MULTI-DIMENSIONAL ADOLESCENT TREATMENT WITH AMERICAN INDIANS

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Abstract: The purpose of this study was to determine the effectiveness of an American Indian adolescent treatment program. A two-year follow-up study was conducted measuring school performance and antisocial behavior. It was found that American Indian adolescents who completed the program tended to have improved school performance and less involvement with the criminal justice system.

This paper is about evaluation of an inpatient American Indian adolescent treatment program. In researching the relevant literature, the authors were surprised to discover that little outcome research had been attempted with similar American Indian programs. The research also revealed the complexities involved in American Indian treatment which will be reviewed in more detail in subsequent paragraphs. Differences from the dominant United States culture in the role of the self, in methods of healing, and in the prevalence of poverty, depression, and alcoholism all combine to make American Indian treatment unique. Finally, the recent conclusions that community developed and managed treatment within tribal organizations present the most hopeful approach (Nelson, McCoy, Stetter, & Vanderwagen, 1992) add relevance since it is just this type of program that this present paper attempts to evaluate.

The American Indians continue to hold a unique position among ethnic minorities in American society. They are the only descendants of the people who inhabited North America originally and, as a result, have had to struggle to maintain tribal sovereignty in relationship to the federal government. After a long period in which tribal values and customs, confronted by the avalanche of information, income, and power from the dominant United States culture, faced an almost complete eclipse, the last fifteen years have witnessed in many tribes a re-emergence of the traditional American Indian way of life. This movement, labeled "retraditionalization" (LaFromboise, Trimble, & Mohatt, 1993), re-establishes beliefs and customs specific to individual tribes in problem solving as well as approaches to healing. Many tribal members now seem deeply

ambivalent about the degree to which they desire to be assimilated into the dominant culture, and have clung to and, in many cases, rediscovered traditional culture.

Traditional values conflict with assumptions implicit in modern psychotherapy in several ways (LaFromboise et al., 1993). Two of the most important involve the role of the self. Modern psychology aims at strengthening the ego with insight and information, empowering the individual to make healthy decisions for himself. American Indian values focus on family and community to the extent that these forces (people) are viewed as part of the solution to the problem and are included in many tribal healing ceremonies (LaFromboise et al., 1993). While individual psychotherapy aims to differentiate the client from pathological family situations, helping the client create a healthy individuality, traditional values focus more on the individual developing, through increased awareness of family and community values, a subordination and assimilation of the individual ego into these larger experiences (LaFromboise et al., 1993). These value differences often create conflict and confusion in American Indian clients.

Because of insufficient training and the basic differences in assumptions underlying therapy (healing), psychologists are often not well prepared to work effectively with American Indians (Thomason, 1993). This conflict in models of helping, when combined with the difficult life circumstances of many tribes in the United States, have led many researchers to conclude that Native Americans are at a higher risk for mental disorders than are most ethnic groups (Nelson et al., 1992). The combination of poverty, poor opportunity in jobs and education, frustration, and substance abuse have led to an overabundance of depression in both adolescents and adults (Nelson et al., 1992).

Probably due at least in part to the combination of poverty and substance abuse and the lack of culturally-specific treatment, outcome research with American Indians with almost any kind of treatment tends to have disappointing results (Query, 1992; Westermeyer & Peake, 1983). With adolescents, which is the focus of this paper, very little information of any kind is available on the effectiveness of treatment. Zitzow (1990) reported a 220% increase in adolescents with problematic alcohol use among the Ojibway Community and a 235% increase in referrals through the court system over a ten-year period. Zitzow also reported that Ojibway adolescents experiencing greater family involvement tended to have fewer delinquent behaviors. Factors tending to be predictive of increased pathology in American Indian adolescents were poverty (Dick, Manson, & Beals, 1993) and parental alcoholism (Walker, Lambert, Walker, & Kivlahan, 1993). There appear to be no studies at all which report treatment outcomes of American Indian adolescents in treatment settings other than alcoholism.

There appear to be three conclusions which can be drawn from reviewing the literature. First, is that the problem of depression and substance abuse in American Indian communities is grave. Second, that these mental health problems have resisted treatment due, at least in part, to an incompatibility between values associated with modern psychotherapy and those of many traditional American communities. Finally, is the conclusion drawn by two recent publications by Nelson (1991) and Nelson, McCoy, Stetter, and Vanderwagen (1992) that these problems are best addressed at the local level in programs designed for and by American Indians and stressing traditional values.

The present study reports on such a community developed adolescent treatment program which employs a combination of modern psychotherapeutic techniques and counseling and education in tribal values and tradition. Specifically, the study reports on a two-year follow-up of 290 American Indian adolescents, all enrolled in the Sisseton-Wahpeton Sioux Tribe, who have been referred as clients to O'Inazin, an inpatient adolescent treatment center located on the reservation in Eastern South Dakota. The treatment center was originally developed in 1978 by members of the Sisseton-Wahpeton Tribe and employed, almost exclusively, tribal members in both administrative and counseling positions. The study then addresses the issues of treatment effectiveness with American Indian adolescents using traditional values in therapy in a community setting developed by and for members of the tribe.

Subjects

All 290 adolescents who had been admitted to O'Inazin in the years 1991 and 1992 were included in the study. The group consisted of 133 males and 157 females, ages 11 to 18 (mean = 13.8). The treatment was completed by 171 of the 290 subjects, with the average length of stay for those completing 4.5 months. The subjects were admitted for a variety of self-defeating behaviors. Thirty-two percent had already experienced legal problems in either Tribal or State (South Dakota) court. Eighteen percent showed active suicidal ideation or had tried suicide in the past. Over 90% had curfew violations, and 71% had been truant from school.

The subjects came from three different types of backgrounds: (a) 58% came from homes with at least one parent present, (b) 24% came from homes headed by a relative, and (c) 18% came from foster care.

Treatment Program

O'Inazin was started by the Sisseton-Wahpeton Dakotah Nation in 1977 as a locked, inpatient treatment facility through which the tribe could intervene positively in the lives of troubled adolescents. O'Inazin, Dakotah for "start again," accepts youth from environments of alcoholism,

incest, physical abuse, and neglect whose own behavior patterns had become so predictably self defeating (truancy, antisocial, alcohol abuse, curfew violation) that responsible tribal and family members felt compelled to intervene. The most consistent referral source was the Child Protection Program of the Sisseton-Wahpeton Tribe. The second most frequent source of referral was the adolescent's individual family, followed by Tiospa Zina, the tribal school. O'Inazin's goal is to re-teach and encourage positive and adaptive behavior in a culturally-relevant milieu.

The program is designed to function as a "surrogate parent" by providing consistency in behavioral and attitudinal expectations and consequences and nurturing counseling experiences with American Indian adults trained in mental health principles. The behavior-modification program or "step-up-a-level" system reinforces appropriate behavior by providing functionally-increasing degrees of freedom (e.g., extended curfews, home visits, and outside privileges) contingent on appropriate behavior.

The program has four levels which represent increasing degrees of freedom and responsibility. Each adolescent enters on Level 1, which limits activity to within the locked unit. The second level enables the adolescent to go outside and to school; the third level, to home visits. Students on Level 4 have almost complete freedom of the community and school activities except for nightly curfews.

Adolescents earn points by successfully completing assigned tasks, going to therapy or sweats, attending school on time, and completing academic assignments. Points are taken away for negative behaviors such as aggressions, running away, drinking, and noncompliance within the unit.

The counseling component includes individual and group counseling. Each individual is given a battery of tests by the staff psychologist who also conducts monthly interviews. This information is combined with data gathered by the tribal school, family members, and O'Inazin counselors to develop an Individual Treatment Plan. This document is reviewed and signed by the adolescent and the O'Inazin counselor and is reviewed and revised quarterly. The facility provides groups in alcohol abuse, codependency, and sexual abuse and refers to other community self-help groups such as Alcoholics Anonymous, Al-A-Teen, and Spousal Abuse. Family therapy is also offered. Family therapy intensifies as the adolescent progresses through treatment.

Throughout the adolescent's stay at O'Inazin, experiences and education relevant to traditional Dakotah thought and values are stressed. Students are given courses in Dakotah history and language by tribal elders. Sweats occur frequently and are encouraged. The walls of O'Inazin contain pictures and brief biographies of important American Indian figures from Dakotah and other tribes. Eighty-eight percent of O'Inazin residents attend Tiospa Zina Tribal School located two blocks

from O'Inazin. The school also presents courses emphasizing Dakotah language, history, and tradition.

Once the adolescent reaches the fourth level and remains on this plateau for two weeks, he is eligible for discharge either back home or to a foster home determined by the adolescent, Child Protection, and O'Inazin staff.

Procedure

All adolescents, those who completed treatment and those that did not, were evaluated on several possible outcomes: (a) school enrollment status, (b) school progress while in the program, and (c) legal difficulties before and after treatment. This information was compiled regularly by the program director. The dependent variables were such that the director had ready access to relevant information through communication with school and court personnel. Dependent variables were selected on the basis of their capacity to be measured objectively as well as their ability to reflect ongoing adaptive behavior. Gaining access to this information was not dependent on the cooperation of each individual adolescent which, doubtless, made it easier to account for all 290 subjects.

Results

Chi Squares were computed between the group of subjects who completed treatment and the group who did not complete treatment on variables of age, time in treatment program, gender, and type of family unit. The purpose of these tests was to determine if the two groups (complete and did not complete program) came from the same population of tribal adolescents. In none of these four variables did the p value approach significance, showing that these two groups did not differ significantly, at least in these four variables.

Outcome treatment was also evaluated using Chi Squares between the groups completing and not completing treatment in academic areas (tendency to remain in school, and improvement in grades), and in tendency to experience continuing legal problems. There was a statistically-significant difference between completed and incompleted groups in tendency to remain in school ($\chi = 12.863$, $p = .0003$) and an even more significant difference between the two groups in school progress as measured by increase in letter grades ($\chi = 24.815$, $p = .0001$).

The Chi Square indicated no significant difference between the complete and incomplete groups in number of clients with legal problems after treatment ($\chi = .371$, $p = .5423$). When both completed and incompleted groups were combined, the total number of adolescents experiencing legal problems declined from 86 before to 56 after treatment, a drop of 34.9% of those adolescents previously experiencing legal problems.

Discussion

The results of this study gives preliminary evidence for the effectiveness of program directives, emphasizing local development and implementation of mental health programs outlined by Nelson (1991) and Nelson, McCoy, Stetter, and Vanderwagen (1992). The data also seems to support LaFromboise, Trimble, and Mohatt (1993) and Thomason (1993) contention that services to American Indians need to be made as culturally-relevant as possible. As there were no studies available evaluating American Indian adolescent treatment, the paper also presents information that such programs have the potential for positive outcome.

It is important for a program which presents a unique combination of community development and management and traditional values to speculate what is going on to produce this kind of positive outcome. Modern psychotherapy seemed most effective when dealing with victims of physical and sexual abuse and with children of active alcoholics. Teaching the adolescents to not take responsibility for parental behavior, especially when it was abusive, seemed particularly helpful.

The combination of structure and nurturing culturally-specific counseling appeared to teach the adolescents that they could control much of what happened to them by their own choices. While this assumption might seem self-evident to most non-Indian adolescents, it was clearly lacking in a majority of individuals who entered O'Inazin. One of the most distressing characteristics of most of the adolescents entering O'Inazin was that they were not able to articulate goals, either in the short or long term. As they learned to advance through the program, many appeared to act as if they were beginning to believe that the choices they made would make a difference in what happened to them, which is, of course, the opposite of depression.

The variety of traditional experiences offered appeared to give to many adolescents new ways to solve problems. Most attended sweats regularly or became interested in the Dakotah language or history. It would be too great a step to say their self-image was enhanced by these programs, although it appeared that many were taking more pride and interest in these activities.

Of great importance is the investigation of the permanence of gains measured in the two-year follow-up study. Since the program has been in place for 16 years, records are available for adolescents who participated in the program who are now in early middle age. It would be important to investigate whether the group completing treatment compared favorably with matched control groups. On the reservation, people seldom become lost. It would, therefore, be possible to gather data investigating long-term gains.

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