First Annual

AIHEC

Behavioral Health Institute

Northwest Indian College

June 16–20, 2014
Historical Trauma and Community Based Participatory Research—
Towards a Model of Participation for Tribal Colleges and
Universities

Instructors:

Auer, Susanne, MA
Azure, Lane, PhD
Bauer, Mark, PhD
Brave Heart, Maria Yellow Horse, PhD
Chase, Josephine, PhD
Duran, Bonnie, DrPH
Flagg-Newton, Jean, PhD
Freeman, William, MD
His Horse is Thunder, Deborah, EdD
Kipp, Billie Jo, PhD
St. Pierre, Nate, EdD
Walters, Karina L., PhD
Dear TCU Institute Participants,

We are pleased to host AIHEC’s first Behavioral Health Institute. As Tribal Colleges and Universities, we have a great need to build Native research capacity, especially in the field of behavioral health. Thanks to National Institute for Health (NIH) and the Indian Health Service, we are addressing this need through a “NARCH VII” award, which AIHEC received last fall. This award has allowed AIHEC to support this first Institute.

Through the NARCH Project, AIHEC has awarded five Tribal Colleges and Universities 2-year grants to assist in the development of their research capacity. You will learn more about their exciting projects later this week. AIHEC will be seeking applications for a second cohort of TCUs next year to assist with capacity building, further expanding the pool of excellent behavioral health research projects in Indian Country.

I would also like to offer a special note of appreciation to Northwest Indian College for hosting this historic event. This is a very busy week for the college and the community, with commencement and community events taking place. AIHEC recognizes that it has taken extra effort to make this Institute a success. We thank President Guillory and his staff!

Have a productive and enjoyable week.

Sincerely,

Carrie Billy, President & CEO
American Indian Higher Education Consortium
Introduction

Historical Trauma Clinical Intervention Research and Practice
Understanding the experiences of a community is important in beginning the healing process. Genocide, imprisonment, forced assimilation, and misguided governance has resulted in loss of culture and identity to varying degrees, alcoholism, poverty, and other psychosocial issues. The Historical Trauma and Unresolved Grief Intervention (HTUG), a Tribal Best Practice, offers a healing model within the context of cultural strength and resilience. HTUG theory and practice resonate across tribal communities in the United States and Canada. Through acknowledging our collective past as Native Peoples, both our suffering and our strength, we return to the sacred path.

CBPR
And related approaches, i.e., Participatory Action and Community-Engaged Research, is defined by the Kellogg Foundation as a “collaborative approach that equitably involves all partners in the research process…with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities.” Not a set of methods, CBPR is an overall orientation which fundamentally changes the relationship between researchers and researched.

Purpose and Structure of the Institute
The Institute will meet for four and a half days, June 17th and 20th, 2014. The goal of this Institute is to weave together the theory and practice of Historical Trauma and CBPR through presentations, discussion with community-academic partners, small group breakouts, interactive activities, reflections on readings, and reflection on one’s own research experience. Participants will gain an appreciation of the impact of historical trauma and CBPR strengths and challenges, as well as learn hands-on skills necessary for participating effectively in CBPR projects. Both academic discussions and experiential exercises will reflect a commitment to co-teaching and co-learning.
Learning Objectives—By the end of the course, participants will be able to:

- Understand the impact of historical trauma and its role in behavioral or mental health for American Indian communities.
- Describe the four components of the Historical Trauma and Unresolved Grief Intervention
- Identify four historical trauma response features
- Recognize historical trauma-informed clinical intervention research perspectives
- Describe the major principles of CBPR.
- Review a CBPR conceptual Model—Identify relevant model domains for TCUs
- Identify issues related to building and maintaining partnerships.
- Identify and analyze the role of race, gender, class, and cultural humility in CBPR.
- Review standard provisions of Data Sharing and Ownership Agreements.
- Describe examples of research work allocation, resource sharing, and process evaluation methods.
- Define potential issues regarding research in American Indian communities and solutions to address issues and concerns.
# Agenda

**Meeting Site: Northwest Indian College**

**Monday, June 16, 2014—Historical Trauma Informed Clinical Intervention Research and Practice**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Welcome</td>
<td>Carrie Billy, President &amp; CEO, AIHEC</td>
<td>• Name</td>
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<tr>
<td></td>
<td>Blessing</td>
<td>Deborah His Horse is Thunder, NARCH Project Director, AIHEC</td>
<td>• Where are you from?</td>
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<tr>
<td></td>
<td>Introductions</td>
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<td>• What do you hope to gain from this training?</td>
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<tr>
<td>9:45 am</td>
<td>Section I—Introduction to HTUG</td>
<td>Maria Yellow Horse Brave Heart, Researcher/Consultant, University of New Mexico &amp; Takini Institute Josephine Chase, Researcher/Consultant, Oglala Lakota College and Takini Institute</td>
<td>• Reading: Brave Heart, M. Y.H., <em>The Return to the Sacred Path: Healing the Historical Trauma and Highroical Unresolved Grief Response Among the Lakota through a Psychoeducational Group intervention</em></td>
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<td></td>
<td>• <em>Woophe Sakowin: The Seven Laws as Ground Rules</em></td>
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<td>• Reading: Brave Heart, et. al., <em>Wacasa Was;aka: Restoring the Traditional Strength of American Indian Boys and Men</em></td>
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<td></td>
<td>• Commitment to the Process (abstinence)</td>
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<td>• Who am I exercise</td>
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<td>• Acknowledgement and Awareness of the Role and Responsibilities as Researchers</td>
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<tr>
<td>10:30 am</td>
<td>Break</td>
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<tr>
<td>10:45 am</td>
<td>Development of Evidenced-Based Research through the Role of Behavioral Health</td>
<td>Maria Yellow Horse Brave Heart Josephine Chase</td>
<td>• Didactic Presentation and Group Discussion</td>
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<td></td>
<td>• Historical Trauma Theory &amp; Development</td>
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<td></td>
<td>• Fidelity to the Model</td>
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<td></td>
<td>• Use and Misuse of Language, Theory, and Approach</td>
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<tr>
<td>12:00 pm</td>
<td>Lunch</td>
<td>Facilitator for Students: Stephanie Ihezie, AIHEC</td>
<td>Note: Student participants will have lunch together</td>
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<tr>
<td>1:00 pm</td>
<td>Four Components of HTUG</td>
<td>Maria Yellow Horse Brave Heart Josephine Chase</td>
<td>• Veteran’s Video</td>
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<td>1st HTUG Component—Confrontation with the Past</td>
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<td>• Clinical Intervention Research Crisis Protocol</td>
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<td>2nd HTUG Component—Understanding the Trauma Historical</td>
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<td>Trauma Response Features</td>
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<td></td>
<td>• Prolonged, complicated Grief</td>
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<td></td>
<td>Historical Trauma Response</td>
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<td></td>
<td>• Features &amp; Cultural Psychiatric Formulations</td>
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<tr>
<td>2:45 pm</td>
<td>Break</td>
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<tr>
<td>3:00 pm</td>
<td>3rd HTUG Component—Releasing the Pain (Responsibilities of the Researcher)</td>
<td></td>
<td>1. Identification of Essential Local Resources</td>
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<td>Review of the day</td>
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<td>2. Identification of Steps to Insure the Protection and Safety of Research Participants</td>
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<tr>
<td>4:00 pm</td>
<td>Mini-evaluation</td>
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<tr>
<td>4:15 pm</td>
<td>Closing the circle</td>
<td></td>
<td>1. One thing I learned today</td>
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### Agenda

#### Tuesday, June 17, 2014—Historical Trauma Continued

<table>
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<th>Time</th>
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<th>Presenter(s)</th>
<th>Activities and Readings</th>
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</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Prayer—Greeting Circle</td>
<td>Maria Yellow Horse Brave Heart Josephine Chase</td>
<td>• One word check in</td>
</tr>
<tr>
<td>9:30 am</td>
<td>4th HTUG Component—Transcending the Trauma</td>
<td>Maria Yellow Horse Brave Heart Josephine Chase</td>
<td>• Celebration of Survival Video</td>
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<tr>
<td>11:30 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>11:15 am</td>
<td>Introduction to Self-Care Plans and Secondary Trauma</td>
<td></td>
<td>• Write down one thing you can do for yourself</td>
</tr>
<tr>
<td>12:00 pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:00 pm</td>
<td>Tribal Adaptation</td>
<td></td>
<td>• Assessment Tools</td>
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<td>• Small Group Discussion &amp; Large Group Discussion</td>
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<tr>
<td>3:30 pm</td>
<td>Closing Circle</td>
<td></td>
<td>• Wiping the Tears Exercise—Commitment to the Next Seven Generations</td>
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</tbody>
</table>

#### Wednesday, June 18, 2014—CBPR and a Conceptual Model

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Greet the Day</td>
<td>Deborah His Horse is Thunder</td>
<td>• Thoughts from yesterday’s discussion?</td>
</tr>
<tr>
<td>9:15 am</td>
<td>American Indian Historical Experience with Research</td>
<td>Nate St. Pierre, President and NARCH Project PI, Stone Child College</td>
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</tr>
<tr>
<td>10:00 am</td>
<td>Definitions and Rationale for CBPR</td>
<td>Bonnie Duran, Researcher and Educator, University of Washington</td>
<td>• Reading: Wallerstein, N. and B. Duran (2006). “Using Community-Based Participatory Research to Address Health Disparities.” Health Promotion Practice 7(3)</td>
</tr>
<tr>
<td>10:45 am</td>
<td><strong>Break</strong></td>
<td></td>
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</tr>
<tr>
<td>11:00 am</td>
<td>Power Issues in CBPR</td>
<td>Bonnie Duran</td>
<td>• AIAN CBPR Role Play—teaching team</td>
</tr>
<tr>
<td>12:30 pm</td>
<td><strong>Lunch</strong></td>
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</tr>
<tr>
<td>1:45 pm</td>
<td>Developing a CBPR Model for Tribal Colleges</td>
<td>Bonnie Duran</td>
<td>• Small Group Discussion &amp; Large Group Discussion—</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Competencies for Tribal College Community Engagement</td>
<td>Bonnie Duran</td>
<td>• Review Set of CBPR Competencies—Create for Tribal College Environment</td>
</tr>
<tr>
<td>4:00 pm</td>
<td>Review of main learning from the day</td>
<td>Bonnie Duran</td>
<td>• Popcorn Discussion</td>
</tr>
<tr>
<td>4:30 pm</td>
<td>Mini-evaluation</td>
<td></td>
<td>• Homework: Write down one idea for how you would use CBPR in a behavioral health project at your TCU</td>
</tr>
<tr>
<td>Time</td>
<td>Topic</td>
<td>Presenter(s)</td>
<td>Activities and Readings</td>
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</tbody>
</table>
| 9:00 am  | Greet the Day                                                          | Deborah His Horse is Thunder                                                 | • Thoughts from yesterday’s discussion?  
|          |                                                                        |                                                                              | • Other topics we should explore today?  
| 10:00 am | Principles of CBPR: Mainstream and Indigenous Perspectives              | Karina L. Walter, Professor, Associate Dean for Research and Director, Indigenous Wellness Research Institute, University of Washington | • Reading: Karina Walters, Tessa Evans-Campbell, et.al. “Indigenist” Collaborative Research Efforts in Native American Communities  
|          | Different lens: How are these perspectives different? How are they similar? (tensions/compatibility) |                                                                              | • Small Groups  
|          |                                                                        |                                                                              | Each Group address two principles and create flipcharts:  
|          |                                                                        |                                                                              | 1. What need/concerns/fears did the principles come out of?  
|          |                                                                        |                                                                              | 2. What benefits do the principles bring to the different stakeholders?  
|          |                                                                        |                                                                              | 3. What principle(s) might you add?  
|          |                                                                        |                                                                              | 4. How are principles from each reading similar and different?  
|          |                                                                        |                                                                              | 5. Is it possible to reconcile any differences?  
|          |                                                                        |                                                                              | Group Report Back—State a concern and a benefit for each principle |
| 11:00 am | Break                                                                 |                                                                              |                         |
| 11:15 am | Our Research Questions and Challenges—Begin a RESEARCH AGENDA for TCUs  | Billie Jo Kipp, President and Behavioral Health Researcher, Blackfeet Community College Deborah His Horse is Thunder | • Brainstorm:  
|          |                                                                        |                                                                              | 6. What communities or context are we working in or wanting to work in?  
|          |                                                                        |                                                                              | 7. What health/education issues are you interested in?  
|          |                                                                        |                                                                              | 8. What is your research question(s)?  
| 12:30 pm | Lunch                                                                  |                                                                              |                         |
| 1:30 pm  | Research “Data and Material Sharing and Ownership Agreements,” DMSOAs, and other expressions of Native Community Power in CBPR including IRBs | Billie Jo Kipp  
|          |                                                                        | William Freeman, NARCH Project Director, Northwest Indian College  
|          |                                                                        | Mark Bauer, NARCH Project Director, Dine College                          | • Research on Tribal College Terms  
|          |                                                                        |                                                                              | • Review the provisions of a Sample DMSOA  
|          |                                                                        |                                                                              | • Brainstorm Additional Provisions |
| 3:00 pm  | Competencies for TCU Engagement                                         | Billie Jo Kipp                                                               | • Reading: Duran, et. al., Developing and Maintaining Partnerships with Communities  
|          |                                                                        |                                                                              | • Review Set of CBPR Competencies—create for TCU Environment  
|          |                                                                        |                                                                              | • Discussion |
| 4:30 pm  | Closing Comments                                                       | Deborah His Horse is Thunder                                                 |                         |
### Agenda

**Meeting Site:** Silver Reef Hotel and Casino

**Friday, June 20, 2014—Next Steps in Behavioral Health Capacity Building**

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</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Academic Steps to Enhancing TCU Behavioral Health Capacity</td>
<td>Billie Jo Kipp</td>
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<tr>
<td>10:00 am</td>
<td>Current TCU Research Efforts: Panel Presentation</td>
<td>Nate St. Pierre, William Freeman, Susanne Auer, Oglala Lakota College, Mark Bauer, Lane Azure, Cankdeska Cikana Community College</td>
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<tr>
<td>11:00 am</td>
<td>Opportunities and Resources Through NIH</td>
<td>Jean Flagg-Newton, Assistant Director, Office of Health Equity, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)</td>
<td></td>
</tr>
<tr>
<td>11:30 am</td>
<td>Set Intentions for Further Work Together</td>
<td>Deborah His Horse is Thunder</td>
<td>• Discussion</td>
</tr>
<tr>
<td>12:00 pm</td>
<td>Lunch</td>
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</tbody>
</table>

*Thank You and Safe Travels!*
Reference Materials

Historical Trauma Informed Clinical Intervention Research and Practice 2014
Maria Yellow Horse Brave Heart, Josephine A. Chase

Wicasa Was’aka: Restoring the Traditional Strength of American Indian Boys and Men
Maria Yellow Horse Brave Heart, Jennifer Elkins, Greg Tafoya, Doreen Bird, and Melina Salvador

Developing and Maintaining Partnership with Communities 2012
Bonnie Duran, Nina Wallerstein, Magdalena M. Avila, Lorenda Belone, Meredith Minkler, and Kevin Foley

Highlights of Stackable Certificates and Degrees in Behavioral Health
Billie Jo Kipp

Indigenizing CBPR: Evaluation of a Community-Based and Participatory Research Process Implementation of the Elluam Tungiinun (Towards Wellness) Program in Alaska
Stacy M. Rasmus

Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity
Nina Wallerstein, Bonnie Duran

Using Community-Based Participatory Research to Address Health Disparities
Nina Wallerstein, Bonnie Duran

“Indigenist” Collaborative Research Efforts in Native American Communities
Karina L. Walters, Antony Stately, Teresa Evans-Campbell, Jane M. Simoni, Bonnie Duran, Katie Schultz, Erin C. Stanley, Chris Charles, and Deborah Guerrero
Cankdeska Cikana Community College

Project Investigator: Lane A. Azure, Ph.D.
Project Evaluator: Patricia G. Conway, Ph.D.

The Cankdeska Cikana Community College Behavioral Health Research Development (CCCC BHRD) Project was designed to build infrastructure to conduct behavioral health research at Spirit Lake, to better address behavioral health needs identified by the community, and pilot the research and education program that is developed. Cankdeska Cikana Community College was chartered in 1974 by the Spirit Lake Dakota Nation and is located in Benson County of North Central North Dakota.

The CCCC BHRD Project has three goals:

1. to increase the capacity of Cankdeska Cikana Community College to teach research skills and conduct behavioral health research, through staff development and the creation of behavioral health research education opportunities for students;

2. to increase student ability to understand and conduct behavioral health research through course offerings and a summer research project; and

3. to increase knowledge regarding behavioral health needs and research support for developing interventions based on those needs.

The CCCC BHRD will begin Summer 2014 and the researchers and faculty will implement the program through the 2014/2015 Academic Year utilizing a formative evaluation component that is designed for project improvement and a summative evaluation component that will provide for additional research development and implementation.
Diné College

Diné College will enhance and develop its instructional and research capability in behavioral research areas by participating in the AIHEC NARCH TCU Behavioral Health Research Network. Diné College has a long and effective history of implementing both public health and health education academic programs, research projects, and implementation efforts. The College has established a strong networking system with local, federal and tribal health programs to collaborate in these efforts, and to meet the needs of the local programs for workforce development. This project will strengthen efforts specifically in the area of behavioral health, an area that covers many issues of importance in the success of our own students, including alcohol and substance abuse, suicide prevention, and relationship issues that impact on overall health as well as on academics.

Working with the TCU Behavioral Health Research Network, the specific aims are to:

1. coordinate a behavioral health needs assessment at Diné College, and,

2. initiate partnerships between the faculty in Public Health and in Social and Behavioral Science to work with other key individuals at the College to address the issues identified in the needs assessment through education, research and community-based efforts to implement interventions.

Activities will include designing, conducting and analyzing a behavioral health needs assessment, pursuing professional development opportunities to build capacity, participating in the Network activities led by AIHEC staff, enhancing our curriculum, and working with local stake-holders to determine research and interventional programming priorities to consider and to implement to address the needs. Two faculty, two staff, and four students of Diné College will participate in this Network and to thereby enhance our community-based behavioral health research and education capacity and programming.

Behavioral health is a key area for health education and health promotion activities across the Navajo Nation. This project will include a special focus on our college student population, to contribute overall to the health data on this topic, and to work with our Student Success programs to develop approaches based on assessment findings that could have broader applicability in other Navajo communities. This work will also contribute to
up-to-date and culturally appropriate content in the College’s Public Health and Social Work coursework, which will enhance our academic programs in those areas. The academic programs of Diné College contribute to Navajo Nation workforce development in areas of health and wellness; this new effort to focus on research, education and outreach efforts in behavioral health will further enhance these programs. We all have an interest in continuing to build the College’s and the Navajo Nation’s capacity to address these important issues for the Navajo people.
Northwest Indian College

The NWIC BHRN Program is a Research Project in behavioral health needs assessment (see Specific Aim A. below) combined with a Development Project for Northwest Indian College (NWIC) faculty, staff, and students as well as other TCUs (Specific Aims B. through E.). The Research Project (Specific Aim A.) is based on and developed from two prior behavioral health surveys of AI/AN populations by our consultant, Dr. Jeff King. The Research Project’s development phase will take place April through early September 2014; the survey of a random sample of NWIC students will be conducted Fall Quarters 2014 and 2015, with analyses of the surveys done in Winter and Spring Quarters of 2015 and Winter Quarter of 2016. Part of the Development Project (Specific Aims B. and D.—the “mentor and support” and “evaluation” Aims respectively) will take place during the entire project, from beginning of Spring Quarter 2014 through the end of Spring Quarter 2016. The remainder of the Development Project (Specific Aims C. and E.—the AIHEC Institute and online behavioral health research course[s] partnering with other TCUs respectively) will be done over five years, through 2019.

Specific Aims

A. Survey NWIC students both for strengths and resiliency (including aspirations, values, and sources of support), and also for risk factors (including Adverse Childhood Experiences and historical trauma), related to behavioral health and retention of NWIC students with and without a disability.

i. Use the community-based participatory research (CBPR) method, in which NWIC is the community.

ii. Survey American Indian, Alaska Native, and other Indigenous (AI/AN) students at NWIC regarding resiliency and risk factors, including students who have discontinued their college education.

iii. Based on the survey results, develop and propose feasible intervention[s] that NWIC might take to increase resiliency and decrease risk factors for NWIC AI/AN students behavioral health and retention.
B. Mentor and support professional development in behavioral health research:
   i. for two NWIC faculty who are teaching behavioral health-relevant disciplines;
   ii. for one NWIC staff who is conducting internal assessment of NWIC programs;
   iii. for two NWIC students interested in pursuing education and careers in behavioral health-related disciplines, such as Human Services, Chemical Dependency, etc.

C. Attend and present at the annual AIHEC TCU Behavioral Health Institute for faculty and students during the two years of the grant plus at least three more years.

D. Evaluate this grant, using AIHEC’s Indigenous Evaluation framework.

E. Work with the other AIHEC grant recipients to develop online behavioral health research course[s] for students of all TCUs in grant year three to year five.
Oglala Lakota College

Students and faculty members of the Oglala Lakota College (OLC) bachelor in Social Work and bachelor in Social Science degree programs will be involved in this project. Students in both degrees are currently introduced to conducting research in required courses but through participation in the TCU Behavioral Health Research Network, a more systematic behavioral health research program with focus on historical trauma will be developed. This initiative will be lead through the collaboration of the Social Work Department and the Humanities and Social Science Department under the leadership of full-time faculty members Josephine Chase, Ph.D., social work instructor and historical trauma researcher, and Susanne Auer, M.A., social science researcher and instructor. Four students will participate as student researchers.

At the beginning of the two-year project, interested majors of social Work and Social Science programs will be identified and trained in participatory behavioral health research methods including focus group facilitation, questionnaire construction and analysis of quantitative and qualitative data.

Subsequently the project will conduct a behavioral health needs assessment among Oglala Lakota College students as well as among different communities on Pine Ridge Indian Reservation. This needs assessment will involve focus group facilitation that will be conducted with students at five of the nine OLC centers on Pine Ridge Indian Reservation as well as with community members who are not students. The needs assessment includes identifying and evaluating available behavioral services.

Qualitative data will be collected through the focus groups, and other mixed methods will be utilized. Research staff will review existing behavioral health assessment measures and adapt them, if necessary, for TCU students and reservation communities.

The main goals of OLC’s behavioral health research project are:

- **Goal 1:** Train students and faculty in behavioral health issues and research
- **Goal 2:** Conduct a community-based participatory behavioral health needs assessment
- **Goal 3:** Develop behavioral health curriculum based on the findings of the needs assessment
- **Goal 4:** Conduct on-going community-based participatory health research
Stone Child College

The American Indian Higher Education Consortium Native American Research Centers for Health Program, Stone Child College (SCC) Behavioral Health Research Network Project is a Tribal community-based research initiative that will be administered by SCC, an eligible tribal college. This comprehensive effort will identify, develop, pilot, and evaluate intervention strategies and models that address significant Chippewa Cree behavioral health issues, especially related to substance abuse and mental health, on Rocky Boy’s Indian Reservation in Montana.

This work will assist in bridging the gap between National Institute of Health funded research and practice of Indian Health Services through the dissemination of tribally-centered, evidence-based practices. Specific efforts will be made to advance the behavioral health treatment, prevention, education, and research careers of SCC faculty and students.

The project goal is to “improve ownership that Chippewa Cree peoples’ experience with regard to local research.” To reach this target, the following objectives will be met:

Objective 1—Needs Assessment: By Month 12, SCC will conduct a Behavioral Health Needs Assessment on Rocky Boy’s Indian Reservation, as evidenced by research instruments, primary and secondary data, community meeting records, sign-in sheets, project reports, and a completed assessment.

Objective 2—Research Program: By Month 12, SCC will initiate a student-driven, community-based research program that focuses on substance abuse and mental health treatment and prevention, with a special emphasis on historical trauma, through the development of AA Human Services—Behavioral Health Research Option, as evidenced by program requirements, syllabi, instruction plans, 2014–2015 student enrollment records, and project reports.

Objective 3—Research Infrastructure: By the end of Month 24, SCC will establish a base level behavioral health research infrastructure through the development of a SCC Office of Institutional Research, as evidenced by operational plan, policies and procedures, staff records, and project reports.
As set forth by these measurable objectives, the expected project results include:

• community-based participatory research that provides a foundation for further behavioral health research on Rocky Boy’s Indian Reservation;

• professional development of SCC faculty and staff who are local providers and educators in behavioral health-relevant disciplines;

• faculty and student attendance of the annual AIHEC TCU Behavioral Health Institute;

• SCC student engagement in online behavioral health research course series;

• participation of SCC students in behavioral health research opportunities;

• staff and students attendance of behavioral health conferences and meetings; and

• participation in the AIHEC-TCU Behavioral Health Research Network for five years.
Susanne Auer is associate professor in the Humanities and Social Science Department and currently acts as the social science coordinator. She has developed and taught diverse social sciences classes online on Oglala Lakota College’s Virtual Campus as well as face-to-face at various college centers since 2008. She received her academic training at the University of Zurich in Switzerland, her home country. Ms. Auer has a master’s degree in cultural anthropology with minors in general psychology and ethnomusicology. Her master’s thesis was based on extensive qualitative and quantitative fieldwork on integration of Lakota culture in the different schools on Pine Ridge Indian Reservation as well as in Rapid City. She is currently working on her ethnographic research on race relations in Rapid City as part of her doctoral program.
Lane Azure, PhD, is an enrolled member of the Turtle Mountain Band of Chippewa. The proud father of five children ranging in ages from seven to 29 years old, he resides in Devils Lake, North Dakota. Dr. Azure began his college career working in tribal education and has taught mathematics and research methods under that umbrella for slightly over 16 years. Working for Cankdeska Cikana Community College for over 10 years, Dr. Azure recently took on the role of vice president of academic affairs. Having a PhD in education with an emphasis in institutional analysis, Dr. Azure is one of the few tribal members who works as a peer reviewer consultant for the Higher Learning Commission. Dr. Azure appreciates his aptitude for networking with all his tribal college friends and the opportunities that are available as a tribal college employee.

- PhD North Dakota State University
- MS Minot State University
- BS Minot State University
- AA Lake Region State College
Mark Bauer

Mark C. Bauer, PhD, has over 30 years of service with Diné College, the tribal college for the Navajo. Dr. Bauer co-developed the associate of science degree in public health at Diné College, as well as a certificate in public health. Additionally, he founded the Summer Research Enhancement Program that engages American Indian students in learning and applying quantitative and qualitative research skills in behavioral and public health research.

Dr. Bauer serves on the Navajo Nation Human Research Review Board, the Institutional Review Board for the Navajo Nation. He also serves on various working groups with the Navajo Division of Health in areas of cancer prevention, surveillance surveys, and workforce development to help determine collaborative solutions to address the Navajo Nation’s epidemiological and public health needs.

He remains an active researcher in areas of cancer prevention, nutrition and rural health.

Dr. Bauer has received numerous awards over his career, including the 2010 training award given by the Native Research Network “to recognize the training program that demonstrates excellence in recruiting, retaining, and training Native investigators to engage in Native Health Research.”
Maria Yellow Horse Brave Heart

Maria Yellow Horse Brave Heart, PhD, (Hunkpapa/Oglala Lakota) is an associate professor of psychiatry/director of Native American and Disparities Research at the Center for Rural and Community Behavioral Health (CRCBH). Dr. Brave Heart joined CRCBH in October, 2010. Prior to joining the Center, Dr. Brave Heart was an associate professor at Columbia University School of Social Work and a clinical intervention research team member at the Hispanic Treatment Program, New York State Psychiatric Institute, which is affiliated with Columbia University College of Physicians and Surgeons. Throughout her academic career, Dr. Brave Heart has been associate professor at the University of Denver Graduate School of Social Work, coordinator of the Native People’s Curriculum Project, serving the Four Corners region, and core faculty in the Post-Graduate Trauma Response and Recovery Certificate Program. Additionally, Dr. Brave Heart was president/co-founder/director of the Takini Network, based in Rapid City, South Dakota, a Native non-profit devoted to community healing from intergenerational massive group trauma among Indigenous peoples. Currently, she is president of the Takini Institute.

Dr. Brave Heart received a bachelor of science in psychology, Magna Cum Laude, from Tufts University, a master of science from Columbia University School of social work in 1976 and a doctoral degree in clinical social work from Smith College in 1995. Dr. Brave Heart developed historical trauma and historical unresolved grief theory and interventions among Indigenous peoples, and has conducted close to 250 historical trauma presentations and trainings for numerous tribes across the country and in Canada.

In 1992, she founded the Takini Network and developed the Historical Trauma and Unresolved Grief Intervention (HTUG), which was recognized as an exemplary model in a special minority initiative by the Center for Mental Health Services in 2001. Recently, HTUG has been designated as a Tribal Best Practice by the First Nations Behavioral Health Association, the Pacific Substance Abuse and Mental Health Collaborating Council, and the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Brave Heart also incorporated the intervention components in reservation parenting prevention and intervention work through a number of successful SAMHSA grants. Dr. Brave Heart developed and directed the international Models for Healing Indigenous Survivors of Historical Trauma: A Multicultural Dialogue among Allies Conference from 2001–2004.

Currently, Dr. Brave Heart is principal investigator for a NIMH-funded R34 pilot study Iwankapiya-Healing: Historical Trauma Practice and Group IPT for American Indians. The goal of the R34 is to examine the effectiveness of a culturally adapted treatment engagement strategy—the Historical Trauma and Unresolved Grief Intervention (HTUG), a Tribal Best Practice—combined with group Interpersonal Psychotherapy (IPT) for American
Indians with depression and related disorders (e.g. PTSD), at two sites: one reservation and one urban, in two different regions. Dr. Brave Heart has focused her career on developing, delivering, and evaluating interventions that incorporate a consideration of the collective generational massive trauma, grief, and loss faced by American Indians. Dr. Brave Heart is also principal investigator of the Tribal Preventive and Early Mental Health Intervention Project funded by NIH’s National Institute for Minority Health and Health Disparities, part of the University of New Mexico (UNM) Center for the Advancement of Research, Engagement, and Science on Health Disparities. Dr. Brave Heart is a senior fellow at the Robert Wood Johnson Foundation Center for Health Policy at UNM and is the graduate faculty representative to the Council of Social Work Education Board of Directors. She has also served as: vice president, American Indian Social Work Educators Association; vice president and treasurer, National Indian Social Workers Association; member of the national Task Force on American Indian Suicide; and consultant to the National Indian Country Child Trauma Center. Dr. Brave Heart was honored as a Lakota Woman Leader at Kyle Fair on the Pine Ridge Indian Reservation in South Dakota and is a former Francis Allen Fellow at the Newberry Library, D’Arcy McNickle Center for the American Indian.
Josephine Chase

Josephine Chase, PhD, MSW, LCSW-PIP, (Mandan-Hidatsa/Hunkpapa-Yanktonai) is full time faculty for Oglala Lakota College Social Work Department, where she teaches social work practices courses. Dr. Chase is the director/therapist for Horse Nation Healing, Inc. private practice and consulting. She has practiced social work since 1978 primarily in child welfare and mental health arenas, providing direct practice service, and has occupied administrative and supervisory positions.

In collaboration with Dr. Yellow Horse Brave Heart and others, Dr. Chase is a founding member of the Takini Network, now the Takini Institute, an organization established to develop historical trauma healing interventions and research to help Native people. Through this work, Dr. Chase has assisted in the development and creation of curricula, training, conducted workshops, and implemented grants to address issues of historical trauma and unresolved grief, funded by SAMSHA CAG, CSAT, CSAP, and currently NIMH.

Dr. Chase earned an MSW from the University of Denver, and a PhD in clinical social work from Smith College, Northampton, MA. Dr. Chase is EAGALA certified in Level I & II Equine Assisted Psychotherapy.
Bonnie Duran

Bonnie Duran, DrPH, is an associate professor in the Department of Health Services, University of Washington School of Public Health and is also director of the Center for Indigenous Health Research at the Indigenous Wellness Research Institute (www.iwri.org).

She received her DrPH from the UC Berkeley SPH in 1997. Dr. Duran teaches graduate courses in community based participatory research (CBPR), health promotion/disease prevention and critical theory. She has worked in public health research, evaluation and education among Native Americans and other communities of color for over 30 years.

Dr. Duran is currently the principal investigator of four NIH funded research projects in Indian country. Working with the National Congress of American Indians Policy Research Center, and the University of New Mexico, she is studying the promoters, barriers and mechanisms of participation and change in community-engaged research. With the Northwest Indian College and the American Indian Higher Education Consortium, she is conducting a needs and capacity study of behavioral health at 34 tribal colleges. With her team at IWRI and her partners at tribal colleges, she has recently received two new NIH grants to (a) conduct a psychiatric epidemiology prevalence and risk and protective factors study, and (b) adapt an evidence-based alcohol harm reduction intervention for tribal colleges.

Dr. Duran is also co-PI of a NIMH-funded HIV and mental health research training program. Her past work includes partnering with the Navajo Nation, Indian Health Service and Indigenous community based organizations on frontier rural projects aimed at improving health services, and developing culture-centered health promotion. Using Indigenous theories to guide her work, Dr.

Duran’s research includes studies of the prevalence and correlates of mental disorders, violence, and child abuse; and treatment seeking patterns and barriers to care among Native peoples.

The overall aims of Dr. Duran’s research are to work in partnership with communities to design public health treatment and prevention efforts that are empowering, culture-centered, accessible and sustainable and that have maximum public health impact. She has many publications including articles in peer-reviewed journals, book chapters, and books.

Dr. Duran is on the editorial board of the Progress in Community Health Partnerships; and is on the CDC Health Disparities Advisory Board, and on the Advisory Council of the National Institute of Child Health and Human Development.

Bonnie Duran is also a Buddhist mindfulness practitioner and teacher.
Jean Flagg-Newton

Jean Flagg-Newton, PhD, holds a bachelor of science degree from Tennessee State University, earned a doctoral degree in physiology at Harvard University, and completed postdoctoral training at the University of Miami School of Medicine, Miami, Florida.

Dr. Flagg-Newton began her career as a research associate and later became an assistant professor in the Department of Pathology, University of Oklahoma Health Sciences Center.

She has served in a number of capacities at the NIH, including scientific review administrator (National Institute of General Medical Sciences); program officer for the Research Collaborative Awards Program and the Minority International Research Training Program (both at Fogarty International Center [FIC]); Minority Health Initiative coordinator, and deputy director, Office of Research on Minority Health, NIH; and deputy director and chief, Office of Research, National Center on Minority Health and Health Disparities. Dr. Flagg-Newton returned to FIC in 2004 as a special assistant in the Office of the Acting Director. She is currently a special assistant to the EA program director and a program officer for the Program, within the NICHD Division of Special Populations.
William Freeman

William L. Freeman, MD, MPH, has been in Indian health his entire medical career. In his summer between first and second years of medical school, he worked for the Swinomish Indian tribal community to develop and do a health survey of its members, as requested by the tribal chairman. After his residency (Family Medicine) and MPH (Health Services Research), he served in the Indian Health Service (IHS) for more than 25 years, first at the Lummi Indian Tribal Health Center (1977–1990) then director of the IHS Research Program (retired 2002).

He supported and promoted community-based participatory research (CBPR) with American Indian and Alaska Native people and tribes, and did qualitative and quantitative research. He also was chair of the IHS Institutional Review Board (IRB).

Since “retirement,” he serves Northwest Indian College, a Tribal College and University (TCU), as human protections administrator and program director for its Center for Health.

His research and professional interests include: resiliency and strengths of Native people; CBPR; ethics of research involving Native people and communities; research by, with, and for TCUs; and the concerns and desires of individual and community participants in research.

Because he is a living kidney donor (non-directed, 11/2008), he also has both a professional and personal interest in the care of living organ donors before and after donation and the ethics of living kidney donation. He currently serves on the United Network of Organ Sharing (UNOS) Living Donor Committee, and will soon serve on UNOS’s Ethics Committee.

He and his wife, Carolyn Robbins, are privileged to live on the Lummi Reservation, with the proud Lummi people.
Billy Jo Kipp, Ph.D., is president of Blackfeet Community College. She had been associate director for Mental and Behavioral Health at the Center for Native American Health, University of New Mexico.

Dr. Kipp has a doctoral degree in clinical psychology. Her research has focused on the effects of a Blackfeet cultural and language immersion program on Blackfeet children’s intelligence, racial identity, and self-esteem.

Additionally she has investigated the differences of crystallized intelligence and fluid intelligence in American Indian children and American Indian children with a diagnosis of Fetal Alcohol Syndrome.

Her research on building capacity for diabetes management in tribal communities focused on the reduction of health disparities among minority populations.

Dr. Kipp is committed to culturally responsive research and providing research that is useful for tribes.
Nathaniel St. Pierre, EdD, is an enrolled member of the Chippewa Cree Tribe of Montana. He has a bachelor’s degree in business, a master’s degree in education, and a doctorate in education. All three degrees were earned from Montana State University. As a former college instructor, he taught courses in business, education, history, and Native American studies. As an independent consultant, he specializes in training and technical assistance for community-based participatory research, evaluation, cultural competence, and substance abuse prevention. Most of his career has focused on American Indian issues, students, programs, and services. He has also been a researcher, program evaluator, and an academic dean.

Dr. St. Pierre is currently the president of Stone Child College in Box Elder, Montana.
Karina L. Walters, PhD, is the associate dean for research and the William P. and Ruth Gerberding Endowed University professor at the University of Washington School of Social Work. Dr. Walters is also the director of the Indigenous Wellness Research Institute National Center of Excellence funded by the National Institute on Minority Health and Health Disparities of the National Institutes of Health. The Institute’s many notable contributions include hosting the 2010 International Network of Indigenous Health Knowledge and Development conference, a biennial gathering aimed at improving the health of Indigenous peoples in Australia, New Zealand, Canada, and the United States through Indigenous and community-led research, health services and workforce development. Dr. Walters is also a recipient of the prestigious Fulbright Senior Research Award where she was an honorary visiting scholar at Nga Päe o te Maramatanga National Institute for Research Excellence in Maori Development and Advancement at the University of Auckland, New Zealand. Her research focuses on historical, social and cultural determinants of physical and mental health among American Indians and Alaska Natives. She has published and presented nationally and internationally on her research and mentors numerous American Indian and Alaska Native junior faculty, researchers, post-doctorate, graduate and undergraduate students. Dr. Walters serves as principal investigator on several groundbreaking studies associated with health-risk outcomes among American Indian individuals, families and communities funded by the National Institutes of Health. These include the HONOR Project—a nationwide health survey that examines the impact of historical trauma, discrimination and other stressors on the health and wellness of Native American lesbian, gay, bisexual, transgender and two-spirited men and women; and Healthy Hearts Across Generations—a project in collaboration with a Northwest tribe to design and test a culturally appropriate, feasible and generalizable cardiovascular disease prevention program with American Indians living in the Pacific Northwest.