents given the reluctance of some to freely disclose to counselors in an in-person setting. Also, skill-based learning is enhanced because a menu of multimedia mediums can deliver immediate feedback and provide individualized options that allow the adolescent to design a more personalized and relevant help-promotion experience.

Adolescents report that being able to monitor their mood, physical activities, sleep, and medication use with smartphone apps enhances their self-awareness and autonomy and improves therapeutic relationships with providers.

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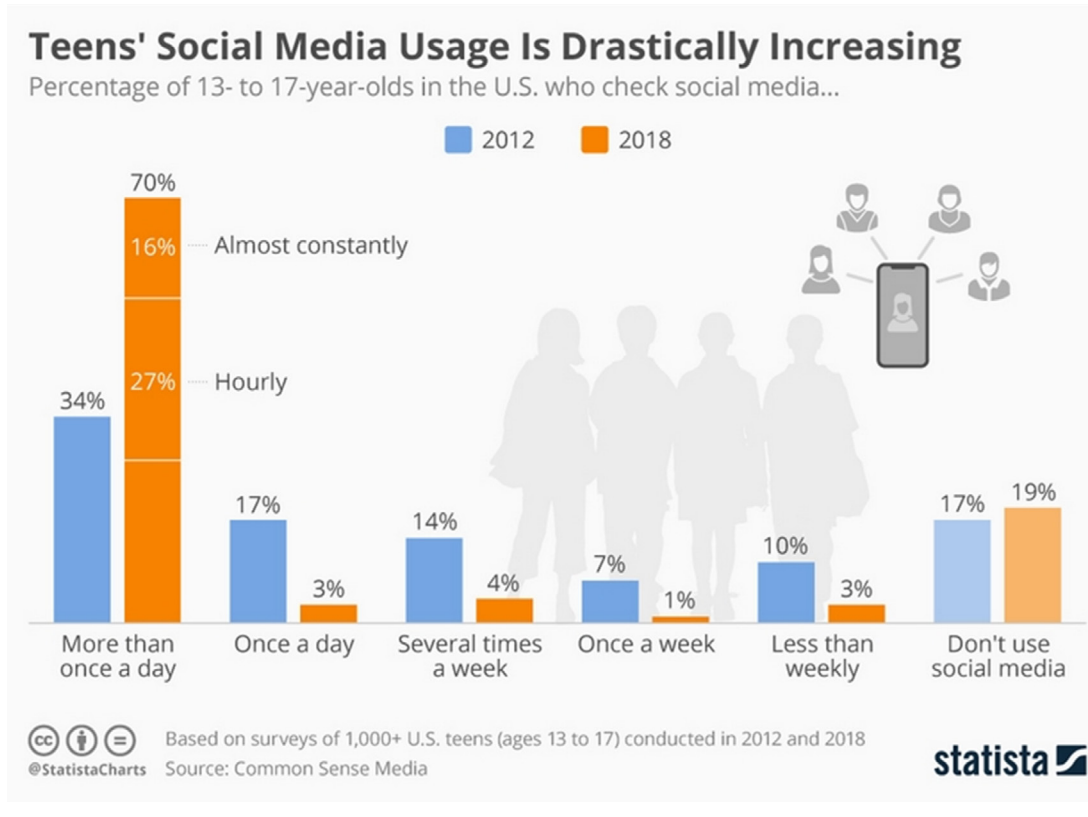
The role of social media in adolescent health received prominent attention recently with the testimony to the U.S. Senate by Frances Haugen, a former product manager at Facebook. She reported that Facebook, and its sister platform Instagram, are damaging to children. Her testimony was supported by an internal Facebook study that its photo-sharing app, Instagram, is harmful to a significant percentage of teenagers, with teenage girls being most notably harmed. U.S. legislators are considering a requirement that social media companies monitor and regularly disclose their impact on children’s mental health to the Federal Trade Commission.

Sources:

<https://apnews.com/article/business-technology-health-media-facebook-inc-a7956fe7987dc8827a-4c7ab91e80728e>¹¹

<https://www.cnbc.com/2021/09/14/facebook-documents-show-how-toxic-instagram-is-for-teens-wsj.html>¹²

A national survey shows what most adults know: Adolescents are spending more time on social media.



The risk of social media

The role of technology with respect to adolescent health also has a downside. It is sobering as we learn more and more that too much time on social media by adolescents heightens risk for mental health problems. Contributing factors may include disrupting their sleep, exposing the person to bullying and rumor spreading, promoting unrealistic views of other people's lives, and reducing access to healthy social interactions. The impulsive tendencies of adolescence and social media can be a bad mix: adolescents may be prone to reckless postings of intimate or hurtful photos or stories without fully thinking through the consequences. Several studies suggest that as more time is spent by adolescents using social media, poorer mental health is self-reported, particularly higher levels of anxiety and depression.¹³ Heightened emotional investment in social media is not a healthy path for youth, and, for those in recovery, such indulgence poses a risk for relapse.

Prevention-Related e-Applications for Adolescents

Mobile phone-based

Mobile phone-based programs are by far the most prominent of the currently used technology-based interventions. The flexibility of this approach allows a wide range of data to be collected on a variety of schedules. One example of a mobile phone-based resource is the ecological momentary assessment (EMA) method. This approach, which has been used with adolescents in clinical settings, confirms that ongoing technology-monitoring methods can serve as a "clinician extender" and help with monitoring key information related to high-risk situations and triggers in real-time, while keeping adolescents feeling accountable.¹⁴ For example, EMA can help identify high-risk situations or emotional states that act as triggers for substance use, which subsequently can provide a personalized response plan for the youth. Dennis and colleagues evaluated the use of multiple-day EMAs and demonstrated the ability of such data to predict risk of youth participants' relapse in the subsequent week.¹⁵

Wearable health devices

Smart bracelets or watches can allow for even greater monitoring of health data and health-related activities. These data can be used for tracking progress of any health plan or goals, including prevention-related goals.¹⁶ Wearable sensors often come in the form of a bracelet or smart watch and are capable of tracking biological data (e.g., heart rate and blood pressure), mood and cognitive states, and can even detect alcohol consumption. Adolescents report that the opportunity to keep track of their well-being and physical activities with smartphone apps enhances self-awareness and self-efficacy.¹⁷ Wearable health devices can even provide real-time information that alerts the individual when approaching certain situational triggers (e.g., nearing a bar or liquor store) or experiencing certain negative physiological changes (e.g., high-level stress based on electrodermal activity). (Another term for this live evaluation and feedback technology is digital phenotyping.)

Preventing relapse via virtual self-help meetings

Virtual self-help meetings are a growing trend among youth seeking to maintain recovery after treatment. Use of this format allows service when geographical and other logistical barriers prevent in-person self-help meetings. Recovery continuity during COVID-19 also benefited from virtual self-help meetings. Anecdotal reports are encouraging in that more youth are becoming comfortable with and see the advantages of attending virtual recovery meetings, like flexible schedules and no travel barriers. But insufficient Internet bandwidth and lack of access to secure apps and websites present challenges and barriers to access this form of self-help.

Select Examples of e-Based Tools to Promote Adolescent Recovery and Reduce Relapse

Computer-based

There are numerous computer-based preventative interventions to address a range of adolescent behavioral health issues, including schizophrenia, depression, anxiety, smoking cessation, and substance use.^{18,19,20} These sites typically provide self-screening (“Do I have a problem?”), how to recognize possible clinical symptoms, steps to take to maintain or return to health, and treatment considerations. Some offer online consultation with credentialed therapists.

There are a variety of computer-based behavioral health sites aimed at adolescents. Two that appear to be very comprehensive are:

1. Society for Adolescent Health and Medicine adolescenthealth.org/Resources/Clinical-Care-Resources/Mental-Health/Mental-Health-Resources-For-Adolesc.aspx²¹
2. William James College: Websites Especially for Teens <https://interface.williamjames.edu/guide/websites-especially-teens>²

Anecdotal evidence suggests youth are becoming more comfortable with attending virtual recovery meetings, but lack of access to strong internet service and secure apps and websites presents barriers, especially for poor and historically underserved communities.



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Mobile resources

Two mobile-based resources have been specifically developed and tested for use by youth to support their recovery from a substance use problem.

1. **ESQYIR** (Educating and Supporting inQuisitive Youth in Recovery) is a mobile texting aftercare resource based on a disease self-management model. It consists of facilitated monitoring, feedback, reminders, social support, and education through automated text messages and prompts for participant response (Gonzales- Castaneda, et al., 2019).²
2. The **A-CHESS** platform, which includes a smartphone app for adolescents, delivers recovery-oriented educational and motivational content, social connections, appointment reminders, and 24/7 support via direct connections to counselors and peers.²³

Monitoring Electronic Devices for Parents

Software can even allow parents to monitor their children online, though its use is controversial. Many parents are realistically of the mindset that it's an invasion of privacy to use it. Yet there is a safety angle. It is estimated by law enforcement that as many as 50,000 sexual predators are on the web at any given time, one in five youth ages 10 to 17 years has been solicited for sex online, and some have been victimized by a predator attempting to set up a meeting with the child in person.

Parents cannot supervise every moment their adolescent is online. But the pro-monitoring stance is that software gives parents the ability to block unwanted web content, limit screen time, and restrict the use of risky applications. Of course, there are challenges and cautions for the use of monitoring software, which include (1) as the adolescent gets older, content filtering may start to seem pointless; and (2) the tracking software app for monitoring social messages requires direct installation and disabling it is likely very easy for most adolescents.

For those interested in details on the variety of monitoring software options, you can learn more here: <https://www.pcmag.com/picks/the-best-parental-control-software>.²⁴

Summary

Electronic health applications offer a great opportunity to teach adolescents specific skills related to promoting health via virtual role-plays, problem-solving, audio and video instruction of techniques, and rehearsal learning. This context may be more comfortable for many adolescents given the reluctance of some to freely disclose to counselors in an in-person setting. Also, skill-based learning is enhanced because a menu of multimedia mediums and mobile and wearable devices can assess real-time data, deliver immediate feedback, and provide individualized options that promote a more personalized experience.

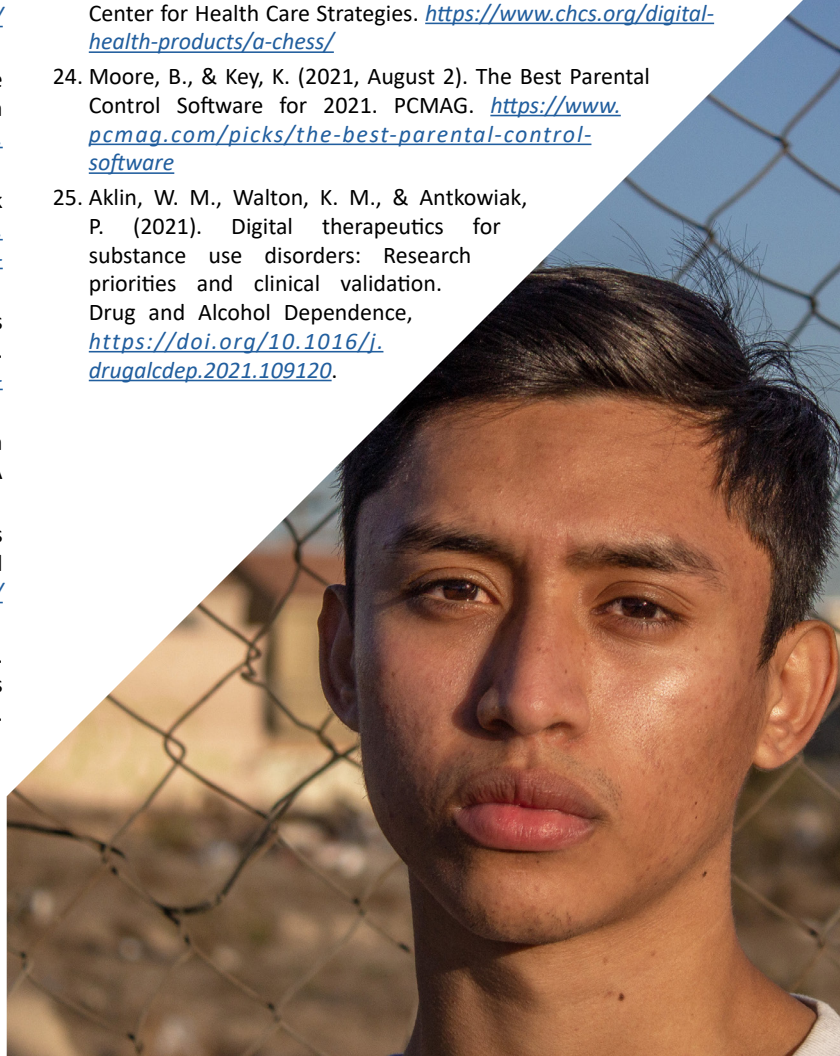
Research on preventative-based eHealth approaches, while not voluminous, is promising. A growing number of outcome-based studies are now in the research literature examining the efficacy and effectiveness of technology-based approaches. As noted in a recent summary, the "collective results show high promise: lowering rates of impairment, improving functioning, decreasing risk behaviors, and increasing adherence or compliance with therapeutic/recovery regimens."¹²

TeAs this technology and its infrastructure develop, eHealth will become more common. As eHealth and digital counseling tools become more popular to adolescents, bolstered by favorable outcome data, and seen as an important supplement to traditional approaches,²⁵ the prevention field will benefit, including the potential to reduce health disparities for Native adolescents.

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I Am

I am from survivors of genocide.

I am from hundreds of years of pain and heartache. From the wails of fathers as they held their fallen families in their arms.

I am from children torn from the hands of their screaming mothers.

I am from resilience.

I am from the red paint that is marked onto our faces by the hands of matriarchs.

I am from the rocks used to send our prayers to the Creator. I am from

Siiyonoh'onooke NiiBei

(Singing Sandstone).

I am from the sound of whistles made of eagle bone; from the sacrifice of Arapaho men as they dance with the rising sun.

I am from ceremony.

I am from Hiram's glint in his teasing eye, from the laugh of Mary Belle, hands clasped in front of her with joy.

I am from Connie's gnarled hands; hands that kneaded fresh dough to feed her family.

I am from the waters of the Little Wind, the kicked-up dust from powwow arbors, the smoke of wildfires raging across fields.

I am from Hiinono'ei (Arapaho).

*- Dara L. Jefferson, Northern Arapaho
PhD student, Community and Behavioral Health
University of Iowa College of Public Health*

We're Still Learning

We try to teach our youth the life lessons we learned from our life experiences so they will not make the same mistakes of our pasts.

We did not know where our choices would lead.

We have been through hardship, and we have been through joy.

In our quest to reach our goals in life, we have made many decisions before now, some of which brought us pain while others brought us love.

We have moved forward in fear and we have moved forward in courage.

We have made decisions we may regret while others we have cherished.

No matter what we have endured we cannot undo the decisions we have made.

We do our best and sometimes our best is just not enough, but we keep trying so we will not have to endure the same hurtful mistakes in our pasts.

As we tell you this, please allow us the opportunity to learn from our mistakes as we allow you.

Sometimes our greatest mistakes allow us the greatest in return by learning from them to make us better.

*-Sean A. Bear 1st
Meskwaki*

Cultural activities strengthen behavioral health, community connections, and identity.



CULTURALLY SENSITIVE PROGRAMS & SERVICES

A conversation with Carrie Johnson, PhD, Vice President of Behavioral Health at United American Indian Involvement, Inc.

About United American Indian Involment, Inc. (UAI)

United American Indian Involvement, Inc., (UAI) is the largest provider of human and health services for Native Americans and Alaskan Natives living in the County of Los Angeles. With more than 44 years of service to the community, UAI has grown from a small community-based organization providing social services to the Native community to a multidisciplinary comprehensive service center (including Seven Generations Child and Family Services) addressing the multiple needs of Native people countywide, providing support and services to people seeking out health services in Los Angeles that are culturally sensitive to their needs. In this edition, the team at UAI shares some of their story, successes, and impact in the community they serve.

Tell us about your organization and the services you provide.

Seven Generations Child and Family Services is a department at United American Indian Involvement (UAI) in Los Angeles, CA. UAI has been providing services to the Native American and Alaska Native community since 1974 and the array of services includes health care, substance abuse, mental health, workforce, and a clubhouse.

Seven Generations has grown considerably since it began providing behavioral health services in 2000. We went from starting off with 5 staff to today having a staff of 45. A community advisory board which meets quarterly provides input on the development of Seven Generations based on the needs of the community. Seven Generations currently provides behavioral health services that include individual, family and group therapy; child abuse prevention services; a domestic violence and sexual assault program; emergency support services, which include food, clothes, and rental support; family preservation; parenting classes; and prevention and aftercare services, which include cultural activities. Most of the services are free to self-identified Native Americans and Alaska Natives.

What role does culture play in the development and implementation of your program's initiatives?

Culture is an important part of Seven Generations' services. Seven Generations recognizes that the Native urban community in Los Angeles is disconnected from the tribal lands, culture, and community, and so it is important to assist with increasing cultural programs aimed at reducing mental health issues and substance use, enhancing cultural identity, and strengthening family, community and cultural connections for the Native community in Los Angeles County.

Listening to our community, who let us know that they wanted more cultural programs, we increased the cultural workshops and activities such as drumming, dancing, bead making, sage preparation, basket making, talking circles, etc.

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Can you describe some of your behavioral health initiatives and their outcomes?

Seven Generations' focus for our services is integrating traditional practices into treatment. Throughout the years, the Los Angeles Native community asked for more cultural activities, such as workshops for drum and dance, beading, and other traditional activities. One of these initiatives/workshops is the Native American Drum, Dance and Regalia (NADDAR) program, which is an 8-week program offering drumming, singing, and dancing. The NADDAR Program was selected to participate in the California Reducing Disparities Project- Phase II (CRDP-II) Statewide Evaluation. The aim of the CRDP-II project is to conduct a statewide investigation on the effectiveness of cultural interventions to reduce health disparities among minority populations across California. So far, they have found three themes:

- A. Participating in cultural activities strengthens behavioral health.
- B. Participating in cultural interventions strengthens community connections.
- C. Learning about culture strengthens identity.

Seven Generations has many success stories, such as that of a family that was involved with the Child Welfare system for 8 years and without permanent housing, living with family and in motels. After being connected with Seven Generations, this family was able to connect with other Native families, attend parenting classes and receive rental support, and now they have permanent housing. Housing also sustained mental and emotional needs for the family during heightened risk factor periods of aftercare services from child welfare. This allows caregivers to remain emotionally balanced and maintain structure of family and development of children.

Another success story is of a young Native youth who started to participate in the cultural and family activities. "Being a part of any UAI program brings me and my mom closer and able to have something to talk about like we never did before. I used to not have a lot to be proud of and I didn't think much about myself and I had no talent, but UAI gives me the feeling of purpose and togetherness and as if I can do anything in the world; all I have to do is start. I want to go to college and represent as a Native student one day and be a part of programs like the ones at UAI in college, and after (college) UAI and GONA (Gathering of Native Americans) I feel like I'm able to reach those goals. At one point, I thought that those goals were not possible, but at this point in my life, after all of the things I did like cooking, baking, running, designing regalia, dancing, and spending time with other native people, I feel like it's all entirely possible".

What challenges/barriers do you face in the field and what are your recommendations for overcoming these barriers?

Some challenges that Seven Generations has faced is securing funds to provide cultural activities and making sure the funding allows for food, which is an important part of the workshops. Evaluating the effectiveness of the traditional activities and showing the importance of traditional activities in improving behavioral health allows Seven Generations to use this data to increase funding for traditional services.

Access to services, transportation, getting to services also has been a barrier. To overcome this, Seven Generations provides the majority of therapy in home if requested and provides transportation to services, even using ridesharing services such as Uber if needed.

Seven Generations was in the second week of NADDAR when the pandemic started; we quickly began to offer workshops, individual and group sessions virtually. It was important to keep the community connected. We also provided food baskets and gift cards and assisted with rental support. Since everything was offered on virtual platforms such as Zoom, more community members were able to attend a lot more workshops. The community has asked that we continue to offer workshops virtually as well as in person in the future.

For more information and to connect with UAI, click the links below:

<https://uaii.org/>

<https://www.uaiisevendgenerations.org/>

<https://youtu.be/36fABqmiSyk>

Instagram and Facebook: @7generationsuaii

We thank Dr. Johnson and the team at UAI for taking the time to share their impactful work in keeping our AI/AN relatives and communities healthy.





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RECENT ACTIVITIES & UPCOMING EVENTS

All of the events and opportunities listed below will be announced on our email list. [Join our mailing list to make sure you receive these announcements!](#)

Connecting Prevention Specialists to Native Communities in Times of Crisis: Listening Sessions - This session will continue in collaboration with the Tribal TTA Center on the third Friday of each month. [Click here to register.](#)

Native Youth Panel - Native American Heritage Month - The National American Indian and Alaska Native MHTTC K-12 Initiative is hosting a Native Youth Panel in honor of Native American Heritage Month. Please join us to hear from these incredible youth. [Click here to register.](#)

Native American Heritage Month: Stories of our Heritage - Members of our staff will share stories of their Native American heritage and will invite participants to share theirs as well. [Click here to register.](#)

Developing Health Promotion Campaigns - We are currently working with multiple tribes on health promotion campaigns based on needs they identified in their communities.



National American Indian & Alaska Native

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Native Center for Behavioral Health

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