THROUGH THE DIAMOND THRESHOLD: A COMMUNITY-BASED PSYCHO-EDUCATIONAL GROUP TRAINING PROGRAM FOR TREATMENT OF SUBSTANCE USE DISORDERS AMONG AMERICAN INDIANS

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Abstract: Researchers offer Through the Diamond Threshold, a culturally relevant, community-based training program to increase awareness and promote healing related to substance use disorders (SUD) among American Indians (AIs). For providers, this program seeks to promote greater cultural responsiveness, empathy, cultural humility, and effectiveness in SUD treatment provision. Largely interactive in nature, the activities offer an opportunity for participants to immerse themselves in an AI experience through the use of stories, music, a traditional meal, and experiential exercises. Twenty-six participants (the majority AI) associated with helping professions participated in a two-day program and then met in focus groups to discuss and report their views concerning the effectiveness of the program. Findings suggest that use of an immersive training experience, the centering of AI traditions and collectivism, as well as attention to historical context, were cited as key components in the success of the training. Several AI communities later used the program in a number of different venues and with a variety of participants.

INTRODUCTION

Historically, many community interventions for use with American Indians (AIs) have not been especially helpful because they have not addressed the primary concerns of tribal communities, have not utilized appropriate approaches, and have not addressed power differentials in partnerships (Edwards, Lund, Mitchell, & Andersson, 2008; McKennitt & Fletcher, 2007). Persons who formulated and implemented interventions were often limited in their knowledge of community strengths, traditions, values, and participation in tribal communities (Thomas, Donovan, & Sigo, 2010). Further, intervention research has been misinterpreted because of inadequate knowledge of tribal values and perspectives (Edwards et al., 2008). Tribal communities have expertise and knowledge that is critical to the development of culturally grounded interventions. Specifically, tribal elders and leaders have profound knowledge about psychological

health that it is imperative to acknowledge and utilize. It is also ethically imperative for outside health providers to enter into partnerships with tribal people and learn about tribal values and traditions as they collaborate in creating community interventions to minimize the potential for harm to tribal communities and individuals (Goldberg-Freeman et al., 2007). Duran, Jojola, Tsosie, and Wallerstein (2008) clearly articulated basic principles that foster collaboration and equity in working relationships and partnerships with tribal communities. They emphasize the utilization of community resources and culturally relevant and acceptable interventions.

Theoreticians and researchers argue that there are three major problems with Western mental health care systems being imposed on AI communities. First, ideas about mental health are ideologically different. Duran (2006) contends that Western approaches to counseling are based on individualism. Gone (2004) argued that Western counseling approaches are often lacking in contextualization, and they emphasize hierarchy and individualistic views, while AI paradigms reflect notions of interconnectedness, spirituality, nature, and different rules of behavior. Second, professionals trained in Western notions of mental health do not provide effective services to AIs. This is reflected in part by lower rates of mental health services being sought by AIs compared to non-AIs (Harris, Edlund, & Larsons, 2005), higher drop-out rates, and experiences of racism among AIs (Sarche & Spicer, 2008). Third, the Western paradigm of psychology, when imposed on AIs, is a form of continued colonization. This can be exemplified by emphases on individuality rather than participation within tribal communities, epistemological conflicts that materialize in contrasting views about mental disorders, and ontological conflicts such as different views regarding being and becoming.

We seek to address these discrepancies with the Western health care system by advocating ethical and culturally responsive counseling by presenting a community-based intervention for AIs. The Mid-America Addiction Technology Transfer Center, an organization striving to improve the health and quality of life of AI communities through advocacy and education, partnered with the University of Missouri-Kansas City, a facility helping professionals and organizations analyze, customize, and implement training programs to provide support to community-based psycho-educational group programs such as the one presented in this paper. These organizations attempted to create a culturally appropriate program, *Through the Diamond Threshold*, to facilitate AI community members' redefining the source and nature of substance use disorder (SUD), while also incorporating healing within relevant historical, cultural, and identity contexts. This partnership which utilized feedback from helping professionals offered evidence of the

effectiveness of the *Through the Diamond Threshold* program. Largely interactive in nature, the activities offered an opportunity for participants to immerse themselves in an AI experience, by using stories, music, a traditional meal, and experiential exercises. The program provided a context in which participants explored how life experiences and Eurocentric perspectives have shaped AI attitudes about themselves, their relationships, and their views of SUD. Several AI communities later used the program in a number of different venues and with a variety of participants.

In this article we describe the creation of the *Through the Diamond Threshold* program and the training of mental health professional participants who would eventually implement the program in their communities. Participants engaged in the training program and then gathered into focus groups where they evaluated it. After a brief literature review related to key components of the program, authors provide a comprehensive description of the *Through the Diamond Threshold* program and report participants' comments about the program.

Literature Review

Cultural Competency

Cultural competency was a primary consideration to the persons responsible for the creation and the implementation of the *Through the Diamond Threshold* program. Cultural competence is "a set of congruent behaviors, attitudes, and policies that come together in a system…and enable those professionals to work effectively in cross-cultural situations" (Cross, Bazron, Dennis, & Isaacs, 1989, p. 13). *Culture* refers to "the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group"; and c*ompetence* denotes the capacity to function effectively (Cross et al., 1989, p. 13). Sue (2006) maintains that cultural competency in a mental health setting is based around the idea that counselors and mental health providers should possess culture-specific skills and knowledge. They can in turn use this knowledge to implement appropriate interventions and effectively counsel members of differing cultures.

The need for multicultural competencies in the counseling profession has become widely accepted and acknowledged and is reflected in an increase in literature, training, and multicultural competence guidelines put forth by the American Psychological Association (APA, 2003). Meta-analysis of multicultural competency research has shown that client perception of therapist multicultural competency has shown a strong positive relationship with key therapeutic factors including client satisfaction, provider competence, and session depth (Tao, Owen, Pace, & Imel,

2015). Despite the consensus on the importance of multicultural competencies, how this competency is defined and implemented, as well as the underlying mechanisms of its effectiveness, have varied in the literature (Chu, Leino, Pflum, & Sue, 2016).

Various models of multicultural competency differ in the emphasis placed on attention to competency at the level of the person (the provider), competency at the process level of therapy, and competency in the use of skills and interventions (Chu et al., 2016). It has been proposed that engaging in multicultural competencies is helpful through its ability to create a contextual match between the client and their external realities, create an experiential match in the microcosm of the therapeutic relationship, and foster feelings of being understood and empowered (Chu et al., 2016). Additionally, few empirical studies have measured the development and presence of such competency during training, with most relying predominantly on self-report measures (Tormala, Patel, Soukup, & Clarke, 2018). While acknowledgement of the importance of multicultural competencies is certainly a step in the right direction, much of the literature appears to focus on the personal development of such competency but provides little in the way of concrete translation into work with clients. This may be especially true for novice providers seeking to grow in their use of purposeful and culturally mindful interventions and may be compounded by findings suggesting that most clinical supervisors did not receive extensive multicultural competency training (Duan & Roehlke, 2001). This reality may leave novice therapists with even less guidance in their everyday implementation of culturally congruent interventions. It is the authors' hopes that the present article will help fill this gap. Trimble (2003) ascertains that cultural competence should be a prerequisite for any type of psychological service delivered.

Community-based Interventions

The *Through the Diamond Threshold* program is a community-based intervention, in which the authors sought to gain significant contributions from persons of communities where the program would later be utilized. Community-based interventions are those that are not aimed at a particular individual, but rather with a goal of targeting collective members of a defined group, community, or organization. Through this framework, community-based intervention helps to center a social justice perspective that many view as necessary to maintaining an ethically sound practice (Enns, 2004; Louis, Mavor, La Macchia, & Amiot, 2014). Community-based interventions have been successfully utilized with AI and indigenous populations (Holkup, Tripp-Reimer, Salois, & Weinert, 2004; Nelson & Tom, 2011; Thomas, Donovan, Sigo, & Price, 2011), as well as communities who report drug and alcohol abuse-related problems (D'Amico, Chinman,

Stern, & Wandersman, 2009; Gilligan, Sanson-Fisher, Anderson, & D'Este, 2011; Holder et al., 2000).

Previous researchers documented harmful effects and deficits associated with using Eurocentric evidence-based practices to counsel Native community members. Approaches may alienate clients by dismissing their traditions, values, and heritage; coercing assimilation; excluding experiences of oppression and historical trauma; and using mechanistic and reductive lenses incongruent with client spirituality (Gone, 2009). Unfortunately, recent pushes for use of evidence-based treatments have been criticized for not being culturally mindful. Relating trauma to multicultural competencies has received overall little attention in the literature (Mattar, 2011); however, most appropriately it has been the work of indigenous scholars who produced significant insight to help bridge the gap. Specifically, attention to the ways in which standard research practices and conceptualization of mental illness and trauma perpetuate colonization and use of community-based interventions are recommended (Hill, Lau, & Sue, 2010).

Researchers began developing community-based interventions by collaborating with AI and indigenous people in community-based participatory research approaches (Mohatt, 1989). These approaches better fit the needs of target group populations often misrepresented and further marginalized by researchers using more traditional methodologies (Whitesell, Sarche, Keane, Mousseau, & Kaufman, 2018). Gone (2009) adopted a bottom up approach to bridging the gap between evidence-based and culturally informed practice. That is, instead of taking existing evidence-based practices and modifying them to better fit oppressed populations, his work began within the AI community and highlighted important differences between how Westernized practice and Indigenous peoples conceptualize intrapsychic versus systemic factors, comprehensive healing versus symptom reduction, and how evidence for a treatment's effectiveness is measured. Further, it has been found that the concept of community connectedness serves as a protective factor for AIs, and thus, should be prioritized as a target of treatment and research (Schultz et al., 2016).

Alcohol Use Disorder and American Indians

Alcohol use disorder (AUD) is one of the most significant problems for AIs and is associated with almost 12 percent of AI deaths, a number three times higher than the general population (NBC News, 2008). AIs have higher rates of driving while intoxicated and related deaths than the general population and are five times more likely than Whites to die of alcohol-related causes, such as liver disease (USDHHS, 2007). In the 2012 National Survey on Drug Use

and Health, it was determined that of six racial and ethnic groups, 41.7 percent of AIs had used alcohol within the past month, the second lowest percentage among the groups. However, 30.2 percent of AIs reported binge use of alcohol (five or more drinks on the same occasion), and 8.5 percent reported heavy use of alcohol (five or more drinks on the same occasion for five or more days), the highest of any other racial or ethnic group (USDHHS, 2012). This survey indicated that although AIs consume alcohol less frequently than other races, those that do often use alcohol in excess.

Not only is AUD prevalent within AI populations, but underage drinking has also become a major issue. Collins and Pritchard (2007) found that the average age of first time alcohol use in AI populations was 13.2 years of age, one year younger than the national average. They also found that 11 percent of 12- to 17-year-olds had reported past-month binge drinking (Collins & Pritchard, 2007). Nearly one in 10 AIs die from alcohol related causes, and 66% are under the age of 50 (NBC News, 2008). These statistics show the prevalence of AUD within the AI community and the need for culturally minded interventions.

Training Overview

Through the Diamond Threshold is a culturally relevant, community-based program for AI community members who experience SUDs. The goal of this project is to benefit AI communities through community action research; consequently, the program began with contacting community representatives by phone and asking them what areas of concern they had and then about relevant ways of addressing them. During initial discussions, representatives stated that communities wanted a program that community members could take primary responsibility for and utilize long term. Professional helpers from tribal communities that expressed an interest in initiating new approaches to address drug and alcohol issues were especially targeted for participation. The program creators were adamant that integrating the unique understandings, strengths, and responsibilities involved in creating and implementing projects in AI communities would enhance outcomes and relevance (Jacklin & Kinoshameg, 2008) for community members. The *Through the Diamond Threshold* program focuses on the larger community and in educating participants about tribal/cultural perspectives, experiences, and therapeutic interventions. It brings persons who struggle with SUD and community members who are both directly and indirectly impacted together with professional helpers. It does not replace existing intervention programs but may serve as a gateway to participation in them.

A meeting was held with 25 adults from mental health agencies that serve AI people. Fifteen tribal nations were represented. They discussed the need for a curriculum that might facilitate tribal members to discuss issues related to SUD in their communities. A few months later, the same group reconvened to participate in activities potentially suitable for a curriculum. After participating in only three activities, participants expressed discontent. They reported that the first activity's title, "The Wagon Wheel" was insensitive to AIs because of its association with colonialization. Several of the other activities, such as a family problem solving activity, failed to represent typical AI configurations and protocols. Another activity required moving in tabooed directions (different tribes move around circles in different directions during dances, ceremonies, etc. and will not move in the opposite direction as it would run counter to the way they see the movement of positive energy). Consequently, participants and representatives from both organizations decided to involve AIs who had previous experience writing curricula for AIs in the creation of a new curriculum with greater cultural relevance and appropriateness. During the first "failed" planning meeting, comments revolved around an interesting statement by one of the participants: "We don't want a program that is based on some Western psychology with beads and feathers hung on it." Present authors attempted to follow Duran et al.'s (2008) admonition for interventions that emerge from a community's traditions, values, and indigenous knowledge and resources.

Five people, representing five tribes, met three times to discuss what kind of a curriculum might serve AIs in a more culturally relevant fashion. The group decided to write a curriculum that would focus on community rather than individual education. They incorporated tribal histories, interpersonal processing, and holistic wellness rather than focusing solely on cognitive education. They also focused on stories rather than problem solving, inner and outer experiences over behavioral and cognitive change, and relational instead of didactic learning. The group found that focusing on strengths and healing rather than on problems and deficits was beneficial for understanding SUDs. Some researchers suggested that less prescriptive, more flexible programs promoting culturally relevant and effective psycho-educational group techniques are more beneficial for AI populations. They found that programs promoting cultural identity, self-disclosures, processing, altruism, and an emphasis on strength-based models were preferable to psychology's traditional deficit model or a specifically alcohol treatment-focused model (Robbins, Tonemah, & Robbins, 2002; LaFromboise & Rowe, 1983).

Overarching Goals and Objectives

The main goal of this program was to provide mental health professionals with an immersion experience that they might replicate with clients experiencing SUDs. Facilitators implemented three objectives to achieve this goal. The first objective was to provide an atmosphere in which participants could immerse themselves in an AI experience in order to explore their own attitudes, beliefs, and perceptions of SUDs from a cultural perspective. The second objective was for participants to experience the AI worldview of interpreting reality "through heart and hand as well as mind" (quote from focus group meeting). The third and final objective was to create an environment of trust and openness where personal reflection and group discussion fostered evaluation of one's beliefs and attitudes relating to one's own life experiences.

In the appendix are edited summaries of four activities drawn from the *Through the Diamond Threshold* curriculum booklet (Robbins, Asetoyer, Nelson, Stilen, & Tall Bear, 2011) that were used during the program described in this paper, as well as a sample agenda and a description of the facilities.

METHODS

General Qualitative Approach

Researchers utilized a general qualitative research approach in this study. Interpretive techniques were utilized in seeking to describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of comments made by participants. The researchers assume knowledge and reality are constructed in and out of interaction between human beings. In this case, focus group (described later) members constructed what they interpreted as the meaning of their experience as participants in the *Through the Diamond Threshold* program. Later, as will be described in the analysis section, researchers employed an inductive thematic analysis of the transcripts of participant comments. Researchers read and re-read the transcripts, coded significant ideas, and placed them in categories, formulated themes, and then interpreted and theorized (Creswell, 1998).

Indigenous Methodology Framework

This article is built on the framework of Indigenous Methodology, which is defined as "research by and for indigenous peoples, using techniques and methods drawn from the traditions

and knowledges of those peoples" (Evans, Hole, Berg, Hutchinson, & Sookraj, 2009, p. 894). The main intention of Indigenous Methodology is to ensure that research is conducted in a respectful and culturally sensitive fashion from an Indigenous perspective. Thus, our contention is neither to reject nor compete with Western psychology, but to generate meaningful discussions by challenging Western psychology with the questions folk and indigenous knowledges raise about the nature of our being and healing. It is our assumption that the certainty and "scientific rigorousness" of Western psychology and its process of judging knowledge and truth (Kincheloe & Steinberg, 2008) need reassessment. Locally constructed and transmitted knowledges and values can provide new and different perspectives of psychological theories.

The methods involved: 1) community involvement at every stage guiding the project creation, implementation, and research (i.e., participants decided that they wanted focus groups to solicit qualitative data rather than individual interviews arguing that such an approach is more congruent with AI group participatory values); 2) local knowledge, expertise, and traditions informed the development of research questions and later interpretations of data (a traditional tribal member assisted in both regards); and 3) the research benefited the tribal communities when the project was implemented by trained facilitators at several tribal communities.

Participants

The leaders of the program selected 25 AI and non-AI professional behavioral health helpers from across several states to participate in a two-and-a-half day *Through the Diamond Threshold* program training. The participants consisted mainly of Native and non-native behavioral health professionals who serve AI people; however, also in attendance were AI tribal leaders and elders, spiritual healers, and non-native behavioral health workers. Fourteen different tribes were represented as well as one African American and four Euro-American counselors. The non-AI participants had experience working with tribes and AI populations. The ages of participants ranged from 26 to 62, while the range of counseling experience ranged from 1 to 30 years. Out of the 25 participants, 16 were female and 9 were male. Eight participants were drug and alcohol counselors, 6 social workers, 3 AI community counselors, 3 service organization volunteers, 2 mental health administrators, and 2 AI medicine persons. The fourteen tribes represented were Cherokee, Choctaw, Potawatomie, Shawnee, Comanche, Navaho, Chickasaw, Creek, Cheyenne, Seminole, Kickapoo, Kiowa, Apache, and Cheyenne-Arapaho.

Curriculum

The *Through the Diamond Threshold* program is an attempt to provide a culturally relevant intervention that may contribute to helping AI communities where persons struggle with tribal identity issues and SUDs. Available literature suggests that some AI individuals may experience feelings of distrust as a product of colonization with regard to Eurocentric forms of treatment and may prefer treatment which draws upon indigenous healing traditions (Moore, Aarons, Davis, & Novins, 2015). A perceived cultural mismatch between the individual seeking treatment and the type of treatment available has also been identified as a barrier to treatment regarding SUDs (Venner et al., 2012). The purpose of the *Through the Diamond Threshold* program, evaluated later in this article, was to provide mental health professionals with a validated model, knowledge, and skill set that could be used in their work with AI community members.

Training activities emphasized small and large group discussions and were often experienced through storytelling and facilitator-guided experiential exercises. Exposure to images and the use of movies (DVD) and music (live and CD/MP3) were also utilized along with a smudging ceremony and a traditional meal. The curriculum used in this study can be accessed in its entirety online at http://www.attcnetwork.org/regcenters/productDocs/5/Through_Diamond_ Threshold.pdf. The format consists of the following subtitles: goals, material needs, time needed for completion, and procedures and questions (each activity has 10 sample questions for discussion purposes). Twelve activities (four detailed in Appendix A) include the Naming Wheel, Acculturation Issues, Firewater Myth Deconstruction, Give-Away, Indian Country Role Play, Lakota Medicine Wheel, Soul Wound, Sucker Punched, Talking Circle, Through the Diamond Threshold: Storytelling Wisdom, Walking in Another's Moccasins, and Web of Life. All the activities have SUD as the primary theme in relation to historical trauma, lateral oppression, acculturation issues, humor, interconnectedness, nuclear and extended family issues, tribal and personal identity, prejudice, and community healing among AIs.

All activities were assigned one of three ratings to denote their emotional intensity. An activity with a low emotional intensity involves a passive and/or cognitive activity requiring minimal self-disclosure. A moderate emotional intensity activity includes storytelling by the facilitator followed by active discussion, as well as a moderate level of participant self-disclosure and anticipated emotional responses. A high emotional intensity rating contains activities unfamiliar to most participants that include simulations intended to evoke participant emotions and/or dissonance regarding previously held perceptions. Interspersed throughout the program,

traditional AI rituals were performed, such as AI songs, smudging, a stomp dance exhibition, prayers prayed in tribal languages, giveaways, and traditional foods.

Researchers/Facilitators

Two facilitators led the activities for *Through the Diamond Threshold*: one Kiowa woman and the other a Cherokee/Choctaw man. They were behavioral health specialists who had credibility with Native and non-native audiences and were attuned to their own tribal cultures. They had a high degree of knowledge about the dynamics of training and intercultural and inter-generational learning. Each facilitator was well prepared and comfortable with the exercises.

In addition to the facilitators described above, two other researchers also assisted in the writing of this paper.

Focus Groups

Facilitators/researchers conducted focus groups with the *Through the Diamond Threshold* program's participants the morning after their two-day training. Focus groups involved the gathering together of small groups of people to gather meaningful data (Bradbury-Jones, Sanbrook, & Irvine, 2009). They are especially effective when data collection time is limited. The 4 focus groups consisted of 6 participants each, split randomly. One participant could not attend the focus group. Each group elected a scripter to take notes during the focus group discussions. Later the scripter would read the notes back to the group, and the group told the scripter what they thought were the most "salient points" of their discussions. They were given one question for discussion about every 45 minutes. Each group provided the facilitators/researchers their most salient points written on a piece of paper.

Data Analysis

The participants' written comments were collected for the use of triangulation (Stake, 2000; Yin, 1984) to provide understanding of the focus group work. Three researchers (including one of the program's facilitators) took care, when separately considering themes, to not reduce or manipulate remarks. First, they independently coded the transcripts and then compared them. There was general agreement (90%), and through discussion some of the codes were deleted, modified, and merged. Gradually, through ongoing discussions, larger categories were agreed

upon and meanings were formulated (Corbin & Strauss, 1998). As researchers analyzed and began to write the discussion section, efforts were made not to provide too much personal interpretation, yet not to fail to provide insightful commentary (Wolcott, 1994). Lastly, researchers made their interpretations available for fellow scholars, including AI scholars, and sought their feedback.

The researchers read and reread the interview transcripts, field notes, and memos and then highlighted significant remarks throughout the documents. The highlighted remarks were compared, contrasted, and aggregated in order to find similar patterns and categories. Throughout this process, the researchers triangulated and summarized the extensive text into core themes that reflected overall contexts and meaning (Creswell, 1998). During the process, the researchers deconstructed concepts from Western psychology aiming to loosen any rigidity related to meaningful interpretation that the researchers might be influenced by. It was the researchers' hope to expand and enrich the limited Western meanings.

RESULTS

Following is a summary of participant responses to the four focus group questions.

Question One: What did you learn during the program?

One focus group said that the program had reminded them of "the tribal wisdom that the past, present, and future are all on one script, now." They explained that they felt "at one with massacred ancestors and with those who will live seven generations from now and compelled to work at alleviating some of the pain." Other participants reported the program reminded them they had "a voice," and they could tell their experience as a "story." It provided a space where participant experiences of historical trauma were "validated" and insights were gained about the "different dimensions of the soul wounds." Two groups reported that having non-Natives present during the training enriched the experience. Others claimed they had learned to contextualize "knowledge in unfolding history." Participants claimed to have gained knowledge about AUD, such as: viewing it as "a symptom of larger political and psychological issues," considering "early drinking patterns" and "gender differences" in regard to drinking, and to have been provided with a "new model" with which to treat it. They learned about "generational conflicts" and differences about "types of alcohol misuse." They reported that "healing" had occurred because of the "emotional level of the learning" that had taken place. One group said they "learned how to

restructure situations and information to gain new interpretations." One focus group said they "felt empathy in a way they had never felt before, for all tribal people" concerning historic trauma.

Question Two: What was helpful and unhelpful about the training?

The most repeated helpful statements had to do with a renewed awareness of "oneness" which was a word that participants used throughout the program. They found it helpful that the "feeling of community" was emphasized, creating trust and an emphasis on the idea of "one heart and one mind." Another focus group reported that the "communal sense of the program" reflected a tribal approach to healing. Some reported appreciation of the "circular nature" of the arrangements, conversations, and worldviews. More than one group reported healing in a "no time, no space American Indian spirituality" and awareness of "spiritualties' deeper meanings." One group reported that it helped to appreciate both the oneness of all people, but also their differences. They said that they had a sense of the "reality of historic trauma" and how it related to SUDs. They reported having deepened their understanding of "cultural competence" regarding tribal differences and respect for AIs in general. Focus group participants appreciated focusing on "strengths rather than the deficits" of AI people. One group said that using "cultural ways and stories" as the basis of all the interactions and conversations was "key to the healing" that took place. One group added that they liked the "democratic but hierarchical nature of the program that reflected American Indian ways." Another group said they learned about "lateral oppression-in terms of race and gender." One group reported that the program had resulted in "the coining of new terms to help participants to understand the power of occurrences" and appreciation of the use of "Native American language to catch the deeper meanings." The "incredible experiential nature and narrative story basis" of the program was praised. Only one group offered a criticism saying that the Talking Stick gift was "not given away with enough clarification of how it was to be used and taken care of."

Question Three: Describe activities you found were helpful or not helpful

One group reported that the Naming Wheel activity "helped all of us to know where we came from and who we are" and to "connect with ancestors." The Talking Stick activity led to "surprising discoveries about how we all need to heal." It also "touched something old, reminding us of our structures, respect, and ways of expressing feelings in a group." The Web of Life helped

to make both "physical and emotional connections and to support and encourage each other." It also "summed up the unity that permeated the workshop and made it so successful." Soul Wound helped participants to "feel and to have a long-awaited catharsis about attempts of genocide against Native Americans." The Action/Replay game "tapped into Indian humor and silliness in a good way." Indian Country Role Play "got at some complex psychological as well as community experiences with alcohol." One group reported that all the "ceremonies from songs, dancing, prayer, and arrangements were deeply moving and life changing." Criticisms were: "We are at a time now when women should be able to touch the talking stick even if they are on the moon." Another was: "If you go to some other places you want to change the Cherokee story out to letting an elder to tell a story from the tribe you are working with."

Question Four: With what groups might you use this program?

They suggested using the program to train mental health staffs (Native and non-native) as well as for staff team building. It might be used in outpatient programs in AI communities. Trained facilitators could use it with youth groups and at family nights in tribal communities to address SUDs. One focus group said it might be used with non-native professional helpers to "increase cultural sensitivity and competence for when they are working with Native Americans." Persons on tribal councils would benefit from the awareness this program could offer. The individual activities could be used in group counseling sessions. It might be "conducted with students at Indian colleges, tribal and boarding schools," youth camps, and detention centers. It could be used at the "front end of staff planning retreats." It could be used with groups for AI advocacy. It should be presented at state and national social workers and psychology conferences. "The booklet should be shared on a website."

Though there were no participants who criticized the Soul Wound activity (Appendix A), the facilitators had discussions following the interventions that demonstrated their concerns that the activity may have re-traumatized AI participants. While the facilitators agree that this activity may potentially be harmful to some participants, they also believe that including discussion of AIs' historic trauma is a necessary component of any psychological intervention with AIs. American Indian identity activities that do not include a realistic grappling with past atrocities cannot affectively address AI identity issues. Nonetheless, it is vital that the timing and the contextualization of this activity is sensitively taken into account when scheduling, implementing, and facilitating group process.

DISCUSSION

We began this paper describing the importance of community interventions in Indian Country. Researcher and theorists' references suggested that a focus on individual at the expense of tribal community interventions contradicted AI values (Hill et al., 2010). The *Through the Diamond Threshold* program addressed this issue from several angles. As described in the description of the program above, participants were drawn from health providers who worked in tribal communities. Facilitators encouraged participants to forge partnerships with their tribal people in their communities. Participants began planning a variety of activities for their communities at the end of the program, not only to train health providers to carry out the program but also to use the activities they learned in youth groups, family nights, retreats for tribal employees, and team building situations.

The literature review also suggested that AUD was often a problem in tribal communities and early alcohol usage was specifically referenced (Collins & Pritchard, 2017). This program provides activities that are not only culturally relevant but age-appropriate for teenage persons and their families. The persons who wrote this program put in much effort into writing activities and questions for processing to promote discussions in which alcohol use disorder and other challenges were linked to historical trauma and contemporary inequalities and discrimination. Participants appeared to appreciate this in their comments about gaining a more "complex psychological understanding" and seeing alcohol use disorder as "a symptom of generational conflicts."

One cannot overestimate the crucial contribution made by the tribally relevant activities that foregrounded historical context, generational influences, and ancestors. These activities were punctuated with experiences (such as a stomp dance, Kiowa and Choctaw songs, prayers in Muscogee, and a traditional Cheyenne meal) that had a sizable impact on the overall success of the program. Instead of focusing only on dispensing cognitive information (which was especially effective when discussing SUDs), spaces were created to respect spiritual being and emotional intelligence. This was especially apparent in the Soul Wound activity, as AIs have experienced over 500 years of genocidal governmental policies and prejudicial acts. In Soul Wound there was less emphasis on what can be learned cognitively than on how participants emotionally understood historical trauma.

The genocidal heritage discussed in *Through the Diamond Threshold* involved both victims and oppressors, AIs and non-AIs. By putting problems such as SUDs, depression, and anxiety in historical and current oppressive discursive contexts, participants believed they could

develop more profound and complex understandings that might lead to more appropriate interventions for AIs. AI participants expressed gratitude for the validation and empathy from non-native participants (Whitbeck, Adams, Hoyt, & Chen, 2004; Brave Heart, 2003). Having AI's and non-AI's together helped to embody the tension of both present and past conflicts between cultures. To attempt to deal with the pain as a single culture would have been limited. The appreciation of the narratives of the contemporary and the past necessitates an awareness of their inextricable connection and of how they influence each other. This kind of training had to be utilized in order for holistic and inter-connected healing to take place.

The literature review presented in this publication shows the necessity of carefully and appropriately integrating tribal/cultural values into intervention programs for AIs (LaFromboise & Fatema, 2011; LaFromboise, Trimble, & Mohat, 1990). Specifically, participants reported that the use of stories (Robbins, Scherman, Holeman, &Wilson, 2005) was culturally and personally meaningful. Respecting hierarchy while operating within communal structures was noted as culturally consistent (Garrett, 2006). Openly discussing lateral oppression (BigFoot, 2000; Robbins et al., 2006), acknowledgement of diversity and commonalities amongst different tribes as well as different acculturation levels (Reickman, Wadsworth, & Deyhle, 2004), and engagement in spirituality in terms of depth of experience (Duran & Duran, 1995) were other important elements. As reported in the results section, participants appeared to have truly experienced, not simply on a cognitive level, but on a profoundly emotional level, a variety of content areas that the above referenced researchers have deemed as integral elements that should make up programs involving AIs.

The value of inter-connectedness was especially emphasized in the literature review (Gone, 2009). A possible reason for participants' exceptional experiences of interconnectedness, as reported above, was the *Through the Diamond Threshold* program and the facilitators' acceptance of affective and intuitive wisdom, historicity, and collectivistic tribal culture awareness as being as valuable as empirical knowledge. Too often education in general may ignore tribal wisdom traditions, which value knowledge gained through mystical and inter-subjective, emotional experiences. The spiritual traditions of AIs and other traditional Native collectivist cultures are less likely to reduce experience into narrowly defined categories. Such openness may have contributed to the participants freely expressing feelings and thoughts about their personal, transpersonal, and tribal mythical experiences and how their personal experiences related to tribal stories and knowledges. Notwithstanding, participants also appreciated the grounding of

facilitators' recurrent efforts to concretize experience with empirical research, psychological theory, and tribal histories.

Participants freely offered comments that transcended Western cultural ideology. They remarked on intuitions beyond typical categories of thought. Participants argued that what they were talking about could only be pointed at through the use of their Native language. The rituals honoring ancestors, the talking stick, the circular movements of the activities, the shell shaking, the playfulness, the story telling, and much more contributed, for some, to a healthy dissociative state of mind (Robbins, Hong, & Jennings, 2011) that has the potential to unlock creative potentials. Joseph Campbell (1964) argued that the state of healthy disassociation is the "most important single creative force in the history of civilization" (p.57). He describes these states of being as "a release from the yoke of individuality achieved through group rites that induce rapture" (p. 141). He contended that these types of group experiences connected participants to spirit ("the inherent reality of us all," p. 345). He defines the spirit as the "force that moves by itself" (p. 328), which results in unselfish creative activity. Participants suggested the tribal spiritual focus of the program contributed to personal transformation and realizations such as seeing the past, present, and future as a single script of which they played a role in caring about addressing the suffering of others.

Regarding the criticisms listed in the result section, one might have noted that they all have to do with proper tribal protocol and secret tribal ceremonial knowledges. The ethical dilemma is whether, how much, and when it is appropriate to ever specifically discuss tribal healing with White civilization, which primarily values the accessibility of knowledge or, worse, is voyeuristically curious about AI ways. For AIs, the mystical experiences are inherent in healing interactions. The activities in *Through the Diamond Threshold* are not simply metaphorical framework, they provide the space and contribute to authentic, coherent experiences of reality, dynamically changing and healing human beings. It is vital that whoever uses this program is careful to adapt it to the particular tribal groups they are working with. In addition, when using sacred objects, a respected elder should be present, guiding their use.

Follow Up

Since the program took place two years ago, the researchers have been informed directly that the *Through the Diamond Threshold* program in the form described above has been utilized with drug and alcohol counselors and other professional helping people in two tribal communities,

both reporting great success. Eleven persons have reported using at least a portion of the program with their tribal communities. Dozens of interested persons (no record has been kept, but we estimated 50 calls) across the United States, from Boston to Palms Springs, have called either the Mid-America Addiction Technology Transfer Center, Inter-tribal Counsel, or the primary author requesting the use of the materials, especially "Soul Wound." Because of this interest, the *Through the Diamond Threshold* curriculum book has been made available online ([http://www.attcnetwork. org/regcenters/productDocs/5/Through_Diamond_Threshold.pdf](http://www.attcnetwork.org/regcenters/productDocs/5/Through_Diamond_Threshold.pdf)).

Recommendations for Future Programs

Having some non-AIs as participants in the project appeared to be highly valued by AI participants. Therefore, conscientious effort should be made to include at least a few non-native people who can help in terms of validation of AI experiences as well as providing the non-AI participants with experience and knowledge in their work with tribal people.

While this program was conducted over the course of three days for this research project, it can also be utilized in a more piecemeal fashion. For instance, one may choose to conduct the program during one full day of 6-8 hours or a single half day of 3-4 hours. Additionally, one may choose to employ the use of different activities for different situations and re-arrange the agenda to suit the situation. Later trainings that followed this one involved: two consecutive full days of 10 hours, another one full day of 8 hours, and another 5 hours. The training agendas provided here are suggestive only. The facilitators are encouraged to adapt the agenda relative to the participants and organizational context. Agendas should consider the range of low, moderate, and high-level emotional intensity of the activities. Certainly, it is better to delay highly emotional activities until participants trust each other.

It is highly recommended that the lead facilitator be a tribal person who has experience working with AIs and with experiential activities and processing. Furthermore, participants from different career areas may need facilitators with different characteristics and strengths. And when using tribal artifacts, an AI elder should be present. It should also be mentioned that it is difficult to reach desired outcomes of cultural humility for providers within a two-day program. Lastly, reliance on focus group comments for evaluation of a program may be limiting because, as previously described, it is potentially biased due to the modalities researchers used to collect participant data. It may be beneficial to implement one-on-one data collection in addition to focus group evaluation.

Future Research

Further research may focus more on the impact on different therapeutic factors such as facilitator empathy, altruism among participants, imparting knowledge, social dynamics, group cohesion, or other factors that may impact outcome. Drawing from this study, researchers may want to measure the impact upon participants by non-native participants' effects. Pre and post measures might be used to measure increases in tribal identification, and longitudinal studies to measure impact on drug and alcohol use would be valuable. Researchers may also conduct a quantitative study to see if the training helps providers to become more culturally competent, empathetic, and effective in SUD treatment prevention.

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APPENDIX

Appendix A: Activities

The following are edited summaries of four activities drawn from the *Through the Diamond Threshold* curriculum booklet that were used during the program described in this paper.

Naming Wheel

The Naming Wheel activity illustrates the importance placed on names and naming in most AI communities, and it gives participants an opportunity to share and partake in the unique stories associated with their names. Participants introduce themselves and briefly share stories behind how and why they received their names and, if they wish, offer meanings associated with their names. Each successive person, after sharing their stories, restates the names of those who have gone before them. Participants later engage in a group discussion focusing on the values inherent in naming within Native cultures with questions such as, "What values are expressed by this tradition?" and "How do our names not only reflect our views of ourselves but influence our lives?"

Soul Wound

An activity entitled "Soul Wound" provides participants with a brief immersion experience into the history of AIs in the United States and allows participants to feel some measure of the marginalization and mistreatment that Native people have felt in the past. On three separate pieces of paper each participant writes down three values, people, beliefs, or things that they cherish most. After discussing the importance of these items in their lives, they turn the pieces of paper upside down and set them in front of them. Next a facilitator walks around the circle of participants, taking one of the pieces of paper from each participant, crushing it and throwing it violently into a trashcan. Participants are asked about how they feel in the moment, and how they would feel if it happened in a real-life situation as facilitators hold a space for trainee emotional processing. Each participant is then given a piece of paper with one issue or problem on it such as diabetes, high blood pressure, high rate of high school drop outs, new religion, etc. Lastly, participants discuss how this activity might be related to the experience of historical trauma as experienced by AIs.

Through the Diamond Threshold: Storytelling Wisdom

Through the Diamond Threshold: Storytelling Wisdom utilizes a Cherokee legend (or another appropriate tribal story) to illustrate how AI communities can come together as communities to combat problems such as alcohol use disorder. The story found in the curriculum

booklet describes how a Cherokee community was invaded and nearly destroyed by a spiritual enemy. The elders knew about the enemy but kept it secret from the villagers for fear that it would upset them. Eventually, they called a meeting to explain and seek remedies for the problem. After much discussion, the villagers joined together and successfully did battle with the spiritual enemy and brought balance and harmony back to the village. Questions are asked during discussion to help participants tie the symbolism and the problems within the story to experiences participants have in their own community with substance use disorders.

Firewater Myth Deconstruction

The Firewater Myth Deconstruction activity is powerful and might be used to challenge harmful stereotypes and clichés. Facilitators aim not just to challenge these ideas, but to also look at unconscious meanings and political implications imbedded within stereotypes about AIs and their relationships with drugs and alcohol. Four participants are placed sitting in front of the other participants. Two are facing two others, and the facilitators are in between them. The four participants are presented with four stereotypes concerning AIs and alcohol. An example might be "Most American Indians have drinking problems" or "American Indians become violent when they drink." The facilitators will turn to two of the persons in the front of the room and ask for their opinions about the statement. Questioning might begin simply about the truth of the statement and gradually move to how AIs might feel about themselves as a people if they swallow the comment as truth. Or if the general public believes this statement, how might it be used to justify not hiring AIs? The two persons not talking witness the other's discussion silently. At some point the two listeners are asked to supplement the first twos' comments with their own ideas about the subjects discussed. Lastly, the audience, who have witnessed the deconstruction activity, discuss what they felt and thought having "overheard" the interactions.

Appendix B: Agenda

The program described here spanned two and a half consecutive days. The training began at 9:00am and ended at 5:00pm on the first day. At 6:00pm on the same day, a traditional AI meal was provided for participants, followed by a ceremonial giveaway. The second day also followed a 9:00am–5:00pm schedule. Care was taken to begin each day with activities of a low emotional intensity, progressively heightening the intensity throughout the day. The third day was reserved for the participants to meet from 9:00am–11:00am in four focus groups to evaluate the program

and activities, as well as to consider possible contexts and populations the program may be effectively utilized.

Specifically, the agenda consisted of the following activities:

Day One

9:00am – noon	Introductions & Naming Wheel
1:00pm – 5:00pm	Sucker Punched & Firewater Myth Deconstruction
6:00pm – 7:00pm	Traditional Meal, Through the Diamond Threshold Story,
	& Indian Country Family Role Play and Give Away

Day Two

9:00am – noon	Soul Wound & Talking Stick
1:00pm – 5:00pm	Instant Replay, Enactment of Stomp Dance, & Web of Life

Day Three

9:00am – 11:00am	Focus groups

Appendix C: Facility

This program was held in a hotel conference room with the dimensions of about 60 feet by 45 feet. It was carpeted, which stifles echo. Chairs were usually placed in a large circle, though they could be moved to suit different activities. The facility had a long table for the facilitators' materials and equipment. Additionally, for the Soul Wound activity only, facilitators utilized a laptop, LCD projector, projection screen or white wall, and audio capability (speaker and connection to audio system).