Culturally Competent Substance Abuse Prevention Research Among Rural Native American Communities

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Substance abuse is seen as the major contributing factor to the disarray of many rural Indian communities.[1] The majority of rural Native American communities exist either within the boundaries of tribal trust lands, commonly referred to as reservations, or in close proximity to reservations; these communities are often made up of members from a common tribal population. These tribal-specific populations are very diverse in terms of cultural norms, language, and, as studies have found, in their degree of illegal drug use (Beauvais and LaBoueff 1985; May 1992; Oetting et al. 1983).

Yet, some common drug use patterns have appeared among rural Native American populations. Although alcohol abuse remains a predominant factor in rural Native American communities among both adults and young people, an increase in the use of marijuana and inhalants by youth has become evident. There is also some evidence that multidrug use among Indian youth is increasing, perhaps due to the increased availability of drugs such as cocaine, crack, and acid among reservation populations (Division of General Pediatrics and Adolescent Health (DGPAH) 1992; Jumper-Thurman 1992). Some tribal members feel that the influx of outsiders to tribal casinos has made such drugs more available to their members. Data on such tribal concerns and rural Indian drug use in general are very limited, and what does exist is often specific to one or two tribes with little or no generalizability to other rural Indian populations. An increase in such research is definitely needed.

Although substance abuse treatment programs without question offer an avenue for successful rehabilitation and sobriety for Native Americans, especially programs with a high degree of cultural competence with regard to Indian culture, spirituality, and values (Stubben 1992*a*), no treatment or rehabilitation is a substitute for substance abuse prevention within a Native American community. Substance abuse prevention in Native American communities, whether reservation, rural, or urban, is the key to overcoming substance abuse problems (Beauvais and LaBoueff 1985; May 1992).

Prevention modalities, techniques, beliefs, and values vary greatly from one Native American community to the next. Conducting prevention research on Native American populations requires a great deal of creative thinking because many of the objective empirical techniques that work well with the society-at-large may not be valid or reliable in the evaluation of Native American community-based prevention programs (Jumper-Thurman 1992; May 1986, 1992). The causes of this research dilemma center on the lack of knowledge and understanding within the substance abuse prevention research community about the diverse traditional and assimilated beliefs, practices, history, and values across Native American communities (Jumper-Thurman 1992).

Despite a strong theoretical base and initial support for culturally competent prevention programs, several important dimensions of evaluation will be required to clarify the impact of these prevention programs. First, culturally competent prevention programs for Native Americans must be submitted to a randomized, controlled efficacy study design with long-term followup evaluation to determine the impact of such programs on risk and protective factors for substance abuse problems (May 1986, 1992; Stubben 1993).

Second, although studies of the global impact of prevention programs on risk and protective factors have been conducted on Native American populations (Mail and McDonald 1980; May 1986), these must be extended to include assessments of the effectiveness of the cultural components of the programs (LaFromboise 1982; Parker et al. 1991).

Third, controlled, comprehensive measurement studies of the impact of culturally competent substance abuse prevention programs on community perspectives of drug misuse are needed. The impact of any prevention program on community viewpoints of substance misuse is a major factor for evaluating the success or failure of such a program (Flute et al. 1985; May 1986, 1992). Very little research has been conducted on how an individual community deals with the prevention of substance abuse from its own cultural perspective (Flute et al. 1985; Poor Thunder 1991; Wilson 1991).

Fourth, community-based substance abuse prevention programs for Native Americans must include the family. In the past, many Indian families were resistant to external intervention (May 1992); however, a majority of Native American families in a family-oriented prevention evaluation project indicated that such resistance may be

overcome through the use of tribal interviewers and evaluators and community consultation (Stubben 1993).

Finally, the research and tribal communities must work closely together to accomplish the aforementioned and to develop culturally competent prevention programs based upon culturally relevant research findings. This means that both partners must understand and respect the other through education of researchers about tribal culture and of tribal officials about the research culture. Many tribes are requiring direct research contracts and using Indian academics as gatekeepers and overseers of such research (Stubben 1993).

The following sections will discuss reasons for Native American substance abuse, culturally competent community-based prevention and research issues, and the author's findings from a study of a family-oriented prevention evaluation process within three Native American communities. All of these offer insight into conducting research within different cultural frameworks.

REASONS FOR NATIVE AMERICAN SUBSTANCE ABUSE

Studies on levels of Native American substance abuse and reasons for such use have received a great deal of attention for many years and from a variety of people. This literature (Heindenreich 1976; Levy and Kunitz 1974; Mail and McDonald 1980; May 1977, 1982, 1986; Oetting et al. 1980, 1983) indicates that alcohol and drug use vary tremendously from one tribe to another. Some tribes have fewer substance abusers relative to the U.S. population whereas other tribes have more (May 1992). Substance abuse patterns within a tribe can also vary, as in the case of the Navajo (Topper 1985; May 1992).

Even with intertribal and intratribal variations, the majority of Indian youths, regardless of tribe, report experimentation with alcohol. Moreover, a higher percentage of Indian youths report use of marihuana than do other U.S. youths (DGPAH 1992; Edwards and Edwards 1989; Heindenreich 1976), and misuse of inhalants is a greater problem among Indian than among other U.S. youths (Jumper-Thurman 1992; May 1986). Unfortunately, substance abuse has become a passed-down tradition in many Native American communities (Grobsmith 1989; Lex 1985).

Explanations for Indian substance abuse abound, but no single explanation can adequately account for all problems. The

heterogeneity of the Indian population (tribal custom, degree of acculturation or urbanization, and geographic isolation) has hampered or precluded substance abuse surveys that permit generalizations (Lex 1985). Degree of cultural anxiety and variations in tribal customs and history have been offered as explanatory factors in the differences in drinking patterns among tribes. Historically, most rural Indian communities have had to endure a variety of Federal Government policies that varied from physical annihilation to cultural assimilation. The assimilation policies of the Federal Government (boarding schools, outlawing of tribal languages and customs) caused a high degree of cultural anxiety.

Forcing rural Indian people to live in two worlds also forces them to learn to cope in both worlds and is very stressful, particularly among the young (Nieto 1992). This pressure may also promote increased substance abuse at both the community and the individual levels (Beauvais and LaBoueff 1985; Bobo 1985; Topper 1985; Walker and Kivlahan 1984) because alcohol, tobacco, and drugs offer coping responses to such stress (Trimble et al. 1985). Within the rural Indian community, increased substance abuse is viewed as an expression of fear or anxiety concerning these external factors (Field 1962; LaFromboise and Rowe 1983; Topper 1985). Moreover, there is often a corresponding acceptance of high levels of substance abuse by the community and its leaders (Colorado 1985).

On an individual basis, the task of living in two worlds, while drawing upon the strengths and benefits of each, imposes major adaptation problems. Behavior that mainstream society deems appropriate may be viewed as undesirable according to tribal values; on the other hand, tribal values can be at odds with the expectations of non-Indians. As negative judgments of personal conduct are made by each group, substance abuse often becomes a possible solution for minimizing a growing sense of inadequacy. It provides temporary withdrawal from the frustration of being evaluated by two standards (Nofz 1988). A lack of adequate cultural and personal skills necessary to cope with these pressures increases the likelihood for alcohol and substance misuse, particularly during adolescence and the early twenties (Mail 1985).

Others attribute heavy substance abuse to deprivations such as poverty and unemployment (Dozier 1966; Ferguson 1976; Leland 1980) and to lack of control over the tribal societies as a result of paternalistic Government policy (Colorado 1985). Field (1962) and Grobsmith (1989) both found positive correlations between loosely

structured (possessing a bilateral social organization) bands with permissive childrearing techniques and high levels of drunkenness. This finding has particular relevance for Plains tribes, who traditionally value autonomy and independence for youth. Such values may be maladaptive in view of the temptations to which contemporary Indian youth are exposed (Grobsmith 1989).

Knowledge of the substance abuse history and drinking patterns within a given community are essential both for conducting prevention research and developing community-based prevention programs for that community. To design a culturally competent research evaluation and/or prevention program, one must possess knowledge of the community substance abuse patterns and the history of the particular tribe under study. This history would include knowledge of the treaty relationship between the tribe and the Federal Government, boarding school experiences, and, most important, the degree to which the Federal Government played a paternal or superordinate role in determining and approving policies on virtually every dimension of tribal life, including substance abuse prevention (Jumper-Thurman 1992; May 1992; Moran 1992; Stubben 1992*b*, 1993).

ISSUES IN COMMUNITY-BASED PREVENTION AMONG RURAL NATIVE AMERICANS

Community-based prevention programs must involve the community in all aspects of the prevention process; such involvement gives the community a strong sense of program ownership (Stubben 1993). May (1992) identified a high degree of involvement among the Navajo in the development and implementation of prevention and treatment programs within communities on their reservation, which were felt to be better received by the communities than previous externally imposed programs. Jumper-Thurman (1992) offered evidence that such community involve-ment must also be an important component in prevention programs for urban Indians as well.

Community resources can be utilized in dealing with communication and value differences in the development and implementation of specific rural Native American prevention programs. Community members can act as cultural translators of community beliefs, norms, values, personal and tribal histories, as well as of language. Initial research from Project Family, which is discussed in the last section of this chapter, identified the crucial role of the extended family and

other cultural relationships in aiding prevention program utilization. For example, what may appear as a dysfunctional family relationship from a western-oriented viewpoint (grandparent or other nonparental head of household) may be viewed from the specific tribal viewpoint as appropriate (Stubben 1993).

Community members can be valuable resources in identifying and defining value differences that exist between community members and western society and in pointing out how these differences make it difficult for the Indian person to avoid conflict in daily life and to maintain balance and harmony in his or her own life direction. Native American prevention programs must address these bicultural pressures in assessing the needs of the community because many of the prevention modalities appropriate for other populations are not appropriate for Native Americans (National Institute on Alcohol Abuse and Alcoholism (NIAAA) 1986).

For example, traditional alcoholism treatment practices such as psychological counseling and Alcoholics or Narcotics Anonymous (AA and NA) may not appeal to Native Americans because of the public disclosure of personal problems, dominant Anglo-American religious overtones, exclusion of nonalcoholics, and attempts to influence the behavior of others (Stubben 1992*a*). Tribal religious beliefs can include the use of peyote in both treatment and prevention (Aberle 1966; Hill 1990; Stubben 1992*a*). Thus, prevention components that have a strong antidrug message that does not acknowledge ceremonial use may have to be adapted to fit tribal norms (Stubben 1993).

Similarly, many of the risk indicators that have been useful in identifying potential alcohol use among youth (such as academic failure, permissive parental practices, or extreme economic deprivation) may not be useful or may have to be culturally interpreted in the prediction of substance misuse among a Native American population (Grobsmith 1989; May 1986; Medicine 1983; NIAAA 1986; Poor Thunder 1991; Stubben 1992*a*, *b*).

The problems and explanations of substance abuse among Native American people call for new approaches to prevention intervention. Conceptually, these approaches must take into account the impact of both the traditional and the modern cultures on the individual and on the use or misuse of substances (May 1986). LaFromboise (1982) asserts that alcohol and drug prevention programs for Native Americans must "blend the adaptive values and roles of both the

culture in which one is raised and the culture by which one is surrounded" (p. 12). May (1986) believes that a shortcoming of many prevention programs is their inability to educate Native Americans about the social and physical impact that misuse has upon the community and that these programs must educate clients about alcohol and drug misuse through increased use of both traditional tribal and modern prevention and treatment modalities.

However, a basic concern exists as to whether such a bicultural approach is a viable option for Indian people. Biculturalism refers to dual modes of social behavior that are appropriately employed in different situations. Some believe that a functionally effective bicultural lifestyle is a myth and that those who attempt to practice it will necessarily become ineffectively stranded between two cultures (Schinke et al. 1986). They believe, for instance, that one lifestyle will necessarily replace the other (Leon 1968) or that personal preference and commitment to one lifestyle will predominate (Charleston 1980). Others, however, suggest that effective functioning in two cultures leads to greater self-actualization (Dinges et al. 1974; LaFromboise 1982; LaFromboise and Rowe 1983; May 1986).

In fact, previous research has identified that the better integrated one is into both Indian and Western society, the less susceptible one is to substance misuse. Indians who have meaningful roles in both traditional and modern cultures have the lowest susceptibility to alcohol and drug misuse. Those at highest risk for misuse are marginal to both traditional Indian and modern cultures (Ferguson 1976; French 1987; May 1982, 1986, 1992; National Institute of Mental Health (NIMH) 1986; Schinke et al. 1986).

Nieto (1992) states that "those who have reached full development in two cultures have reached a state of additive multiculturalism and enjoy cognitive advantages over monoculturals through a broader view of reality, feeling comfortable in variety of settings, and multicultural flexibility" (p. 271). Language is a key factor in additive multiculturalism, in that persons who speak two or more languages appear to operate more effectively in a multicultural system than do those who only speak one language. Wilson (1991) found this to be true among Indian children at the Loneman School on the Pine Ridge Reservation in South Dakota where children who were taught in both their tribal language (Lakota) and English did better on achievement tests than previous students who were only taught in English.

Substance abuse prevention programs face a similar dilemma. Oetting and colleagues (1989) found that prevention programs based solely on an Indian person's identification with Indian culture had only weak effects because they did not deal with external acculturation problems, such as school performance or the legal system (Oetting et al. 1989). On the other hand, in interviews, Stubben (1992*a,* 1993) found that the utilization of cultural practices, such as the sweat lodge or talking circle, improved treatment outcomes in comparison with programs that lack such cultural practices. Moreover, families that maintain such cultural practices appear to have less substance abuse than those that did not. Parker and colleagues (1991) found that cultural traditions training reduced the rate of alcohol and other drug use in a group of Indian youth in comparison to a group of Indian youth who did not receive training. Other research has shown that those prevention (and/or treatment) programs that are marginal to both Indian traditional and modern prevention modalities have the greatest chance of failure (LaFromboise and Rowe 1983; Oetting et al. 1989).

Research on incarcerated Native Americans from rural reservation communities in Minnesota, Nebraska, and South Dakota has further identified the impact of cultural factors upon sobriety. Indian inmates, the majority of whom were incarcerated for alcohol-related crimes, found sobriety through traditional practices (Grobsmith 1989; Poor Thunder 1991; Sanderson 1991). Indian inmates who had little knowledge of their ancestral traditions before incarceration, as well as inmates whose traditional practices were intact, enjoyed deep involvement in religious activities and cited this involvement as being primarily responsible for their commitment to maintaining sobriety. In many cases, gaining access to illegal substances while in prison does not pose as much of a problem as it does for youth and adults on many reserva-tions. Those who abstained from drug and alcohol use while incar-cerated stated that they were motivated to do so by a religious commit-ment to the "good Red Road," to "walking with the Pipe," or to "walking the Peyote Road" (Grobsmith 1989).[2] In South Dakota, the switch from AA/NA-based group meetings to “Red Road group meetings" increased the attendance of the Native American populations from 20 percent to 80 percent (Sanderson 1991). Hall (1986) documented the effectiveness of the Sweat Lodge and Sun Dance in the prevention of substance abuse. Hill (1990) identified the preventive effectiveness of the Native American Church as did Slagle and Weibel-Orlando (1986) with the Indian Shaker Church and AA Curing Cults. These studies were limited in scope in that they focused on the influences of specific cultural practices on substance abuse. Funding for the delivery of and evaluation of alternative methods of

substance abuse prevention must become a priority because many rural Native American communities either rely solely on tribally based prevention practices or make major adjustments to external prevention programs to include these practices. Thus, culturally competent prevention programs must be evaluated to prove or disprove their validity. If these prevention practices and programs are found to be effective among Native Americans, then their utilization must be increased.

As mentioned earlier, a comprehensive, long-term evaluation of the impact of culturally competent prevention programs among several rural Indian communities has yet to be conducted. The following section will offer some insights into carrying out such evaluations and the benefit of such work to both the research and Indian communities.

CULTURALLY COMPETENT COMMUNITY-BASED PREVENTION RESEARCH AMONG NATIVE AMERICANS

A major factor to be considered in evaluating culturally competent substance abuse prevention programs in rural Indian communities is that such evaluations must be conducted by culturally competent researchers. Researchers with little or no cultural knowledge may actually do more harm than good in evaluating prevention programs. Their findings may be based on incomplete or value-biased information. Thus, a true sense of the impact of such programs on the community, whether that impact is negative or positive, would be hard to achieve (Stubben 1993).

Culturally competent research requires extensive, long-term contact with the tribal community. Through such extended contact the researcher becomes familiar to and with community members, which reduces the community's view of the researcher as an outsider (Gilbert 1992; Moran 1992). Indepth knowledge of the community should be a key component of any research proposal. This knowledge must extend beyond familiarity with previous research findings and identification of the community or communities to be studied to some knowledge of the distinct language(s), cultural norms, matriarchal or patriarchal clan structures, tribal governmental history, and Federal-State-tribal relations that exist among the group(s) to be studied (Gilbert 1992; Moran 1992). Researchers who do not possess such community-specific knowledge are not culturally competent.

Another major area of concern is that the outside researcher, whether Native American or non-Indian, must recognize the effect of his or her own values and beliefs upon the research design, data-collection instruments, data collection, and even data entry and research conclusions. For example, a researcher who adheres to the health education prevention model may overlook the effects of traditional healing practices upon community-based prevention programs. Value bias is a major impediment to reliable and valid substance abuse research and evaluation (Moran 1992; Stubben 1993).

Perhaps the most effective method of dealing with value bias and value-laden research is to include members of the community in every aspect of the research. One must remember that in most cases the prevention programs in rural Native American communities have been designed or altered to fit the local beliefs, culture, norms, practices, traditions, values, language, and socioeconomic conditions of the community. Thus, research on effectiveness must involve community members in taking into account the impact of these programmatic features on substance abuse prevention. As many community members as possible should be included in each phase of research (NIMH 1986). Some rural Indian communities may require a community meeting in the initial stages of a project so researchers and community members hired by the project can introduce themselves and explain the research to the community. Community meetings can also be used to identify community members hired to assist in conducting the research and to recruit research subjects.

At the early stages of the study's development, the principal investigator should identify members of the community who possess the skills necessary to understand and evaluate the validity and reliability of the research design. Identification of community members to assist with the research must be done without academic bias. Community members without academic degrees will possess the knowledge necessary to assist with all aspects of the research design. A full partnership between the community and the researcher means that the principal investigator and the funding agency must reassess their beliefs and values, make adjustments to accommodate the beliefs and values of the community, and accept the educational creditability of community members (Stubben 1992*b*, 1993).

Two examples of value differences and value conflicts that may arise in culturally competent research are provided here. First, a similarity of knowledge, beliefs, value statements, writing style, and so forth tends to exist among culturally knowledgeable Native American and

non-Indian researchers. Culturally naive researchers may not understand or pick up on aspects of cultural knowledge. Examples of these differences could include: The utilization of particular words and phases (such as termination, elder, or eagle feather), mannerisms (eye contact, body gestures) and even acknowledgment of the geographic territory (ancestral and modern) of each person's tribe (Moran 1992; Stubben 1993).

Another example involves a tribal member charged with hiring community interviewers who hired his own relatives, namely his wife and daughter. This tribal practice was in violation of the values of the researcher, the society at large, and perhaps even Federal law. However, from a community perspective the action was correct. He was following the tribal practice of taking care of one's family or clan. In this particular way his actions added validity to the research. Members of the community asked: "If one's own family is suffering, then how can that person be expected to care about the rest of the community?" They saw him as caring for the community and were therefore more open to participation in the research project (Stubben 1993). Such beliefs and values must be accommodated or else it may be very difficult, if not impossible, to collect data, and the data that is collected may be unreliable and/or invalid (Gilbert 1992; Jumper-Thurman 1992; May 1992; Moran 1992; Stubben 1992*b*).

Community members can be hired to test data-collection instruments before using them in the field, to collect data, and to code data after collection. Input by community members in these key areas of a study will offer insight into any value bias that may exist within the instruments or in the coding of the data. The latter is extremely important in regards to videotape coding, since the cultural background of the coders may either bias or add to the findings. In fact, if one is coding videotapes of Indian families, one should train and use Indian coders, preferably from the same tribal group. Besides picking up the cultural nuances that may exist in the inclusion of tribal language with English, they will be able to identify specific physical movements and verbal inflection that other coders would miss. Moreover, community members can identify aspects of the research project, materials, and process that may be offensive, misunderstood, or even irrelevant to the community (Stubben 1993).

Community members are also useful in identifying tribal leaders and elders, tribal norms on disclosure of personal information, intratribal disputes (between families, bands, and clans), intertribal relations, age and gender norms, and the degree of assimilation among tribal

members; they also can set up community meetings and interviews (Moran 1992; Stubben 1992*b*, 1993). In some cases, community members may be the only ones who can act as interviewers. A group of non-Indian and Indian interviewers found that several Indian families in a school-based family survey would not answer the door to Caucasian interviewers but would for Indian interviewers (LaMere 1994).

Access to the community may actually depend on the number of community members employed as research staff. Due to their sovereign status, tribal governments can prevent a researcher from carrying out any type of research upon their tribal lands. Because the majority of rural Indians live on tribal lands, it is very important that the researcher maintain a respectful relationship with the tribal government and take their concerns seriously. Discussions with tribal officials in regards to the development, implementation, and evaluation of a culturally competent rural Native American substance abuse prevention program found concern among tribal government officials that several positions in a proposed project were to be filled by non-Indian outsiders who possessed the pertinent educational knowledge. The tribal officials felt that some of these positions could be filled by tribal members if they were given the proper training. After this concern was identified, changes were made to increase the number of tribal members employed by the project and the amount of funding for their training (Martin et al. 1995). Employment of tribal members by the research project can also improve the economic condition of a small segment of the tribe.

Although community members must be involved in all aspects of the research, not every area of the community must be involved. Therefore, research progress, including findings, problems, and conclusions, should be presented to the tribal governing body, elder councils, and other community groups in order to both inform and gather more information. Moreover, the principal investigator needs to make him or herself available to the community for informal conversations, gatherings, and meetings. Thus, if invited to any function by a community member the researcher should attend. If not invited, the researcher should stay away (Moran 1992; Stubben 1993).

Because substance abuse prevention research among rural Indian populations is limited, new research strategies may have to be developed and tested as the research progresses. Focus groups are an effective way to gather information. They can be used to test cultural

competence and applicability of survey materials, interview procedures, and substance abuse prevention evaluation materials that were developed for the general population. New research materials and procedures may also be developed from community focus groups. Furthermore, different segments of the community can be interviewed through the focus group. For example, the focus group strategy can be used with groups of Indian elders, youth, parents, community leaders and mixed groups to identify differing intracommunity group viewpoints (Stubben 1993). For a discussion of the focus group process, see Krueger (1988).

Survey materials must include questions relevant to the community, both in terms of culture and understanding. Questions can be developed from the focus group process and further tested with community staff or other members of the community. Survey or interview questions that fit the norms and language of the community will offer more reliable analysis than the questions generally used in substance abuse prevention evaluation research. For example, a question that implies that peyote is an illegal drug may alienate or be misunderstood by a participant who is a member of the Native American Church. A survey on tobacco use in a rural Indian community should include questions about the use of tobacco in ceremony.

Short and direct survey statements or questions, such as "I get mad" or "Is it bad to tell a lie?" have been found to be more understandable to Native Americans than longer, less direct statements or questions (Stubben 1993; Tri-Ethnic Center 1994). A further discussion of culturally relevant survey and interview questions and techniques is found in the last section of this chapter.

Any research that is conducted in Indian communities should reward the community for its participation. Indirect costs of the community (staff time, office space, housing, community travel, utilities, knowledge, and inconvenience) should be taken into account in the research proposal. Funding for community gatherings such as powwows, dinners (cooked and served by community members), school events, community meetings, elder meals and gatherings, giveaways, and awards, should be included in each grant application. Moreover, a portion of the computer equip-ment, paper, books, and other equipment purchased through grant funds should stay in the community when the research is completed.

Scholarships and mentoring funds should be a key component of each grant proposals. Both Native American and non-Indian academics should identify members of the community or other Indian persons as trainees to learn about prevention and treatment research. Trainees who want to pursue an initial academic degree or go to graduate school should be offered scholarships to the academic institution(s) that receive Office for Substance Abuse Prevention (OSAP) or NIAAA funding for prevention research among Native American communities. Mentors should also be available at these institutions for such students. Such scholarship and mentorship funding should be available (from OSAP, NIAAA) on a continuous basis for existing and future research projects.

Research projects among Native American communities are long-term commitments. One cannot learn from a Native American community unless one is willing to expend the time to learn. Future funding of prevention research projects should be for a minimum of 5 years. Funding should be available for the principal investigator(s) and co-principal investigators, who are not community members, to either live in the community year round, with regular visits to their academic institution or extended visits in the community on a regular basis. Because some prevention research projects may require visits to more than one Native American community, funding for prolonged stays in or visits to each community is necessary.

NATIVE AMERICAN COMPONENT OF NIDA-FUNDED PROJECT FAMILY RURAL SUBSTANCE ABUSE PREVENTION EVALUATION

The previous sections of this chapter have offered insights into and recommendations for prevention program and research within rural Native American communities. The following section offers preliminary findings from the first and second years of a 4-year NIDA-funded minority supplement, Project Family. Project Family, initially funded in 1991, evaluated a theory-based, family-focused intervention entitled Preparing for the Drug Free Years (PDY) (Hawkins et al. 1991). Designed to teach preadolescents and their parents skills that would reduce the likelihood of adolescent substance abuse problems, Project Family utilized in-home pre- and posttesting based on self-report questionnaires, videotaped family interaction sessions, and telephone surveys. It included families who received the PDY prevention program and a control group of families who did not. The family recruitment techniques utilized in PDY were also evaluated. Nearly 700 rural white Iowa families have participated.

During the first year of the minority supplement, the self-report survey materials, videotaped interviewing process, recruitment strategies, and other materials utilized in the evaluation methods of Project Family were tested with 22 Native American families, 14 of whom lived in rural areas and 10 of whom lived on reservations. Initial family interviews provided useful data in guiding the modification toward more culturally relevant evaluation instruments and methodologies. Following is a description of some initial findings.

As stated earlier, a local person is necessary for contacting families, scheduling interviews, and gathering community information for the interviewer. The contact persons for this study, mainly tribal and urban Indian drug prevention staff, and several of the participants were interested in making the assessment materials more culturally appropriate. Moreover, nearly all the participants appeared to feel that social talk was important. Informal interviews may be very valuable in gaining knowledge of the families' and community's situations and viewpoints about substance abuse prevention.

The use of community members was a key component to the success of the first year of this study; they gathered community information, contacted families to participate in the study, scheduled interviews, and offered community feedback on the study to interviewers. The five community members who assisted with the study came from two rural Indian community substance abuse programs and one urban Indian center. Both community members who assisted with the study and participating families were interested in making the assessment materials more culturally appropriate.

Socializing at community events, dinners, powwows, and other events was found to be an effective technique for recruiting families, gathering feedback on the project, and gathering further information on study techniques. These informal contacts were very valuable in supplying further knowledge of the families' and community's viewpoints and actions in regards to substance abuse prevention.

Several Native American families involved in this project expressed a preference for open-ended questions over multiple-choice items and felt that more than 30 questions was too many. As mentioned earlier, short and direct questions were also favored over long and indirect questions by the participants.

Participants suggested that questions concerning other adults in the family who perform a parenting role (grandparents, uncles, aunts, traditionally adopted relatives) should be added. In other words, the families revealed that persons other than the biological parents are normally involved in a Native American child's caretaking. Moreover, the appropriate caretaker may not be the parent(s). Rather, the appropriate caretaker may be the grandparent(s), aunt and/or uncle, other relative, or even a nonbiologically related member of the community. Thus, the researcher will need to spend time identifying the appropriate child caretaker(s) in family-oriented prevention research.

Families were also concerned about the types of questions and problem statements. Participants often felt that the questions did not reflect their family, tribe, community, or individual situation or life style. They expressed a desire for specific questions on religious practices and influences, traditional Native American childrearing practices and family processes, tribal family programs and services, tribal courts, Indian Child Welfare Act, and intertribal/interracial families. Questions that pertained to negative behavior, especially those that referred to parents or other caregivers, were seen as disrespectful of the elder status of those persons. In other words, culturally appropriate behavior constraints prevent a child from saying or writing down statements that are disrespectful of an elder, even if that elder is abusive.

The demographic sections of a survey also were found to be lacking. Native American families must include information on tribal affiliation and background(s), blood quantum, residence (reservation, near reservation/rural, near reservation/urban, or urban), and tribal knowledge level, because these are important factors in a Native American family's identity.

Another area of importance identified by both families and prevention program staff was the need to understand and cope with the time demands and scheduling problems that arise when conducting research among Native Americans. Flexibility was necessary in obtaining completed surveys and videotaped interviews. In the initial interviews, not one family completed the entire interview process in one sitting; on average, two-and-one-half meetings were required. Further, 12 of the 22 families never did complete the entire interview process or adjusted the process in such a significant manner that it no longer followed the original Project Family process. In one case, the father, although knowing that the family had an appointment for

their videotaped interview at 5:00 p.m., left for a town 45 miles from his reservation community to get a new set of tires at 2:30 p.m. The interview was conducted at 7:30 p.m. after he had returned home.

Some families or family members did not show up for initial interviews, and new interviews were scheduled, while others came for the initial session and then missed later interviews. Although the families were paid for their interviews, they seldom followed the researcher's timetable. Thus, patience on the part of the researcher was necessary. In general, there was a lack of commitment to academic research by the Native Americans involved in the study. Even though the Native American communities in this project have had previous contact with academic researchers that, in most cases, had been good experiences, participants expressed several concerns about conducting such research within Native American communities:

- Who gains the most from such research, the researcher, the tribe or community, the families, or the Government?

- "Why would anyone pay for such information?" Perceptions of the Native American community in terms of the benefit of such research to the community needs to be improved. Convincing Indians that their opinions are valued by researchers and the Government agencies that fund such research should be one research goal.

- How much of an intrusion or inconvenience will there be to the individuals, families, tribes or communities involved in the research? The economic value of the interview process may not always overcome the resistance to participating in such research. Other factors such as tribal need for such information for future funding may be more important.

- Integration equals assimilation equals annihilation—this statement was on the wall of a reservation tribal office and expresses the desire of tribal communities to maintain their cultural identity. Oftentimes, Indian communities resist participating in academic research projects because they fear that such research is an attempt to integrate their community into the larger society, whereas tribal leaders are protecting their community from annihilation through such integration. Respect for cultural identity, norms, and values is key to the development of culturally sensitive prevention evaluation.

- A favorable response came from the Native American families, prevention staff, tribal leaders, and the Indian populations with regards to the use of Indian researchers, interviewers, and other staff in conducting research in their communities. As one participant put it, "an Indian can understand us Indians better than a non-Indian because you have lived as we have and know what it is like each day to be an Indian in today's world."

The community contacts, all of whom were involved in substance abuse prevention, felt that the families would resist being videotaped. In fact, the rural and reservation families did exhibit greater anxiety when participating in the videotaped interviews than did the urban families. This is probably due to urban Indian populations' having more contact with non-Indians and being more assimilated into non-Indian society than rural and reservation Native Americans. Urban parents (grandparents or other relatives) and targets saw the videotaped interviews to be more culturally appropriate than the rural and reservation families, who expressed concerns that the videotaping was an intrusion. Moreover, payment for participation was more effective in gaining participation among the urban Indian families than the rural families. Of the 14 rural and reservation families who participated in the first year of the study, five refused to be videotaped.

Some families, other tribal members, and tribal prevention staff suggested that the researcher should first conduct videotaped interviews with tribal elders about general substance abuse issues. They believed that families whose elders would speak to such matters would be more willing to participate in the study than those whose elders would not speak. Tribal elders would know of how traditional tribal ways address such issues as substance abuse, teenage pregnancy, child abuse, divorce, dysfunctional family structures, crime (e.g., theft, murder, and assault), dropouts, suicide, and so forth. It was also suggested by community contacts that focus groups of elders, tribal leaders, youth, and other family members be recruited and utilized to evaluate the Family Project evaluation materials and techniques.

Several adjustments have been made to the Native American component of Project Family, some of which were implemented in the second year and will continue to be developed and implemented through the fourth year of the study. Second-year findings indicate that an externally developed prevention evaluation model does not

accommodate the variety that exists within Native American communities and among the people who inhabit them. Native American tribes maintain their cultural differences to maintain themselves as Indians. That is why any prevention evaluation model that is solely based on the external values, beliefs, and medical practices of the non-Indian world without being adjusted or replaced by a tribally developed evaluation model will lack validity (Stubben 1993).

It has become apparent in the second year of this study that the rural Native American communities being studied needed to adjust the evaluation models, instruments, and techniques to fit their particular community. Focus group development was implemented as a means of further evaluating the survey materials and techniques of Project Family and the culturally relevant materials and techniques identified by the members of three rural Indian communities. Information gathered from these focus groups will be useful in the continued development of materials. The focus groups allow the cultural uniqueness of each rural Indian community to be identified, culturally relevant evaluation tools to be developed based upon this uniqueness, and valid and reliable data will be obtained upon which the effectiveness of rural Native American substance abuse prevention programs can be reliably evaluated (Jumper-Thurman 1992; Stubben 1993).

Even with the above concerns, most agreed that culturally relevant assessments, evaluations, materials, and techniques are necessary to increase the commitment of the Native American community to participate in substance abuse prevention research. They are also valuable in making sure that culturally valid and reliable evaluations of Native American substance abuse prevention programs are conducted.

NOTES

1. Forty-nine percent of all Native Americans lived in nonmetropolitan (rural) areas of the United States in 1990. Thus, Native Americans are the most rural population in the United States (Bureau of the Census 1992).

2. The terms "Red Road," "walking with the pipe," and "Peyote Road" are often used in the interpretation of sobriety programming to describe the difference between being drunk or sober; they charac-terize the difference between the two conditions without saying you must be either drunk or sober. To "walk the Red Road" is to be able to know the difference and to

exist with that knowledge. Indians know the consequences of both sides and choose the way that holds the greatest appeal to them. This approach fosters individual knowledge, responsibility, and action (Robertson, no date; Grobsmith 1989).

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