

VOICES UPON THE WATER



A Report

Submitted to the Southeast Alaska Regional Training Program

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Submitted To: The Southeast Alaska Regional Training
Program

September 1985

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FOREWORD

Since its inception, the Southeast Regional Training Program has committed itself to responding to identified needs of substance abuse workers within this region. Traditionally, the program has concentrated on the provision of counselor certification training in the eight courses contained in Level I and Level II. Additionally the program has seen the need for and offered non-certification related training courses in such areas as Advanced Counseling Skills, Working With Youth, and Supervision.

It has been the philosophy of the program that village-based counselors have unique training needs above and beyond the certification areas and within the realm of limited resources, the Regional Trainer has attempted to respond to those needs.

The unique setting of village-based training, viewed in contrast to residential, centrally located 3-5 training workshops implies special strategies that, in this writer's experience, require above all else, a respect and recognition of the village milieu in which the training is offered. In terms of participation and methodology, village-based training becomes literally that - training of the community.

The extensive time in preparation, recruitment, course design, materials development, and evaluation methodology that is a part of any successful manpower development activity takes on new meaning when applied to village settings, where such activities as appropriate resource development of local resources, attention to local customs, trainer credibility, and community involvement are of at least equal importance as the aforementioned activities.

In recognition of these special circumstances, the Southeast Regional Training Program embarked in FY 85 on a specialized research project which would begin to identify in more specific terms, the special needs of village-based counselors. This document was intended to provide direction and focus for further activities in the areas of training development and delivery.

We have been most fortunate in securing the services of Dr. Pam Colorado Morrison of Juneau as the principal investigator. Pam's sensitive professionalism and her dedication to the creation of a useful and appropriate

document has succeeded in giving to us a place to start. As in recognition of the unanimity of concern in all of the respondents to the study, it becomes clear that the commitment to assisting the village worker is present throughout the system.

It remains now for us to collectively continue this effort and to expand our resources in a manner that is the most helpful in the creation of training strategies that respect the integrity of the community, assist the workers in their exceptionally difficult task, and relieve the suffering created by substance abuse.

John M. Sullivan
Regional Trainer

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David Bond, Arlene Dangel and James Jack of SEARHC, thank you for the many hours of discussion, for the wealth of information, direction and guidance to this effort.

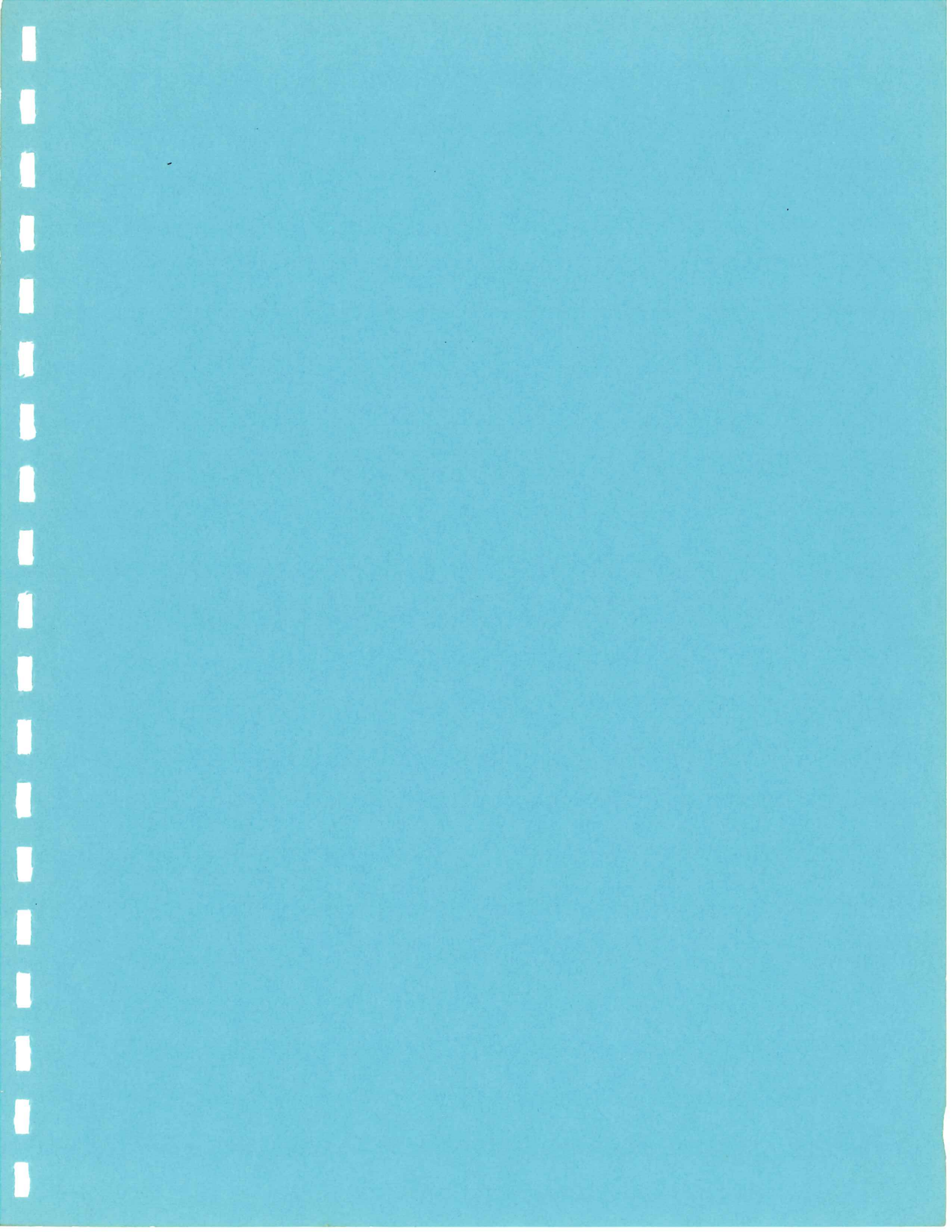
A special thanks to you, the traditional People, Austin Hammond, Cyrus Peck, Richard Dalton, George Jim and Deborah Dalton, who gave so much of your time and energy to this project. To you I would say, that I have tried to "get it right", to hear, interpret and reflect your words in a way that will be helpful to the People and to the professionals who work in Native alcoholism. If I have left anything out, or said too much, I hope that you will call the error to my attention.

To Richard Dalton and Austin Hammond, who were there at all hours to take my calls, clarify a point or instruct me in some matter of this report, I thank you.

To the staff at the Southeast Regional Training Program, I am reminded of the many long phone calls, and complicated arrangements that this project necessarily involved. For your persistence, patience and hard work in meeting very tight deadlines with you, thank you.

Finally, I give thanks to the traditional Indian Elders and Medicine People who have given so much to my own training and education.

Pam Colorado Morrison, Ph. D.
September 1985, Juneau, Alaska



S E C T I O N I

I N T R O D U C T I O N

SOUTHEAST ALASKA REGIONAL TRAINING PROGRAM STUDY ON THE TRAINING NEEDS OF VILLAGE-BASED COUNSELORS.

INTRODUCTION

The field of alcoholism is undergoing a fundamental shift from the present medical based counselor model to a more holistic approach. This shift is marked by great stress in the system. Nowhere is the stress more evident than in the question of village-based versus urban-based counselor training needs.

While nearly everyone agrees that the role of the village-based counselor differs from its urban counterpart, few have been able to specify what the differences are or more important what these differences mean in terms of practice and training.

Based on this issue, the Southeast Alaska Regional Training Program initiated a research project to provide a functional analysis of village-based counselors. The purpose of the research was to answer the following questions:

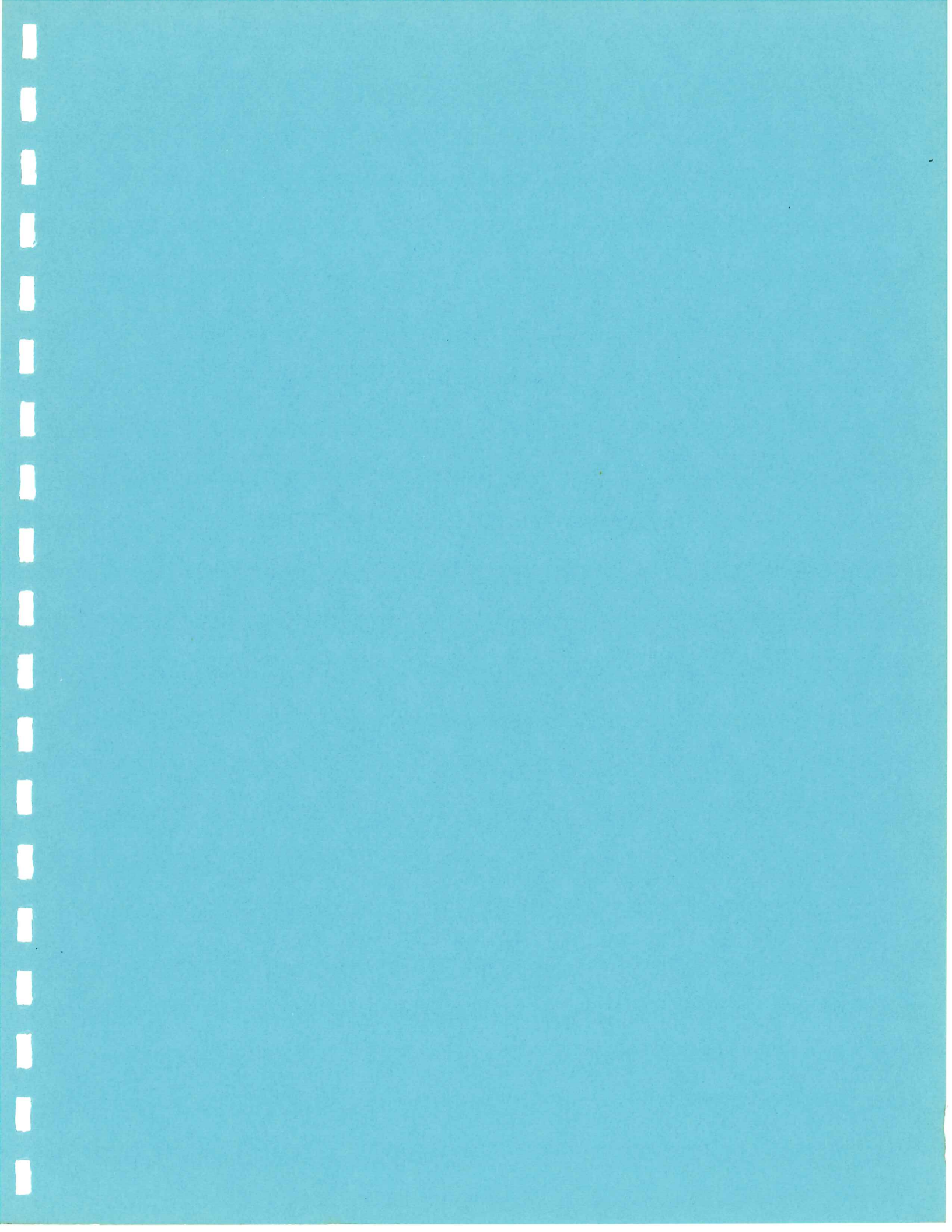
1. What are the functions of village-based counselors?
2. What do counselors think of certification?
3. What are the community specific historic elements used to address substance abuse?
4. What important activities are not occurring? Why?
5. What healing elements are available to communities that may be useful to counselors?
6. What is "community development"?
7. What is the distinction, if any, between village-based and urban-based counselors?

Selecting an appropriate research design was a great challenge. The Southeast Alaska Regional Training Program needed information that was reliable and valid in two cultures, Native and non-Native, and it wanted the research to be helpful to the communities involved in the effort. Finally, the data needed to produce directions, postures and

positions that would really work in both cultures as well as in the interface of the cultures. These needs were confounded by the fact that social science is undergoing a shift in paradigms, at least in so far as multi-cultural inquiry is concerned. Until the last two or three years, cross-cultural research has merely been an extension of western domination; that is, the stretching and pulling of western science across to other cultures, especially Native.

The results have not been fruitful for anyone. Western scientists became frustrated with the degrading of science which necessarily occurs when it is stretched beyond its capacity to make meaningful interpretations or predictions, and Native people have generally resented intrusion of yet another form of ideological control. Furthermore, except as informants, Native people have had very little say in matters of alcohol research within the village or community.

Therefore, the need to find a design that would work became paramount. Reviewing the literature became an essential but in the end, rewarding task, which led to the selection of the new "Bicultural Research Design."



S E C T I O N I I

S E L E C T I N G T H E D E S I G N

SELECTING THE DESIGN - WHOSE SCIENCE FOR WHOM?

ISSUES IN INTER-CULTURAL RESEARCH

The analytic match between problem and method is a major issue in social science. This is particularly true in the inter-cultural situation where the culture of the scientist differs from that of the observed. As Geertz (1973) noted, the point of inter-cultural research is:

"to aid us in gaining access to the conceptual world in which our subjects live so that we can, in some extended sense of the term, converse with them."

The difficulties in inter-cultural communication and the science that would facilitate such dialogue are many. To understand the selection, significance and form of the Inter-cultural Research Design used in the Sitka study, it may be helpful to briefly review its evolution.

Inter-cultural research and in particular scientific inquiry around Alaska Native relationship to alcohol, has evolved through five basic stages. This paradigmatic struggle for understanding begins with an image of the Native person as savage and moves through a concept of "culture" to the present day search for a new paradigm.

Stage One, Scientific Racism

Scientific inquiry and literature on Alaska Native alcoholism were born in the scientific racism of nineteenth century social sciences. This doctrine replaced the word, "nation" with the word, "race" and assumed that moral qualities of people were positively correlated with physical characteristics; further, that all humanity could be divided into superior and inferior stocks [Berkhofer 1978]

Typical of his time, Leslie Scott [1891] wrote an article entitled, "Indian Diseases as Aids to Pacific Northwest Settlement" in which he states:

Wherever went the white man's appetites and wares went also his afflictions, which multiplied manifold in the savage habitat. Indians in the white man's clothing, in his houses, in his liquor drinking, were like the cultures of malignant germs which the scientist multiplies in his laboratory.... Throughout the entire West the Indians were victims, but perhaps nowhere else so badly as in the Pacific Northwest; and nowhere else were the results so good for the whites....

Bailey, who wrote as late as 1922, codified the scientific racist paradigm when he stated:

"From the statistics which relate to the two so-called primitive races, the African and the American Indian, it appears that the primitive could not under any present circumstances attain the average intelligence of cultured races. This appears to be so, not because there is any detailed information as to the potentiality of the primitive mind but because mental deficiency is so profuse that their average intelligence must be inferior to that of average European intelligence."

Because Alaska Native alcoholism was understood to be a function of inferior biological stock, the treatment was death. This view, turned on Native medicine and healers was exemplified in a letter written in 1892 by Mrs. Willard, Christian missionary who wrote:

"It is here....I would speak of the Kling-get [Tlingit] fiend, the medicine man, and beg of those in authority to cause his extermination. His incantations should be held a crime and his uncut hair, his touch of power, should be shaved clean to the head; the whipping post and work under guard on public improvements would be better than a prison....[Dauenhauer]

Cultural Anthropology, the Second View

In the birth of ethnography and cultural anthropology [beginning in the last part of the 19th century] the raciology and the evolutionism of scientific racism was repudiated. Boasian scholars such as Swanton, and later, Kroeber, espoused the idea of culture to explain the diversity of lifestyles of humankind. The cultural anthropological school separated biological heredity from the social transmission of culture, challenging previous work in the field.

Using empirical methodology, Boasian scholars stressed the import of replacing the evolutionary history of Natives with actual history. They were convinced that tribal change, including alcoholism, happened more as a result of diffusion among tribes than from a unilinear sequence of modifications in cultural perceptions and practices presumed by evolutionists.

This shift in thought produced dramatically different research. Radin [1972] wrote:

"the relationship of conquered to conqueror is important to both. Up to the present, all attempts that have been made to understand them, or to come to any reason-

able adjustments with them have met with signal failure, and this failure is in most instances due to the scientific accredited theories of the innate inferiority of primitive man..."

Drawing on this earlier thinking, Lemert [1954] studied Haida and other Northwest tribes. His research indicated that alcoholism was not a function of race; that greatest drunkenness occurred when tribes were intensely involved in fur trade. Lemert argued that anomie, interclan rivalry and cultural conservatism were the most appropriate way to view Northwest Native alcoholism.

Lemert's findings were typical of those in the flowering of cultural anthropology in the 1950's. From this time forward, any discussion of Native alcoholism would include "culture". The word "primitive" was no longer used to refer to Alaska Natives; empiricism became the method and major theories of deviance and social control became the philosophical underpinnings of future research.

The Sociocultural Model-A Third View of Native Alcoholism

The activism of American Indians, the Civil Rights Movement and the growth of the human sciences brought national attention and funds to the problem of alcoholism among Native people. The field exploded, producing more studies in a single decade than in the preceding fifty years. [Bates 1980] More than half of the literature continued to be anthropological [Leland 1970] but the sociocultural model was emerging. This model ,

"derives from the view...that human behavior is the complex resultant of any interplay of biological and historical factors including interactions among systems that can be distinguished as those of the culture, the society and the individual....." [Berkhofer 1970].

The contribution of the sociocultural model include; freeing Natives from the "ethnographic present" of anthropological research. No longer were Native people frozen in time. The model led to awareness that the effects of ethanol include social, economic, historical and cultural factors as well as chemical, physical and biological factors. Using history as a methodological tool, sociocultural theorists have shown how attitudes, values and ways of drinking have changed in various ways and at different rates in many cultures. [Heath 1900] Finally, this multidisciplinary approach of the sociocultural model showed a propensity to get within the society being studied, to see history and life from the view of the people being studied.

The application of this science looked different from previous models. Psychiatrists and physicians including Bergman [1971] and Pascarosa [1976] participated in traditional Indian healing ceremonies and reported that Native medicine was perhaps the most efficacious treatment of Native alcoholism. Another different aspect of this science was the emergence of the first generation of college educated Native scientists who used the sociocultural model to talk with non-Native people about Native alcoholism. The work of the Native scientists tended to look to external forces - historical, economic and political, as causative agents. The work was concerned with continuity, tended to be highly descriptive and combined realistic and spiritual themes. In short, research contributed by Native people, typically called for a traditional, spiritual basis to prevention, treatment and policy.

The New Empiricism, a Fourth Model

Early sociocultural research produced a wealth of descriptive and explanatory studies but few claims were made for scientific rigor [Heath 1980] and the need for definitive studies pushed empiricism to the fore. [Noble 1976]

As a result of the new more rigorous and robust scientific empiricism, fundamental issues were raised regarding previous work. First scientists recognized that alcoholism is a complex phenomenon about which little is known; second, data collection and interpretation problems presented manifold problems and finally, the appropriateness of theoretical models was called into question. [Leland 1978 and Nobel 1976] These problems were succinctly stated by Kunitz [1978]:

"...it is not clear that the disease we call alcoholism is the same in both white and Indian societies or even that there is one unified pathology we call alcoholism. Those indicators, both behavioral and physiological, which have been used to diagnose alcoholism in the White society have been found to be determined in part by sociocultural factors. The behavioral indicators have been most frequently used to diagnose the presence of alcoholism in Indian populations. Since the association between these behaviors and either a physiological predispositions to drink has not been demonstrated, there must be an effort on the part of clinically oriented researchers to observe and measure the causative agents of alcoholism more directly if, in fact, this is possible...."

Lacking a precise definition of alcoholism or clear understanding of the variety of Native cultures meant that the new empiricism was confounded in its earliest efforts. And the increasing reliance on sophisticated analysis produced a new set of problems:

"There is a growing concern about where quantitative techniques are carrying us...our data manipulation techniques have become increasingly complex, mathematically sophisticated and governed by strict assumptions, but, paradoxically, our interpretive frameworks which make such data meaningful have grown looser, more open-ended, fluid and contingent... there seems to be rather widespread skepticism surrounding the ability of conventional data collection techniques to produce data that do not distort, do violence to or otherwise falsely portray the phenomena such methods seek to reveal..." [Van Mannen 1979]

Thus, in the early 1980's alcohol research and the social science that guided the research were again in search of a paradigm that would work. Van Mannen observed:

"...there is something of a quiet reconstruction going on in the social sciences...There has come of age that significant realization that the people we study (and often seek to assist) have a form of life, a culture that is their own and if we wish to understand...we must first be able to both appreciate and describe their culture...."

Toward a New Paradigm

The sterility that characterized the findings of much of the "New Empiricism", triggered a movement back towards holistic and qualitative research in Native alcoholism. Theories of Paulo Freire, South American educator, and research by UNESCO prompted researchers to look at culture in a very different way. Freire observed:

Research is a cultural action, if it has a humanist character, it is eminently dialogical and dialectical. In culture based research, MEN DO NOT ACT ON OTHER MEN AS OBJECTS. Freire concluded that research should not be "our research on you, but rather a research project in which, together, in dialogue, we will come to know each other better and the reality in which we find ourselves so that we can more effectively transform that reality".

Lethbridge drew from and expanded upon this theory in its alcoholism research. Using a "participatory" research approach, Dr. Michael Bopp and others worked with the Native

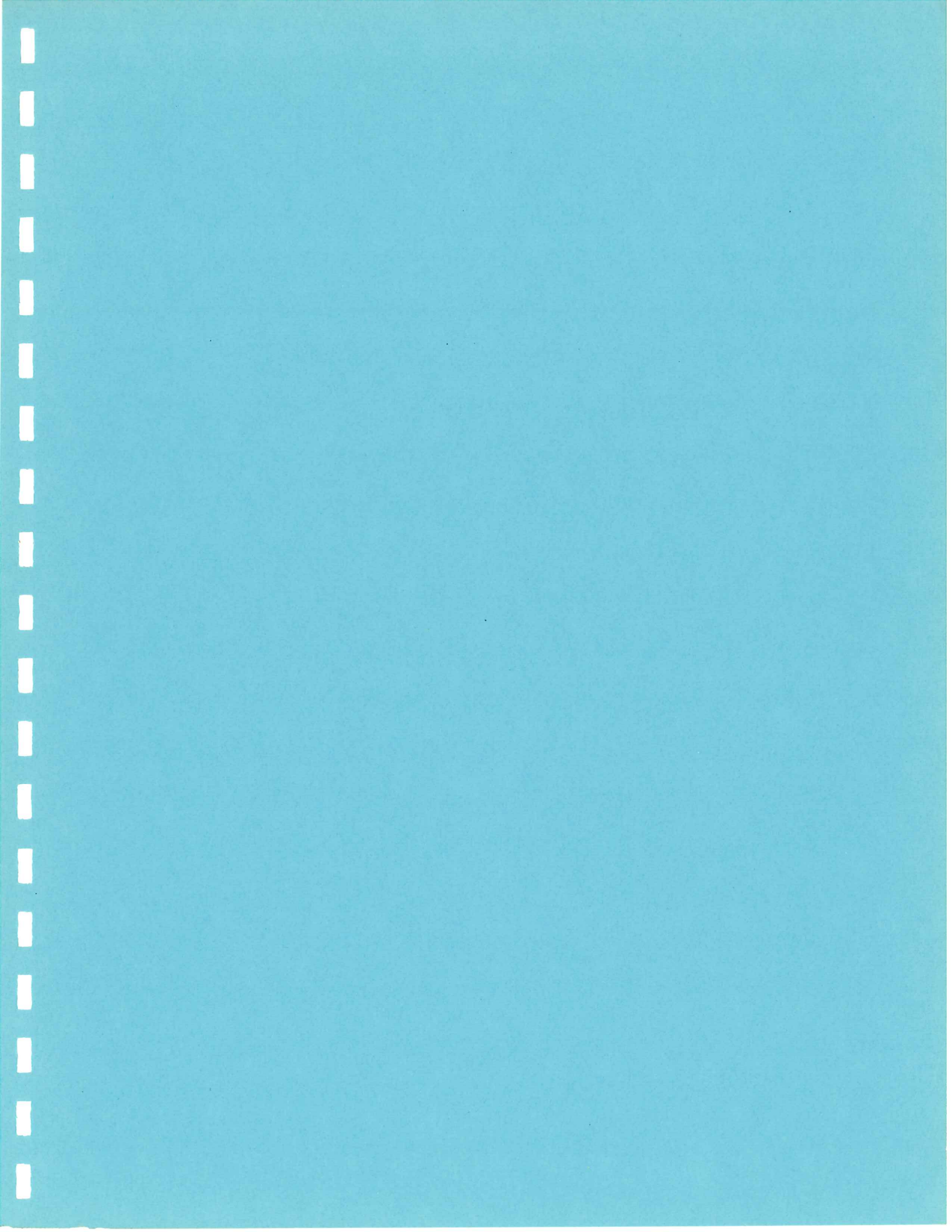
community and to take action through the research process itself. The steps of the research included:

1. Individual interviews with elders; taping, and transcribing the interviews with the help of younger western educated who were also reared in a traditional life-style.
2. Thematization, reviewing transcripts to draw out the themes critical to the Native community. The thematization also clarified conflicts.
3. Composite Theme Statements. The theme statements were analyzed, clarified and written in a brief coherent style.
4. Verification, the themes were presented to elders to verify the content, tone and accuracy.
5. Theme anthology, the verified themes were written in a narrative style which placed the themes in a social context. The finished product read in a narrative style.
6. Public Meeting; the theme anthology was presented in a Public Meeting where final changes were made and a course of action agreed upon. The research is then placed in the hands of the community.

The hallmark of the Four Worlds research is that Native and non-Native participate equally in research about Native alcoholism; the community has control and possession of research data and the research process is grounded as the beginning of a community development model that is to develop a substance free community.

SUMMARY

The newly emerging paradigm in both quantitative and qualitative measures and the striving for a multicultural paradigm for science forms the social context for the Southeast Alaska Regional Training Program, Research Project. Needing an instrument which would reflect the latest developments in social science and which would encourage community development, the Project selected a "Bicultural Research Design."



S E C T I O N I I I

T H E B I C U L T U R A L
R E S E A R C H D E S I G N

THE BICULTURAL RESEARCH DESIGN

The Bicultural Research Design consists of the application of western science and traditional Native science to yield two sets of findings which are then triangulated with the observations and literature review to insure validity. Under the Western scientific rubric, quantitative and qualitative methods were employed; multiple measures were taken and participant observations were recorded. Under the traditional Alaskan Native science which may be thought of as a dynamic holistic way of coming to knowledge, a group meeting was conducted which was guided by Tlingit Law and led by Tlingit elders.

MEASURES:

Measures derived from these sources:

1. Thick Description, the layers of findings (western, Native, and the observations of the researcher) produce a fuller, rounder, yet clearer description of culture specific alcohol training needs. (Weiss) Geertz (1975) defined Thick Description this way:

Scientific explanation which consists not in the reduction of the complex to the simple but in a substitution of a complexity more intelligible for one which is less simple, while striving to maintain clarity....

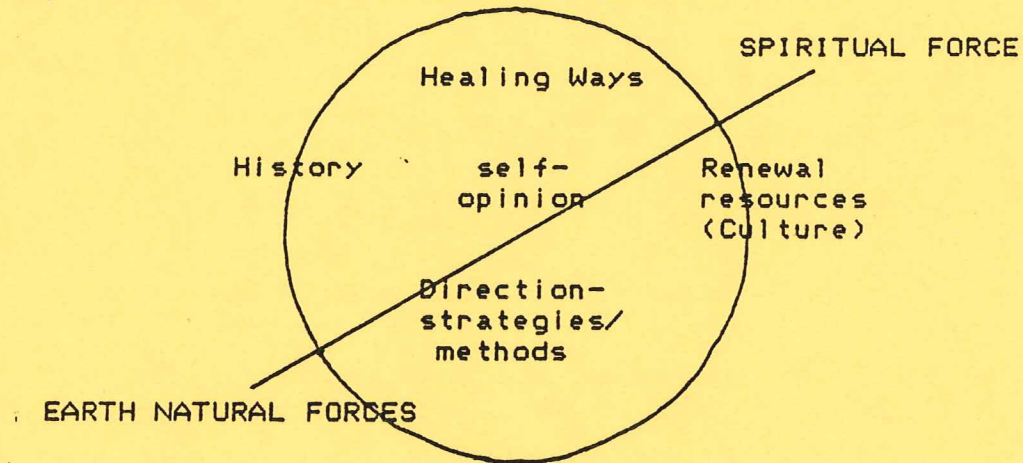
The power of thick description, according to Claude Levi-Strauss, French anthropologist, is that it permits generalizability based not in the sweep of its abstractions but grows out of the delicacy of its distinctions...

2. A frequency and rank by function analysis of counselor functions based on the MIS forms.
3. Researcher as measurement instrument, the Project researcher is bicultural in heritage and in training.
4. Native scientists are experts in the mode of inquiry and the protocols that constitute the traditional way of knowing.

METHODS:

1. An analysis of counselor functions by time, client characteristics and service to Native clients was derived from the MIS forms.
2. A centralized group meeting was held in Angoon, in May 1985. Angoon is a traditional village and Tlingit Law applied to all interaction between the subject being studied; that is, the training needs and the interaction between all participants and the researcher.

The outcome or findings of this traditional process can be represented in this heuristic device:



TRADITIONAL RESEARCH TEAM:

Cyrus Peck, Angoon
Richard Dalton, Hoonah
George Jim, Angoon
Al Williams, Kake
Bob Sam, Angoon
Deborah Dalton, Hoonah
Arlene Dangel, Juneau
Georgiana Douglas, Hydaburg
Mary Duncan, Angoon

[participants are either traditional people, alcohol counselors or both]

In addition, Richard Dalton and Austin Hammond (Haines) reviewed and critiqued the material as the final report was generated.

3. The participant observer recorded the general meeting using unobstrusive methods - a voice-activated tape recorder; field or process reporting and interviews with counselors, Elders, and appropriate SCAODA people.

ANALYSIS: VALIDITY

The ranking of counselor functions: the directions generated in the general meeting, and the ethnographic data recorded by the participant observer will provide enough evidence to make Thick Description possible. In addition, the analysis of the MIS forms, and the synthesis of guiding principles (from the general meeting) will permit a triangulation of data. Triangulation is used to test the accuracy of findings. Ethnographic comparisons from field observations can serve further to validate findings. (Stoffle, Jake et al, University of Wisconsin, 1980)

In order to determine what kinds of training Southeast substance abuse counselors need, Southeast Alaska Regional Training Program needed several kinds of information. Since Southeast Alaska Regional Training Program operates in a multicultural arena, both prescriptive and descriptive data are needed. Added to these constraints/pressures was the constraint of time, limited resources and the lack of previous research in the field.

There were also the theoretical problems described in "Selecting the Design", "whose science" or what kind of science for whom? Another fundamental issue that bears on the question of validity, is the individual focus of Western science and the concomitant tool of analysis. This operational framework is in direct contradiction to the natural functioning of Native communities which are "communal" or group based and rely not on analysis but synthesis. The origins of many training needs are coupled conceptually to group experiences.

Blue and Mohatt (1979) have cautioned against such application of western science, in their article entitled, "Primary Prevention As It Relates to Traditionality and Empirical Measures of Social Deviance". Kelso (1984) echoes their argument. He notes that researchers should not assume universal definitions of alcoholism.

...there is an underlying difference in the operating definition of alcoholism for Natives and non-Natives...

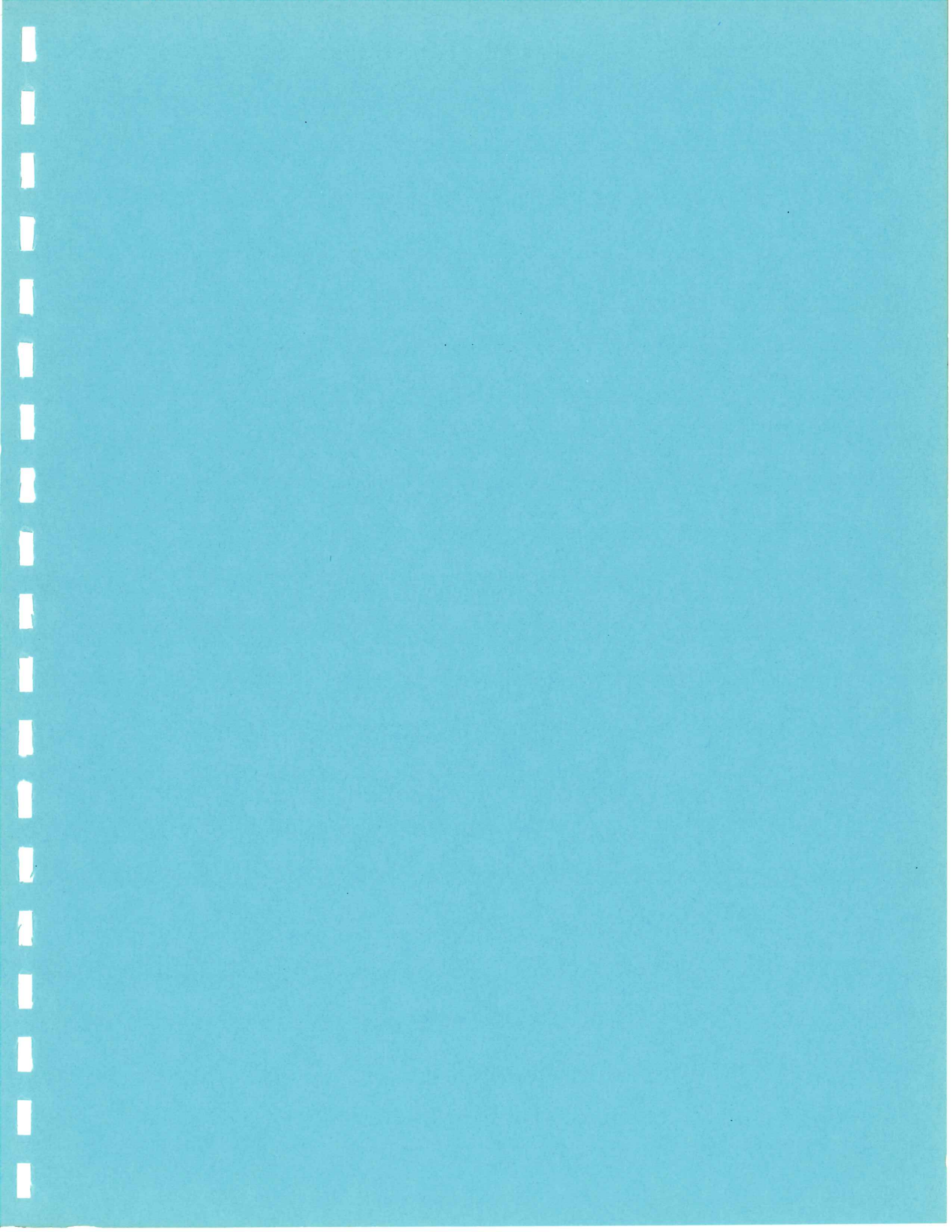
The question becomes how to gather group data that is valid and reliable for Native communities yet meets the Western tenets of good research and can inform and direct SCAODA policy and planning efforts.

The Bicultural Model speaks to all of these issues. The model relies on holistic/synthetic processes traditional to Southeast Alaska Native communities. This insures validity and integrity of research process and findings. The partic-

ipant observer and quantitative analysis of MIS permits the appropriate and unobtrusive role in generating data, providing focus and interpretation. Finally, the researcher is Bicultural by training and heritage. This acts as a focusing device for data derived from two cultural traditions and permits an integrative and more reliable interpretation of data.

Limitations of this new design stem primarily from its newness. It has not been tested in other setting; there are no criteria for judging the adequacy of the completed research. Nor can we look to other research on Southeast training needs for comparison. Moreover, the design rests on the assumption that the alcohol training and delivery system wants "communication" and has the capacity to respond.

The promise of the semiotic Bicultural model is this; it may provide an integrative research paradigm; it is culture and region specific; equal weight is given to Western and Native science (thus addressing threats to validity) and it promotes true community development by relying on community science and people.



SECTION IV

FINDINGS

FINDINGS: INTERCULTURAL AND INTRACULTURAL

The seven original research questions or areas of inquiry were answered as follows:

1. The Functions of Village Based Counselors and the Differences Between Village Based and Urban Counselors

The functions of village based counselors fall into two domains. Some functions parallel those of urban counselors, for example, both must be concerned with the physiological aspects and administrative and case management requirements of the profession. However, the major activities of the village based counselor are unique and include:

- community resource
- coordinators of care
- healers, using a mix of western and Native methods
- conduits of culture and sobriety/role modeling

The major differences between village based and urban based counseling are:

- The village based counselor is always on the spot, the behavior of the counselor is always subject to close scrutiny.
- The village counselor often has to fight his own family as well as the "outside forces."
- There is no anonymity in the village.
- While villages have distinct cultures the treatment is controlled by outside forces and tends to be dominated by the western models.
- Village based counselors have to know both the western treatment approaches and the traditional cultural values. This is double jeopardy for many counselors who did not grow up in a traditional way.
- The effects of racism and domination are volatile issues in village based counseling. People are afraid of repercussions if they attempt to assert culture and traditional practices in treatment.

2. Elements that were historically used to promote wellness and Healing Elements that are available now to Counselors:

- humor
- Knowledge of relations and traditional prayer "L'eeek-w Hadabashay"
- Sha awdan'e, self respect, often derived from an Uncle or Aunt's teaching
- Spirit men, traditional healers
- history, knowledge that traditionally Native people have lived substance free more than 20,000 years

Healing Elements that are available to counselors:

- Steambath/Sweat Lodge
- Spiritual beliefs, the traditional pre-Christian beliefs
- Sha awdan'e, self-respect taught in a traditional way
- the Uncle and Aunt system of teaching the young
- helping each other
- the "concern that we have for each other".

The Traditional Scientists recommend that these elements be incorporated into coherent cultural models. Two such models were specified to assist communities in developing traditional based treatment and to clarify the training needs by providing a type of goal or ideal treatment design.

MODEL #1

A TRADITIONAL TLINGIT APPROACH TO ALCOHOLISM, BY CYRUS PECK, SR., ANGOON

The Philisophical Underpinnings:

Shaa awdan'e. Self respect, that is something we have lost. Nineteen twelve (1912) was a turning point, when the founding fathers of the Alaska Native Brotherhood encouraged all communities to quit their old custom, abandon it, reach for education. That is when we left our self respect behind.

One Document Abrogating Culture and Identity:

WE, the undersigned, Alaska Natives of _____, Alaska, hereby declare that we have given up our old tribal relationships; that we have given up all claim to or interest in tribal and communal houses; that we live in one-family houses in accordance with the customs of civilization; that we observe the marriage laws of the United States; that our children take the name of the father and belong equally to the father and mother, and that the rights of the maternal uncle to direct the children are no longer recognized and that in the case of the death of either parent we recognize the laws of the United States relative to the inheritance of property; that we have discarded the Totem and recognize the Stars and Stripes as our only emblem; and that we are a self supporting and law abiding people.

We therefore believe we have fulfilled all requirements necessary to citizenship in the U.S. and we respectfully request the Congress of the United States to pass a law granting to us the full rights of citizenship. [Note: this was completely unconstitutional but the Territory did it anyway and required 5 White people to endorse the signed statement; this document did more than destroy culture and identity, it freed thousands of acres of land from communal ownership and passed it into public domain and into the hands of business and Church]

REQUIREMENTS FOR COUNSELING IN A TRADITIONAL MANNER:

"The curriculum I gave you is a key to the native way of living. If you are going to counsel the native people, know these. Know this by heart." [See Curriculum]

THE PROCESS:

When you start, start as I did. [with these questions and ways]

1. Who are you?
2. What is your crest?
3. T' ak dein toon, Are you living it?
4. Give instruction/information. Shaa awdan'e, means self respect. That's the key word in Tlingit. Self-respect goes back a long ways.
5. Repetition, Who are you? You see, the identity is something that we have lost and that is something that the young generation is looking for, searching for.

Special Subject Course: Beliefs of the Tlingit Nation*

Curriculum

I. The history and territory of the Tlingit prior to the coming of the white man. Migrations of the Tlingit. Vocabulary.

II. Village Life Vocabulary

III. The Tlingit People

A. The nation
 B. The Eagle and Raven
 C. Clan relationships.
 Vocabulary

IV. Family Life

A. Women
 B. Men
 C. Interrelations of the family
 D. Whose children?
 Vocabulary

V. Making a Living
 Trap Line

A. Fishing
 B. Hunting
 C. Trade
 Vocabulary

VI. Living Art of the Tlingit!

A. Statesmanship
 B. Rhetoric
 C. Ceremonials in Statecraft
 D. Formal artwork
 Vocabulary

VII. Living Art of the Tlingit!!

A. Mythology and Legend
 B. Medicine Men and the Occult
 C. Crafts and Skills
 D. Fun and Games
 E. Ceremonial Entertainment-
 ment
 Vocabulary

- 1: Ka Klina Yeikee
 - 2: Tux Kwuz
 - 3: Koosh daka
 - 4: Luke na
 - 5: Goona kadeit
 - 6: Nukw Zaatee
 - 7: Tluna Xeeduw
 - 8: IxD
 - 9: Naakw, Kayaanee
 - 10: Hei Xwaa
 - 11: Xeitl
 - 12: Kaa yahiye
- Final: Interdictions
by Beliefs

VIII. Life Crises.

A. Birth
 B. Coming of Age
 C. Marriage
 D. Taking a Spouse
 E. Assumption of Ceremonial
 life-role
 F. Special Ceremonies
 G. Death
 H. After Death
 Vocabulary

IX. The Tlingit at War and in Peace
 Vocabulary

X. Relations With Other Nations

A. Other Indian Nations
 B. European Nations

1. Governmental
 2. Religious Impact
 3. Educational Efforts
 Vocabulary

XI. Test

* Peck states that these areas constitute competencies which all village-based counselors, working with Tlingit, should have.

6. Who am I? What am I doing here? What is my future? Because I know that my crest is _____, I know who I am, my native name. Know who you are and if you're a native, know your Tlingit, Haida or Tsimshian name.

CLARIFICATION OF THE PROCESS:

The counselor must know his own name and crest and draw it out of the client. The purpose of this healing process is, TO BRING THE NATIVE PERSON BACK TO HIMSELF. THAT'S SOMETHING THAT HE HAS LOST. YOU'RE GOING TO BRING IT BACK THEN.

7. CONTINUE PROCESS:

Who are you?

What is your crest? Dog Salmon crest? [for example]
Yes, Dog Salmon crest is your crest.

Information/Education:

Dog Salmon crest. Yes, dog salmon crest is your crest. That's something that you have lost sight of and you were not told by your mother or father because they were discouraged...It's our way, we are natives and that's the way we have been created and this is something that has been lost..

8. CONTINUE PROCESS:

Who are you?

What is your crest?

What is your (Indian) name?

Why are you here?

9. THE NEXUS: RELATIONSHIPS

Finally come to the point.

Why are you like this when your great uncles are self-respecting people? The spirit of the uncles, the spirit of our grandparents are with us. They are everywhere, all you have to do is remind me of it, what this will do is bring me back to our relationship. This is the key, to remind me and others of our self-respect.

10. DENOUMENT'

Shaa awdan'e. Shaa awdan'e. Self-respect with your head high because you know who you are.

We are living in an age that's never the same as one before. We are living in an age, an unique time. Science, people traveling in space. People are living in fear of atomic power.

There are powers out there that are ready to destroy our human beings, alcohol is a part of it.

We are a nation, the Tlingit people are a nation. We can say with pride and hold our heads up high, 'we are a nation that has never known alcohol...it was not a part of our life ever.' When I see a young man staggering, my heart goes out to him. He doesn't know how to handle it. The whiteman says if you're going to drink, learn how to drink. That still does not solve the problem. They tell me if you are going to drink, learn how to drink. Learn when to quit. Who learns when to quit? I haven't seen it.

11. THE HEALING PROCESS CONTINUED: UNCLE/AUNT MODEL

You go further in a man's life, who is your uncle? Where is he? What is he doing? (This is on your mother's side. On the woman's side, it's the aunt of the girl, the father's sister.)

The uncle is obligated to train him because he is of the same clan. The Uncle, because it is his nephew, pulls him out of bed and getting dressed says, 'Do this for a day, this is your work day'. And you do it. This is something we lost that we must bring back...the authority of the uncle over the younger generation.

Now, who are we? Where do we come from? It is important to know. We are a nation, we have been a nation, we are still a nation. Sovereignty is the question. [Notice the way the definition of identity has grown through self-respect and relationships to an identity in a sovereign nation]

12. CONCLUSION IN THE UNCLE MODEL

Peck concludes with one or two traditional stories that instruct and summarize the healing; and providing standards for future living.

To the counselor, Peck advises:

We are dealing with spiritual problems, with things unseen and therefore, your results cannot be measured by a yardstick...So for that reason, your approach to individuals is very important...the Tlingit nation has beliefs. Beliefs are known to strengthen the core of an individual. What is it you believe?

What you believe is important because your body reacts to your beliefs.

Tlingit have Ways, Words of Power that bring substance abusers back to themselves.

Shaa awdan'e she', shaa awdan'etin.

That's the theme striking in your minds today.

Self respect. Shaa awdan'etin.

MODEL 2

A TRADITIONAL TLINGIT APPROACH TO ALCOHOLISM BASED ON RICHARD G. DALTON'S THOUGHTS

A. Elements

1. Smoke Out. Elders and traditional community leaders build a fire on the beach and instruct youth and people with alcohol problems. Instruction is through stories and talking. This way makes it possible for recovering people to sleep with peace of mind.
2. Proving Ground. A committee of appropriate elders or leaders agrees to oversee the recovery of a person. Methods include community service, particularly to elders and rigorous physical, emotional and spiritual testing. Rewards are recognition, approval and status, and a vision for life.
3. Steambath or Sweat Bath. This is a place where elders can instruct youth on their roles as men and women and it is a place of reconciliation.
4. Traditional Counseling. The appropriate community leader or elder counsels using Tlingit law to teach rights and responsibilities.

METHODS:

Traditional medicines, traditional diet, songs, dances, subsistence living, learning through observation.

GOAL:

To inculcate and perpetuate the traditional Tlingit, GOOD WAY OF THINKING.

SUGGESTIONS FROM OTHER COMMUNITIES:

George Jim, the descendent of a traditional "Spirit Man", Angoon. He has inherited the Spirit Dance and Songs of this healer; and states that true healing of a Tlingit person can only occur when the Spirit is called upon. He proposes a model based on the dance; this has been done in British Columbia with good success. All recovering people become dancers in training.

3. Important Activities that are not Occurring and Why

- . Use of traditional Tlingit Law
- . traditional subsistence lifestyle and values
- . culture based treatment
- . reliance on traditional healers

Why?

a. Laws, State and Federal "are being made to forbid us even to live in a traditional subsistence lifestyle

b. fear of State, non-Native punitive actions if traditional healing or cultural approaches are developed or used

c. non-Native lawmakers are inaccessible, and perceived as insensitive

d. Native people and culture have been invaded and are dominated..."We have some powers that we cannot reach, that is controlling the way of life of our younger generation, that is pulling them further and further from their identity...this is something we are up against...something beyond reach...there are powers out there ready to destroy our human beings."

e. evaluating village programs with present day JCAH standards destroys community self reliance and inhibits the use of traditional approaches.

4. Definition of Community Development

Bringing back what the Elders want...working together, talking things over, developing alcohol services based on our Native ways, relying on the traditional parties, referring people to sober and traditional elders for counseling, using our own traditional healers and traditional law. We must realize our own authority over our own community and lives...no one understands the village problems better than the village.

Forming a new relationship with State, Federal and non-Native care providers. A relationship that minimizes outside intrusion and maximizes respect and communication is desired. Look into this. There's going to be an interaction anyway (between Native and non-Native) so why not try to go into something good that we can pursue today and not wait until tomorrow? Lives are at stake. If we can help that life to live longer, I think we have accomplished something.

5. WHAT COUNSELORS THINK OF CERTIFICATION

An unanticipated outcome of the Bicultural research was the finding that village based counselors whose roles differs dramatically both in practice and in goal (that is for treatment that is culture based) favor certification training. But the Traditional findings stipulate that certification training should be expanded and tailored to fit village needs; and that the training be experiential and grounded in the urgent and practical needs of the community.

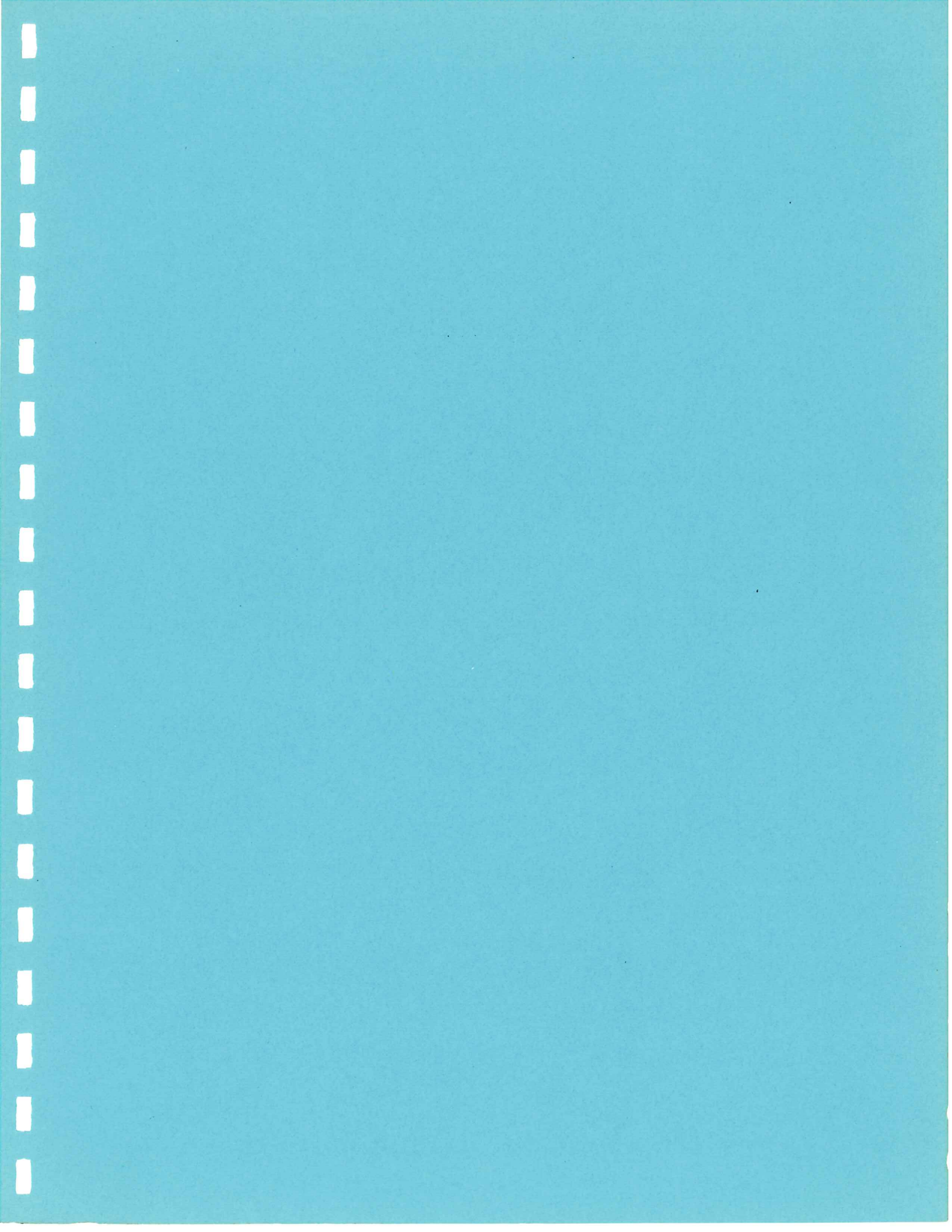
Training curricula should be expanded to include concentrations in these topics:

- suicide
- training for non-Natives who work in villages; this training should sensitize and socialize the non-Native to the culture of the village
- racism and oppression, how it affects the behavior of Native and non-Native people and how to deal effectively with it
- anomie of youth, strategies for dealing with Native identity problems and the gap between elders and youth
- sensitizing and communicating with legislators about village needs that impact alcoholism
- case management skills, particularly the MIS system
- the legal rights of Native people to practice culture and traditional healing in alcohol services
- working within the legal system
- community organizing skills that incorporate the traditional healing elements and historically derived treatment strategies

The major reason for favoring certification is the legitimacy it provides for a counselor who has to deal with an outside credential conscious world. But other counselors cited the desirability of a credential which would permit job marketability. Furthermore, in some villages, certification is viewed as a real achievement. Finally the point is made that certification is one way that the counselor can gain positive feedback about his/her work.

The main stipulation about the certification process is that it needs to use more culturally appropriate training methodologies

(experiential process oriented approaches which include audio visual aides and draw on traditional elders and Native trainers) and include more village relevant materials and strategies.



SECTION V

R E C O M M E N D A T I O N S

RECOMMENDATIONS

1. Certification training should be maintained, expanded and tailored to fit the needs of village based counselors. The curricula should be expanded to include the topics of culture based treatment, the legal rights of Native people to practice culture and traditional healing in alcohol services, and training models which focus on the individual or the specific community must be developed. Further, the certification process should delete courses not essential for village based practice and should incorporate others which are essential to the village based praxis.
2. The social, political issues that form the context of Native alcoholism must be a part of training. Such issues include 1991 and the twin ideas of sovereignty and dependence and the issue of RACISM, its form, function and means of dealing with it must be addressed.
3. JCAH standards must be modified to include village based treatment or else new standards must be developed in addition or to replace JCAH. The unofficial SOADA policy is to encourage village based treatment but the evaluation of programs continues to be based on JCAH standards. This puts training in a double bind, that is who do we train for, the unofficial policy or the manifest policy - JCAH?
4. Counselors are very confused about the certification process. A clear statement of explanation should be included in new employee information packets. Further, part of every training session should briefly address the certification issues. Other strategies might include a video on certification which could be sent to village based counselors.
5. State MIS forms must be expanded to reflect what village based counselors are doing; although the present system is modified to address village practice it does not capture most of what village counselors now do, and inhibits the emergence of community derived treatment.
6. Case management training should include use of the MIS forms.
7. Training should help integrate (not assimilate) village based counselors with efforts of other indigenous people who are providing community specific treatment; furthermore, cross-cultural, and inter-racial communication skills should be included in certification training.

8. Certification training should address the special needs of non-Native people who work as counselors in Native village settings.

SUMMARY

Village based counselors in Southeast Alaska see a need for certification training provided that the training be focused on the urgent and practical needs of the community. Counselors see great value in certification courses but insist that future training assist communities in developing alcohol services that draw on community strengths and address community problems. The issue of community development and traditional Native treatment is new and the counselor certification training has an important contribution to make in the effort. Counselors want to know how other Native people have formed alcohol services that draw on culture and community. They also want to know how to stop policy intrusions by the non-Native alcohol system and they want to know how to promote positive understanding between non-Native policy makers and villages.

THE HUMAN CONTEXT OUR GREATEST RESOURCE

The greatest struggle in village based counseling is the pain caused by historical forces of invasion and continued devastation by a dominating culture. Yet the human context provides great hope. This research project made clear the great cultural strengths and the inherent goodness of people, Native and non-Native alike, who want to see positive changes in village based services. SOADA staff, recent literature including the Kelso Report, village based counselors and Elders all agree that alcohol services must derive from and promote the community and culture.

With such convergence of thought, it is likely that the barriers to community development, including rules, regulations and policy as well as the challenges of addressing racism and finding models of community development, can be met. Richard Dalton of Hoonah reminds us,

Tlingit has a healing and I have seen it work
it is cleansing
it is something within our culture
it is the whole thing if we learn to practice it

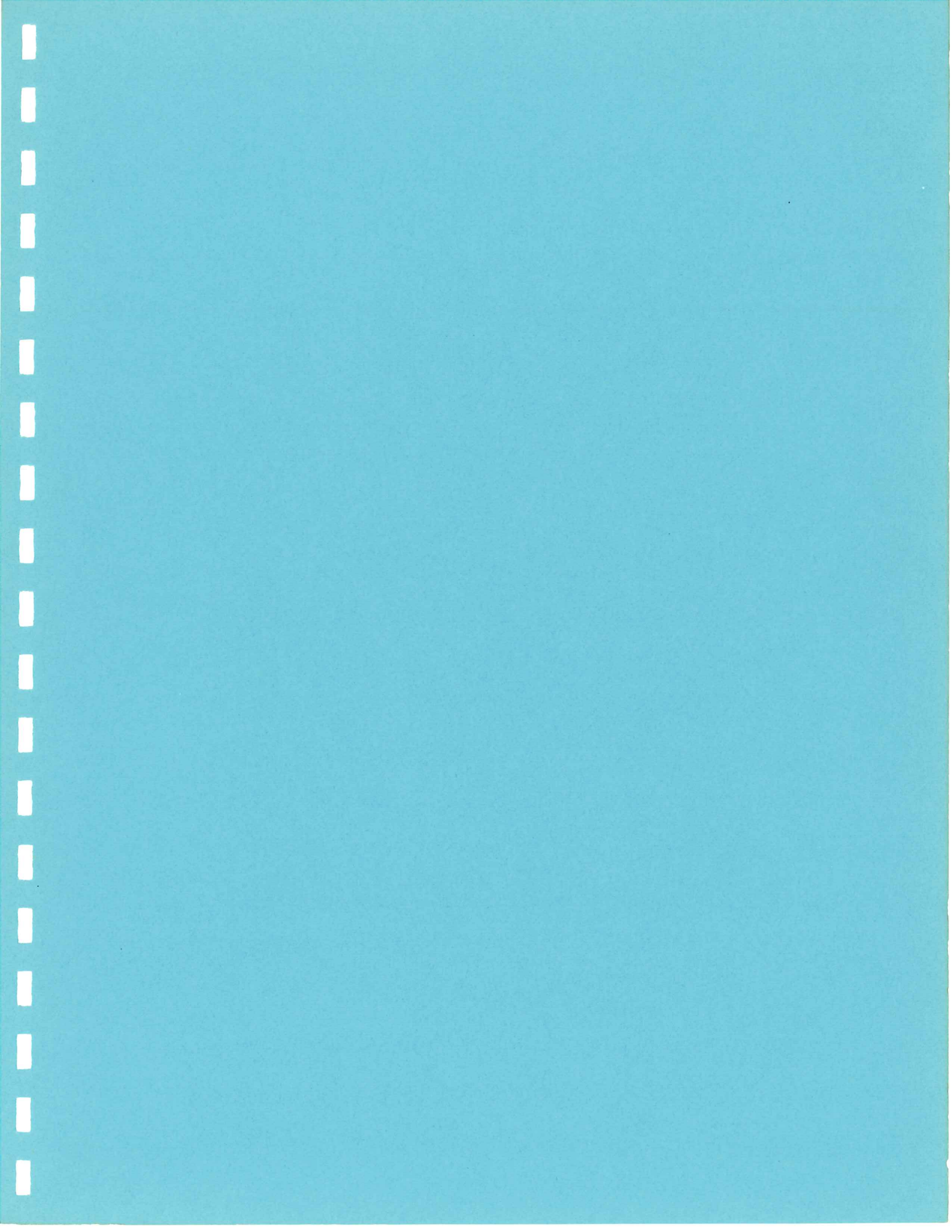
we have things we could purify ourselves with
cleansing of water is good
it has been done years ago
and I
have gone to a waterfall
a cold moving water
I have stood beneath the water
clean

if there is hate in my heart
if there is any sin

I want that to wash out
wash out to the ocean
and let it go...

"Look into this. There's going to be an interaction anyway [between Natives and non-Natives and the two systems of treatment] so why not try to go into something good [traditional treatment], that you can pursue today and not wait until tomorrow.

Lives are at stake. If we, through developing traditional treatment and working together better, can help that life to live longer, I think we have accomplished something. That is all I have to say.



SECTION VI

A TALKING CIRCLE
(The Triangulation of Data)

A TALKING CIRCLE, THE TRIANGULATION OF DATA

1. SPECIFIC FUNCTIONAL DESCRIPTION OF VILLAGE BASED COUNSELOR POSITION

A. Based on Village Meeting

- a. "I do a lot of studying"
- b. I found out that the Tlingit way is a much better way because it worked very good for me.
- c. You're on your toes every minute, just about, when you're doing counseling in a village.
- d. Now, who are we? Where do we come from? It is important to know. We are a nation, we have been a nation, we are still a nation. Sovereignty is the question. Even the governor has put that question to his lawmakers, to his attorneys (dealing with the socio-political stresses).
- e. With due respect, try to get the person to come back to himself. (The goal of counselor activities differs from the individual pathology idea).

Further: Health is spiritual; alcoholism is more a habitual ailment rather than deviance.

- f. Anytime I walk down the street, there are those you see who are under the influence, I throw him a remark. It gives the person a thought that someone cares. (Tie this in with "c").

B. BASED ON MIS

Work with potential clients, outreach community development and showing advantages of sobriety. Administration and training are significant activities but this is partially a statistical artifact, that is smaller programs will show a greater percentage of their time on administration because they are smaller! Also the recording of the MIS is problematic, counselors were shocked at the MIS results and said it did not accurately reflect their activities.

AN INTERVIEW WITH A NON-NATIVE VILLAGE BASED COUNSELOR

Can't do counseling in the village. Without skills we don't know what to do. So, we become a friend, a mother, form the wrong kind of relationship with a client.

I have to know too much.

The real thing today is Prevention and Public Organization. How do you organize a community? I was not successful but I knew where I was going and didn't feel like I had really failed. I had tools (from training) that I had applied. When they failed, I knew why. Unless you get interest from people you're not going to give the counselor an identity.

The certification training on withdrawal, pharmacology and case management were good. "But you need tools for where you're going!" But we may also be slavishly following a system. We need comfortable feeling with where we are going, been and what we are doing.

"I WORK SO HARD, FOR SO LITTLE, SO LONG!" (joke)

2. RANKING OF VILLAGE BASED COUNSELOR FUNCTIONS

A. MEETING

- a. teaching, imparting cultural, traditional survival skills. "Let's just say some turmoil takes place tomorrow, they (clients) wouldn't even know how to fix their dry fish!"
- b. spiritual, culture-based treatment; this was defined by the group and then the statement was made:

When the Tlingit expresses his opinion (in this manner) it is law.

B. MIS

- a. work with potential clients
- b. outreach community development
- c. showing advantages of sobriety

[I have focused on actual services given by village counselors and have excluded administration and training functions....note....training may be put back in when I get clarification on the term, if it means that counselors are somehow training potential clients, ok.]

4. DESCRIPTIONS OF ACTIVITIES THAT MAY NOT BE PRODUCTIVE

A. Meeting

- a. Too much record keeping, "A person who is referred into treatment ...becomes a statistic here and then he's sent over to ATS and becomes a statistic there..." A community gets labeled that way.
- b. Training that is inappropriate or not tailored for villages. "I got over there and there were 7 to 8 suicides, ... and the whole community was sort of dumping on us. ...There were three or four of us and we got affected by that, and I realized that I didn't know anything about village alcohol programs or problems.
- c. The emphasis on the individual counselor, in training. "You know, you can't do one-to-one counseling."
- d. Being trained with only non-Native materials. "I took a big pile of films and all kinds of books, pamphlets, everything I could get together... I went over there (village)...I thought I knew it all..."
- e. Being trained in "reflective counseling skills." "Sometimes we don't need to reflect to our clients, we have to know what kind of person that person is and how they feel and what they feel inside... we're confusing ourselves/people."
- f. ...in Juneau, the majority of the (detox) clients that come in are native, but the majority of clients that stay and finish a 20-day program are non-Native.

B. SOADA INTERVIEW

We need to get out of the counseling mode. The problems of bootlegging, politics, voter education and the need for community organizing are things counselors aren't trained to do. Even white counselors are not trained in politics and typically lose political fights.

At present there is only one articulation of "certification" (that is the western counseling or mental health mode). If I want to be respected in a village as a person to help, I have to be certified but maybe it won't even be used.

C. MIS FORMS

Outside of the village, Natives and non-Natives tend to get the same western, medical model/or mental health model treatment.

Statewide Natives receive (in order of rank):

- outreach
- individual counseling
- service to former clients
- deliver SOADA training
- crisis intervention
- assessment/screening
- pre-client contact
- working with potential clients

Statewide non-Natives receive (in order of rank):

- deliver SOADA training
- individual counseling
- pre-client contact
- assessment/screening
- crisis intervention
- service to former clients
- teaching AIS school
- group counseling

3. ACTIVITIES THAT ARE IMPORTANT BUT NOT HAPPENING

A. MEETING

- a. I'm kind of the kind that likes to ask questions, and I tried the Tlingit way all last year. I've never told anyone...[note the questioning of one's own ways in alcohol work even though western ways alcohol treatment has hardly helped Natives at all].
- b. Laws are being made to forbid us even...to live in a traditional subsistence lifestyle. [So how can there be self determination, and a sense of being needed when the culture faces constant erosive pressures from without?]
- c. So the difference of what I'm saying, is (since) the day they make these laws passed, if they caught me throwing my nephew out in the water (part of the traditional training method) first thing you know, is the next door neighbor will probably charge me with child abuse. And therefore, I have to answer to State law.

- d. When a Tlingit talks this way (in a traditional way, it's LAW)...Why don't they live up to their own law?
- e. Its never been done before really (traditionally based Native counseling). I think we have to develop it. That's what we need to talk about, how can we direct our training to this?
- f. If we could put these words here (about culture-based treatment) into words of legislators or let's say just the Capitol Hill, maybe they will understand that language and help us....we need some help!
- g. Traditional spiritual healing...what kind of Spirit men we had! Where will we get that Spirit now?.... the last of them told us, right here, "All different kinds of people are going to be with us. If we go with them, we are going to lose all our power. We are going to lose anything we have. We're not going to have any land. If we try to hold our land, there's going to be a lot of blood on it."

[The history of non-Native relationships in the past two hundred years has destroyed much of what historically provided ways of addressing health and social problems. Also, the historical process has produced fear of using culture specific ways and a desire to protect what is known and practiced of traditional healing.]

- h. We have some powers that we cannot reach, that is controlling the way of life of our younger generation, that is pulling them further and further from their identity...this is something that we counselors are up against....this is something beyond your reach....there are powers out there that are ready to destroy our human beings.

4. DESCRIPTIONS OF COMMUNITY SPECIFIC ELEMENTS HISTORICALLY USED TO ADDRESS SUBSTANCE ABUSE ISSUES

A. MEETING

- a. We're using humor. We're using some of the traditional values.

- b. L'eelk-w Hadabashay. Grampa please help me.... as old as she was, she recognized I was her grandfather's namesake. Relations and traditional prayer were fundamental ways of addressing problems.
- c. We left (in 1912) our self-respect behind. Not because I'm Tlingit and the people that I was counseling were Tlingit, but I went right to the root of the man who was the problem. [as distinct from the man himself] Who are you? What is your crest? [See Cyrus Peck's Uncle Model].
- d. Spirit men healers, there used to be 4 or 5 from my (Eagle) side alone, over in Juneau old village.
- e. I'm not trying to impress on you this system I use but I learned back to my Uncle....training. [again the need to justify using traditional ways in alcohol work].
- f. We can say with pride and hold up our heads and say that we are a Nation that never knew alcoholism. [20,000 years of history supports the value of substance-free living].

5. HEALING ELEMENTS AVAILABLE TO COMMUNITIES THAT MAY BE USEFUL TO COUNSELORS

A. MEETING

- a. Steambath/Sweat Lodge. "That's where they discuss a lot of laws and this is where a lot of faith takes place, they are actually steaming themselves to cleanliness, purification...."
- b. Spiritual beliefs, the Tlingit believed in the Supreme Being long before the western type of religion came; beliefs are known to strengthen the core of an individual.
- c. Sha awdan'e means respect, self-respect; we need to get this going again.
- d. The circle I am giving you (see Peck's Uncle Model) is a key to the native way of living. If you are going to counsel the native people, know this (the circle is the clan system). Know this by heart.
- e. Helping each other; " a lot of our really good counselors are people that have been down and out, you know, the ones that have been there..."

- f. The concern we have for each other , "I've seen a lot of good things happen among skidrow people. I've seen skidrow people go up and kiss other skidrow people because they want to help or be needed. Five minutes before that, they may have been thrown out of some public place because they didn't have any money."

6. DEFINITION OF COMMUNITY DEVELOPMENT [Region Specific]

A. MEETING

- a. What the Elders want to come back is those parties...I needed to learn. And so I started volunteering my services. [One counselor's efforts at acquiring "certification" that is based in culture and community; this model is domain for further inquiry].
- b. What he [counselor] does, is when somebody comes in to see him, sends them off to another community member...You know, whether it's an Uncle or somebody in the family or someone that's sober. So there's this interaction going....
- c. They didn't realize what authority they had over their own lives....who understands Hoonah's (for example) problem better than Hoonah.
- d. So the things that aren't on the certification is the traditional....They never really bothered to touch it. They didn't know how to touch it. They didn't know how to approach us. It was just a matter of us taking it up on our own and getting rid of the middle people...We are the ones that are going to have to develop that (traditional treatment).
- e. Tlingit has a healing and I have seen that work... So if we can utilize this...I'm sure a lot of people can be healed...it is something that is within our culture but we haven't practiced it. This is the whole thing, if we start to learn to practice...we're going to respect our Tlingit law then the healing will take effect....
- f. Tlingit law works; it's effective.
- g. We have to develop (alcohol services) based on our native ways....this is so new it's never been done before really...

- h. We are a nation, the Tlingit people are a nation. We can say it with pride...
- i. More people should talk about suicide...the more we share with one another, the better things are going to be...
- j. Every month he (the counselor) brings all these people together and they have a kind of roundtable talk. So the whole community is starting to do things...everybody in the community...where people are helping others....

B. MATT FELIX

- 1. Things that seem to work - SOADA INTERVIEW: Audiovisual, storytelling; others who have recovered; AA spirituality works but meetings don't. Generally, the white way of counseling and guiding doesn't work.
- 2. Know (at this time of transition) that you're going to lose some...take a broader perspective. What can you do with external factors; that is, factors other than the individual. Get people organized; set morals around alcohol use.
- 3. So encourage community organizing skills; by getting organized around a group that sets a code. A whole new curriculum in training and a new emphasis on value in skills. In Nome they brought in leaders, put out pamphlets, visited in the villages, set-up a meeting or Council that dealt only with alcohol. Members were healers, natural helpers or leaders. They tried to get drinkers to drink outside of the village. They had spirit committees.

7. DISTINCTION BETWEEN VILLAGE-BASED AND URBAN-BASED COUNSELOR FUNCTION:

A. MEETING

- a. There's no confidentiality at all (in the village)... so you might as well make a good thing out of a bad thing...[this counselor started making referrals to community leaders, and sober people within the community and initiated a monthly community roundtable discussion].

- b. Everybody knows that somebody is seeing a counselor...that's a problem...if you want people to come to you, chances are you're going to use someplace other than your office....Taking a walk down to the city dock or doing something... you're aware of who and what is going on within the community; we don't have to wait...Why should we stigmatize him (client) in the eyes of the community? [and make him come to the office for help].
- c. During our summer months, which is our most troublesome, we have the lowest number of contacts. One reason is that other community systems, like the Justice system, works against the counselor. "The biggest offenders...the juveniles, they're not going to go for counseling. They know, 'Well, all I've got to do is go see....the local legal authority'...They know the sentence is less than the treatment."
- d. All the counselor is trying to do is to convince people to go into treatment and it gets passed by word of mouth. You cannot stop that, you can try as hard as you want. And that's what you're fighting, you're fighting the outside pressures as well as trying to do the job...you're fighting your family.
- e. ...you have got to look at the field. It's still on the disease model. It's still based on that disease concept. [Differential impact of southeast model or urban and Natives]. The people that are controlling still feel that treatment is the most valuable approach to alcohol in Alaska, where we're saying prevention is! It's hard to get prevention people certified.
- f.State certification. You know, there's no way out of it now. Are classes geared towards what our counselors need or just geared towards the state requirements?
- g.there's a kind of movement, and it's all the social service professionals, social workers saying you need certification because you're doing things that we traditionally used to do. They feel that alcohol counselors are being underpaid and bringing the status of the field down.

MIS/OTHER

Most people going through alcohol treatment are Native (Kelso) with the following profile [for Southeast]:

- male
- 18 to 25 years of age
- Tlingit
- 12 years of education
- unemployed
- no prior military service
- single
- lives alone
- no children
- no legal involvement
- living in poverty with wages below \$10,000

Although most clients are Natives who exhibit characteristics indicating profound alienation, nearly all treatment is based on the western medical model (note point #1). There is little difference in the treatment received by Native and non-Native alike [MIS] in urban areas. In the village a different type of help is available but the traditional meeting in Angoon makes clear the need for the development of treatment, and even more clear the need for traditional prevention models.

MIS reveals few services to youth and NONE to elders, yet observation reveals that elders not only have alcoholism problems themselves but also have a larger problem dealing with children and grandchildren who abuse substance and then intimidate their elders, who feel powerless to make the young go away or quit bothering them.

CERTIFICATION VIEWS

Based on the Angoon Meeting:

Certification has merit because, "as you return certified, it shows people in the village that even though some of us want to get back to traditional ways, we do realize there's a White world out there and we're arguing with a White problem."

Certification gives you a sense of accomplishment, and if you want to move on or maybe if you want to become a social worker or something, you can say, "I've been a 'certified' alcohol counselor foryears." But the pay isn't very high and you need to get something else out of this (work)...[certification could be that something else in the implication here].

Certification is good for funding.

Certification is important for our counselors too, when they go to the court system....it's some credibility. Without certi-

fication, when you go into court, they just look at you like, "that cat that says to the girl in Alice in Wonderland, 'Who are you?'"

Sometimes someone says, "don't talk to her, she's not certified." And then when you see ads in the paper for help wanted, it says "certification required."

9. ON CERTIFICATION

Certification is most important for dealing with the non-Native world. Non-Native counselors also felt it was important for controlling the quality of the counseling process and for insuring the possibility of being able to transfer to other work settings. Most counselors also felt that certain aspects of training, as previously mentioned, were useful. But, there is GREAT CONFUSION in the field about training and certification. Few understand the process and most see that present training falls far short of what is needed for village-based work today.

NOTE: Western and traditional training should not be mixed together as one system but presented as two distinct models/paradigms. This yields much less conflict/confusion - psychology attests to this.

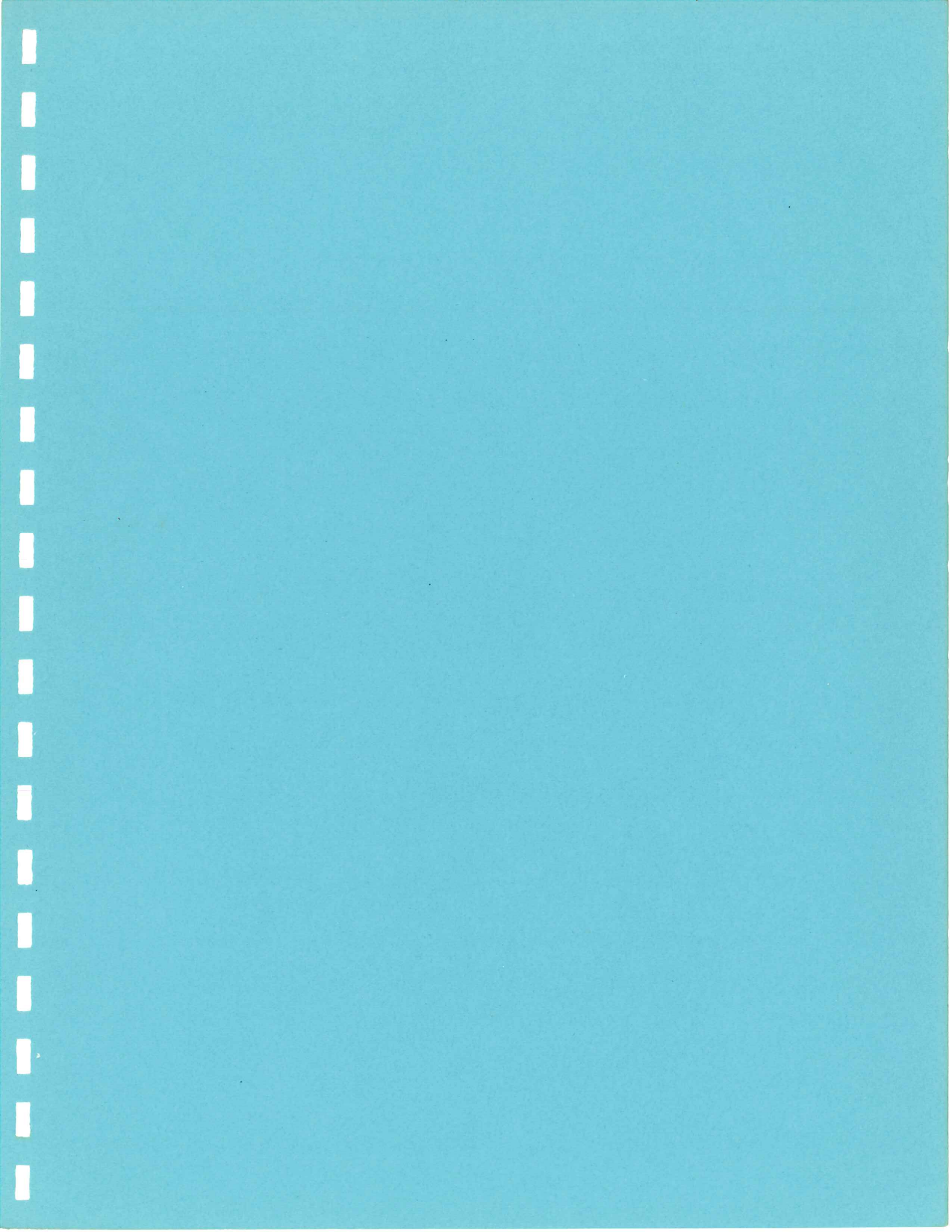
10. TRAINING CURRICULA RECOMMENDATIONS

A. MEETING

1. ...What really affected me the most, that made me start (abusing substance) was death. You know, seeing so much death happen. The suicides, murders, when you see that as a kid. That has a big effect on your life, especially with suicide.
2. [to non-Natives] How knowledgeable are you at living out here in the village, how aware are you, how much are you able to live and adapt and still hang onto your ways?
3. Issues in dealing with contemporary society or in being in two worlds/dominated. So I know there's something wrong, there's a lot of people my age and a few years younger that are questioning about just being needed...whether we like the idea of being native at all. I don't think a lot of the young people have any idea of what it's like and they go to school and they are put down for the color of their skin.

4. ...They come back to their own home and they find out they don't understand the language or what's going on, so they're sort of stuck in the middle. Alienation must be addressed in training and other psychological/social processes that stem from the historical process of one culture dominating another. And works by Freire, Memmi, and Fannon that explain the healing process of a dominated people would connect people to reality again.
5. They (young) don't know where they fit...the older people do not know how to approach us...They'd never seen young people drink like we're doing... sniffing glue, gasoline, pot. They didn't know how to approach that, so what can you say? They used to tell us we're good for nothing. We will never amount to anything...and it was my impression that they just gave up on us. I was wrong, they didn't give up on us, they just didn't know how to approach us... [a generation gap for the first time in Alaska Native territory; this is CRITICAL because the elders are still held in high esteem; their respect and wisdom is essential for sobriety and peace of mind in a young person].
6. There should be a provision made by our legislators whereby we can sit down and perhaps draft a grant where we can privately teach our younger generation the subsistent lifestyle of living because.... [COMMUNICATION/cross-cultural and in the political arena is an area of need].
7. Counseling model - I ask myself, "Is this the kind of person that will take 'reflection?'" Sometimes it's not. And so I tried the Tlingit way. We talked about Tlingit law, morals; we talked about the stories and what the moral is inside that story and we bring that out. And I let them draw it out themselves when they hear the story and I let them tell it back to me again. When they tell it back to me, they feel much better...[alternative modes of therapy must be explicated and encouraged in training].
8. ...staff activity logs, they don't accurately reflect what we do. Like my previous counselor, she wrote "administrative activity" down for when she was waiting in her office for people...I don't think we are trained on how to use those numbers (MIS). That is a main problem....

9. I went to court with my clients and I didn't know what was going on because I didn't have any training for it and nobody ever told me anything. [In every SEARHC employee manual, a list of training courses could be included; in addition, people need in this introduction, a brief description of the certification process].



SECTION VII

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