DBT with American Indian/Alaska Native Youth: Integrating Cultural, Traditional, and Spiritual Beliefs

Moderator Introduction

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Trainer Introduction

Joel Beckstead, PhD, ABPP

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Conflict of Interest Disclosure

• Joel Beckstead, PhD, ABPP
  – Contracted presenter with Behavioral Tech, LLC; receives compensation for training activities
  – The opinions expressed by this presenter do not necessarily reflect the opinions of the US Department of Health and Human Services, The Public Health Service, the Indian Health Service or the presenters affiliated institutions.

Culturally Competent Care

• The ability of a provider, agency, and/or system to:
  – Understand and respect values, attitudes, beliefs, and norms that differ across cultural groups
  – Tailor the delivery of services to meet patients’ social, cultural, and linguistic needs
  – Consider cultural differences in planning, implementing, and evaluating interventions

Betancourt et al., 2002; American Association for Health Education; US Department of Health and Human Services, Office of Minority Health
Understanding the Dialectic when Providing Treatment

- Evidence Based Treatment vs Culturally Relevant Treatment
- Is there a way to bring together two seemingly divergent views?
- Is it possible that these opposite treatment approaches can both be true at the same time?
### RCTs Outside the U.S.

<table>
<thead>
<tr>
<th>DBT Modes</th>
<th>Population</th>
<th>Citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-month Standard BPD</td>
<td>53% SUD; Age: 18-70</td>
<td>Verheul et al., 2003</td>
</tr>
<tr>
<td>12-month Standard BPD &amp; NSSI/SA</td>
<td>Age: 18-60</td>
<td>McMullin et al., 2009</td>
</tr>
<tr>
<td>6-month Standard BPD &amp; NSSI</td>
<td>Age: 18-65</td>
<td>Carter et al., 2010</td>
</tr>
<tr>
<td>12-month Standard ED &amp; SUD</td>
<td>Age: 18 or older</td>
<td>Courhouse et al., 2012</td>
</tr>
<tr>
<td>12-month Standard Cluster B PD</td>
<td>(93% BPD); Age: 18-65</td>
<td>Feigenbaum et al., 2011</td>
</tr>
<tr>
<td>12-month Standard PD &amp; NSSI</td>
<td>Age: 16 or older</td>
<td>Priebe et al., 2012</td>
</tr>
<tr>
<td>12-week Modified PTSD</td>
<td>(45% BPD); Age: 17-65</td>
<td>Bohus et al., 2013</td>
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<tr>
<td>13-week Mod. Skills BPD</td>
<td>Age: 18-45</td>
<td>Soler et al., 2009</td>
</tr>
<tr>
<td>14-week Mod. Skills ADHD</td>
<td>Age: 18 or older</td>
<td>Hirvikoski et al., 2011</td>
</tr>
<tr>
<td>12-week Mod. Skills Bipolar I/II</td>
<td>Age: 18 or older</td>
<td>Van Dijk et al., 2013</td>
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### Diversity of US Samples

<table>
<thead>
<tr>
<th>Minority Population</th>
<th>Proportion of Study Samples</th>
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</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native (Beckstead et al., 2015)</td>
<td>100%</td>
</tr>
<tr>
<td>Adults age 60 and older (Lynch et al., 2003; 2007)</td>
<td>100%</td>
</tr>
<tr>
<td>Hispanic ethnicity (Rathus &amp; Miller, 2002)</td>
<td>68%</td>
</tr>
<tr>
<td>Males (Linehan et al., under review)</td>
<td>51%</td>
</tr>
<tr>
<td>LGBT (Pistorello et al., 2012)</td>
<td>32%</td>
</tr>
<tr>
<td>African American (Koons et al, 2001)</td>
<td>25%</td>
</tr>
<tr>
<td>Biracial (Pistorello et al., 2012)</td>
<td>21%</td>
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</tbody>
</table>
Again: Solution Is to Stretch DBT Without Changing It to Non-DBT

Modify Only Where Absolutely Necessary

Keep Everything Else

EB DBT

Remember:
DBT is an Idiographic Treatment

• Must be careful not to make assumptions about broad groups (e.g., “Latinos,” “lesbians,” “men”)
• DBT (and behavior therapy) is based on idiographic assessment and solution generation
  – Requires detailed assessment of each client’s relevant inner, outer, and system-level contexts
  – Effective solutions must address all relevant contexts that are contributing to current problems
Applying the Cultural Enhancement Model to DBT

- Assumes that the core components of DBT are viable across cultural groups
  - Treatment can be tailored as needed by
    - Therapist matching
    - Using appropriate language
    - Incorporating culturally-relevant metaphors
    - Improving therapist knowledge of culturally appropriate therapeutic strategies

- Core treatment components are not modified
  - This would require research to evaluate effectiveness

Walker, Trupin, & Hansen, 2013

Cultural Sensitivity to Research and EBTs

- “No Meaningful Apology for American Indian Unethical Research Abuses” (Hodge 2012).
- Evidence Based = Research Based
- Editorial Bias- Journal Publication
Mindfulness is the Key!

- Mindfulness skills are the core skills and they underpin and support all of the other DBT skills
- Many traditional and spiritual practices have at their core a mindfulness component
- Operationalize key cultural, spiritual, traditional activities as mindfulness activities
- What is required in order for a practice to be considered “mindful?”

Traditional American Indian Practices

- Smudging
- Talking Circles
- Sweat Lodge Ceremony
Smudging

- Focus and concentrating is on centering one’s self
- Sage-letting go
- Cedar-cleansing your thoughts and your purpose
- Sweetgrass- focus on the positives
- Tobacco-focus on your purpose, lift your prayers to the creator

Talking Circle

- The circle process establishes a safe non-hierarchical place in which all present have the opportunity to speak without interruptions
- To engage in a sharing of authentic personal reactions and feelings that are owned by each individual and acknowledged by others, without judgment or condemnation.
- Communication is regulated through the passing of a talking piece
- The talking piece fosters respectful listening and reflection. It prevents one to one debating or attacking
Sweat Lodge Ceremony

Sweat Lodge

- Focus on bringing people together as one
- Repair the damage done to their spirits, minds and bodies. A place for answers and guidance through prayer and meditation
- During the purification of one's spirit inside a sweat lodge, all sense of race, color and religion is set aside. As in the Mother's womb and the Father's eyes, we are all the same, we are One. Each of us has the ability to sit with the Creator himself. Healing begins here for disease, physical, emotional, directional and spiritual.
Pilot Study: Combining EBT with Cultural Traditional and Spiritual Beliefs

- Beckstead, Lambert, Dubose, Linehan (2015)
  Addictive Behaviors, 51: 84-87

Background

- Listening Tour: Tribal partners dissatisfied with the services received
- Eclectic Treatment approach
- Tail wagging the dog
- No Money, No Mission
DBT with American Indian/Alaska Native Adolescents: An Example

• All aspects of DBT are delivered while incorporating:
  – Traditional practices of sweat lodge ceremonies, talking circles, and smudging ceremonies as mindfulness practices led by a medicine man/spiritual counselor
  – Skills are taught using cultural symbols and meanings (e.g., holding onto a sacred plant in cold water)
  – Levels of care use culturally relevant symbols (e.g., eagle as the most advanced level)

• Among 229 substance abusing youth, 96% were “recovered” or “improved” after treatment. Beckstead, Lambert, DuBose, & Linehan, 2015

Indian Health Service- Residential Treatment Center

• Residential Substance Abuse Treatment Center located 30 minutes outside of the metropolitan Phoenix, Arizona Area on the Gila River Indian Reservation
  • 24 beds
  • Average length of stay = 120 days
  • Adolescent Clients are exclusively from Native American Tribes across the United States
    – Majority of the clients come from Arizona, Utah, California, Nevada
  • Treatment for substance dependent and co-occurring disorders
Demographics

- 229 American Indian/Alaska Native youth age 12-18, (x=16)
- Average length of stay = 120 days
- 77% alcohol and cannabis use
- 75% had co-occurring disorders

Measures

- Youth Outcome Questionnaire- Self Report measure
- Paired T Test
- Cohen’s D- effect size
- Clinical Significance of change- Jacobson and Truax model
- Administered weekly with pre-treatment and post-treatment scores compared
Results

• T Test = p<.00001
• Cohens d = 1.315 (large is considered .75 or higher)
• 94% were recovered or improved following treatment using the Jacobsen and Truax method.

Conclusion

• The important of understanding the dialectic and working to resolve dialectical tension
• It can be done
• Mindfulness may be the key to resolving the dialectical tension
• Research- more awareness of systematic levels of discrimination with minority groups and research
• Don’t give up!
Thank you for attending!

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