Native American SUD Peer Best Practices

The Regional Facilitation Center

DACUM Facilitators:

Debra Buffalo-Boy, CADC II, CRM & Jerrod Murray, CADC I

DACUM Workgroup

The staff of Painted Horse Community Recovery Center

Editors

Beau Rappaport, B.A., PSS
Debbie Borgelt, CRM, CADC II
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Introduction

Very little has been authored on the subject of Native American SUD Peer Best Practices. This DACUM analysis was produced through a series of investigative protocols, including: a review of the literature, DACUM workgroup, quantitative peer and supervisor validation survey, and a managerial and administrative validation review.

This best practice analysis is specifically designed for training purposes. Competencies with specific KSA's (knowledge, skills and attitudes) are described in checkboxes for classroom participant self-assessment.

This summary of peer best practices, is largely adapted from the Behavioral Health Services for American Indians and Alaska Natives, Treatment Improvement Protocol (TIP) Series 61. HHS Publication No. (SMA) 185070EXSUMM, 2018.

Classroom Directions

This text is designed for in-class training.

1. Review and discuss a competency.
2. Ask each participant to complete the associated self-assessment check box. The self-assessment check box can also be used as an "agency self-assessment" check box.
3. In groups have participants discuss their strengths and areas of needed improvement based on their self-assessment.
4. Facilitate a class discussion around the insights individuals gained through their self-assessment and group discussions.
5. Move forward to the next competency and repeat the process.

Methodology

1. **Stage One: Systematic Review of the Literature**. We identified 35 documents, manuals, credentialing standards, curriculum outlines, etc. specific to and related to the Native American peer delivered services. This included Behavioral Health Services for American Indians and Alaska Natives, Treatment Improvement Protocol (TIP) Series 61. HHS Publication No. (SMA) 185070EXSUMM, 2018. We identified 10 common practices which were then ranked by frequency of identification within the literature. (Appendix #1)
2. **Stage Two: DACUM Subject Matter Experts (SME).** The SME were assembled from experienced Native American peers, all of whom are in long-term recovery from a substance use disorder. The workgroup analyzed the systematic review and generated best practices, edited language, and developed organizational storyboard attributes to each best practice.
3. **Stage Three: Quantitative Peer & Supervisor Likert Validation Surveys.** The SME developed survey questions for peers and supervisors regarding competencies. Seven peers and supervisors completed the Likert survey and feedback portion of the validation survey, with subsequent edits to competencies/task based on results (mean, median, variance, confidence intervals, margins of error and standard deviation). (Appendix #2)
4. **Stage Four: Qualitative Managerial & Administrative Validation**. Draft document was distributed for validation through managerial and administrative review, with subsequent edits to competencies based on results.
5. **Stage Five: DACUM Curriculum**. Final edits to the Native American SUD Peer Best Practices were produced by the SME and curriculum assessment grids were produced for training and evaluation purposes.

Systematic Literature Review and DACUM Workgroup

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- Vice-President, Mental Health and Addiction Certification Board of Oregon
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Native American SUD Peer Best Practices

Peer Best Practice: One

Native Americans value Lived-Experience and Elder Wisdom

"Lived-experience" is a traditional Native American value held in esteem often more than academic experience. Native Americans strongly value lived-experience and elder wisdom derived from real life challenges and experience.

Peer-based "lived-experience" interventions in native communities date back to the 1730s with abstinence-based movements and the formation of recovery oriented "talking circles" supporting abstinence from alcohol. Arguably, while mental health peer endeavors date back to the 1700s as well, Native Americans may have been the first to develop organized peer recovery from substance use disorders.

The term elder does not necessarily apply to all older native adults. The term elder is applied to those who have been identified as "*keepers of tradition*" who make concerted efforts towards the wellbeing of native communities and carrying on tradition, history, culture and language. In dominant culture communities of recovery, elders are typically individuals in recovery from an SUD with a significant amount of abstinence time who are also deemed to have "a good program". In Native communities, elders who offer guidance and support for recovery are not necessarily in recovery from a substance use disorder themselves. Nonetheless they are an important part of Native American recovery. They offer lived-experience as a peer in recovery from multigenerational racism, trauma and oppression.

Dominant culture recovery	Native Recovery
Values "lived-experience" and knowledge of recovery literature "bible thumpers"	Values "lived-experience" shared in an oral tradition
Values "old timers" in recovery from a substance use disorder who are held in esteem for having "a good recovery program"	Values native elders who may or may not be in recovery from a substance use disorder themselves, but are keepers of tradition

Peer Best Practice Checklist	
☐	Peers understand the value of both lived-experience and elder wisdom among many Native Americans.
☐	Peers honor the history of Native Americans as originators of substance use disorder peer recovery and "talking circles", more than a century before peer support programs like the Washingtonians, Red Ribbon societies, and Alcoholics Anonymous.
☐	Peers understand the Native American value of "elder wisdom", and the role of elders within the Native community. Peers recognize the importance of Native elders in the recovery process even if those elders are not in recovery from a substance use disorder themselves.

Peer Best Practice: Two

Native Americans Value Abstinence

In general, Native Americans more strongly value abstinence as a solution to alcohol and drug problems compared to other racial/ethnic groups.

Studies show, within the general population, that Native Americans:

- have higher proportions of abstinent individuals compared to the general population and are less likely to drink than white Americans,
- are more likely to endorse abstinence as a solution for alcohol or drug problems,
- and have higher rates of abstinence at the beginning of SUD services compared to individuals of other races and ethnicities.

Subsequently, great sensitivity must be used in promoting harm reduction practices to Native American individuals. Culturally appropriate methods must be used, as many Native Americans view the use of non-indigenous substances as a form of and an effect of colonization. This value among Native Americans can present a challenge regarding medication assisted treatment or other harm reduction practices. Assertive or aggressive attempts to persuade Native American individuals to participate in harm reduction practices could be viewed as manipulation or an extension of colonization, and continued homogenization of native communities. While Native Americans value abstinence from dominant culture non-indigenous substances, some maintain traditional use of sacred natural tobacco, peyote and mushrooms. It important for peers to comprehend the low addictive liability of these substances and the role that these substances have in Native American spiritual ceremonies, spirituality, and beliefs. Very few people develop "addiction" to peyote or mushrooms and natives rarely use them outside of ceremonies. Moreover, commercial tobacco is very different than natural tobacco used in Native ceremonies. The FBI, FDA and Department of Justice have all investigated commercial tobacco companies for their efforts to enhance the addictive liability of tobacco through hybridization, genetic modification (Y-1 strain), and chemical additives, such as ammonia to increase rapid absorption of nicotine into the brain. These real-life facts, that involved Jeffrey Wigand, a biochemist for Brown & Williamson tobacco company were highlighted in the film *The Insider*. Arguably, traditional Native American ceremonial substances have a low addictive liability and should not be included in the same category as dominant culture non-indigenous addictive substances (i.e.: commercial tobacco, alcohol, methamphetamine, amphetamine, processed opiates, synthetic opioids, benzodiazepines, etc.).

Peer Best Practice Checklist	
☐	Peers understand and honor Native American values regarding abstinence as a solution to alcohol and drug problems.
☐	Peers understand and honor Native American beliefs regarding dominant culture non-indigenous substances as a form of and effect of colonization, and recognize the importance of sacred natural tobacco, peyote and mushrooms in Native American spiritual beliefs and ceremonies.
☐	Peers offer culturally specific information regarding harm reduction practices and Medication Assisted Treatment without assertive, aggressive, manipulative or judgmental persuasion. Peers educate clients regarding culturally specific data regarding use and overdose.

Peer Best Practice: Three

Culture-based Interventions (CBI) and Culturally-adapted Best Practices are the most effective.

Research shows that culture-based interventions, practice-based evidence and culturally-adapted evidence-based practices are more effective than non-adapted dominant culture evidence-based best practices alone.

Culture-based interventions (CBI) and successfully adapted dominant culture interventions, include, but are not limited to:

- Cultural practices: Drumming, Beading, Native American traditional and ceremonial food.
- Peer supported Connection and/or Reconnection Post-assimilation, through cultural advocacy, history and language.
- Addressing intergenerational unresolved grief and collective trauma.
- Family involvement, spirituality, ceremony, and use of the medicine wheel.
- Culturally adapted 12-step self-help such as Wellbriety
- Culturally specific peer training, such as White Bison Firestarters
- Culturally specific sober activities with a greater focus on ceremony and youth/family prevention
- Red Road Approach
- Culturally adapted Motivational Interviewing
- Environments that reflect Native American and Alaskan Native culture is more engaging for, and shows respect to, clients who identify with this culture.

Native Americans are not averse to behavioral health services, especially culturally specific services. Native Americans use behavioral health services at a rate second only to white Americans; they may be even more likely to seek SUD treatment and recovery services while simultaneously being less likely to be able to access those services. Healthcare disparities in general have led to poorer health outcomes among Native Americans compared to the general population.

- Peers avoid the use of diagnostic terminology with Native American clients. The process of "naming" can have significant spiritual meaning and may influence individual and community beliefs about the expected outcome, this includes labelling individuals "addict" or "alcoholic".
- Peers recognize the holistic view of health and behavioral health held by many Native American cultures. Substance use and mental illness are not defined as diseases, diagnoses, or moral maladies, nor are they viewed as physical or character flaws. Instead, they are seen as symptoms of imbalance in the individual's relationship with the world. Thus, healing and treatment approaches must be inclusive of all aspects of life—spiritual, emotional, physical, social, behavioral, and cognitive.

Peer Best Practice Checklist	
☐	Peers support, facilitate or refer clients to available Culture-based Interventions: Ceremonies, Rituals, Drumming, Beading, traditional Native American traditional and ceremonial food.
☐	Peers support, facilitate or make referrals to post-assimilation cultural connection and reconnection opportunities.
☐	Peers support, facilitate or make referrals to Cultural Advocacy opportunities, that may include, traditional practices, history and language as a part of individual and collective recovery.
☐	Peers are aware of the legacy of trauma within Native communities and the importance of intergenerational unresolved grief and collective trauma.
☐	Peers practice or are aware of local providers of culturally specific best practices and culturally adapted best practices: Medicine Wheel, Red Road to Recovery, White Bison, Wellbriety, and culturally adapted Motivational Interviewing.
☐	Peers understand that "sober events" supporting recovery, within Native communities, often include families and children and are blended with community prevention. This differs from most dominant culture "sober activities" that primarily cater to only adults in recovery from SUDs.
☐	Peers avoid diagnostic labelling or giving names to disorders.
☐	Peers recognize the holistic health beliefs of Native Americans.

Native American Best Practice Resources

- www.wellbrietymovement.com
- www.whitebison.org
- www.genredroad.org
- www.attcnetwork.org/centers/content/national-american-indian-and-alaska-native-attc
- www.samhsa.gov/behavioral-health-equity/ai-an
- www.mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/home
- www.pttcnetwork.org/centers/national-american-indian-alaska-native-pttc/our-mission
- www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/wellbeing/mentalhealth-communities/
- www.ihs.gov/sasp/resources/

Peer Best Practice: Four

Peers practice culturally-adapted peer support, communication & Motivational Interviewing

Culturally specific peer support, communication and motivational interviewing techniques encourage Native America mentees to share their stories and thoughts, their own way without intrusive probing questions or over-disclosure.

Culturally-adapted Motivational Interviewing has the most scientific support for use with Native Americans, and has been shown to be the most effective dominant culture adapted approach. Common techniques in Motivational Interviewing such as paraphrasing, reflecting feelings, identifying ambivalence, and affirmations can help build a peer relationship. However, excessive use of open-ended questions, probing questions, or the technique of "developing discrepancy" may feel intrusive to some Native Americans.

Listen and respect silence. Many Native Americans are slow to speak. In some native cultures, being quiet is a way of showing respect. Be patient and avoid attempting to finish your clients' sentences. When you are with a client, interacting with other professionals, avoid patronizing or speaking for or on behalf of a native person in meetings with other professionals unless your support or advocacy was specifically requested. In some Native American cultures, it is disrespectful to hold eye contact. Each individual has their own level of acculturation regarding eye contact. Do not assume because a client looks away that they are not interested, being dishonest or are depressed.

Research has shown that some Native Americans are reluctant to share spiritual beliefs with dominant culture behavioral health professionals. It is important not to immediately assume Native persons are hallucinating or delusional when discussing their spiritual beliefs. Moreover, most Native Americans have spiritual-cultural boundaries where they do not readily share their "Indian names", "medicine" or family lineage.

Expect family involvement with many Native Americans, and family may include extended family, adopted family, spiritual advisors, medicine people and individuals who assume traditional family roles. Racial and ethnic groups that have experienced and survived significant trauma together often have greater community familial bonds that extend beyond their immediate blood relatives. Family can be an excellent motivator for help-seeking and support for recovery, however, as with all families, some family members may be a source of conflict.

Most Native Americans have a sense of humor. Indian humor is a means of addressing and surviving many difficult and painful situations. Native Americans may share humor with each other that others outside the culture cannot understand without having that particular lived-experience.

Peers understand "Indian Time". Sociological research reveals that most Native Americans have two tenses of time vs. dominant culture three tenses of time. Native Americans are sometimes late to appointments this is not the same as missing, cancelling or "no-showing" for appointments. Peers should expect Native American clients to have different beliefs and

practices regarding time. This should not be interpreted as a lack of accountability or low motivation for recovery.

Peer Best Practice Checklist	
☐	Peers practice culturally-adapted peer support, communication skills and culturally-adapted Motivational Interviewing.
☐	Peers listen, understand and respect silence.
☐	Peers avoid intrusive probing questions or overuse of open-ended questions during silences.
☐	Peers do not patronize, speak for or on behalf of Native Americans unless their advocacy has been specifically requested.
☐	Peers recognize that some Native Americans may be reluctant to share their spiritual beliefs for fear of being either judged or diagnosed (delusional, psychotic, or hallucinating), or violating spiritual-cultural boundaries.
☐	Peers understand that racial and ethnic groups that have experienced significant trauma often have expanded definitions of family and survivor bonds with those in their community.
☐	Peers build trust by maintaining confidentiality and developing collaborative and caring relationships.
☐	Peers recognize that Native Americans have a sense of humors and are aware culturally specific humor may not be completely understood by those not of that culture.
☐	Peers understand “Indian Time” vs. cancelling or “no-show” appointments. Peers do not interpret “Indian Time” as a lack of motivation for recovery.
☐	Peers are cognizant of their own boundaries, biases and possible microaggressions.

Peer Best Practice: Five

Peers are cognizant of their own cultural history and traditions, avoiding cultural appropriation

Peers who are aware of their own cultural backgrounds, will be more likely to acknowledge and explore how culture affects their interactions, particularly their relationships with clients of all backgrounds, and will also be less likely to misappropriate the culture of others.

Peers understand how clients perceive their own cultural identity and how they view the role of traditional customs within peer services. Not all Native American clients recognize the importance of culture or perceive a need for traditional practices in their recovery. Peers must be ready to meet their client's cultural identity and related needs. Through reconnection to Native American communities and traditional healing practices, an individual may reclaim the strengths inherent in traditional teachings, practices, and beliefs and begin to walk in balance and harmony.

Between the 2010 and 2020 U.S. Census the Native American population grew by a staggering 86% as more Americans began to identify themselves as Native American. In 2010, 1.86% of the U.S. population identified as being Native American, in 2020 that percentage grew to 2.94%. In other words, 3,558,600 U.S. residents began identifying themselves as "Native American".

"I've been romanticized through stereotypes far more than overt racism. I don't know which one is worse." – Native American Elder

Having Native American ancestry does not automatically qualify a person as a member of a Native American nation or tribe. Tribal members are those who are officially enrolled in a tribe or similar entity. Tribes have the right—because they are sovereign nations with their own governments—to decide who is and is not a member. The criterion used most often by tribes is "blood quantum," or documentation that one is descended from historical tribal members. Blood quantum refers to the amount of tribal blood a person possesses as determined by his or her ancestors. In some tribes, a person might be full-blooded Native American but may not meet the requirement for tribal membership, because some ancestors were members of other tribes. Peers can be aware of their own cultural history and traditions without appropriating the culture and traditions of Native Americans. Peers can support clients in their endeavors to connect or reconnect with their culture without adopting the culture of their client.

Peer Best Practice Checklist	
☐	Peers are aware of their own cultural history and traditions.
☐	Peers avoid "romanticizing" or "misappropriating" the culture of others.

Peer Best Practice: Six

Peers practice Trauma-Informed services and are cognizant of the Indigenous Holocaust

Two major factors have been shown in research to be major antecedents to substance use disorders among Native Americans: 1) Early (ACES) and historical trauma, 2) Early onset substance use.

Peers should learn about, acknowledge, and validate the effects of historical trauma when working with American Indian and Alaska Native clients. Among Native Americans, historical loss is associated with greater risk for substance abuse and depressive symptoms. For hundreds of years and into the present, Native Americans have endured traumatic events resulting from colonization. They and their communities continue to experience repercussions (i.e., historical trauma) from these events. Native American clients experience grief for unique reasons, such as loss of their communities, freedom, land, life, self-determination, traditional cultural and religious practices, and native languages, as well as the removal of children from their families. Suicide and suicide attempts are a significant problem in many Native Americans, especially among young men ages 15–24, who account for nearly 40 percent of all suicide deaths among natives. Native youth have a much higher suicide rate than youth or adults of other races. Suicide rates for Alaska Natives are more than double those for the U.S. population as a whole.

The U.S. Indigenous Holocaust

Modern historical estimates regarding the native population (of what is now the United States) prior to 1492 range between 1.8 million to 15 million. We may never know the exact number of indigenous peoples that existed prior to colonization. However, we do know by 1900 the indigenous population of the U.S. dropped to 237,000. It is likely that at the very least, several million Native Americans died as a result of colonization, possibly more. Many Native Americans were killed not only in battles and massacres, but also from disease, starvation and forced relocation. It is estimated there may have been as many as 50 million natives in both North, Central and South America. Some experts have estimated upwards of 95% of the native population was gone by 1900, after colonization of the western hemisphere.

Significant events in Native American U.S. history and surrounding territories *(Canadian, Central or South American history not withstanding)*

1492	Christopher Columbus arrived at a Caribbean Island, believing he was in the East Indies, he referred to the natives as “Indians”. On his first day on the island, he seized six natives to be his slaves.
1539	Hernando de Soto lands in Florida and used natives that he captured as guides (slaves) to explore the south.
1613	Pocahontas is captured by Captain Samuel Argall in the first Anglo-Powhatan War and she converts to Christianity and is renamed the Judeo-Christian name Rebecca.
1680	A revolt of Pueblo Native Americans ensues over Spanish rule of what is now New Mexico.

1754	The French and Indian War (Seven Years' War) begins, France enlisted (uses) Native Americans to fight in France's conflict with British settlements in the north.
1763	In the Battle of Bloody Run, Chief Pontiac's forces fight the British in Detroit.
1785	The Treaty of Hopewell was signed setting up the future U.S. reservation system, as whites took their land.
1791	In just a few short years whites began violating the Treaty of Hopewell and creating white settlements on their land. The Cherokees cried foul and revolted against the new white settlements on their land. As a result, the Treaty of Holston was signed, an ominous prelude to a long line of broken treaties.
1783	After the U.S. victory in the American Revolution and the Treaty of Paris was signed, the British continued to use Native Americans to fight with American settlers.
1794	The Battle of Timbers was the last major conflict between the U.S. and Native Americans. Under the Treaty of Greenville in 1795, the U.S. took control of most of Ohio opening it up for more white settlers.
1811	U.S. forces attack Tecumseh and Lalawethika.
1812	President James Madison signs a Declaration of War against Britain over territorial expansion, further dragging Native Americans into the conflict between the U.S., Britain and France.
1814	U.S. forces attack the Creek Indians and steal 20 million acres of land.
1830	The Indian Removal Act is signed, giving small plots of land west of the Mississippi to Eastern Native American tribes in exchange for all of the land taken by whites. Over the next 8 years, tens of thousands of Native Americans are driven out of the east and forced west to Oklahoma. 3,500 Creek Indians die on the journey, and more than 5,000 Cherokee die on the journey, in what has become known as the Trail of Tears.
1851	Congress passes the Indian Appropriations Act, establishing the modern reservation system. Native Americans are not allowed to leave their reservations without permission from whites.
1860	The U.S. military falsely accuses the Apache leader Cochise of kidnapping a white American. This leads to a decade of skirmishes and subsequent deaths.
1864	At the Sand Creek Massacre, 650 white Colorado volunteer forces attack Cheyenne and Arapaho encampments along Sand Creek killing and mutilating 150 Native Americans, including women and children.
1868	General Custer leads an early morning surprise attack against Cheyenne living with Chief Black Kettle, killing more than 100, including women, children and Chief Black Kettle.
1874	Gold discovered in the South Dakota Black Hills leads U.S. troops to invade, ignoring a treaty and taking control of the land for mining.
1876	In the Battle of Little Bighorn, Custer's Last Stand, the Lakota Sioux and Cheyenne led by Crazy Horse and Sitting Bull defeat U.S. troops leading to tensions, paranoia, and distrust among whites regarding native intentions to keep their land.

1879	Carlisle Indian Industrial School established, the first in a long line of off reservation boarding schools designed to assimilate Native children.
1890	Sitting Bull is murdered by the police in Grand River, South Dakota.
1890	At the Wounded Knee Massacre, U.S. forces attempt to seize the weapons of Ghost Dancers led by Chief Big Foot, 150 natives are killed.
1918	U.S. Military use Choctaw Indians to relay messages in their native language over airwaves in WWI
1924	Congress passed the Indian Citizenship Act, granting U.S. citizenship to Native Americans in their own country.
1942	U.S. Military use Navajo Indians, "Code talkers" to relay messages in their native language over airwaves in WWII.
1972	Trail of Broken Treaties, was a cross country caravan that began on the west coast and ended at the Department of Interior in Washington D.C. 700 Native Americans crossed the U.S. and occupied the Department of the Interior which included the Bureau of Indian Affairs. They occupied the building for one week and negotiated concessions with the government, including hiring a Native American person to work at the Bureau of Indian Affairs.
1978	American Indian Religious Freedom Act grants Native Americans permission to practice their own religion
1996-2009	Cobell v. Salazar Settlement. A class action lawsuit brought against the U.S. government for mismanagement of Indian Trust Funds. The plaintiffs were awarded $3.4 billion in the settlement.

Peer Best Practice Checklist	
☐	Peers practice trauma informed services.
☐	Peers are cognizant of the U.S. history of the indigenous holocaust.

Peer Best Practice: Seven

Peers recognize the inherent continuum of Native American Recovery & Prevention

Two factors have been shown in research to be major antecedents to substance use disorders among Native Americans: 1) Early (ACES) and multigenerational historical trauma, and 2) Early onset substance use. Native American recovery activities differ from the dominant culture recovery community. Native American recovery events and activities typically include elders, families, and children. Recognition of early onset substance use, and prevention are a major part of the Native American peer recovery movement.

Genes that increase risk of substance misuse and related factors (e.g., tolerance, craving) are no more common in American Indians and Alaska Natives than in White Americans. Alcohol is the most misused substance among Native Americans, as well as among the general population. Many Native Americans do not drink at all, but binge drinking, and alcohol use disorder occur among native populations at relatively high rates. Native Americans start drinking and using other substances at younger ages compared to other major racial or ethnic groups. Early use of substances has been linked with greater risk for developing substance use disorders. Many Native American youth are introduced to substances by their adult caregivers. As a part of their own recovery journey, Native Americans in recovery from SUDs often feel a deep obligation to intervene on youth substance use.

Peer Best Practice Checklist	
☐	Peers understand that Native American recovery events and activities usually include families and children.

Peer Best Practice: Eight

Peers recognize that Native Americans are not Homogenous

There are over 600 Native American Tribes and clans in the Americas. Peers should not view Native Americans as homogeneous. Not all native cultures are the same. Similarities across native nations exist, but not all Native peoples have the same beliefs or traditions.

Native Americans are not homogenous. Peers should have respect for many paths to recovery within Native American cultures. There is no one right way. Providing direction on how something should be done is not a comfortable or customary practice for Native Americans. For them, healing is often intuitive; it is interconnected with others and comes from within, from ancestry, from stories, and from the environment. There are many paths to healing.

Peer Best Practice Checklist	
☐	Peers avoid stereotyping Native American culture and understand that Native Americans are not homogenous.
☐	Peers acknowledge many paths to recovery within diverse Native American cultures.

Peer Best Practice: Nine

Peers understand that urban Native Americans face unique challenges different than rural or sovereign nation tribal residents

More than 70% of U.S. Native Americans live in urban areas, many maintain strong ties to their home reservations, making frequent visits and moving back and forth from cities to tribal lands. Urban Native American clients may have become disconnected from their families and tribes. They may face challenges with housing and support for recovery.

Native Americans have a high rate of homelessness. In 2017, 3% of people entering homeless shelters were Native Americans, although they made up less than 2% of the general population. Native Americans who are housed are also more likely than the general population to live in overcrowded conditions or to lack kitchen facilities or complete plumbing. In part, this crowding may occur as a result of accepting relatives into the household who may not have housing.

Peer Best Practice Checklist	
☐	Peers are aware of the unique challenges facing urban Native Americans.
☐	Peers are aware of and make referrals to housing/shelter near culturally specific services.
☐	Peers are aware of benefits/options of housing or culturally specific services dedicated to Native Americans.
☐	Peers advocate for culturally specific behavioral health services and recovery housing for ethnic and racial minorities, including Native Americans.
☐	Peers support Native American clients making reconnections with their families and tribes.

Peer Best Practice: Ten

Peers recognize shared Native American Values, Peer Values and Sovereignty

Peers recognize the shared values of Native Americans that are also common values within the peer support movement: acceptance of all including LGBTQ2AI persons, holistic wellness, safety, trustworthiness, transparency, collaboration, mutuality, talking circles, hope, advocacy, empowerment, recognition of trauma, voice, choice, self-determination, keeping confidences, opening prayers, spiritual ceremony, focus on the journey not the outcome, multiple pathways, focus on reflection vs. action, and being respectful in communication.

Peers recognize the shared values of Native Americans and the peer movement, including values that have been lost due to colonization. Native Americans have long practiced acceptance and inclusion within their tribes pre-colonization. Historically, many native tribes have accepted and honored lesbian, gay and transgendered tribal members as "two spirit" (Lokota winkte, Cheyenne hemaneh, Navajo nádleehí). In 1724, Joseph-François Lafitau wrote, *"Among the Illinois, among the Sioux, in Louisiana, in Florida, and in the Yucatan, there are found youths who adopt the garb of women and preserve it all their lives, and who think themselves honored in stooping to all their occupations; they never marry; they take part in all ceremonies in which religion seems to be concerned; and this profession of an extraordinary life causes them to pass for beings of a superior order."* However, after colonization and induction into Christianity and the military, more and more Native Americans adopted the values of colonization including becoming increasingly intolerant of LGBTQ2AI tribal members.

Recognition of Sovereignty and Elders

Peers honor the sovereignty and self-determination of Native Americans and their right to offer input regarding types of services their communities need and how to receive them. Such input helps match services to clients, increase community use of services, and use agency and tribal financial resources more efficiently. Tribal governments are sovereign nations. Each nation adopts its own tribal codes and has a unique history with the U.S. federal government. Peers in native and non-native programs need to understand the role of tribal sovereignty and governance systems in treatment referrals, planning, cooperative agreements, and program development.

Peer Best Practice Checklist	
☐	Peers honor the shared values of Native American culture and the modern day peer movement.
☐	Peers recognize the sovereignty and rights of self determination of Native people.
☐	Peers honor Native American lived experience and their input regarding the nature of services delivered to Native Americans, their tribes and communities.

Appendix #1

Statistical Analysis of Best Practices

The DACUM Workgroup developed the first draft of Native American SUD Peer Best Practices. These draft competencies were reviewed and rated by a SME group of experienced Native American peers. Best practices were evaluated for clarity, relevance, meaningfulness and accuracy.

Best Practice	Variance	Standard Deviation	Mean	Geometric Mean
1	0.2	.447	4.8	4.78
2	0.7	.836	4.2	4.12
3	0.0	0.0	5.0	5.00
4	0.0	0.0	5.0	5.00
5	0.3	.547	4.6	4.57
6	0.2	.447	4.8	4.78
7	0.3	.547	4.6	4.57
8	0.0	0.0	5.0	5.00
9	0.0	0.0	5.0	5.00
10	0.2	.447	4.8	4.78

Best Practices 2, 5, and 7 presented the greatest variance and highest standard deviation in assessment and the lowest scores for clarity, relevance, meaningfulness and accuracy. These three Best Practices were re-reviewed by the DACUM SME Workgroup for further re-authoring.

This rating session was hosted by the Painted Horse Community Recovery Center.

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