**Many Pathways to Follow**

 Handout 1: Tribal Best Practices Overview

***Tribal Best Practices***

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In recent years, federal, state and county governments have been embracing the concepts of “evidence-based”, “research-based”, “science-based” and “best-practices” as requirements for successful funding of awards.

Oregon tribes and tribal communities voiced objections to the movement towards “evidence-based” because it imposes a linear approach to funding requirements that are greatly at odds with the circular worldview held by most American Indian/Alaskan Native (AI-AN) people. Oregon tribes, tribal entities and other academic advisors have met regularly since 2003 to gather information about indigenous practices that have longevity within tribal communities.

As a result, practices were documented and a format was created to bridge the gap between the scientific definition and tribal best practices.

This handout provides an overview of this process and template to record elements of tribal best practices.

**Evidence-Based & the Indian Way**

**Scientifically-Validated** refers to those approaches based upon social science or behavioral science theories (science-based) which were designed for non-Native communities. **Some** of these have been **adapted** to meet some of the cultural needs of AI-AN communities. These programs were also evaluated using scientific methods preferred by the accountability systems described in the government resource documents.

**Scientifically-Replicated** refers to those science-based programs that have been implemented more than one time in Native communities or in non-Native communities.

**Culturally-Validated** refers to those approaches that are based upon principals, laws, and values of specific AI-AN communities. These historical/traditional “teachings” form the basis for the programs. They are culturally relevant, culturally appropriate, and designed according to the “Indian Way”. They have been implemented according to culturally accepted practices and have been accepted as valid by the community itself. They have not been evaluated using the scientific method. However, their effectiveness has been demonstrated

**Culturally-Replicated** refers to those programs that have been developed and implemented according to the “Indian Way” (see definition below) and have been passed on to others and continue to be implemented and utilized. From this perspective, the proof of the effectiveness of the program becomes; “if it is useful, it is used.” If it is not useful, if people find little results according to their standards, they will not attend, and the program (whether it is scientifically-based or culturally-based) will simply be ignored.

**NA-AI Worldview and the Framework of Science**

**“Indian Way” -** Experts in Native American communities are often elders. They carry the spiritual, cultural and intellectual wisdom of the community. Credentials are very important for the experts in the scientific arena. The “Indian Way” does not necessarily include university training, college degrees or publications and recognition for research activities. The “Indian Way” includes a specific set of behaviors and wisdom that is recognized by the community as being valued and based on “teachings”.

In circular AI-AN communities “teachings” provide the basis for understanding what works and why. These teachings are accessed by the Elders and have been the foundation for healthy communities for many centuries.

**“Science-Based” -** Theories in science-based (also called evidence-based or research-based) programs are based on observations, assumptions and values of Western European cultures.

**Framework of Science and the “Indian Way” -** Within the framework of science, what can be observed is counted/measured. Within the context of the “Indian Way” there is the “seen” world, and the “unseen” world. When things are out of harmony in the unseen world, this disharmony is reflected in the seen world. Within the context of the “Indian Way”, intervening only in the areas that can be seen is insufficient to create change.

Science-based programs need “random sampling” and “control groups”. These are integral to the quantitative methods most often used to ensure generalizability.

In the “Indian Way” opportunities are to be made available to everyone in the community. Most of the communities are too small to support the rigorous expectations of “random sampling”. Also they are too closely knit to prevent those in “control groups” from communicating with those in the “experimental groups”. To provide an intervention to some members of the community while denying it to others creates problems that can undermine the success of the program.

**The Power of Words -** Words chosen to illustrate a concept, describe a situation or name a person have a powerful impact. “If you wish to nurture something you call it a flower, if you wish to kill it, you call it a weed”. When we refer to our people, communities or youth as “high risk,” we are painting a powerful picture of a negative outcome. “You move toward and become like that which you think (and talk) about.” It is important to describe things in terms that will bring about healing, rather than sickness.

**Interconnectedness -** For Native people, prevention, treatment, intervention, and recovery are all part of the same healing process. They are not to be partitioned into separate activities. When a healing program is introduced in an AI-AN community it is not directed ONLY at the youth. It addresses the infant, the youth/adolescent, the adult and the elder.

**Cultural/Spiritual -** For AI-AN, culture IS prevention. Thus it is an awareness of the culture, its values, traditions, expectations, ceremonies and its sense of community that creates a “protective factor” enabling individuals, families, communities and nations to live in a healthy and sober state we refer to as “wellbriety.”

**Providing Programs That Work -** Important to note that while Native American (NA) communities have different definitions and different cultural values, we are just as interested in providing programs that work and that are based upon sound principals, laws and values.

We have an opportunity to create a bridge of understanding between AI-AN cultures to define a set of criteria that demonstrates what works in the “Indian Way”. We then can define measurement systems and accountability systems that will demonstrate the effectiveness of the programs that are implemented in AI-AN communities. We have experience implementing programs, if these programs were reviewed for effectiveness using criteria developed by the Native community there is a strong likelihood that these programs can find their way into the list of programs that are approved for funding.

**Evidence-Based Practices Criteria**

**Transparency: Criteria:** How to find evidence; what qualifies as evidence? How to judge quality of evidence. **Process:** Who reviews the evidence? Should be open for observation by public description. Is the research understandable and fully described so it can be replicated by others?

**AI-NA Transparency:** Does the practice have longevity in historical tribal history? Is the practice documented and/or does it have oral history? Can it pass the “**Three Grandmothers Test”?**

**Standardization:** Intervention must be standardized so that it can be reliably replicated elsewhere by others. Standardization typically involves a description that clearly defines the essential elements of the practice, as evidenced in a manual or toolkit.

**AI-NA Standardization:** Capable of creating Tribal-Based Practice manuals. Practices that are **culturally relevant, culturally appropriate**, and **designed** according to the **“Indian Way”**. Should Native American tribes, nations, villages create manuals? Passing from one generation to the next has been in existence for centuries.

**Replication:** Replication of research findings means that more than one study and more than one group of researchers have found similar positive effects resulting from the practice.

**AI-NA Replication:** Programs that have been developed and implemented according to the “Indian Way” and have been passed on to others and continue to be implemented and utilized can be defined as “cultural replication”. Our Elders and community members will let us know if we are not doing it right.

**Research:** Accumulated scientific evidence based on randomized controlled trials. Quasi-experimental studies. Research should be published in two or more peer-reviewed journals.

**AI-NA research:** Meets tribal principles. Experts in Native American communities are often elders. They carry the spiritual, cultural and intellectual wisdom of the community. AI-NA communities “teachings” provide basis for under-standing what works and why. These teachings are accessed by the Elders and have been the basis for healthy communities for many centuries.

**Meaningful outcomes:** Effective interventions must be shown that they can help consumers to achieve important goals or outcomes related to impairments and/or risk factors.

**AI-NA Outcomes:** Do people show up for one time and then never come again? Or do they come, tell their friends about it, and bring others to participate? Do community members, participants, and clients share feedback? This is the “story” of the program. It can be documented. It is important to track these measurements, how they change over time.

**Study Design:** These programs are evaluated using scientific methods preferred by the accountability systems described in the government resource documents and requests for proposals.

**AI-NA Design:** Randomized assignment to control or experimental groups is inconsistent with AI-NA values. Therefore Native American groups are best approached utilizing the RELATIONAL WORLDVIEW as described by National Indian Child Welfare Association.

**Fidelity Scale:** A fidelity scale is used to verify that an intervention is being implemented in a manner consistent with the treatment model – or the research that produced the practice. The scale has been shown to be reliable and valid.

**AI-NA Fidelity Scale:** Our Elders within our community, our teachers and the “**Three Elder Women Test”** is our fidelity scale. The Elders are our gauge for how we are doing.

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