

## INTRODUCTION

The cover to this volume bears two colors, red and yellow, that are of special significance to American Indian and Alaska Native people. Red symbolizes all that is positive in life; it is from the East, where dwells the Morning Star that gives wisdom to man. Yellow is the color of birth, the beginning of life, and the power to grow. This power emanates from the South. The logo for the Primary Prevention Publication Series, an abstract rendition of the rising sun and the first rays of its light, embodies a similar set of meanings and represents the coming of prevention as an important emphasis in the mental health movement, for both federal policy as well as actual practice. *New Directions in Prevention among American Indian and Alaska Native Communities* is an attempt to translate these parallel beliefs about and like commitments to the promotion of the mental wellbeing of man into action that will benefit this special population.

This particular effort is the result of a series of discussions with Dr. Stephen Goldston, Director, Office of Prevention, the National Institute of Mental Health, which began in December, 1980. On the basis of these discussions, funds were obtained to conduct a prevention research planning workshop, the goals and objectives of which are described by Dr. Goldston in his foreward to this volume.

Even cursory review of the American Indian and Alaska Native mental health literature reveals that prevention—regardless of whether the emphasis is research, training, or services—has been sadly neglected by past inquiry. Moreover, it is evident that the training of mental health professionals, the delivery of mental health services to American Indian and Alaska Native communities, and mental health research are interdependent activities (see Manson, Medicine, & Funmaker, 1980; Manson & Trimble, 1982). Hence, the workshop was seen as a unique opportunity to summarize the state of prevention with respect to each of these arts as it has developed in the context of this special population.

Workshop participants were chosen on the basis of their involvement in research, training, or services of a preventive nature within American Indian and Alaska Native communities. The participants work in a diverse array of institutional settings, namely departments of social or behavioral science, medical schools, a multinational center for educational exchange, a tribally operated community college, tribal mental health programs, the Indian Health Service, and the

National Institute of Mental Health. Most of the mental health-related disciplines are included: specifically, anthropology (2), psychiatry (3), psychology (8 from social, clinical, and counseling psychology), public health (2), and social work (4). Eight of the 19 participants are American Indians, representing four different tribes.

The workshop was organized as five sections which considered research, training, services, program evaluation, and recommendations for prevention research planning. The participants prepared 20–30 page papers that addressed a variety of topics in these areas. The manuscripts included four general position papers and ten papers that employed specific programmatic examples to raise, illustrate, and discuss relevant issues. Major discussants were assigned to the papers which were, in turn, distributed to all participants one week in advance of the workshop, as was the publication *ADAMHA Prevention Policy and Programs 1979–1982* which served as a common point of reference for the development of recommendations.

The workshop was held September 24 and 25, 1981, at Timberline Lodge which is located on Mount Hood, approximately 50 miles east of Portland, Oregon. The participants focused on prevention research during the morning of the first day and turned to prevention-oriented training later that afternoon. The second day began with a discussion of preventive services and continued into the afternoon with a review of strategies for program evaluation. Each participant was allotted 30 minutes during the session for which his/her paper had been prepared to summarize the issues and concerns that he/she believed to be most important. Discussants followed with brief commentaries; the remaining time was opened to group discussion. The last part of the second day was set aside for policy recommendations and for closing remarks.

The participants were encouraged to revise their papers in light of the workshop discussion. Their revised papers, together with portions of the workshop discussion which were selected and abstracted by the editor, constitute the major elements of this document. An initial draft of the recommendations with respect to prevention research planning and policy was circulated after the workshop and was modified according to additional input by the participants.

Part 1 contains four papers that are specific to prevention research among American Indian and Alaska Native communities. Manson, Tatum, and Dinges, in a major position paper, explore the assumptions that underpin current prevention research, review the available literature on prevention studies in this special population, and suggest new emphases for future inquiry. These emphases include: 1) attention to the enhancement and maintenance of self-esteem as a master motive for psychological, social, and cultural behavior, 2) development of a more comprehensive view of person-



environment interaction, 3) examination of individual and community competence as expressions of these dynamics, and 4) the search for comparative models that can account for cross-cultural variations in such phenomena.

Lefley considers the relationship between self perception and mental health among the children of two southeastern tribes, the Miccosukees and Seminoles. Reviewing a series of studies which she conducted with the communities in question, she demonstrates that acculturation, tribal disintegration and the attendant conflict regarding role and identity are closely associated with low self-esteem. Based on these findings, Lefley outlines a number of strategies for prevention programming at multiple levels of intervention.

Mohatt and Blue discuss the extent to which culture change may be related to social indicators of pathology in Lakota communities on the Rosebud Reservation in South Dakota. They describe the development of empirical measures of the *tiospaye* as an expression of traditional Lakota lifestyle and the use of legal and medical data as indices of pathology at the community level. Mohatt and Blue close with a discussion of a population-based intervention that sought to reduce a wide range of ills by regenerating the *tiospaye* in a specially selected Lakota community.

Dinges reports on the development, implementation, and evaluation of a promotive intervention for Navajo families. He details the initial research that suggested appropriate ways in which to attempt to optimize culturally accepted forms of interpersonal behavior among the Navajo. He then reviews the nature of the intervention, and cites both quantitative and qualitative data regarding its process as well as outcomes. Dinges provides a series of guideposts for future attempts to promote generic interactional competencies that are thought to be related to positive mental health.

Part 2 is comprised of three papers specific to training individuals to work preventatively in American Indian and Alaska Native communities. Trimble opens by reviewing current training approaches, which he characterizes as being culturally encapsulated. He then considers the progress that has been made towards training native as well as non-native mental health professionals, citing institutional and organizational barriers to the former's selection and retention. Trimble concludes that there is a great need for mental health professionals who have been trained to function preventatively in cross-cultural settings, especially those which involve Indian and Native clients.

Yvonne Red Horse describes a school-based preventive intervention that was extended into the community by attempting to augment and strengthen the natural support networks of adolescent

Indian females in Minneapolis, Minnesota. She discusses the project's goals and objectives, the underlying assumptions that guided the intervention, and the reactions of the Indian community and of school personnel. This experience leads Red Horse to highlight four areas—family, community, cultural knowledge, and behavioral health—that require special attention in the development of curricula for training para-professionals to deliver preventive services to Indian adolescents.

Medicine argues that training curricula have ignored ethnographic data and, thus, are sorely limited in the extent to which culturally meaningful points of leverage for preventive intervention can be found and employed by mental health professionals. She focuses upon Lakota alcohol use and abuse, specifically, achieving and maintaining sobriety, as an example of the type of phenomena that can be understood only in social context. To this end, Medicine summarizes her detailed observations of the cognitive and interpersonal dynamics that are at work in Lakota drinking and that contribute to alcoholism among the Lakota.

Part 3 contains four papers specific to the design and delivery of preventive services to American Indian and Alaska Native communities. John Red Horse provides a model, which he refers to as a process of cultural network review, for assessing the mental health needs of such communities and for organizing subsequent services. He stresses the importance of understanding the relationships between the ways in which community life is ordered and the mechanisms by which individual members adapt to a variety of pressures. Red Horse illustrates the model's practical application with examples from a family-oriented mental health program for urban Indian residents of Minneapolis, Minnesota.

The second paper is in the form of a final report to the National Center on Child Abuse and Neglect which summarizes the design, implementation, and effects of a three year demonstration project that addressed a complex set of issues relating to child health and welfare on the Yakima Indian Reservation. Robbins, the principal investigator and author of this report, describes the multiple problems that surrounded these issues in this community, many of which resulted from a lack of coordination among responsible programs and the prevailing jurisdictional authorities. She chronicles the emergence of *Project Nak-nu-we-sha* as a response to the unmet needs, outlines its goals and objectives as a preventive intervention, and candidly indicates the extent to which the staff were able to achieve them. Robbins ends her report by offering two sets of strategies—one cooperative, the other circumventive—for resolving the almost inevitable conflict that occurs among agencies charged with the responsibility for Indian child health and welfare: in her experience,



one of the most important tasks that faces those who wish to develop effective preventive services in communities of this nature.

Green discusses child psychiatric consultation to an Indian tribal court as a form of preventive intervention. Like Robbins, his experience and materials derive from long association with a Northwest plateau tribal community. In this instance, Green describes his approach to advising the local tribal court about the psychiatric status of the major actors in child welfare cases and about the actions which he believed to be in the best interests of the children involved. He recounts the difficult struggle to reconcile psychiatric theory with the cultural context of caregiver/child relationships, assumptions about child development, and issues of personal as well as community responsibility. In Green's opinion, psychiatric consultation of this type, if it is to succeed as a form of prevention, needs to consider long-term planning on the reservation, must address issues of control, should seek to enhance the re-integration of children who are returning to reservation life, and ought to encourage the utilization of outside resources to supplement those which a given community may lack.

McShane considers strategies for preventing the psychoeducational consequences of otitis media, one of, if not the most common diseases among American Indian and Alaska Native people. After reviewing etiologic factors and contrasting the prevalence of otitis media in the general population with its prevalence in American Indian and Alaska Native communities, he discusses the implications of the untreated condition for language development and cognitive abilities. McShane clearly demonstrates that the resulting delays are preventable by regular, relatively uncomplicated screenings. He argues, however, that a variety of obstacles—some of which have to do with organizational and professional barriers, others involve lack of awareness and basic resources—often preclude effective intervention. He describes how these obstacles were overcome in a Chippewa community on a Wisconsin reservation and among the urban Indian population of Minneapolis, Minnesota. From this experience, McShane generates a set of planning tasks for the development of like prevention programs.

Part 4 is comprised of three papers specific to the evaluation of prevention programs in American Indian and Alaska Native communities. Beiser sets the stage for this discussion by reviewing the assumptions and emphases of the major models for evaluation. With respect to the selection of an appropriate model, he strongly advocates that one first specify the goals and objectives of the evaluation, consider the best fit between research method and intervention, and recognize that a particular approach will yield a certain product. Beiser then illustrates how implementation, formative, and summa-

tive approaches to evaluation have been employed in the assessment of a variety of American Indian and Alaska Native mental health programs.

Shore and Keepers highlight a number of issues that they believe to be important to the evaluation of prevention programs for Indian youth. These issues include the use of comprehensive social and psychological measures, attention to positive mental health constructs, consideration of multiple perspectives on child behavior, accommodation of developmental differences that are age-related, and cultural sensitivity. They cite several examples from their own and others' work to illustrate how such concerns have been addressed in the American Indian and Alaska Native mental health literature. The authors then turn to the re-evaluation of an adolescent residential treatment program that is staffed and operated by the Confederated Tribes of the Warm Springs Indian Reservation. Shore and Keepers draw on the preliminary results of this study to outline a three stage approach to evaluation in which one type of inquiry successively builds to another, and thereby encourages a logical progression in the kinds of questions asked and in the nature of data collected.

Kleinfeld describes two detailed case studies of environments that have had a positive socializing effect upon Eskimo youth: these environments include a religious boarding school and a village youth organization. She begins by considering various indicators of the mental health of Alaska Native youth and some of the factors that seem to contribute to their psychological distress. Boarding schools and instances of rapid culture change in native villages figure prominently in this discussion. Kleinfeld presents convincing evidence of two exceptions to this case. She employs participant observation and selective interviewing to explore the differences in the environments that are the subject of this paper and to understand the difference that they make in the lives of the young Eskimo people who participate in them.

Part 5 consists of recommendations to ADAMHA and other funding agencies for prevention research policy and planning with respect to American Indian and Alaska Native communities. Bloom's epilogue places these papers and recommendations in the field of prevention in general. His review of present and future paradigms for disease prevention as well as health promotion echoes many of the issues that were expressed by the authors. Moreover, by emphasizing closer examination of the linkages among stressful life events, social support, and mental health, Bloom touches upon one of the major themes of this volume and of the many discussions that are presently underway in American Indian and Alaska Native communities on the subject of prevention.

This volume is intended to serve a number of purposes, some of which have been previously stated in the foreward. In addition to these ends, we hope that it stimulates further, appropriate research in partnership with American Indian and Alaska Native communities, that the programs described herein encourage others to pick up where these efforts leave off, to expand and to elaborate upon them, and to generate new ways of realizing the strengths within us and that which is positive in the life around us.

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## REFERENCES

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