

# the Behavior Therapist

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### PRESIDENT'S MESSAGE

## Simplified Guiding Principles of Action for ABCT

David F. Tolin, *The Institute  
of Living*



LAST MONTH, in her column in *the Behavior Therapist*, ABCT Executive Director Mary Jane Eimer discussed the 2020 strategic planning meetings that were attended by the Board of Directors, coordinators, and central office staff, and facilitated by consultant Jeff DeCagna. From our discussions, we synthesized five simplified guiding principles of action, which are intended to provide the ABCT Board and staff with a framework for decision-making. Although Mary Jane touched on the simplified guiding principles of action in her column, here I would like to go into a bit more detail about the principles and their rationales.

### ***Simplified Guiding Principle 1: ABCT Will Act to Build Inclusion, Diversity, Equity, and Accessibility (IDEA) in the Association and in All Aspects of Behavioral Health***

In last month's President's Message in *the Behavior Therapist*, I described the work of the Task Force for Equity, Inclusion, and Access. The goals for this task force were to examine how well ABCT was supporting historically underrepresented groups, and to provide recommendations to the Board about how we can promote inclusion, diversity, equity, and accessibility (IDEA) in our organization. The task force conducted a survey of members, results of which are posted on the ABCT web site ([www.abct.org](http://www.abct.org)). Survey respondents reported

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## SPECIAL ISSUE ARTICLE

# Final Development of the Native American Drum, Dance, and Regalia Program (NADDAR), a Behavioral Intervention Utilizing Traditional Practices for Urban Native American Families: A Focus Group Study

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BEHAVIORAL ISSUES disproportionately affect American Indians/Alaska Natives (AI/ANs) (Lipari, 2018; Substance Abuse and Mental Health Services Administration, 2014). The largest increase in age-adjusted suicide rates in the U.S. between 1999 to 2017 was among AI/ANs (Ruch et al., 2019). Also, compared to other ethnic/racial groups, alcohol and illicit drug use disproportionately affects AI/ANs (USDHHS, OMH, n.d.; APA, 2010; Young & Joe, 2009). High rates of behavioral issues among AI/ANs suggests that currently available evidence-based treatments

(EBTs) are not adequately addressing these issues among this population. The effects of historical trauma have also contributed to these health disparities. For example, historical traumatic events such as massacres, genocidal policies, forced relocation, and forced removal of children into boarding school are some of the traumas experienced by AI/ANs and have contributed to poor health outcomes for AI/ANs (Evans-Campbell, 2008). AI/AN traditional practices (e.g., drumming, dancing, bead making, sage preparation, basket making) have been recommended

by AI/AN community leaders to help improve mental health, enhance cultural identity, and decrease the burden of substance use in urban AI/AN communities (Beckstead et al., 2015; Dickerson et al., 2016; Walters et al., 2002). However, evidence-based behavioral interventions available for urban AI/ANs families are very limited.

According to the 2010 U.S. Census, over 70% of AI/ANs reside in urban areas (U.S. Census Bureau, 2010). In large urban areas, AI/ANs are often isolated and have infrequent contact with other AI/ANs and may not often attend AI/AN cultural events (Weaver, 2012). For example, the complex urban landscape in Los Angeles contributes to social fragmentation and disconnection among AI/ANs that may result in less accessibility to culturally relevant services, thereby further contributing to health disparities. Furthermore, lack of urban AI/AN acknowledgment in discussions of broad public health issues further contributes to the shortage of culturally relevant and accessible family-based behavioral interventions for this population. Clearly, a need exists for more behavioral interventions aimed toward enhancing cultural connection, social networks, and family cohesion for urban AI/AN families.

In two large community-based projects addressing mental health and substance use among AI/ANs, AI/AN community members suggested utilization of tradi-

tional practices to help with mental health and substance use issues (Dickerson et al., 2012; Native American Health Center, 2012). In a report exploring community perspectives among AI/ANs receiving mental health services in Los Angeles County, community members strongly expressed the need for providing urban AI/AN youth with traditional healing services and cultural activities within interventions (Dickerson & Johnson, 2011). These reports suggest that utilizing AI/AN traditional practices can help meet the unique needs of AI/ANs in Los Angeles County and help to enhance their overall wellness, cultural identity, and community connection. In one study analyzing the potential benefits of Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) for urban adolescents 14–18 years of age in California, participation in culturally centered interventions was shown to keep alcohol and other drug use stable over time (D'Amico et al., 2020). In another study, overt perceived discrimination and racial microaggressions were not significantly associated with substance use, mental health, or physical health among a sample of urban AI/AN adolescents comprised of a majority who participate in traditional practices, suggesting the potential protective role of AI/AN traditional practice participation and community engagement (Dickerson et al., 2019).

Historically, AI/AN families have recognized nurturing systems that included extended family, kin systems, traditional healing systems and other tribal customary reports (Red Horse et al., 2000). Red Horse et al. states, "In tribal practice, family preservation involves bringing families in balance with community, spiritual and other natural relationships... Each is part of a larger system of family, extended kinships, clans, community, tribe and the natural world." In urban settings, such as Los Angeles, AI/AN families are often geographically far from their tribal connections and supports. This is important to recognize since studies suggest limited or absent exposure to AI/AN cultural traditions may weaken family functioning and have an impact on wellness and cultural identity (Garret, 1996). However, by participating in culturally relevant activities, resiliency can be fostered and strengthened among AI/AN families in urban communities (Friesen et al., 2015).

Although AI/ANs are interested in accessing and receiving culturally centered behavioral interventions, there are few

opportunities to receive these services. Lack of funding is a common barrier health care organizations face in implementing or sustaining culturally tailored interventions. One reason is due to the reimbursement challenges clinics experience for these types of services (Aisenberg, 2008). One strategy to address this is to influence policy-level resource allocation such as Medicare reimbursement regulations (Chin et al., 2012). In order to facilitate changes that could allow for the reimbursement of traditional-based services, more studies are needed focusing on the development and analysis of evidence-based traditional-based practices for urban AI/AN families (Aisenberg). Studies demonstrating the effectiveness of traditional-based practices may assist toward facilitating policy changes that could ultimately allow for the provision and reimbursement of traditional-based treatments for urban AI/AN families.

#### *Native American Drum, Dance and Regalia Program*

Native American Drum, Dance and Regalia Program (NADDAR) is one of the culturally based behavioral prevention and treatment programs provided at United American Indian Involvement (UAI), Seven Generations Child and Family program aimed at reducing health disparities among the urban AI/AN families in Los Angeles. NADDAR was created in 2007, recognizing the need for traditional practices 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 AI/AN communities. This program consists of eight weekly 2-hour sessions. Native elders and respected leaders in the Los Angeles AI/AN community provide the cultural education that focuses on AI/AN drumming, dancing, and regalia making. Prayer and food are offered at the beginning of all workshops. Those who have engaged in the program thus far state that it assists them and their families by increasing cultural identity and community connections. However, community members have suggested forums to address ways to enhance this program in order to increase its deliverability and cultural appropriateness within the urban setting. Due to the sacredness and cultural relevance of AI/AN cultural activities, obtaining community-based guidance, feedback, and direction in finalizing the NADDAR protocol is needed

to ensure that it is culturally appropriate and can be more broadly disseminated.

The NADDAR Program was selected to participate in the California Reducing Disparities Project- Phase II (CRDP-II), Statewide Evaluation (project number: 2017-013). 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. The first objective is to use a Community-Based Participatory Research (CBPR) method to finalize the NADDAR program with inclusion of health education topics and to optimize cultural relevance for the AI/AN population in Los Angeles. The second objective is to evaluate NADDAR program effectiveness as it relates to reducing mental health and substance use severity among participants. The purpose of this study is to satisfy the first objective of the CRDP-Phase-II project by obtaining community input about the role of resiliency and to finalize the development of NADDAR.

## Methods

### *Study Site*

UAI is a nonprofit organization in Los Angeles, established in 1974, offering a wide array of health and human services to AI/ANs living throughout Los Angeles County. Seven Generations Child and Family Services department at UAI is Medi-Cal certified and staffed with clinical mental health providers (i.e., licensed psychologists, social workers, psychiatrist) trained to provide care for AI/ANs. The Seven Generations Child and Family Services department places a strong emphasis on the integration of traditional practices into treatment.

### *Design*

Focus groups were conducted among (a) urban AI/AN adults, (b) urban AI/AN youth, (c) providers who serve AI/ANs, and (d) the NADDAR community advisory board (CAB) in order to understand the role of resiliency among urban AI/AN families and to obtain feedback on NADDAR in order to finalize its development. Five cultural leaders of AI/AN descent within the Los Angeles area were invited to serve on the CAB. These individuals are well-respected AI/AN drummers, dancers, elders, and/or community leaders who have substantial knowledge and/or expertise regarding AI/AN drumming, dancing, and regalia making, and are rec-

ognized by the AI/AN community for their understanding of mental health and substance use issues. Providers included certified alcohol and drug counselors, social workers, counselors, psychologists, and physicians with experience providing services to AI/ANs.

### **Recruitment**

Urban AI/AN adults, urban AI/AN youth, and providers who serve AI/ANs were recruited via flyers on Facebook and Instagram. CAB members were invited to participate by study staff.

### **Participants**

There were six self-identified AI/AN adult (age 18+) men and women, 6 self-identified AI/AN youth (13–17 years old, males and females), 4 providers who serve AI/ANs, and 5 AI/AN elders and cultural leaders of the CAB. All participants in the youth, adult, and CAB focus groups reported AI/AN as their ethnicity. Three out of 6 providers who participated identified as AI/AN.

### **Data Collection**

Focus groups were conducted during August and September of 2018. Following an overview of the NADDAR Program, participants were asked:

- What are some of the health and well-being issues seen most often in their AI/AN community?
- Can cultural activities benefit AI/ANs in Los Angeles?
- What are your general impressions of the NADDAR protocol and logo?
- What changes would you recommend for the NADDAR protocol?
- How do you think the NADDAR Program can help AI/AN families in LA County?
- Do you think the NADDAR Program will improve your connection to your culture, tribe and community?
- How can we ensure AI/ANs will participate in NADDAR?
- What suggestions for educational topics would you like to add?
- What suggestions do you have regarding our surveys?

Each focus group lasted approximately 2 hours, and participants were provided with a \$25 gift card. The study protocol was reviewed and approved by both the Pacific Institute of Research and Evaluation (PIRE) Institutional Review Board (IRB)

and State of California-Health and Human Services Agency Committee for the Protection of Human Subjects IRB.

### **Data Analysis**

Detailed notes were taken during the focus groups and the notes were analyzed for completeness and accuracy. The notes were reviewed for categories, patterns, and themes within and across the groups. Overarching themes were discussed and decided by consensus among all authors of this report.

## **Results**

Three overarching conceptual themes emerged across the focus groups highlighting the role of resilience: Participating in cultural-based interventions strengthens behavioral health, learning about culture strengthens identity, and participating in culture-based intervention strengthens connections. Also, suggestions provided to enhance NADDAR help to ensure the NADDAR Program is culturally appropriate and will meet the needs of urban AI/AN families.

### ***Participating in Cultural-Based Interventions Strengthens Behavioral Health***

The majority of participants overwhelmingly reported that culturally based interventions help AI/ANs with their behavioral health issues. Both providers and CAB members agreed on the long-term impact culturally tailored programming has on mental health and substance use outcomes for the AI/AN population. One provider stated, “I feel that clients who participate in cultural services do better with their mental health, substance use and overall health.” UAI is positioned such that providers can refer their patients to internal programming hosted at UAI. Although this programming is open to the community, the providers are seeing direct benefits to (internally) referring their patients to UAI’s cultural programming. A CAB member stated, “We know that our culture, whether it is drum and dance or any other activity, it helps us stay strong and connected to the Creator, so we do not get depressed or have other problems.”

### ***Learning About Culture Strengthens Identity***

Participants reported that the NADDAR educational component would help provide an opportunity to learn more about their AI/AN culture in Los Angeles County. They reported that culturally based interventions help to keep urban

AI/ANs connected to the culture by allowing them the opportunity to learn more about AI/AN culture. An adult participant stated, “I do not know how to teach my kids how to dance or drum or other cultural activities, so it is important for us to have these workshops in urban areas so our kids can learn about their culture and that will make them feel proud of who they are and help with their mental health.” An urban AI/AN youth stated, “We are able to learn about our traditions and culture and apply it in personal life.” A provider stated, “All of our clients should be referred to the cultural activities as they help with their cultural identity and make them feel so good about who they are being a Native person, and we do see a difference.”

### ***Participating in Culture-Based Intervention Strengthens Connections***

Focus group participants stated that more AI/AN connections would be very helpful for them within the complex urban environment of Los Angeles, where they may feel isolated. They stated that by building their social connections with other AI/AN people in Los Angeles, they would enhance their overall well-being. When asked why these interventions help urban AI/ANs in Los Angeles County, most reported that these interventions help to keep the AI/AN individuals, families, and the overall community connected. A CAB member stated, “It will help improve our connection and helps with mental, social, and cultural connections.” An urban AI/AN youth stated, “Traditional workshops make us feel closer to our culture.”

Many urban AI/AN adults and youth also reported learning how to drum, dance, make regalia, and learning from the educational topics helps to enhance their connection to their culture, tribe, and community. A youth stated, “Urban Natives do not have that sense of connection to our culture—these types of programs help us do that.” An adult participant stated, “We are so isolated in LA county that these workshops help to stay connected.”

### ***Suggestions for Enhancing the NADDAR Curriculum***

Overall, focus group participants responded favorably when presented with the preliminary NADDAR protocol and indicated that the protocol would be a powerful culturally centered intervention for AI/AN families in Los Angeles County. Suggestions for NADDAR were centered on structure and deliverability of NADDAR, NADDAR instructors, song

and dance style workshops, specific education topics, surveys, logo feedback, and challenges to attending NADDAR. An urban AI/AN youth stated, “Make sure we always open in prayer.” A CAB member stated, “Sharing food is important for us, so I like that we start with a prayer and food.” An adult participant stated, “Add workshops that incorporate knowledge from particular tribal backgrounds.” The feedback from community members will strengthen the NADDAR program and ensure it is culturally appropriate for urban AI/AN families.

### **Structure and Deliverability of NADDAR**

The majority of participants reported that having a curriculum would help keep the workshops consistent and structured. Also, many participants recommended providing NADDAR in different locations throughout Los Angeles County, in addition to UAI in downtown Los Angeles. An adult stated, “Separating into smaller groups depending on the drum or dance style so we can get specific instructions on the particular dance style we are interested in?”

### **NADDAR Instructors**

Participants suggested training NADDAR instructors to be engaging with families and to encourage their participation. Other participants suggested having a variety of instructors who had specialty in different dance styles. An adult stated, “Make sure the instructors are welcoming and approachable as some of us never danced or drummed before so hopefully they know that we are at all different levels.”

### **Song and Dance Style Workshops**

Participants reported that urban areas, including Los Angeles County, consist of numerous tribal groups. Thus, there may be various levels of interest in different workshops. However, they suggested having workshops focused on different tribal dances and songs so that participants could learn about other tribal traditions. Also, some participants recommended holding breakout groups from the main intervention group in order to be able to provide individual instruction in each of the dance and drum styles. Participants could then return to the larger group after receiving personalized instruction.

### **Specific Education Topics**

Participants across all focus groups provided their top education topics for

NADDAR. These included different dance, regalia, and drum styles; Native Americans in Los Angeles County; healing from historical trauma; cultural identity; traditional foods; traditional healing-Medicine Wheel; and programs and services available to AI/ANs. Regarding educational topics, one urban AI/AN adult stated, “There are so many educational topics that are important for our community, I really like how we get to hear something different each week and that will help our families.”

### **Surveys**

Participants were in favor of the pre- and post-surveys and what the surveys are evaluating. They particularly were in favor of providing the cultural and community connections scales. They also thought the mental health and substance use survey would be very helpful in evaluating NADDAR to see if it assists with decreasing mental health and substance use symptoms, in addition to improving overall wellness.

### **Logo**

Participants also reviewed the NADDAR logo (Figure 1) and provided feedback on improving the logo, which included removing pictures from the logo as they felt it was too much for a logo. They also recommended spelling out what NADDAR stands for and to use symbols of a drum and drumsticks.

### **Challenges to Attending NADDAR**

Participants also reported challenges that would prevent families from attending the NADDAR Program. These challenges included school and work demands, lack of transportation, distance to workshops, scheduling conflicts, and congested traffic in Los Angeles County. These changes were taken into consideration during the logistical planning of each cycle.

## **Discussion**

Qualitative data generated from this study addresses a critical gap in understanding the role of resiliency among urban AI/AN families and the development of a behavioral health intervention developed for this population. Community-based feedback retrieved in this study suggests that cultural-based interventions, including NADDAR, can help to decrease the burden of behavioral health problems among AI/AN families in Los Angeles County by decreasing isolation and increasing community and cultural connections. Participants also provided valu-



Figure 1. NADDAR logo

able information regarding issues about their community experience and how NADDAR may help meet the unique needs of this population. Furthermore, participants also recognize the value of research and evaluations and believe that evaluating NADDAR will help to highlight the benefits of this intervention for AI/AN families in Los Angeles. By utilizing a community-informed approach, work conducted in this study highlights how research focused on the development of NADDAR can help address behavioral health issues among urban AI/AN families.

Results from this qualitative study highlight the role of resiliency in overcoming behavioral health disparities among urban AI/AN families. Although much has been written with regard to numerous health disparities experienced by this population, very few studies have highlighted the role of resiliency among urban AI/AN families. The potential benefits of culturally appropriate behavioral interventions capitalizing on resiliency reported in this study include experiencing less mental health issues and substance use, enhancing cultural identity, and enhancing community and cultural connections. These potential benefits are important to recognize since numerous historical traumas postulated to contributing to health disparities among urban AI/ANs involve disconnection from AI/AN culture. Thus, developing, enhancing, and evaluating NADDAR may help to create healthier and more connected AI/AN communities within urban areas of the U.S.

Feedback retrieved from our focus groups assists toward finalizing the NADDAR curriculum. We will implement feedback retrieved by focus groups by structuring the sessions to ensure that AI/AN cultural elements are taught according to proper AI/AN traditions and protocols. For example, both the song and dance workshops will cover the background of each instructor, gender roles, and introduce the basic concepts of each

topic. As it relates to gender roles, females will participate in the dance workshops and the males may either choose the dance or drum/singing workshops. The workshops each week will also begin with a prayer from an elder, food, and one of the health educational topics recommended by the focus group participants. The participants will then meet in larger circles for a few round dances. For the dance workshops, we will cover various dances to accommodate tribal diversity and will offer the opportunity for breakout groups. For men, there is the grass dance, the traditional dance, and the fancy dance. For women, there is the jingle dress dance, fancy shawl dance, and traditional dance. In addition, we will provide other friendship and intertribal dances, many of which the community at large may participate in when they attend a pow-wow. Drum workshops will consist of introduction to the drum, the songs and the meaning of the traditional songs. Not only will the musical techniques be shown but, more important, the traditional values, protocols, and expectations of the AI/AN traditional songs and dance. Participants will break up into their chosen style of dance or drum style with their instructor and then return to the larger group for intertribal dance displays.

Specific education topics suggested by focus group participants will be embedded in the teachings within NADDAR. Urban AI/AN families will have the opportunity to learn more about the role of historical trauma and its effect on the overall health and well-being of AI/ANs, the benefits of enhancing cultural identity, and learning more about local AI tribes in the Los Angeles area and services available to them within their communities. They will also have an opportunity to learn more about AI/AN traditional foods and the teachings held within the Medicine Wheel.

The next steps in our development and analysis of NADDAR will consist of open pre- and post-surveys of NADDAR among urban AI/AN families residing in Los Angeles County. The surveys will be conducted among 100 participants across four cohorts. Each cohort ( $n = 25$ ) will have 8- to 10-week sessions and will include both pre- and post-surveys. Focus groups will then be conducted among family members who participated in the NADDAR pretest, providers, and the CAB in order to finalize the NADDAR manual. After these developmental activities, we plan to conduct a follow-up study to analyze the potential benefits of NADDAR.

This study was subject to several limitations. Focus groups were conducted in one large urban population setting. Thus, generalizing these results to all urban areas in the United States is not possible. Also, we only utilized notes written during focus groups and did not have recordings or transcripts available. Thus, we were able to provide a limited number of specific quotes from focus group participants. We were also not able to utilize any qualitative study statistical programs to analyze data. In spite of these limitations, this study utilizes community-based participatory research methods to help ensure that NADDAR is developed in a culturally relevant and appropriate way, recognizing the role of resiliency and AI/AN traditions for families residing in urban areas.

In conclusion, focus group data retrieved and analyzed in this study represents a key step toward finalizing the development of NADDAR by understanding the role of resiliency and AI/AN traditional practices for urban AI/AN families. This study provides valuable feedback from the AI/AN community in Los Angeles County with regard to the NADDAR program and how it could enhance cultural identity and community connections among urban AI/AN families, thereby helping to decrease mental health and substance use disparities experienced among this population. Final development and subsequent testing of NADDAR may assist toward understanding how this program can help prevent behavioral problems among urban AI/AN families.

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antiracism panel

Friday, May 7, 2021

## Enough Talk, More Action

### Exploring Ways to Be Actively Antiracist Across Professional Domains in Our Work as Mental Health Professionals

Co-Sponsored by the Oppression and Resilience: Minority Mental Health SIG

Experts in the field with a range of expertise across professional domains will share examples, strategies, and tools to pursue an actively antiracist agenda in our professional pursuits.



**Allison Briscoe-Smith, Ph.D.**, Berkeley/Wright Institute

**Jessica Graham-LoPresti, Ph.D.**, Suffolk University

**Hayden Dawes, M.S.W.**, UNC, Chapel Hill

**Enrique Neblett, Ph.D.**, University of Michigan

**MODERATOR:** Amber Calloway, Ph.D., University of Pennsylvania

1.5 Hours of CE

\$20 for members / \$30 for nonmembers

1pm–2:30 pm Eastern / 12 pm–1:30 pm Central

11am–12:30 pm Mountain

10 am–11:30 am Pacific