

Promoting Cultures of Recovery in Tribal Nations: NARCH

November 28, 2014

Editor's Note: This week, we conclude our [Special Series on Addiction and Recovery among Tribal Communities](#) with an Op-Ed/Editorial by Martina Whelshula, Ph.D. Dr. Whelshula shares some exciting news about a research-clinical partnership dedicated to supporting tribal communities in building sustainable recovery environments for their children impacted by substance use disorders.

Rarely has such a unique and multi-faceted opportunity presented itself where seven tribal nations unite with a research university to tackle recovery from addiction for their children. In 2014, several national agencies, institutes, and centers partnered with the Indian Health Service (IHS) to support the [Native American Research Centers for Health](#) (NARCH) program through a competitive grant application process and rigorous scientific review. The Healing Lodge of the Seven Nations, a Native American inpatient treatment facility for drug and alcohol addicted adolescents, and the Division on Addiction, Cambridge Health Alliance, a Harvard Medical School teaching hospital, were awarded a NARCH grant to undertake Tribal Participatory Research (TPR) in the seven tribal nations. The NARCH grant project is titled, *Promoting Cultures of Recovery in Tribal Nations*.

In the context of the overall colonization of tribes in our nation, the northwest tribes were among the most recent in that process to be colonized. My mother and grandparents were raised in the boarding schools. It was in my mother's generation where our tribal languages and cultural practices were almost lost through cultural oppression. My grandmother didn't start to drink alcohol until all of her children were sent away to boarding schools. It was at that point that she fell into alcoholism. My aunties and uncles would also fall into alcoholism throughout their adulthood. It was a brutal colonization process that crossed over two centuries leaving our tribal communities devastated and severely wounded.

The fact that I can speak my tribal language, sing, dance, and participate in ceremony is a testament to the resilience of my ancestors. My ancestors would

risk punishment, imprisonment, and violence in order to preserve a way of life that they loved. There is something really powerful in that. We are experiencing a new kind of cultural revitalization with younger families dedicated to re-tribalizing. In my family alone, my daughter and grandchildren are advanced speakers in our tribal language. This is of great importance considering our language is near death.

Unfortunately, this movement isn't enough to bring about the kind of profound healing that is needed in our communities. Over the past decades, tribal communities have explored numerous strategies in our attempts to bring about that healing. As Executive Director at the Healing Lodge, I saw hundreds of adolescents as young as 12 years old come through our doors for treatment of drug and alcohol addiction. When I first started in my position in 2008, the number one drug of choice was alcohol, followed by cannabis, and amphetamines. Today the primary drug of choice is amphetamine followed by heroin/opioids, and cannabis. Out of 600 applications for admission in a 24-month period, we had to recommend a higher level of care for nearly 20% due to severe mental health disorders. The trend is disturbing for our children and our tribal nations.

When I would visit tribal communities to provide training on serving this population of youth, families and service providers were desperate for any kind of help we could offer in understanding how to help their children. It was at this time, during 2012, that the Healing Lodge reached out to the Division on Addiction in an effort to collaborate in research to help our youth. After a few meetings and visits, the Healing Lodge Board of Directors entered into a collaborative partnership with the Division. Our partnership is called the Center for Indigenous Research, Collaboration, Learning, and Excellence (CIRCLE). This partnership will become the vehicle by which to support the Healing Lodge and the seven nations in addressing the crisis of adolescent addiction.

Over the past four years, the Healing Lodge has made significant contributions to adolescent inpatient treatment. Through [innovative programming](#) and the creation of a therapeutic treatment environment, the Healing Lodge relapse rate was as low as 23%. We knew those young people who made up the 23% that relapsed. We followed up with each of them, trying to figure out what may have led to their relapse. In many cases, their community lacked the necessary resources and training to assist these young people after they left treatment. We had many brainstorming sessions on what we could do to assist the communities

our children go back to. Our intent was to share the Healing Lodge's philosophy and practice with tribal communities to assist tribal service providers with strategies that work. The question was: how would we do that?

During the summer of 2013, Dr. Debi LaPlante, Director of Research and Academic Affairs, Division on Addiction, Cambridge Health Alliance and Assistant Professor at Harvard Medical School contacted the Healing Lodge to announce the NARCH grant opportunity and its potential to serve our goals. We discussed our long-term goal to support tribal communities in building recovery environments for the youth returning home from inpatient treatment. This was an opportunity of a lifetime.

In our initial discussions we talked about what each entity could bring to the table. The Healing Lodge could bring its approach to working with youth who struggle with addiction and the Division on Addiction could bring the latest research on addiction. I was a tribal community member and tribal program administrator on my reservation, and I remember when universities would come in with a grant to facilitate some project that I had no role in developing. It ended up being extra work for me and did not have any relevance in my work, and when the university left, so did the money. Many times there was abuse by the universities and individual researchers in the handling of data and cultural information. It was important to us that we go in with the understanding that these are resilient communities who have existed for tens of thousands of years through the strength of their culture and traditional knowledge. We are not going in to "fix broken people," or to "heal sick people." Tribal Participatory Research (TPR) is an approach that facilitates the active involvement of the tribal community. Tribal community members are co-researchers in this process. I have worked in different tribal communities and each is very different from the other. There is no "one size fits all" approach for tribal communities. That's the power of TPR—the process is unique to each community.

Most of my professional work is dedicated to healing through decolonization, and as a member of these tribal communities, I am deeply invested in this journey.

Martina Whelshula, PhD is a member of the Arrow Lakes Nation of the Colville Indian Reservation in Washington State. Dr. Whelshula has worked extensively with Native American communities nation-wide in the areas of local and national

policy development, education, community mobilization, and healing. Dr. Whelshula's professional experience has ranged from research director for national health policy development for congressional review, president of a tribal college, to executive director of an inpatient treatment facility for adolescents. Dr. Whelshula earned a PhD in Traditional Knowledge from the California Institute of Integral Studies, and a Master of Arts Degree in Counseling Psychology from Gonzaga University.

What do you think? Please use the comment link below to provide feedback on this article.