HISTORICAL TRAUMA AND COMMUNITY BASED PARTICIPATORY RESEARCH
Implementing a Model of Participation for Tribal Colleges and Universities

Instructors:

Attakai, Agnes, MPA
Brave Heart, Maria Yellow Horse, PhD
Chase, Josephine, PhD
Flagg-Newton, Jean, PhD
Hardy, Lisa, PhD
His Horse is Thunder, Deborah, EdD
Joseph, Darold, MeD
Kuslikis, Al, MA
LaFrance, Joan, EdD
Linkenbach, Jeff, PhD
Lubbers, Darren, PhD
Sanderson, Priscilla, PhD, CRC
Teufel-Shone, Nicolette I., PhD
White Hat, Cecil, PhD
Wilson, Tim, PhD
Dear TCU Institute Participants,

AIHEC is pleased to host its 2nd Annual Behavioral Health Institute. This Institute builds upon last year’s Institute and the work of the first cohort of the five Tribal Colleges and Universities (TCUs) who were funded to build their research capacity in behavioral health. These first five TCUs are Cankdeska Cikana Community College, Diné College, Oglala Lakota College, Northwest Indian College, and Stone Child College. It is with great appreciation that these colleges have stepped forward to initiate research projects and are willing to share their experiences during this week.

AIHEC also is greatly appreciative of the National Institute for Health (NIH) and the Indian Health Service, for its NARCH VII award. This award has allowed AIHEC to fund this annual institute and promote the research capacity building at the individual college level.

We will be seeking applications for the second cohort of Tribal Colleges to begin their research projects next year. It is our goal to eventually be able to assist all of the TCUs in their efforts to build research capacity in behavioral as there is a critical need to effectively address this area in Indian country.

I would also like to offer a special note of appreciation to Diné College for hosting this event. AIHEC recognizes that it takes extra effort to make this institute a success and we are grateful for the work that is done to share the culture of the community and the college.

Sincerely,

Carrie Billy

President & CEO
American Indian Higher Education Consortium
The American Indian Higher Education Consortium hosts this 2nd Annual Behavioral Health Institute. This institute focuses upon building the research capacity of Tribal Colleges and Universities in the area of behavioral health and the impact of historical trauma. Participants will review historical trauma and the impact on American Indian people and learn how to assist with “reframing” traumatic experiences. This institute also explores resiliency as a model as compared to a deficit model and the development of positive community norms. In addition, the participants will have the opportunity to address the application of qualitative and quantitative statistics to behavioral health research and to explore the dissemination process to share research findings. This week-long event will also provide information about research funding opportunities.

**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**

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 22nd through 26th, 2015. 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. There will also be an effort to identify resources that could support research endeavors and dissemination sources. 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

• Recognize historical trauma-informed clinical intervention research perspectives

• Understand the factors that contribute resilience.

• Understand the multiple ways in which resilience has been explored through research.

• Able to apply tools within academic planning, curriculum development, and community engagement.

• Understand the concept of positive community norms

• Describe examples of research work allocation, resource sharing, and process evaluation methods.

• Understand statistical data analysis with hands on application in behavioral health research.

• Define potential issues regarding research in American Indian communities and solutions to address issues and concerns.

• Identify issues related to building and maintaining partnerships

• Identify dissemination resources, e.g., peer review journals, behavioral health conferences, and professional meetings.

• Identify potential sources of funding and grant opportunities for behavioral health research.
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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
<th>Activities and Readings</th>
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</thead>
<tbody>
<tr>
<td>9:00 am</td>
<td>Welcome</td>
<td>Al Kuslikis, Senior Associate for Strategic Initiatives, AIHEC</td>
<td>Name</td>
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<td></td>
<td>Blessing</td>
<td>Deborah His Horse is Thunder, Institute Coordinator, AIHEC</td>
<td>Where are you from?</td>
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<td>Introductions</td>
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<td>What do you hope to gain from this training?</td>
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<tr>
<td>9:30 am</td>
<td>Introduction to HTUG</td>
<td>Maria Yellow Horse Brave Heart, Researcher/Consultant, University of New Mexico &amp; Takini Institute</td>
<td>Reading: Brave Heart, M. Y.H., The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response Among the Lakota through a Psychoeducational Group intervention</td>
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<td></td>
<td>• <em>Woose Sakowin: The Seven Laws as Ground Rules</em></td>
<td>Josephine Chase, Researcher/Consultant, Oglala Lakota College &amp; Takini Institute</td>
<td>Reading: Brave Heart, et. al., Wacasa Wasaka: Restoring the Traditional Strength of American Indian Boys and Men</td>
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<td>• Commitment to the Process (abstinence) — Acknowledgement and Awareness of the Role and Responsibilities as Researchers</td>
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<td>Who am I exercise?</td>
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<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 and Development</td>
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<td>• Fidelity to the Model</td>
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<td>• Use and Misuse of Language, Theory, and Approach</td>
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<tr>
<td>12:00 pm</td>
<td>Lunch</td>
<td>Note: Student participants will have lunch together</td>
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<tr>
<td>1:00 pm</td>
<td>Components of HTUG</td>
<td>Maria Yellow Horse Brave Heart Josephine Chase</td>
<td>Video: Veterans</td>
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<td>1st—Confrontation with the Past</td>
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<td>Clinical Intervention Research Crisis Protocol</td>
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<td>2nd—Understanding the Trauma Historical</td>
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<td>Identification of Essential Local Resources</td>
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<td>3rd—Releasing the Pain (Responsibilities of the Researcher)</td>
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<td>Identification of Steps to Insure the Protection and Safety of Research Participants</td>
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<td>2:45 pm</td>
<td>Break</td>
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<td>3:00 pm</td>
<td>4th—Transcending the Trauma</td>
<td>Write down one thing you can do for yourself</td>
<td>Video: Celebration of Survival</td>
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<td>Introduction to Self-Care Plans and Secondary Trauma</td>
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<td>4:00 pm</td>
<td>Tribal Adaptation</td>
<td>Assessment Tools</td>
<td>Small Group Discussion and Large Group Discussion</td>
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<td>4:45 pm</td>
<td>Closing the Circle</td>
<td>Wiping the Tears Exercise—Commitment to the Next Seven Generations</td>
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<tr>
<td>5:30 pm</td>
<td>Dinner</td>
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<tr>
<td>9:00 am</td>
<td>Blessing and Check In</td>
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<td>One word check in</td>
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<tr>
<td>9:30 am</td>
<td>Center for American Indian Resilience (CAIR): Background and Purpose</td>
<td>Priscilla Sanderson, Associate Professor &amp; Co-PI, Northern Arizona University</td>
<td>Teaching and Fostering Resilience in a Research Enhancement Program for American Indians</td>
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<td>Protective Factors</td>
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<td>Activity: What is resilience to you? What makes you resilient?</td>
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<td>Risk Factors</td>
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<td>Community</td>
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<tr>
<td></td>
<td>Individual</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>Building a Model of Community Resilience</td>
<td>Nicolette I. Teufel-Shone, Co-CAIR Chair and Professor of Family &amp; Child Health, University of Arizona</td>
<td>Reading: TBD</td>
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<td>Activity: Then and Now lesson from Curriculum</td>
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<tr>
<td>12:00 pm</td>
<td>Lunch</td>
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<td>1:00 pm</td>
<td>Community Engaged Wellness Mapping</td>
<td>Lisa Hardy, Assistant Professor, Co-Principal Investigator for Research, CAIR, Northern Arizona University</td>
<td>Reading: Reading: Hardy, L. J., Figueroa, A., Huilen, E., Corrales, C., Scranton, R., Begay, C., (2013). Toolkit for Community – engaged Wellness Mapping. CES4Health. info, 2014</td>
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<td>Engaging community researchers: structure and practice</td>
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<td>Activity: Wellness Mapping</td>
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<td>Expert knowledge</td>
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<td>2:45 pm</td>
<td>Break</td>
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| 3:00 pm  | CAIR Student Projects          | Kwaayesnom Onsae, Northern Arizona University Undergraduate  
Carmella Kahn, University of Arizona Doctoral Student  
Michele Henson, University of Arizona Graduate Student | Beliefs, Definitions, and Stories of Resilience  
| 4:00 pm  | Identifying Resilience         | Agnes Attakai  
Darold Joseph                                           | One thing that I learned today                                                                |
<p>| 4:15 pm  | Review of the day and Mini-evaluation |                                                    |                                                                                           |
| 5:30 pm  | Dinner—Cook Out                |                                                    |                                                                                           |</p>
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<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>
</tbody>
</table>
Overview of Key Assumptions  
Introduction of Key Concepts of PCN Frame  
Provide Message Examples  
| 10:30 am  | Break                                                                |                                                                                |                                                                                                                                                                                                                         |
| 10:45 am  | So Old It's New Again: A Native (Lakota) Perspective on the Science of the Positive | Cecil White Hat, Principal Planner/Program Consultant, Minnesota Department of Human Services, Alcohol and Drug Abuse Division | Provide a Lakota Worldview  
Identify Connections with Science of the Positive                                                                                                                                                                       |
| 12:00 pm  | Lunch                                                                |                                                                                |                                                                                                                                                                                                                         |
| 1:00 pm   | Exploring the Hope and Concern Framework                             | Jeff Linkenbach, Cecil White Hat                                               | Activity/Discussion on Hope and Concern Framework  
MN Native Youth Photo Voice Project  
Handout-Integrating Hope and Concern into your Communication                                                                                                                                                           |
| 1:30 pm   | Identifying Cultural Protective Factors related to CDC's Essentials for Childhood | Jeff Linkenbach, Cecil White Hat                                               | Brief Overview of ACES  
CDC Essentials for Childhood focus on Safety, Stability, & Nurturing  
CDC—Positive Community Norms and E.F.C.                                                                                               |
| 2:30 pm   | Break                                                                |                                                                                |                                                                                                                                                                                                                         |
| 2:45 pm   | Understanding Norms                                                  | Jeff Linkenbach                                                                | Experiential Norms Activity Using "Clickers"  
Discussion on Perceptions and Misperceptions  
Engaging in Community-Based Data  
| 3:30 pm   | Reflections and Mini-Evaluation                                      | Jeff Linkenbach, Cecil White Hat                                               | Reflections and Integration Discussion Mini-Evaluation                                                                                                                                                                |
| 4:30 pm   | End the Day                                                          |                                                                                |                                                                                                                                                                                                                         |
### Thursday, June 25, 2015—Statistical Analysis of Data Generated within an American Indian Framework

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<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? Other topics we should explore today?</td>
</tr>
<tr>
<td>9:15 am</td>
<td>Redirecting The Stories We Tell Ourselves</td>
<td>Timothy Wilson, Professor of Psychology, University of Virginia</td>
<td>Illustrate how to redirect the stories we tell about ourselves and the world around us, with subtle prompts, in ways that lead to lasting change Demonstrate the remarkable power small changes can have on the ways we see ourselves and our environment, and how we can use this in our everyday lives Reading: Redirect: The surprising new science of psychological change Lecture and Discussion</td>
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<tr>
<td>10:15 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:30 am</td>
<td>Group 1: Quantitative Statistics</td>
<td>Darren Lubbers, Applied Research and Assessment Consultant, Allegan County Community Mental Health; Adjunct Professor, Wayne State University</td>
<td>Sessions are intended to be highly interactive. Participants are urged to bring questions and seek advice and assistance from these experts Sessions will repeat to allow interaction with smaller groups.</td>
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<td>Group 2: Qualitative Statistics</td>
<td>Joan LaFrance, President and Founder, Mekinak Consulting</td>
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<tr>
<td>12:30 pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1:30 pm</td>
<td>Group 1: Quantitative Statistics</td>
<td>Darren Lubbers</td>
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<tr>
<td></td>
<td>Group 2: Qualitative Statistics</td>
<td>Joan LaFrance</td>
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<tr>
<td>3:30 pm</td>
<td><strong>Break</strong></td>
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<tr>
<td>3:45 pm</td>
<td>Building Capacity: Students into Researchers</td>
<td>Presentations by Students</td>
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<tr>
<td>4:45 pm</td>
<td>Closing Comments</td>
<td>Deborah His Horse is Thunder</td>
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<tr>
<td>5:30 pm</td>
<td><strong>Dinner—Traditional American Indian Meal</strong></td>
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### Friday, June 26, 2015—Next Steps in Behavioral Health Capacity Building

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<tr>
<td>9:00 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 &amp; Human Development (NICHD)</td>
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<tr>
<td>10:45 am</td>
<td><strong>Break</strong></td>
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<tr>
<td>11:00 am</td>
<td>Other Opportunities and Resource Funding</td>
<td>Al Kuslikis</td>
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<tr>
<td>12:30 pm</td>
<td><strong>Lunch</strong></td>
<td></td>
<td>Thank You and Safe Travels!</td>
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Other Recommended Readings


Resilience in a Cross-Cultural Perspective: How resilience is generated in different cultures. Retrieve at: http://www.immi.se/intercultural/nr11/gunnestad.htm
Cankdeska Cikana Community College

Overview
The purpose of the Cankdeska Cikana Community College (CCCC) Behavioral Health Research Development (BHRD) project is 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. The CCCC BHRD project has three goals:

1. Increase capacity of CCCC to teach research skills and conduct behavioral health research, through staff development and the creation of behavioral health research education opportunities for students.
2. Increase student ability to understand and conduct behavioral health research through course offerings and a summer research project.
3. Increase knowledge regarding behavioral health needs and research support for developing interventions based on those needs.

One strategy for achieving the goals is participation in research. In Year 1, the project completed analysis of already collected data, the CCCC Health Study. In Year 2, we are preparing to collect data for the Spirit Lake Comprehensive Community Assessment (SLCCA).

Research Questions to be Addressed
The purpose of the CCCC Health Study, the Year 1 research project, was to learn about the health status of students, staff, and faculty at CCCC. It answered four research questions:

1. What is the status of health of students, staff and faculty at CCCC?
2. Do students, staff and faculty have adequate access to health care?
3. What factors may influence health (including behavioral health) outcomes?
4. What are the most important health issues among students, faculty and staff at CCCC?

The purpose of the Year 2 study, SLCCA, is to identify community health and wellness needs (social, health, mental health, substance use, employment, housing, education) and to provide support for health, educational, employment, and other program development and implementation. The project has two aims:

AIM 1. To describe community characteristics based on already collected information.

Write description of community (tribal geographic area and Benson, Eddy, Ramsey, and Nelson Counties) based on the County Profile created by the North Dakota Behavioral Health Network and other already existing data.
AIM 2. To describe the current health, education, economic, and housing status and needs of community members and Head Start families.

Develop survey and data collection procedure for two samples, conduct survey, analyze the results, and disseminate them.

**Current Status of the Research**

Data collection and analysis for the CCCC Health Study has been completed and the final report completed. The results have been disseminated through a poster at a regional conference fall 2014 and will be presented at a second regional conference June 2015.

The SLCCA is being planned. A community workgroup has been meeting since January 2015. A draft proposal has been completed; the survey is under development.

**Challenges Encountered**

Developing a survey that is reliable and valid, can be compared to other similar studies, and is appropriate for the community is challenging.

Obtaining resources to complete a community assessment is challenging. An additional challenge is bringing together already busy staff from community organizations to plan the assessment.

**Next Steps**

The next steps for the SLCCA include: completion of the survey, IRB approval for revised survey and protocol, selection of community sample, research workshop regarding survey research, data collection with Head Start parents and community members, data analysis, completion of the report, and dissemination of results. We hope to be able to present the results again this fall at the regional conference, the American Indian Research Conference at the University of North Dakota.
Overview
The specific aims are to 1) coordinate behavioral health needs assessments at Diné College, and 2) initiate partnerships between the faculty in public health, social and behavioral science, and 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. Two faculty, two staff, and several students of Diné College participate in this project to enhance our community-based behavioral health research and education capacity and programming. Activities include designing, conducting and analyzing a behavioral health needs assessment, pursuing professional development opportunities to build capacity, collaborating with other researchers in needs assessment of the Diné College student body, participating in the TCU 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.

Research Questions
The behavioral health assessment of the college’s student body is being addressed in two ways. First, we are collaborating with the NARCH funded project of Dr. Bonnie Duran at the University of Washington that is combining an online survey of substance abuse knowledge, attitudes and behaviors among tribal college students with a brief intervention for the subset of students whose responses on the survey indicate they are at high risk for negative consequences (BASICS). The online surveys will provide information about the extent of substance abuse behaviors and impacts among our students, and the intervention trial will show whether relatively brief motivational interviewing sessions will significantly lower the substance abuse behaviors of those most affected.

Second, we implemented our own survey of student perceptions of norms on a variety of wellness and student success factors, following the Positive Community Norms (PNC) model as developed and implemented with The Montana Institute (Dr. Jeffrey Linkenbach) and local community and educational organizations in the area of the northeast Navajo Nation and surrounding off-reservation communities. A survey of 20 multiple choice (Likert scale) items and three open-ended questions was designed and administered to students. Survey questions included the following topics: Mentor/community support; Mental/physical health/public health; College services/college success; What you want to see more of on campus; and Ideas for making the college better for students. Most questions were in pairs in which the first question asked the student’s self-perception on the issue, and the second asked about the student’s perception of their peers on the issue. An example is the following about drinking and driving:

6a. In the last 30 days, I have not driven after drinking alcohol.
6b. In the last 30 days, my peers have not driven after drinking alcohol.

The first question of each pair will allow us to establish what the student norm is on the issue, what they perceive about themselves compared with the perceived norm, and what they think is the case
for others. Where there are differences between these perceptions, and the perceived norm is actually more negative than the actual behavior, that perception can negatively affect future actual behavior. We want to see if that is the case here and to use the data to design an awareness campaign based upon the findings.

**Current Status of Research**

In the collaborative research with Dr. Duran, two of our AIHEC project staff and two of the college’s Student Success program staff have received the training on the research protocol and the motivational interviewing style intervention. The online survey has begun during the spring semester 2015, and students are starting to be referred to the intervention.

In the locally designed PCN study, student researchers collected 292 surveys from five of the college’s six campuses that represented a total student count of 1,459. The students have also now completed most of the data entry and are beginning the tasks of cleaning, coding and analyzing the surveys.

**Challenges/Obstacles**

- The data collection was ended early for several reasons. The University of Washington NARCH project survey on substance abuse was to begin soon, and the college was also in the middle of student and faculty surveys contracted to an outside agency, University of Texas, as part of institutional assessment. We were concerned about the potential survey fatigue among students.

- It was difficult to coordinate students’ and staff schedules in order to travel and complete surveys among students at all six campuses of the college, including the problems of finding vehicles and drivers and students missing classes. Traveling distances to other campuses range from 120 miles to 360 miles round trip.

- More pilot testing and training of interviewers would have helped before the survey started.

- Some survey questions were personal and difficult for traditional students to answer.

- The goal of the survey data collection had been to achieve closer to 90 percent of all students rather than the 20 percent we achieved. This survey was not a random sample and we cannot be certain it is representative of the total student population at this time.

**Next Steps**

Student researchers will be trained and mentored in the completion of the analysis of our student perception survey, including comparison of the sample age and gender data with that of the entire student body to determine whether our sample is fairly representative of the population. Results of perception gaps will be used to design an outreach campaign to validate the best student behaviors in ways to better align campus norms. Collaboration will continue with the University of Washington team in the student behavioral risk surveys they are conducting with our college. We will secure IRB approval for future work using models for online real-time surveys that can weave in a “feedback loop” where data would flow and change back and forth to students (online) to correct misperception and excite the population about the interesting nature of data collection in “real time.” The college is working on a new radio station and that enhances opportunities for conversations.
Northwest Indian College

Research Team
Student Researchers: Bobby Lind, Hiram Small Legs, Marie Badilla; Project Director: William Freeman; Faculty: Fawn Little Sky; Project Coordinator: Colleen Berg; Project Consultants: Jeffrey King, Dave Oreiro; Internal Evaluator: Tami Chock

Overview
The Northwest Indian College (NWIC) Behavioral Health Research Network (BHRN) project will use Community Based Participatory Research (CBPR) to develop, implement, analyze, and report the results of an NWIC student behavioral health survey while mentoring students to conduct research.

Process
• Three students were recruited to participate as student researcher for two years.

• Mentors discussed with the students the importance and nature of human research protection for individuals and tribal communities as well as the CBPR process. Each took (and passed) the NIH Human Research Protections certification course.

• The entire research team reviewed and modified a behavioral health survey instrument that our consultant (Jeff King) has used in the past in both an urban Native American community in a large city and in a very rural, small Native American community. The students are very engaged in the research process and were instrumental in adapting and developing the questions for the survey based on Dr. King’s instruments.

• The students helped write the Informed Consent document, helped recruit members for the College Action Board (CAB), which included faculty, administration and students. They also were taught about applying for a research protocol review with the Institutional Review Board (IRB) and preparing for the review meeting. Students were also instrumental in helping to recruit students to take the survey.

The Survey
Starting in late June 2014 through mid-November, the research team discussed, modified, and developed the NWIC student behavioral health survey using Dr. King’s model. The team’s modification included:

a. Expanding the focus to emphasize strengths and resilience;

b. Adding the topics of the effects of the traumas of personal and tribal histories;

c. Including questions specific for Indian college students (e.g., financial aid), about disability, etc.; and

d. Shortening the survey. We also had extensive discussions about demographics and how to select what to include in the survey.
As the team prepared to launch the survey, we developed a list of logistics questions to include in Survey Monkey, mostly surrounding protecting student identification. The team will develop a plan of intervention DURING the survey (for emotionally difficult questions) so that those taking the survey will have help if needed.

**CBPR and Vetting the Survey**

Following good research methods, in late November we invited two students, who were totally unfamiliar with the survey (i.e., representing the students who will take the survey), to pilot the written survey with the research team present, to correct ambiguous terms and improve the understandability of the survey students—they provided many valuable changes and suggestions. The team incorporated those changes and suggestions in the second draft.

One of the student researchers is responsible for uploading, updating, and managing our student survey on the Survey Monkey’s platform. The second draft was uploaded for the Survey Monkey. Again following good research methods, in late January we then had three different students, also totally unfamiliar with the survey, pilot the second draft on the computer screen (i.e., in the format the students will take the survey) with the research team present. They also provided several valuable changes and suggestions about wording and formatting on the computer screen. The team incorporated those changes and suggestions in the third draft.

After updating the survey to its third draft we had our CAB review it in two separate meetings in February. They recommended some excellent revisions that we incorporated which would not only help the students in defining their successes and challenges, but also to help the college to better understand and use the findings. Simultaneously, the survey was presented to the college’s administrative leadership team in February to also obtain constructive feedback. Again this showed to be helpful by further refining and improving the survey.

The final survey was launched March 19, 2015, and remained open to participants until May 1, 2015. Any student 18 years or older that was enrolled at Northwest Indian College main Lummi campus from spring quarter 2014 to present was qualified to take the survey.

**College Action Board (CAB)**

We created the project’s CAB to review the survey and help guide the team in finalizing the survey and analyzing and the dissemination of the results. The CAB is comprised of faculty, administrators and a student. The CAB will help the BHRN project develop the “receptive framework” at NWIC so that NWIC will not simply “put on the shelf” the results of the survey, but rather will respond and make changes as appropriate. The research team (including the students) worked cooperatively to write a CAB invitation. The students then took the letter and approached the selected potential members to join us. We have invited eight members to be on our CAB. So far seven have agreed and participated in two (survey and informed consent review) meetings. The eighth member, a student from the Student Executive Board (SEB), responded.
The Northwest Indian College’s IRB reviewed and approved the research (with conditions that the project can easily meet) on October 9, 2014. Our final approval was given on March 16, 2015, through the two-person expedited review of a “minor modification to the protocol.” The submission included the final survey, the revised informed consent document, and recruitment documents.

The team wanted to extend the original two-week survey period by four additional weeks because the Spring Semester break occurred during this time when it was first launched and because we wanted to obtain more respondents. We applied to the IRB for a minor modification to request the change, which was granted by expedited review.

**Evaluation**
Our internal evaluator attends some of our weekly meetings as her schedule allows. She is developing an Indigenous framework/strategy document that has been reviewed by our local BHRN team. She is beginning to schedule interviews with members of the research team and the College Action Board members. The research students will find three students each (a total of nine students) who took the survey and get their feedback on the survey to be included in the internal evaluation. The research students will help the evaluator to develop that set of questions.

**Contact**
William Freeman, *Project Director*, wfreeman@nwic.edu, 360-392-4224
Colleen Berg, *Project Coordinator*, cberg@nwic.edu, 360-392-4284
Northwest Indian College
2522 Kwina Road
Bellingham, WA  98226
Project Overview
The purpose of the Behavioral Health Research project conducted by Oglala Lakota College (OLC) is threefold: 1) to learn about the behavioral/mental health issues and needs of OLC students; 2) to increase the knowledge and capacity of OLC students and faculty regarding behavioral health issues and research; and 3) to develop behavioral health curricula based on historical trauma. The NARCH project is an interdisciplinary effort between the social work department and the humanities and social science department under the lead of Ms. Susanne Auer and Dr. Josephine Chase. The intent is to use community-based participatory research to conduct a behavioral health needs assessment at various OLC instructional sites on the Pine Ridge Indian Reservation and in Rapid City.

In accordance with the overall NARCH goals, OLC's team developed four overall project goals:

- **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

Current Status
In the first project year, two student research assistants were recruited and hired. One student was hired in time to attend the First Annual Behavioral Health Research Institute held in June 2014. This student is now a senior and will graduate from the OLC BSW program and thus complete her internship with the project at the end of May 2015. A second student enrolled in the social work program was hired and will continue with the project through her senior year over the 2014–2015 academic year. Currently additional recruits are being sought within OLC Social Science and Social Work programs, and we hope to add two new students to our project. To facilitate a smooth transition, the student interns are developing a student researcher orientation booklet that includes project history and materials and provides direction about future goals and plans.

In terms of the project goals, interns have compiled a comprehensive list of existing services and resources for behavioral health and other needs on the Pine Ridge Reservation, in adjacent border towns, and in Rapid City. This resource compendium will serve as a reference to students and staff who encounter problems and seek behavioral/mental health services.

Project staff finalized the methodology for the research project and is currently in the process of completing the applications for OLC's Institutional Review Board and Oglala Sioux Tribe's Research Review Board. The team will conduct an electronic survey about perceptions of student behavioral health needs and services. Two questionnaires have been developed for this purpose, one for OLC students and the other one for OLC staff who work closely with OLC students (faculty and counselors). Once a basic analysis of the survey responses is complete, student researchers will lead
focus groups to explore more in-depth thoughts regarding students’ mental/behavioral needs and possible strategies for meeting gaps in services. The time frame to conduct the electronic surveys is August–September 2015 and then to lead the focus groups in October 2015.

Challenges
Even though OLC’s Behavioral Health Research project has the funds to employ four student research assistants, so far we have only been able to hire two. The primary reason for this is that many of our students are non-traditional students who already work full-time and have families and therefore do not have the time available to work on this project. This challenge will soon become more acute as one of the two students will graduate with her bachelor’s degree and therefore no longer eligible to continue her work for us. We will attempt to recruit more students by having current student interns present in classes with a high number of social science or social work majors to share their experience with the project, what they learned about behavioral health research, and how they will use the knowledge and experience gained through participation in this project.

A major challenge is presented by the decentralized nature of OLC and the large geographic area of the Pine Ridge Reservation, thus staff are delegated to teach at various college centers located in disparate locations making scheduling difficult. Another challenge has been for project faculty to collaborate successfully while juggling many duties due to staffing shortage and to provide sufficient guidance to the student researchers. The team has largely overcome this problem by having bi-weekly conference calls for the whole research staff and weekly calls between project faculty. The students also were able to identify one day in the week that they are at the same college center to meet and work together in person on occasion. Moodle is utilized to simplify collaboration on documents as compared to using email.

Next Steps
The applications for approval of the study by the OLC Institutional Review Board and the Oglala Sioux Tribe Research Review Board will be submitted within the next month. Afterward, project faculty will need to recruit at least one but ideally three student research assistants to fill the vacancies. The electronic survey will be open between mid-August and mid-September 2015. In that time, project faculty will train the student researchers in conducting focus groups as preparation for the actual focus groups in mid-October.
Stone Child College

Promoting Resilience in Participants Enrolled at Stone Child College

Using a culturally relevant curriculum titled Biskanewin Ishkode: “A Fire Beginning to Stand”

Stone Child College (SCC) will be studying resilience in SCC students enrolled in Stone Child College’s Rural Health class using the curriculum titled: Biskanewin Ishkode “A Fire Beginning to Stand.” Biskanewin Ishkode is comprised of three courses, which progressively address different aspects of historical trauma: 1. Confronting historical Trauma (HT), 2. Understanding HT, 3. Releasing HT and, eventually, 4. Transforming these traumatic experiences so that health and wellness (resilience) are achieved.

For the past four years, 2011 through 2014, SCC has been working on a Rural Health Initiative to educate the Rocky Boy Chippewa-Cree community about the more critical health disparities with drug and alcohol/substance abuse being identified as a top health disparity. In a study published in the *Community Mental Health Journal* dated July 28, 2012, the study revealed that American Indians have a higher incidence of substance abuse. It is assumed that the higher use of illicit drugs is related to historical trauma; however, more data is needed to substantiate this assumption. Several studies have shown that recovery is possible using American Indian cultural practices. Eventually our goal is to investigate instruments that would help us provide more insight into the connections between historical trauma and treatment using American Indian cultural practices. This effort will be coordinated with the Strategic Plan, developed in 2012 for the Rocky Boy Community, to address substance abuse. The goals we will address with this research project are:

**Goals**

1. Increase the understanding of drug and alcohol abuse prevention, intervention, and rehabilitation needs on Rocky Boy’s Indian Reservation through formal study using scientifically sound, qualitative, and quantitative data collection. The goal of this research project is to test the effectiveness of the Rural Health Curriculum: Biskanewin Ishkode, “A Fire Beginning to Stand” as an effective intervention strategy to promote resilience (or health and wellness) for SCC students who score four or greater on the Adverse Childhood Experiences (ACE) questionnaire.

2. Use the Addiction Severity Index, Native American Version (ASI-NA) as a pre- and post-test. This study will also test whether the ASI-NA is a viable tool to measure change in behavior. The tool was developed by NIDA-SAMHSA and described in the research study by Kropp, et.al., “Characteristics of Northern Plains American Indians seeking substance abuse treatment in an urban, non-tribal clinic: a descriptive study” (2012) as a cultural adaptation of the Addiction Severity Index (ASI: McLellan et al. 1992). The ASI is widely used in both research and clinical practice and shows good reliability and validity among different populations (McLellan et al. 2006).
Instructional Approach
Stone Child College students will sign a consent form to participate in the study. Their signature on the consent form will indicate their willingness to take the ACE questionnaire and enroll in the Rural Health Curriculum. The three courses in the Rural Health Curriculum utilize an instructional methodology that embraces the high context communication style of observing and listening rather than the standard question and answer mode or low context mode prevalent in the dominant culture. These experiential methodologies and personal relational strategies will be used to gain the trust of the participants because healing and health is a personal journey within community support. The Chippewa-Cree community is a high context communal group of people and the curriculum attempts to reclaim the strength of community support prevalent in their historical past. When visiting historical trauma, we are aware that history also reveals positives, not only negatives.

In addition, the family structures of extended family contexts will be used as resources, recognizing that the extended family also has to make a commitment or there will have to be alternative routes for healing. Eventually, the contexts will broaden to understanding systemic oppression perpetuated by the dominant culture, but reaching resolution with this understanding and moving beyond the limitations and realizing that understanding the system leads to changing it.

Research Methods
Resilience will be measured using the Addiction Severity Index-Native Americans (ASI-NA) as a pre- and post-test. Results of the pre- and post-tests will be analyzed using the SAS software. Any significant gains will be positive indicators of the effectiveness of Biskanewin Ishkode as a viable intervention for healing from the effects of historical trauma.

These quantitative data, provided by the ASI-NA positive gain scores, will be supplemented with qualitative information such as anecdotal records made by the instructors and research students that will serve as formative assessment information for course improvements and modifications. Other qualitative data will be students’ projects that are designed to reflect personal choices in their progression from confrontation to transformation of historical trauma. This information will be helpful indicators of movement and changes in students’ attitudes as the courses shift from an informational mode to an activist mode—whereby students are motivated to create changes in their community.

Three student researchers will be selected to conduct the research study. They will assist in the selection of participants by administering the ACE questionnaire. They will obtain informed consents and do a pre- and post-interview of participants using the ASI-NA assessment tool. The student researchers will analyze the data, write the results of the research study and prepare a formal presentation of the research findings. These presentations will utilize visuals and multiple digital formats. Student researchers will also participate in the class and write anecdotal notes on their experience of the Biskanewin Ishkode curriculum. Student researchers will present the research findings to faculty, staff, and students at SCC. In addition they will present their findings to the White Skye Hope treatment staff, the Chippewa-Cree law enforcement and tribal courts, and the
Chippewa-Cree Business Committee. Student researchers will attend two research conferences in Couer d’Alene, Idaho, and Polson, Montana, to present their posters.

Specific Aims
1. Recruit 25 SCC students to participate in the research study as measured by enrollment and attendance records.

2. Determine whether the Rural Health Curriculum: Biskanewin Ishkode: “A Fire Beginning to Stand” is a viable intervention strategy for participants who score four or higher on the ACE questionnaire as measured by the collection of qualitative data in the form of student and instructor anecdotal notes.

3. Increase positive outcomes for participants as measured by the ASI-NA pre- and post-assessment. The ASI-NA will be used to measure gains in the SCC student’s post-test scores. If there is a significant positive change in the composite scores in the post-test, it will be assumed that this intervention had a healing effect for the individual participants—who through their healing are manifesting a resilient quality.

4. Work together with other Native communities in order to disseminate information and to collectively share ideas and the most effective practices. This will be done through the poster presentations. Strength is gained in numbers and reinforcements are a catalyst for change. Slowly but surely changes will reach personal and community goals.

Confidentiality:
Confidentiality of the SCC students participating in this study will be protected through the use of a code using their father’s first two letters of his first name, the last two numbers of their social security number and their mother’s first and last name initials. This code will assist the student researchers to match the ACE questionnaire with the pre- and post-ASI-NA assessment. All records will be stored on a USB which will be locked in a file cabinet when not being used by the student researchers. Students will be provided training in confidentiality by the project director and will sign a document indicating they received the training and the consequences of a breach in confidentiality.
Agnes Attakai

Agnes Attakai, MPA, (Navajo) is the Director of Health Disparities Outreach and Prevention Education for the Mel and Enid Zuckerman College of Public Health, University of Arizona and Program Coordinator for the Indians into Medicine program at the College of Medicine.

Ms. Attakai works on program/online/multimedia curriculum development, information dissemination to public health professionals via the Arizona Tribal Health listserv and trainings, networks to provide capacity building and technical assistance to tribal communities in Arizona.

In addition, Ms. Attakai is Principle Investigator for a National Institute on Minority Health and Health Disparities funded pilot project with the Center for American Indian Resilience (CAIR). The purpose of CAIR is to reduce health disparities by identifying, assessing, applying and teaching models of resilience associated with positive health outcomes in American Indians. The pilot project “Documenting and Promoting Resilience in Urban American Indians” is a collaborative partnership with the Tucson Indian Center to collect and document life narrative from urban American Indian elders. The goal of the project is to identify resiliency strategies from the narratives and incorporated into a health promotion program for youth.

Ms. Attakai has a bachelor’s degree in Political Science and American Indian Studies and a Master’s of Public Administration degree from the University of Arizona. She currently volunteers with the Saguaro Girl Scout Council of Southern Arizona, Native American Education Advisory Committee/Tucson Unified School District, and the Reading Seed Children’s Literacy Program.
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.
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.
Lisa Hardy

Lisa Hardy, PhD, received her doctorate from Temple University in 2007. She is a Fellow with the Interdisciplinary Health Policy Institute at Northern Arizona University and an Associate of the Arizona Cancer Center at the University of Arizona. Research interests include medical anthropology, health equity, social determinants of health, health policy, cities, community-engaged research, ethnographic methods; N America.

Dr. Hardy is currently actively engaged in several Arizona-based projects that investigate patient-physician communication, narrative medicine, wellness and resilience, immigration, and policy.

Dr. Hardy works with community collaborations throughout the state to develop research strategies and implementation plans in the area of public health. Her current research includes a study funded by the National Institutes of Health called Health Resilience among American Indians in Arizona (http://nau.edu/CAIR/NAU-Research-Project/). Dr. Hardy is also collaborating with a local community health center to develop a health partners clinical program offering training and opportunities for students to serve as partners connecting patients with local resources. Her other local work includes consultation on neighborhood issues, training medical students in social determinants of health, developing and implementing the evaluation of large scale multi-sectoral partnerships, use and development of parks for greater accessibility, and social and cultural meanings of food. She serves as the faculty advisor for the campus chapter of Partners in Health Engage.
Darold Joseph

Darold Joseph, MEd, is a member of the Hopi Nation and represents the Isswungmuy (Coyote Clan). He is a Ph.D Candidate in the Disability and Psychoeducational Studies department at the University of Arizona. He currently serves as a Research Assistant for the Center for American Indian Resilience and also serves a lecturer for the Applied Indigenous Studies Department at Northern Arizona University.

His current research includes exploring the intersections of Indigenous knowledge and western education paradigms that inform cultural identity. More specifically the concepts of resilience, empowerment, community, history and culture are used to explore these intersections with American Indian and Alaskan Natives pursuing higher education, including individuals with disabilities.

Mr. Joseph has a dual bachelor’s degree in Special Education and Elementary Education and a Master’s of Educational Leadership degree from Northern Arizona University. He currently serves on the Hopi Education Endowment Fund Board as the Chair of the Resource and Development Committee. With his experience in teaching he strives to support the pursuit of higher education for students from underrepresented communities in higher education institutions.
Al Kuslikis

Al Kuslikis, MA, is Senior Associate for Strategic Initiatives at the American Indian Higher Education Consortium, the association of the nation’s 37 Tribal Colleges and Universities (TCUs). An important part of Mr. Kuslikis’ work involves identifying strategies for supporting research, education, technology transfer, and community development programming at the nation’s TCUs particularly through partnerships among the Tribal Colleges and the larger stakeholder community—including federal, tribal and state agencies, higher education institutions, organizations, and businesses. Mr. Kuslikis has accumulated over twenty years of experience in American Indian higher education, beginning with his work at Diné College on the Navajo Nation.
Joan LaFrance, Ed.D. is owner of Mekinak Consulting, a management and evaluation service in Seattle, Washington specializing in educational program evaluation, research, and management studies. Mekinak Consulting has a long history of evaluation of programs in Tribal Colleges and Universities, tribal and Indigenous communities, and for non-profit organizations. With support from the National Science Foundation through a grant to the American Indian Higher Education Consortium, Dr. LaFrance conducted the research and co-authored the book *Indigenous Evaluation Framework: Telling Our Story in Our Place and Time*. Currently, she is conducting research on the application of the Indigenous Evaluation Framework in three tribal college communities.

Dr. LaFrance is a member of the Turtle Mountain Band of Chippewa. She received her doctorate at Harvard University, and a Master’s of Public Administration from the University of Washington. She was a founding member of the Indigenous Peoples in Evaluation TIG in American Evaluation Association, and believes that traditional Indigenous voices and values will make significant contributions to evaluation theory and practice.
Jeff Lindenbach, PhD, is a research scientist, author and consultant who brings transformative thinking to help his clients achieve their full potential. Jeff is the Founder and Director of The Montana Institute (www.MontanaInstitute.com) where he is in high demand for applications of his Science of the Positive process and for his expertise in the Positive Community Norms framework for prevention.

Dr. Linkenbach holds a doctorate of education and a master’s degree in counseling, and has over 30 years of experience in the field of health promotion as a trainer, researcher, faculty member, and program director. He has worked with public schools, colleges, corporations, communities, non-profit organizations, state governments, and with agencies including the Centers for Disease Control and Prevention, the Children’s Bureau, Departments of Education and Transportation, and the White House.

Dr. Linkenbach’s passions are helping leaders re-energize, organizations grow more effective, and communities improve their health and safety.
Darren Lubbers

Darren Lubbers, PhD, is an adjunct professor at Wayne State University in the Department of Theoretical and Behavioral Foundations in the College of Education. Dr. Lubbers has extensive experience in applied research and assessment in substance abuse prevention programs. He also serves as a consultant to several major mental health and substance abuse projects including:

- Allegan County Community Mental Health’s Applied Research and Assessment Consultant in which he focuses on: assessment department design, utilization management implementation, clinical outcome measurement systems, clinical cost effectiveness analytics, and children and family system instruments;
- Hope Network’s Applied Research and Assessment Consultant with a focus on consultation and implementation of specific standardized tools and assessments;
- Common Ground’s Applied Research and Assessment Consultant in the areas of: instrument development and analytics, program quality analytics, clinical outcomes, hope and self-efficacy instrument development, program outcomes, and research design;
- The Montana Institute’s Research and Evaluation Positive Norms Project involving eleven communities in Minnesota;
- St. Joseph Community Health in which he provides expertise in: program quality analytics, assessment, clinical outcomes, business efficiency and effectiveness analytics, and supports intensity scale tier systems;
- Ottawa County Community Health’s Applied Research and SAMHSA Evidence Based Practice Consultant;
- Michigan Department of Community Health’s Clinical Outcomes for Integrated Dual Disorder Treatment Evidence Based Practices across the State of Michigan.
Priscilla Sanderson

Priscilla R. Sanderson, PhD, CRC, grew up on the Navajo Reservation in Shiprock, New Mexico. She is an Associate Professor with Health Sciences Department, College of Health and Human Services, Northern Arizona University, Flagstaff, Arizona. She received her Ph.D. in Special Education and Rehabilitation Counseling from the University of Arizona, her M.S. in Psychology with an emphasis in Rehabilitation Counseling, and BA in Psychology from Southwestern College, Winfield, Kansas. In 2008, she completed her postdoctoral fellow with the Arizona Cancer Center, College of Medicine, Tucson, Arizona. Her postdoctoral research was colorectal cancer screening, knowledge, attitudes, and beliefs on the Navajo Reservation. Her mentors included Dr. Elena Martinez, Dr. Nicolette Teufel-Shone, and Dr. Neil Weinstein. Currently, she teaches in public health area and Co-PI for the Center for American Indian Resilience (CAIR), an NIH/NIMHD P20 center and the first P20 on Northern Arizona University campus. Her mentor, Dr. Teufel-Shone is a CAIR Co-PI with the University of Arizona’s Mel and Enid Zuckerman College of Public Health. Diné College is a collaborator with the CAIR NAU and UA team. She is also past chair for Native Research Network, Inc. and serves on the Board of Directors. She is also a mentor with CAIR undergraduate students and Langston University Rehabilitation Research and Training Center on Research and Capacity Building tribal college junior faculty. Her research interests include cancer prevention, resilience, public health, vocational rehabilitation, and disability rehabilitation among American Indians.
Nicolette I. Teufel-Shone

Nicolette I. Teufel-Shone, PhD, is professor and chair of the Family and Child Health Section of the Health Promotion Sciences Division and an Affiliated Faculty Member of the Departments of Anthropology and Nutritional Sciences at University of Arizona.

Since the mid-1970’s, Dr. Teufel-Shone has worked with Native American communities in the Southwest, building and promoting community capacity to address health promotion especially on chronic disease, obesity, and nutritional issues. Currently, she is also an Affiliated Scholar in the Arizona Cancer Center’s Health Disparities Institute, a member of the National Congress of American Indians Scientific Community Advisory Committee and a consultant on the Hualapai Injury Prevention and Underage Drinking Program in Peach Springs, AZ.

From 2007–2010, Dr. Teufel-Shone chaired the Family and Child Health Section of MEZCOPH. Since 1995, she has also served as a reviewer for over 20 scholarly journals, such as American Indian and Alaska Native Mental Health Research, American Journal of Public Health, CDC’s Preventing Chronic Disease and Public Health Nutrition.

Dr. Teufel-Shone has received numerous awards over her career for her public health work. In 2010, the American Diabetes Association and The National Indian Health Board presented her with the John Pipe Voices for Change Award. In 2008, she received the Public Health Impact Award from the U.S. Department of Health and Human Services. In addition to her research, work and service, Dr. Teufel-Shone often and actively engages with graduate students on collaborative research and service-learning projects and programs.
Cecil White Hat

Cecil White Hat, PhD, is a member of the Sicangu Lakota Oyate, Rosebud Sioux Reservation, in Rosebud South Dakota. He has over 34 years in the addiction field and 16 cumulative years teaching in higher education about American Indian issues and American Indian addiction. His current position is with the Minnesota Department of Human Services, Alcohol and Drug Abuse Division, as a Principal Planner/Program Consultant.

Past licensed LADC (license lapsed when Dr. White Hat was teaching in a university outside the continental U.S.); past chairman, American Indian Advisory Council; past member, Education Committee, crafting licensing requirements for Alcohol and Drug Counselors, Department of Health, Minnesota; and past chair, Cultural Diversity Committee, Department of Health, Minnesota. In this capacity, Dr. White Hat authored the diversity requirements particular to American Indians which are now in Minnesota Rule. Dr. White Hat, in his consultant work, evaluated all 23 Alcohol and Drug Programs for the Indian Health Service, Aberdeen Area, Aberdeen South Dakota.

Recent Awards:

October, 2012. Dr. White Hat was awarded a “Lifetime Achievement Award” by the Minnesota Association of Resources for Recovery and Chemical Health for outstanding work, dedication and commitment to the chemical health and recovery communities.

June, 2011. Dr. White Hat was awarded the Dr. Duane Mackey “Waktaya Naji” Award for outstanding work in the addiction field. A quote from a letter supporting his candidacy follows: “Dr. White Hat is an outstanding educator, and his depth and breadth of knowledge have been appreciated both nationally and internationally. He has worked on making his scientific knowledge available to the public through co-producing radio and TV programs in the Twin Cities as well as unbridled willingness to collaborate in educational endeavors to advance the understanding of addictive disorder among American Indian people.”
Tim Wilson

Timothy D. Wilson, PhD, is Sherrell J. Aston Professor of Psychology at the University of Virginia. He has published over 100 articles in scholarly journals and edited books, primarily on the topics of self-knowledge, unconscious processing, and the applications of social psychology to addressing social problems. His research has been funded by the National Science Foundation, the National Institute of Mental Health, and the Russell Sage Foundation. Dr. Wilson was elected to the American Academy of Arts and Sciences in 2009. He recently received the William James Fellow Award, a lifetime achievement award from the Association for Psychological Science. At the University of Virginia, he has won an All University Outstanding Teacher Award and the Distinguished Scientist Award. In 2002 Dr. Wilson published Strangers to Ourselves: Discovering the Adaptive Unconscious (Harvard University Press). The New York Times Magazine listed the book as containing one of the best 100 ideas of 2002. In 2011 he published Redirect: The Surprising New Science of Psychological Change (Little, Brown). The author Malcolm Gladwell said, “There are few academics who write with as much grace and wisdom as Timothy Wilson. I thought his last book Strangers to Ourselves was a masterpiece. Redirect is more than its equal.”