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Alcohol Treatment in the Native American

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Literature Review

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Almost 12% of deaths among American Indian and Alaska Native populations (AI/AN) are alcohol related (as cited IHS, 2011). Alcohol is considered to be the largest contributing factor in premature deaths for this population (Whitesell, Beals, Big Crow, Mitchell, Novins, 2012). Native American adolescents begin using alcohol at a much younger age than other racial or ethnic groups, and by the time they reach the twelfth grade, 80% are active drinkers (Lowe, Liang, Riggs, Henson, 2012). Alcohol abuse can lead to other risky behaviors including drug abuse, violence, and fatal motor vehicle accidents. It is reported that 40% of both violent crimes and fatal vehicle accidents involve the use of alcohol (Bureau of Justice Statistics, as cited IHS, 2011). Fetal alcohol spectrum disorders will affect 1.5 to 2.5 per 1000 live births of AI/AN compared to 0.2 to 1.0 per live births of the general United States population, which can include lifelong physical, mental, behavioral, and/or learning disabilities (IHS, 2007). Health disparities for the AI/AN communities are significantly higher and the life expectancy for the AI/AN remains to be four years less than all races of the U.S. population (73.5 years compared to 77.7 years of age). Chronic liver disease and cirrhosis deaths, often an effect of chronic alcoholism, are 368% higher than the general population (IHS, 2014).

As early as 1753, alcohol consumption among the AI/AN was a cause for concern as tribal leaders and treaty makers' discussions were interrupted by the disorderly and intoxicated conduct. Since this time, adverse health and social effects of alcohol consumption among the AI/AN's remained a focus in numerous treaties, administrative reports, and legislative acts (Thierry, Brenneman, Rhoades, & Chilton, 2009). The AI/AN have continued coping with the negative stereotypes of the Native American and alcohol, such as the image of the "lazy drunken Indian" or the age-old belief that "Indians just can't hold their liquor" through media images and attitudes (Garrett & Carroll, 2000).

Through treaties and agreements between the 566 federally recognized American Indian and Alaska Native Tribes and the United States government, health care services have been handled through the Indian Health Services (IHS), an agency within the Department of Health and Human Services. The IHS (2014) state their mission, goal and foundation, in partnership with American Indian and Alaska Native people, to raise the physical, mental, social and spiritual health of the AI/AN to the highest level possible. Comprehensive, culturally acceptable personal and public health services are available and accessible to all AI/AN people via the IHS. Currently, the IHS provide health services for approximately 2.2 million of the estimated 3.4 million AI/AN.

Native American communities are afflicted with alcoholism as a chronic disease, as are many communities in the United States. Intervention for the cessation of alcohol often follows the traditional approach of an intensive treatment phase in an inpatient facility, followed by treatment at an outpatient setting (McKay, J. & Hiller-Sturmhofel, S., 2011). Outpatient therapy has become the most prescribed form of treatment due to financial costs and so that the patient's life during treatment is less disrupted (McKay & Sturmhofel, 2011). Goals for the treatment of alcoholism include the cessation of consuming alcohol (abstinence), and improving health and community. One distressing question in regards to treatment of the AI/AN alcoholic is, "Can members of a culture that was historically exploited through the introduction of alcohol be expected to seek help for alcohol-related problems from the very culture that a century earlier sought their destruction?" (Tonigan, Martinez-Papponi, Hagler, Greenfield, & Venner, 2013).

Definitions of terms

Throughout this paper the words American Indian and Native American are used interchangeably. The term Native American is a racial group that consist of the first people native to the Americas, and they maintain tribal affiliation or community attachment (Broome, B. & Broome, R., 2007).

Theoretical Framework

This study used the theoretical framework developed by Madeline Leininger. Leininger (1991) developed the theory of transcultural nursing which is also known as Culture Care theory. Some of the major concepts include that cultural competence is an important component of nursing, health concepts held by many cultural groups may result in the choice of not seeking modern medical treatment and that the use of traditional or alternate models of health care delivery is varied and may come into conflict with Western models of health care practice. Through her theory there are three action modes for providing culturally congruent, holistic nursing care which include the action of preservation, accommodation, and repatterning (Leininger, 1991).

Purpose statement

The purpose of this literature review was to determine which treatment approach for the alcoholic Native American and their family, either the modern medical or a more traditional/cultural approach, would have the most likelihood for recovery.

Literature Review

Method

In order to accomplish this literature review, a thorough search was completed utilizing Southern Adventist University's online McKee library, databases included CINAHL Complete, PubMed, Google Scholar and InfoTrac. Keywords used in the search for relevant articles included American Indian, Native American, alcoholism, substance abuse and alcohol/substance abuse treatment. Reference lists from articles were also reviewed to identify potential relevant studies.

Criteria for selection of this literature review included (1) Native American as subjects of study, (2) peer-reviewed article, (3) substance abuse, with alcohol being part of disorder.

Completion of the article search using keywords and eligibility criteria, 77 articles were evaluated for the purpose of a literature review regarding the concept of Native American alcoholism and treatment of the disorder. Twenty studies were selected and three themes were incorporated for the purpose of this review. The Native American worldview were used from five studies, two studies defined health and three studies used the concept of spirituality to the Native American. Barriers to alcohol treatment were considered relevant from the literature search and five studies are part of this review. Ten studies are used for this literature review regarding the treatment practices from alcohol abuse for the Native American.

Discussion

Native American Worldview.

Concept of health. Yurkovich & Lattergrass (2008) interviewed 44 Native Americans with admitted alcoholism allowing them to define health and unhealthiness in their own words. The key theme evolving from the interviews was to “be in balance,” a sense of harmony by using the symbolism of the medicine wheel. The Native American symbol of the medicine wheel consists of four quadrants consisting of the physical, mental, emotional, and spiritual realm of a person, with wellness being the common denominator of the four, which are inseparable, and are in harmony with the environment. Therefore, wellness means that the four quadrants of the medicine wheel are in balance and not out of control. Health, to this group of Native Americans does not mean to be without illness. They further state that unhealthiness is to feel out of control in any domain of the medicine wheel. Hodge and Nandy (2011) found that the AI/AN who reported poor health had the least connectivity with their culture.

Concept of spirituality. Hodge and Limb (2010a) evaluated a required Joint Commission on Accreditation of Healthcare Organizations (JCAHO) spiritual assessment to determine its consistency with the Native American culture. Through quantitative measures, JCAHO’s spiritual assessment was rated a score of 5.42 on a 0-to-10 scale, indicating a moderately consistent framework with Native American culture. Hodge and Limb further state, that spirituality is such a personal and major influence on the everyday life of the Native American that exploring spirituality with the client before respect and trust has been achieved with the provider, may be harmful to the therapeutic relationship. Hodge and Limb (2010b) continued their study with the examination of five spiritual tools used in assessing Native American

spirituality. The instruments surveyed provide each client the opportunity to relay information about their spiritual journey, through the form of a narratively based spiritual history and four tools that required some form of written history through drawings or diagrams: spiritual lifemaps, spiritual genograms, spiritual eco-maps, and spiritual ecograms. Spiritual history ranked highest of the five tools on cultural consistency, this tool uses two verbal frameworks to assist providers obtaining a client's history as they tell their own story which will reveal clinically important spiritual information. Reconnecting clients with traditions and oral storytelling is the strongest way for a client to relate their personal spiritual experiences, thus promoting wellness. Limitations of the tools consisted primarily of the individual's privacy or taboos of speaking of those who may have passed.

Csordas, Storck, & Strauss (2008) performed an ethnographic study of three forms of healing practices of the Navajo tribe that included 95 healers and 84 patients, a portion with acknowledged alcoholism (n=26). The three forms of healing included 1) traditional Navajo ceremonies led by the traditional medicine man, 2) an all-night ceremony directed by a ceremonial leader of the Native American Church peyote meeting, and 3) Navajo Christian faith healing prayers at local churches. Researchers conducted open-ended interviews, observed one of the three forms of healing in the Navajo tradition, and carried out follow up interviews at six months and one year post intervention to determine the long term effects of ritual healing. Although, their study did not present one form of ritual healing more positive than the other, the study did endorse a Surgeon General's report on Mental Health: Culture, Race and Ethnicity that "More explicit attention to the connections between spirituality and mental health in Native communities is especially warranted given the nature and type of problems. How well this is accomplished depends on advances in the science by which healing practices and spirituality are

conceptualized and examined” (U. S. Department of Health and Human Services, 201, chapter 4, pp. 27, 29 as cited in Csordas 2008).

Barriers to alcohol treatment in the Native American

Venner et al. (2012) identified personal and pragmatic barriers to seeking treatment for alcohol dependence, concerns about type of available help, and social network barriers through a mixed method design study. Personal barriers were the most identified as participants reported that outside help was not needed and that they could quit drinking on their own without professional help. Stigma related issues were also discussed as a personal barrier, the participants had the fear of being labeled as “weak” and having to live with a negative label would be difficult in small communities. Pragmatic barriers such as paying for services and treatment from the underfunded IHS were problematic in the AI/AN. Fear of treatment, not thinking treatment will help, and past negative experiences were also identified as barriers to the available help. Other barriers identified include a lack of social support, negative attitudes of friends and family towards treatment, and that the alcoholic was never encouraged to seek help or to even acknowledge a drinking problem.

Duran et al. (2005) studied the obstacles of self-reliance, privacy, quality of care, and communication and trust to rural American Indians seeking treatment for alcohol abuse. They found that the more social support available to the alcoholic for alcohol abuse treatment the less likely the alcoholic tried to resolve the problem with their own, self-reliance. Those seeking treatment in the community using tribal or IHS behavioral health services reported greater issues with privacy due to the likelihood of family or friends working at these facilities. Additionally,

those reporting positive social support were more inclined to indicate greater quality of care and less likely to report communication-trust issues with their providers.

Yuan et al. (2010) performed focus group interviews with Native Americans and found that participants felt as though alcohol both weakens and strengthens American Indian life. Participants report lack of opportunities such as high rates of unemployment and lack of community programs on reservations, therefore they use alcohol to promote social connectedness with other tribal members. It was found that alcohol abuse fragmented Native communities through the form of violence, injuries, legal problems and death. Even with the negative consequences of alcohol abuse, the promotion of the stereotype of the drunken Indian has led some Natives to accept the stigma and behave accordingly. Furthermore, Keyes et al. (2010) examined the perception of stigma in alcohol disorders and the effect it has in seeking treatment for the abuse of alcohol. Their findings included that men, persons with lower incomes and lower educational achievement perceived more stigmatizing attitudes. Further, they reveal that those with the perception of high stigma in the community were less likely to make use of alcohol treatment services.

Yurkovich, Hopkins-Lattergrass and Rieke (2011) focused their study on Native American mental health providers and clients in their attempts to maintain wellness, and the interference of regulations placed by federal, state, and tribal agencies that they must overcome to access beneficial resources for treatment. Through this qualitative research they found that the once sacred deed of decision making and rule establishment through spiritual processes of the AI/AN holy men have been hindered due to the Western political impositions. Yurkovich et al. found that the “standard approach” of treatment for the Native American has created a chaotic atmosphere. This “standard approach” has not benefited tribal communities as they are not

practicing as a sovereign nation, they continue with government influences; projects are not run by those most qualified and not strategically planned for the nation; and leaders are not planning as a nation builder. By continuing the standard approach there has been a loss of cultural connectivity for the clients which has placed a barrier in obtaining the treatment they seek.

Alcohol treatment in the Native American

Villanueva, Tonigan, and Miller (2007) followed 25 Native American clients undergoing three different treatment methods; Motivational Enhancement Therapy (MET), Cognitive Behavioral Therapy (CBT), and Twelve-step Facilitation (TSF) treatments consisting of twelve-weeks. Those who participated in MET, which included sweat lodges, conversations with medicine people, ceremonies, and direct clinical work with American Indians, had the highest proportion of abstinent days (PDA) and lowest drinks per drinking day (DDD) at both proximal and distal follow-ups (See Table 1). Furthermore, Lowe, Liang, Riggs, and Henson (2012) compared a culturally based intervention of Cherokee Talking Circle (CTC) to the Standard Substance Abuse Education (SE), utilizing AI/AN students between 13 and 18 years of age. The goal of CTC was to reduce substance abuse, with the ultimate goal of abstinence and the SE program was a curriculum for prevention of substance abuse with the use of school/law partnership. The adolescents who participated in the CTC were able to share their stories respectfully with their peers and without the fear of non-acceptance. This cultural intervention found that the adolescents were significantly better post-intervention ($t = -3.89, p < .001$) and the three month follow-up ($t = -4.69, p = .001$) than those who participated in the SE program. Their results lead to the belief that the loss of cultural values and identity may have contributed to substance abuse of the Native American. Peterson, Berkowitz, Cart, and Brindis (2002) presented a study of Native American women in alcohol and substance abuse treatment. The

Table 1. Native American Treatment Response in Project MATCH (N=23)

	Proximal Follow up Months 4-9		Distal Follow up Months 10-15	
	PDA	DDD	PDA	DDD
CBT (n=7)	1.23 (.32)	2.19 (1.85)	1.18 (.41)	1.86 (1.74)
MET (n=8)	1.44 (.18)	1.18 (1.49)	1.48 (.13)	.69 (.87)
TSF (n=8)	1.13 (.39)	2.21 (1.24)	1.02 (.41)	2.41 (.79)
F statistic	.62,p<.55	2.49,p<.11	1.70,p<.21	3.96,P<.04

From: Villanueva, M., Tonigan, J. S., & Miller, W. R. (2007). Response of Native American clients to three treatment methods for alcohol dependence. *Journal of Ethnicity in Substance Abuse, 6*(2), 41-48.

females who participated in these culturally based treatment programs stated that, “they get more from their own kind” as these programs facilitate the use of Native Americans as mental health providers compared to the use of non-Native facilities.

Evans, Spear, Huang, and Hser (2006) hypothesized that American Indians seeking substance abuse treatment, including alcohol, would present with more severe problems, would leave treatment earlier, and demonstrate less favorable outcomes than their counterpart of non-Natives. Although, their study was based on standardized substance abuse treatment and not cultural specific, the results revealed that AI treatment recipients who reported alcohol use to intoxication dropped from 23.4% to 7.7% at follow-up interviews. Driving under the influence (DUI) arrests for the AI/AN decreased, one year post-treatment, from 7% to 1.8%. However, this study did find that AI/AN in residential programs had less retention rate than those non-Native, therefore, receiving fewer individual counseling sessions.

Gone (2011) investigated how cultural practices were incorporated into an outpatient substance abuse treatment program. Through this qualitative approach, the small sample of 19 participants, including successful participants and providers, three therapeutic themes resulted. The first theme of *orchestrating the therapeutic* included the Western and Native approach with a focus on spiritual principles including talking circles, pipe ceremonies, sweat lodge rituals,

various blessing rites and smudging. The second theme *traditional ways* evolved as the program focused on the holistic balance of the individual by using the symbol of the medicine wheel which emphasizes the physical, mental, emotional, and spiritual aspects of the individual. Lastly, the final theme of *healing discourse* was the use of Western therapy such as verbal expression, influenced by the traditional Alcoholics Anonymous, was implemented in this culturally based program. Legha and Novins (2012) focused their research on culturally integrated alcohol and substance abuse treatment programs, their services and challenges, through interviews and focus groups from 77 service providers. Through their study they defined the foundational beliefs and values as the core component to treatment of the AI/AN. Treatment that build this foundation include interventions such as 1) having an open-door policy that welcomes the client to ask for help beyond their scheduled appointment, 2) having a receptive environment that allows that patient to feel comfortable enough to ask for help, 3) including family and community into the treatment plan such as pow wows, ceremonies and 4) being involved with the community and ceremonies. Further, Legha and Novins, found that the clinician's ability to be flexible in shaping the treatment to fit the patient and not the treatment fitting the patient was a core component to treatment. With the integration of the core component, foundational beliefs and values, and specific practices and adaptation of Western models, these facets will provide treatment that is unique and necessary for the individual and the community. Challenges were also defined as having the funds to afford those knowledgeable about diverse cultural practices among tribes, their religions and culture. Challenges also include the implementation of evidence-based treatments to fulfill grant obligations and the burnout of those providing care due to the comprehensive, individualized care they provide.

A study focusing on the social support of family, peers and cultural orientation measures that would differentiate substance use trajectories was presented by Boyd-Ball, Dishion and Myers (2011). Their study found that those who relapsed during the first year, reported less engagement in traditional cultural practices and identification with their American Indian culture than those who improved or abstained from substance abuse after treatment and continued with their cultural practices. Further, it was apparent that observed family involvement was lower for the group of adolescents who had relapsed. Chong, Fortier, and Morris (2009) focused on the relationship between attitudes toward traditional AI/AN practices and the spiritual development of Native and non-Native female clients in substance abuse treatment, through quantitative and focus group surveys. Both groups were receptive to the support, amity, and community they experienced during cultural activities. Those clients who have a positive life outlook, report cultural activities positively, and show a respect and appreciation were more acceptable to engaging in spiritual development. Through directing and providing a spiritual and cultural environment, healing is therefore promoted.

Torres-Stone, Whitbeck, Chen, Johnson, and Olson (2006) addressed the influence of enculturation and the components of traditional practices, spirituality, and cultural identity had on the cessation of alcohol on American Indian adults. This descriptive study found that some older individuals “mature out” of alcohol misuse, more commonly in women than men and most often as the responsibility of family ensues. Two common predictors of recovery from alcohol abuse, associated with enculturation are the *traditional activities* (Exp (*b*)1.48 $p < .05$) and *traditional spirituality* (Exp (*b*)1.34 $p < .01$). Traditional activities involve participation in pow-wows, knowledge and use of the tribal language. The other component of traditional spirituality was assessed by participation in spiritual activities, how often and the importance of traditional

spiritual values. Self-reported poor health associated with heavy drinking was not a factor in the cessation of alcohol.

Tonigan, Martinez-Papponi, Hagler, Greenfield, and Venner (2013) compared urban Native Americans and non-Hispanic whites (NHW) on the traditional 12-step program for alcohol abuse attendance and commitment during early participation and over a nine-month period. A total of 63 AI compared to 133 NHW participated in the research and found that AI attended and endorsed 12-step beliefs and practices, and reported similar patterns to NHW of 12-step attendance. The positive impact of 12-step attendance resulted in a decrease in drinking intensity as time progressed. Furthermore, the AI participant continued with the community-based 12-step programs at higher rates over the nine month period compared to the NHW participants.

Limitations

The results of this review are not without limitations. Considering that there are 566 federally recognized American Indian tribes many research studies are not generalizable to each tribe or to each IHS treatment facility. Native Americans have distinct cultures, traditions, and beliefs, although, characteristics such as strong cultural bond and worldviews may be similar among tribes (Lowe, 2002). Another limitation that evolved from several of the studies was that participants were relatively small in number. Reasons for this could be the (1) nature of the topic, (2) those unable to complete treatment therefore unable to participate. Several of the studies were based on self-reporting, therefore results may vary and may not be reliable.

Limitations from the point of this review include the limited number of research comparing traditional and Western medicine models for the Native American in alcohol treatment. In addition, alcohol only treatment research was minimal, substance abuse or mental health illness

was incorporated into the topic of research; although, alcohol disorder was included in the research article. The literature review possesses articles dating to 2002, a twelve year time frame. This time frame may not be the most up to date research, but due to the limited amount of research discovered most research was used in this review.

Conclusion

This literature review has demonstrated three themes, the Native American worldview, barriers to alcohol treatment, and alcohol treatment in the Native American. The purpose of this literature review was to seek evidence of modern medicine that would have the greatest success in alcohol treatment for the AI/AN. To provide care in the culture of the Native American, understanding the concept of the medicine wheel and the importance of spirituality in everyday life can assist in building a relationship with the client and community. As evidenced by this literature review, participation in traditional interventions, including family, and building treatment to fulfill the patients' needs along with Western modern medicine will provide for a better outcome of recovery for the alcoholic Native American.

As previously stated this literature used Madeline Leininger and her Transcultural Nursing Theory as a framework. The application of the action modes of her theory are implications for healthcare providers providing care to other cultures (Nursing Theory, 2013).

- The cultural preservation and maintenance approach refers to nursing care activities that help particular cultures to retain and use core cultural care values related to healthcare concerns and conditions. Such as sweat lodges, ceremonies, and also incorporating Native festivities in care.

- By applying the cultural care accommodation or negotiation which refers to actions to attain the shared goal of an optimal health outcome. An example being to have an open door policy, rationale of client not having transportation or limited access to facility.
- Cultural care repatterning or restructuring are therapeutic actions by culturally competent nurses. To help a patient modify personal health behaviors towards beneficial outcomes while respecting the patient's cultural values.

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