Introduction:
Chemical Misuse and Treatment Recovery Services (CMTRS) was created to provide successful village-based interventions and treatment services, making maximum use of local Alaska Native cultural traditions and language and the wisdom, beliefs, and knowledge of the indigenous people.

Method:
The Rural, Remote and Culturally Distinct (RRCD) Populations program of the Federal Center for Substance Abuse Treatment (CSAT) awarded funds for six projects designed to improve the availability, accessibility, and effectiveness of services to individuals with culturally distinct characteristics who reside in rural, remote, and geographically isolated areas. In 1993, under the RRCD program, a Cooperative Agreement was developed for CSAT, the State of Alaska, and the Yukon-Kuslikok Health Corporation (YKHC) for a grant for a substance abuse treatment and recovery services program.

Key components of the CMTRS program included:
- The use of a Policy Steering Committee (PSC) in each of the three villages composed of elders, leaders, and service providers who offer primary guidance and direction to both the program and local staff;
- The hiring of two local full-time counselors who received training to be State-certified Level I Substance Abuse Counselors and who, in consultation with the PSC and other village elders, provide local treatment services using both traditional and Western methods;
- The use of culturally-based treatment modalities that include traditional activities such as hunting, story telling, berry picking, etc., as part of the treatment plan; and
- The promotion of village-wide awareness, support, and involvement in locally-based treatment and prevention activities (Hamilton, 1995).

Following the final evaluation of the program, program administrators, clinical staff, and evaluators met to identify lessons learned during the CMTRS project that could help others in the development of culture-based behavioral health programs.

Results:
The three day meeting, facilitated by a Navajo clinician, led to the development of a set of principles, values, and guidelines for planning and implementing culturally appropriate services for indigenous peoples.

Conclusion:
The ten guidelines and principles presented here are based on a 6 year experience in developing and managing a culture-based health program serving three traditional Yup’ik communities. They may be of value in helping others in developing similar programs in their communities.

Guideline 1. Place Value on the Validity of Indigenous Systems of Behavioral Health Care

Indigenous systems have much valid application today, despite advancements made within the modern world. Process, protocols, intervention systems, decision-making, and policies are best understood within the worldview and perception of the villagers. Indigenous systems tend to promote cooperation, collective good, holistic approaches, and ecologically conscious systems.

Guideline 2. Recognize the Program’s Historical Significance and Continuity

Continually strive to understand Yup’ik/Cup’ik programs in historical terms. Yup’ik/Cup’ik culture must be viewed as functional in time and place, and any programs, policies, or changes must be viewed within an historical context. Yup’ik/Cup’ik peoples prefer to see their experience as part of a long history.

Guideline 3. Use Native Language

Write program documents in the indigenous language at all times, including statements of program philosophy, mission statements, letters, forms, and instrumentation. This validates and empowers the use of the indigenous language and makes the program comprehensible to the village people it is designed to serve.

Guideline 4. Provide Culturally Relevant and Appropriate Services

The worldview and perceptions of the client must be integrat- ed into the program’s intervention process. This includes such factors as culture, language, gender, sexual orientation, eth- nicity, and spiritual beliefs. Individuals working within pro- grams must be culturally competent in an indigenous sense. They should speak the local language, know community and social norms, and be able to communicate with local elders.

Guideline 5. Use of Appropriate Technology

When possible, use technology that villagers themselves endorse based on its utilitarian value to promote the goals of the program as they relate to Yup’ik/Cup’ik long term cultural continuity and integrity. Yup’ik/Cup’ik peoples have always made conscious choices regarding the appropriate use of technology within the context of Yup’ik/Cup’ik social, political, economic, and cultural experience.

Guideline 6. Expand the Provider Role and Scope of Clinical Practice

People working with Yup’ik/Cup’ik villages must understand that the skills needed are holistic and multiple, not singular. Counselors need to be able to deal effectively with the whole life system surrounding and affecting the substance abuser. A counselor must be a community organizer, a cultural advoca- tor, a facilitator, a teacher or educator, a historian, a commu- nity member in good standing, a fluent speaker of the Native language, and a leader.

Guideline 7. Adopt Wrap-Around Services Concept

Program personnel are well advised to define as many resources as possible to address the holistic needs of a client. “Wrap-around services” is the process of collaborating and networking to provide various services that can assist in the recovery or wellness process of a client and his/her family, extended family, and community.

Guideline 8. Balance Local Autonomy with the Larger Treatment Service System

In adopting and using a village decision-making process, based on indigenous cultural traditions, villagers must be mindful of an implicit larger treatment service system or network that exists concurrently with the village system. The two systems will operate simultaneously, and it is critically important to achieve a balance between local autonomy and the larger treatment service system.

Guideline 9. Use Village Resources Effectively

Program planners who are interested in incorporating and acknowledging indigenous practices should be mindful of how, where, when, and why the village does what it does in terms of resource utilization. The local people know best how to deal with village problems.

Guideline 10. Promote Village Empowerment and Involvement

Promoting local self-determination is the most vital princi- ple. It is the village that possesses the knowledge, skills, and experience inherent in the local decision-making process, and it is they who are thoroughly aware of the manner in which a community effectively can address its problems. Without it, there is neither real ownership nor participation in the healing and/or recovery process.

Chemical Misuse and Treatment Recovery Services (CMTRS)
Guidelines for the Development of Culture-based Behavioral Health Programs in Traditional Yup’ik Communities

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About the Institute for Circumpolar Health Studies
The Institute for Circumpolar Health Studies (ICHS) was created in 1986 to develop new solutions to health problems in Alaska and the circumpolar north. The Institute provides support and coordination for health research, information, and training. Working closely with faculty throughout the University of Alaska system, ICHS provides technical assistance and support to increase the capacity within the state to address the health needs of all Alaskans. The Institute also encourages student involvement through academic course work, internships, and research assistantships.

Project supported by Grant #5U54DP000803, Rural, Remote and Culturally Distinct programs, Center for Substance Abuse Treatment
Partners include:
Yukon Kuskokwim Health Corporation
State of Alaska Department of Health and Social Services Division of Alcoholism and Drug Abuse
University of Alaska Anchorage, ICHS