



Indian Health Service • Division of Behavioral Health

METHAMPHETAMINE SUICIDE PREVENTION INITIATIVE

Methamphetamine Treatment for Native Americans A Cultural Approach



Gail Mason PhD



Agenda

- Overview of Topic: Inpatient Treatment for Native American Adults
- Rosebud Sioux Tribe
- Gail Mason PhD, Clinical Director
- Successes
- Challenges/Lessons Learned
- Recommendations for Other MSPI Projects
- Q & A/Discussion Questions

Organization and Staff Introductions

- 9 Month Inpatient Program, 16 bed facility
- Phase 1- Assessment and detoxification/ including social detox / introduction to the treatment process
- Phase 2- Active Treatment - Groups, assignments, investment in the process of recovery
- Phase 3- Relapse Prevention and Recovery -
- Family Week occurs for 5 days between each phase

Staff

- Executive Director
- Clinical Director
- Program Evaluator
- Clinical Consultant
- Registered Nurse
- 3 Counselors
- 6-8 Treatment Technicians
- Dietary Aid
- Church Services People
- Traditional Healers
- Contractors for Cultural Arts
- Sponsors for NA, AA, ALANON

MSPI Focus

Methamphetamine Treatment Focus for Native Americans

- Adults over 18 years of age
- Community Outreach on the radio, Presentations at locals schools , Detention Center
- Curriculum/Training

GENERAL GROUPS

- Community Meeting 2 Times A Day
- Nutrition & Health
- Life Skills
- Native American History
- The Effects Of Drugs And Alcohol On The Body, Mind, And Spirit
- Healthy Relationships (3 Groups) - This Tract Includes A Men And Woman's Group
- Goals Group
- Talking Circle
- AA, NA, & ALANON (Each group one time a week)
- Cultural Arts
- Meditation daily
- Exercise 5 times a week- Each client has a special program developed by the Nurse

Evidence Based Practice Implementation

PHASE 1

ASSESSMENT AND DETOXIFICATION

Social Detoxification

Introduction To The Treatment Process

Drug and Alcohol

Mental Status Exam

Cultural Assessment

Spiritual Assessment

LEDS Information

Criminal Behavior and Thinking Assessment

Complete Physical Exam (including Labs) and Dental Exam

Evidence Based Practice Implementation

- PHASE 2
- **ACTIVE TREATMENT**
- **Groups**
- **Assignments**
- **Investment In The Process Of Recovery**

PHASE 2 SPECIFIC GROUPS

- Addictionology – Thinking Errors & Cycle Work
- Distress Tolerance
- Parenting
- Emotional Regulation
- Trauma Group
- Process Group
- Grief And Loss Group
- Experiential Therapy Group
- The 12 Steps To Recovery
- DBT

PHASE 3 SPECIFIC GROUPS

- RELAPSE PREVENTION AND RECOVERY
- Re-Entry into the Community
- Relapse Prevention and Recovery
- Winter count
- Corrective Action
- Community Responsibility
- Family Reparation
- Planning for Social Re-Entry
- Genogram

Cultural Modifications: PACKETS DEVELOPED FOR THIS PROJECT INCLUDE:

Criminal Thinking

Cycle work

The Wall of Defense

Grief and Loss

Spirituality and The Red Road

Native American History

Nutrition

Stress Management

Cultural Arts

Family Systems

Genealogy

Women's Issues

Men's Issues

Successes

Describe any recent successes with the evidence-based practices/practice-based evidence

- Medical Issues
- Medicine Wheel
- Ceremony
- Community Support
- Radio Talk Show
- High School Presentations
- Sobriety – 2 examples

Challenges/Lessons Learned

- Initiating the Program with 8 clients
- Training staff
- Underestimating Criminality
- Acclimating Families to the Treatment Process
- Training Staff

In House Training Prior to Admission of Clients

- Assessments 25 hours
- Treatment Plans 4 hour
- Medication forms 1 hour
- Chart Management 2 hours
- Crisis Management 1 hour
- Shift duties 1 hour
- Barriers to Treatment 2 hour
- De-escalation Techniques 4 hours
- Thinking Errors 8 hours
- The Wall 8 hours
- Documentation 4 hours
- Treatment Prog Initiation 16 hours
- Drug & Alcohol Treatment 8 hour
- Mental Health Issues 8 hour
- Paperwork Routines & Charting 4 hours
- Curriculum Congruence & Pace in Treatment 26 hours
- Supervised Administration of Meds 1.5 hours
- Cognitive –Behavioral- Emotive Therapy 3 hours
- 12 Core Functions & Global Criteria 14 hours
- Cognitive –Behavioral- Emotive Therapy 14 hours

Training After to Admission of Clients

- February – May 2011
- Assessments 12 hours
- Treatment Plans 6 hour
- Medication forms 4 hour
- Chart Management 10 hours
- Crisis Management 15 hour
- Shift Duties 6 hour
- Family Week Preparation 12 hours
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WORKSHOPS ATTENDED

- Moral Reconciliation Therapy/32 hour workshop Red Road Conference
- Individual Counseling/8 hour workshop
- Licit and Illicit Drugs/12 hour workshop/2 participants
- Treatment Continuum/ 12 hour training
- Individual Counseling/8 hour workshop
- SASSI Training/ 8 hour training
- UTTC Counseling Theories/ 8 hours
- Individual Therapy Theory/ 8 hours
- Counseling Theories/33 hour workshop
- Accucare Training/ 8 hour training
- State Accredited Native American Curriculum/ 24 hour workshop

STATISTICS

- **February 1, 2011 –September 30, 2011**

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- # OF CLIENTS WITH COMPLETE ADMISSION PACKETS ACCEPTED TO TREATMENT : 26
- # OF INPATIENT CLIENTS: 16 admissions in 2011 (arrived for intake to the treatment center) 9 discharged in 2011
- 120 HOURS SPENT IN CURRICULUM DEVELOPMENT & PLANNING
- 609.5 HOURS OF INDIVIDUAL COUNSELING SESSIONS
- 528 CLIENT STAFFING HOURS
- 93 INSERVICE HOURS IN GROUP AND INDIVIDUAL TRAINING
- 908 HOURS OF GROUP COUNSELING SESSIONS 383 hours of Co-facilitation
- 66 HOURS ASSESSMENTS COMPLETED: 6 @ 5 HRS 9 @ 4 HRS EACH
- 340.5 HOURS CULTURAL ENHANCEMENT/SPIRITUAL ACTIVITIES 6 staff participated 16 clients participated
- 12 HOURS OF PREVENTION EDUCATION WITH TRIBAL PROGRAMS
- 25 HOURS OF COLLABORATIVE MEETINGS WITH IHS: DENTAL, OUTPATIENT
- CLINIC AND MENTAL HEALTH

Recommendations for Other MSPI Funded Recipients

Training



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Questions & Answers

Discussion Questions:

- 1.) How has your program been successful in treating Methamphetamine addiction
- 2.) What resources and tools have you used?

