

## Indigenous Frameworks for Practitioners Working with American Indian/Alaska Native Clients Dealing with Substance Use Disorders

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### ABSTRACT

*Substance use and suicide have affected many American Indian and Alaska Native communities for years. According to the Centers for Disease Control and Prevention, the suicide rate among American Indian/Alaska Natives (AI/ANs) ages 18 to 24 is nearly double the national rate [1]. Furthermore, significantly more American Indians and Alaska Natives needed treatment for alcohol or illicit drug use in the previous year than individuals from other ethnic groups, according to a report by the Substance Abuse and Mental Health Services Administration. Indigenous communities are deeply concerned about the severity of substance abuse and mental health issues among their people and are eager to develop practical solutions for their health and welfare. However, these communities are also worried about the continuation of colonizing and stigmatizing approaches to mental health, as well as social narratives surrounding mental health opportunities. In the past, many psychologists tried to address these problems by introducing Western evidence-based strategies that often failed to consider Indigenous values such as spirituality, the wisdom of elders, and family relationships. Moreover, Indigenous people were rarely invited to participate in designing solutions. Applying culturally based methods for substance misuse and abuse services for AI/AN clients has shown great promise [2]. However, clinicians see better outcomes by integrating the best Western evidence-based practices with the best Indigenous practice-based evidence tailored for the clients served. When it comes to mental health, one size does not fit all. Indigenous adaptations are essential in clinical practice, requiring an understanding that Indigenous people come from different backgrounds, which leads to varying interpretations of the client's experiences [2].*

### Keywords

Substance use disorders, Decolonizing, Alcohol, Centers for Disease Control and Prevention.

### Introduction

The trauma that began with the first European contact has been linked to current alcohol abuse in Indigenous communities. This paper first examines the prevalence and concerns surrounding alcohol use among American Indian/Alaska Native (AI/AN) youth and emphasizes the importance of Indigenizing services. The usage rate in this subgroup is significantly higher than in any other ethnic group in the United States. Most Western prevention programs often fail to integrate Indigenous culture into their approaches; as a result, many are ineffective for AI/AN clients.

If decolonization is the removal or undoing of colonial elements, then Indigenization in prevention approaches can be seen as adding Indigenous aspects. Indigenization goes beyond tokenistic gestures of recognition or inclusion to meaningfully alter practices and structures. This paper briefly introduces decolonization and Indigenization approaches and discusses a culturally based alcohol prevention model tailored for Indigenous youth. It further explores the integration of a culturally responsive prevention framework for both non-Native and Native clinicians called the Sweetgrass Method [3,4]. Combining both methods will enhance the efficacy and development of future models with Indigenous clients. We will address how these prevention strategies could inadvertently reinforce settler colonialism. We will also describe the SGM and discuss how delivering prevention services through this method

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could benefit Indigenous people.

### Historical

There are historical concerns regarding alcohol use within the general population. Fatalities due to physical issues, such as cirrhosis or liver disease, along with fetal alcohol syndrome (FAS) resulting from excessive maternal drinking during pregnancy, significantly affect the health of many individuals. One must also consider issues like traffic accidents, overdoses, and other psychological problems worsened by alcohol use [5]. The roots of contemporary alcohol-related problems among Indigenous populations are often linked to their initial contact with Europeans. Before this first contact, Indigenous peoples' use of alcohol typically involved "controlled and supervised use often in highly ritualized occasions" [6].

Cultural interventions utilized within Indigenous communities often address historical and intergenerational trauma as an essential aspect of healing and enhancing cultural identity, since these factors may contribute to an increased risk of substance dependence [7]. Intergenerational trauma refers to the transmission of unresolved internalized trauma from one generation to another, often due to inadequate parenting or insufficient resources, support, or intervention [8].

Understanding how historical and intergenerational trauma impacts Native Americans indicates that healing from this trauma is essential to tackle issues like substance abuse within these communities. Therefore, recognizing and addressing historical and intergenerational trauma is a crucial component that must be included in treatment programs designed for Native people.

It is essential to recognize the substantial diversity among Indigenous nations. Therefore, counselors are responsible for learning about and understanding the implications of the unique histories, belief systems, and ways of knowing within the communities they serve. Failing to do so risks treating all Indigenous groups as a single unit, which disrespects the societies being served and creates significant gaps in understanding. Moreover, diversity persists across tribes and between reservation and urban contexts. This concept also applies to the patterns of alcohol use among Indigenous groups. Recent research indicates lower or comparable use rates among the AI/AN population than Whites and other ethnic groups, contradicting common perceptions [9]. Nonetheless, despite these variations, research has shown that AI/ANs are at an increased risk, particularly for heavy, episodic alcohol use [10]. This highlights the necessity for comparative studies on Indigenous populations while underscoring the need for prevention efforts based on alcohol use among Indigenous groups.

The current study addresses a specific subgroup of the Indigenous population: youth. According to recent CDC [1] data, 32% of AI/AN adolescents reported drinking alcohol during the past 30 days [1]. This figure represents the highest rate among any racial or ethnic group studied, highlighting a considerable disparity. It is important to note that the initiation of alcohol use may begin earlier

in AI/AN youth as well [10]. These concerns emphasize the need for specific prevention efforts. This paper examines two culturally specific methods that provide alcohol prevention support to AI/AN youth. These methods yield beneficial results, particularly among this Indigenous subgroup. The paper explores the integration of these approaches, which can serve as a comprehensive tool for alcohol use prevention among Indigenous youth.

### Alcohol Use and Abuse in American Indian/Alaska Native Youth

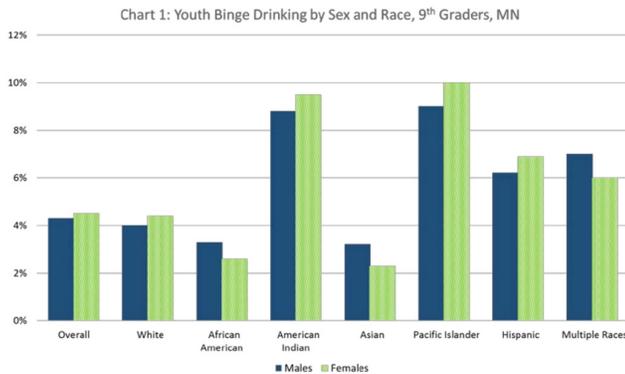
There has been little research examining alcohol misuse, specifically among AI/AN youth in America. According to Dickerson et al. [11], in the United States, AI/AN youth aged 12 and older had the second highest rate of current drug use compared to other ethnic populations. They also found that AI/AN youth aged 12 to 17 had the second-highest rates of heavy alcohol use in the U.S. [11]. As this data confirms, alcohol use and abuse are significantly higher among AI/AN youth than among other ethnic and racial groups in the U.S. According to the DSM-5-TR, substance-related and addictive disorders consist of 10 distinct classes of drugs, which comprise of alcohol, caffeine, cannabis, hallucinogens (which have separate categories), inhalants, opioids, sedatives (or hypnotics or anxiolytics), stimulants (amphetamine-type substances, cocaine, and other stimulants), tobacco, and other (or unknown) substances [12]. Substance use disorders can lead to substance dependence, which may be psychological or physical. Psychological dependence involves the feeling of needing the substance to function correctly.

It has also been shown that the environment in which Indigenous adolescents are raised has a significant impact on their alcohol consumption and how they obtain it. For example, Dickerson et al. [11] examined a Los Angeles, California, county. They found that AI/AN adults living in urban settings and participating in alcohol and drug recovery programs reported an earlier onset of alcohol and drug use than individuals from other ethnic groups. Thus, understanding the connection between alcohol use and the environment in which AI/AN individuals reside is essential when organizing an effective prevention program. One significant reason culturally responsive prevention programs are necessary is the significantly high rates of alcohol use among AI/AN youth. The benefits of such programs also extend to their mental health. Dickerson et al. [11] state that having a strong connection to cultural identity can positively impact an AI/AN youth's self-esteem during this critical developmental period. Moreover, helping AI/AN youth develop their self-image and understand their culture can provide long-term benefits.

For AI/ANs, culture serves as a powerful protective factor that fosters resilience and promotes positive health and social outcomes. This is accomplished through various elements of cultural connectedness, such as participation in traditional activities, identification with the tribe's culture, and engagement with traditional spirituality. By enhancing cultural connections, communities can mitigate the effects of historical trauma and colonization, building resilience and preventing adverse outcomes [13].

In Minnesota in 2016 (see Figure 1), 4.4% of 9th graders reported binge drinking in the Minnesota Student Survey (MSS). However, the survey results consistently show lower figures than the National Youth Risk Behavior Surveillance data. Both males and females tend to have similar rates, but the rates for American Indians and Pacific Islanders are significantly higher. For 11th graders, 13.1% reported binge drinking, with males and females exhibiting similar rates. Minnesota's Northwest and Northeast EMS regions had the highest rates among 11th graders at 15.3% and 17.4%, respectively [14].

#### 9<sup>th</sup> Grade Binge Drinking Highest among American Indian & Pacific Islanders



#### The Ineffectiveness of Westernized Alcohol Prevention Programs among AI/AN

It is imperative that helping professionals do not contribute to the ongoing colonization process by imposing Western-based treatment modalities on Indigenous communities [15]. While there may be commonalities between Indigenous and Western perspectives, the differences must be carefully considered due to their implications for cultural humility and the effectiveness of prevention work. For example, healing from an Indigenous perspective is more holistic, seeking balance in all dimensions of well-being (spiritual, physical, mental, and emotional) and emphasizing familial and community connections. Weaver [16] reiterates that Western and Indigenous perspectives should be combined to maximize benefits while further warning against the oppositional placement of perspectives. “Both can be worthy, useful, and integrated into ways that are complementary rather than contradictory” [16].

The existing standard treatments for substance use among AI/AN youth do not effectively incorporate critical aspects of Indigenous identity and wellness [17]. Recently, community- and tribally based participatory methods have been employed to collaboratively address the cultural relevance of treatment [18]. However, despite these methods, there tends to be a top-down approach to introducing and adapting successful best practices from mainstream America into Indian Country, rather than starting from an Indigenous American paradigm to develop Indigenous best practices [19]. For instance, the research program titled ‘Keepin’ it REAL (KiR) illustrates an empirically supported substance use prevention program that was ineffective for Indigenous youth. This was evidenced by an increase in alcohol use after the program’s completion compared to non-Native youth.

KiR was initially adapted for Mexican American/Latino youth and has shown efficacy across different racial groups, including African Americans and Whites [20]. It should be noted that this program was later modified to reflect the respective tribe’s cultural values and beliefs. The adapted curriculum contributed to identity building, carefully considering the best approaches for teaching this information to the students [17].

Limited studies explore how AI/AN and Western methods are combined in treating Indigenous clients. The Sweetgrass Method examines the integration of Western treatment approaches with Indigenous modalities for substance use disorders in AI/AN clients, initiated by practitioners who start the dialogue about services. Some treatment facilities rely solely on Western approaches for Indigenous clients and expect positive outcomes. Other facilities may offer culturally sensitive approaches that do not show disrespect but fail to implement truly responsive methods; instead, they continue to depend exclusively on Western methods. The promise of multicultural professional psychology—that American Indians would benefit from culturally tailored therapeutic interventions—is reinforced by widely circulated efforts to Indigenize treatment and recovery through the ‘Soul wound psychotherapy’ [21], or the incorporation of Indigenous cultural traditions within tribally administered addiction treatment programs [22].

Cultural mistrust is a critical factor underlying the racial and ethnic disparities in mental health care service utilization. It was hypothesized that there would be a difference in utilization attitudes and intentions before and after exposure to a culturally responsive intervention among individuals with moderate to high levels of cultural mistrust. This can be challenging given the immense diversity within and among Indigenous communities. Misguided approaches to culturally responsive mental health services for AI/AN clients often stem from a lack of understanding of the various cultural contexts and historical traumas that impact these communities. This can lead to misdiagnosis, ineffective treatment, and a breakdown of trust between clients and providers. Instead, culturally responsive care requires a holistic approach acknowledging the interconnectedness of physical, emotional, spiritual, and social well-being [23]. When counselors view a culturally responsive approach merely as an activity, they may struggle to provide adequate care without relying on external resources and may encounter barriers to effectiveness.

#### Cultural Frameworks

Culturally responsive practice with Indigenous clients must begin by affirming their culture and identity and recognizing their communities and families as critical partners. To provide culturally responsive care, practitioners should first be aware of their cultural perspectives to avoid inadvertently imposing their worldviews or biases when working with Indigenous communities [24]. Schiff and Moor [25] suggest that ‘the hope and promise of healing from addiction for Indigenous people’ lies within the application of traditional healing practices, which include herbal remedies, smudging, ceremonies, and more, into standard

treatment programs. Culturally responsive substance use treatment for Indigenous clients often incorporates traditional practices, beliefs, and values into treatment programs, aiming to enhance engagement, retention, and overall well-being. This approach recognizes the unique cultural context of AI/AN communities and utilizes cultural practices like smudging, talking circles, and ceremonies to promote healing and recovery.

As practitioners, we recognize that strength-based approaches are most effective for healing. Therefore, we create more opportunities for successful outcomes by examining frameworks through a cultural perspective. The essential work that Indigenous researchers have undertaken and continue to do is influencing our people's healing, both now and into the future. Indigenous practitioners view our stories, ceremonies, and ways of knowing as practice-based evidence; they hold equal value alongside Western practices. Integrating culturally specific risk and protective factors into prevention is crucial because it enhances effectiveness. Protective factors for AI/AN youth include family and community support and a strong cultural identity linked to traditional beliefs and practices. One qualitative study explored the impacts of cross-generational storytelling through talking circles with AI/AN youth and elders. Storytelling in this context illustrates culture and reciprocal healing by enabling elders, regarded traditionally as wisdom keepers, to share knowledge and address issues related to drinking behaviors [26]. Factors that can safeguard Indigenous youth and young adults against substance use and misuse include a sense of belonging to their culture, a strong tribal/spiritual connection, the ability to discuss problems with family or friends, feelings of family connection, and positive emotional well-being. Many AI/AN students consider their cultural identity crucial to their health and well-being and view Traditional practices as vital. Given the significant concern regarding youth substance use in Indigenous communities, some researchers are turning their attention to a distinctive prevention framework that prioritizes an individual's access to protective factors instead of focusing solely on reducing risk factors. Indigenous elders, parents, and community members routinely place the importance of children's spiritual and cultural identity and connectedness above most other childhood outcomes [27].

While mainstream health strategies can be applicable, adapting them to fit the community's culture and incorporating Traditional healing methods is most effective. Cultural frameworks in treatment for Indigenous clients prioritize incorporating traditional practices, beliefs, and values to support healing and well-being. This involves respecting Indigenous worldviews, recognizing the interconnectedness of mind, body, spirit, and community, and utilizing both Traditional and Western approaches. The Sweetgrass Method (SGM), developed over fifteen years ago, has today shown promise as a practice with broad applicability in mental health, substance use prevention, suicide prevention, bullying prevention, and special education in the academic setting.

### Introduction to the Sweetgrass Method

The SGM (see Figure 2) is a culturally responsive framework

developed to enhance the services provided for American Indian/Alaska Native people [3,4]. The SGM weaves together the best of Western-based evidence with the best of Indigenous practice-based evidence.

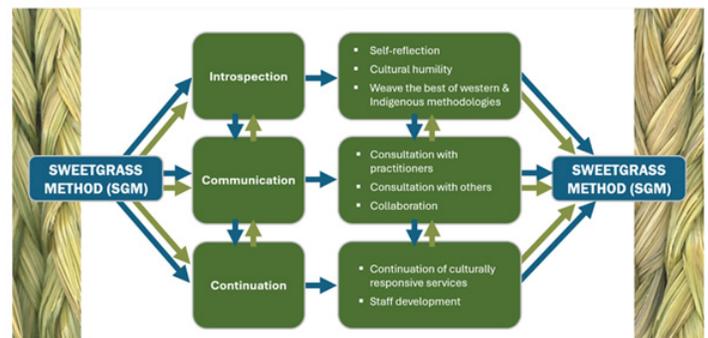
Sweetgrass, a sacred plant in some Native American cultures, is often used in smudging ceremonies to attract positive energy and promote healing. It is believed to represent feminine energy and is frequently used after sage (representing masculine energy) in a smudging ritual. Smudging involves burning the sweetgrass and drawing the smoke over the body or space to cleanse and purify. According to the old teachings, sweetgrass is said to be the hair of Mother Earth, who embodies feminine energy, which might explain why people refer to it as women's medicine. However, sweetgrass also signifies strength, which is associated with masculine energy.

Sweetgrass, a sacred herb, is frequently used in some smudging ceremonies in Indigenous cultures, with its smoke thought to embody both feminine and masculine energies. It attracts positive spirits and promotes healing (feminine energy). Additionally, sweetgrass is believed to connect individuals to Mother Earth and the Creator, reflecting the gentle and nurturing nature of the feminine principle. The concept of the SGM involves dividing the sweetgrass into three sections, each representing a central strand: Introspection, Communication, and Continuation. These central strands encompass multiple elements within each strand (for instance, the Introspection strand signifies self-reflection, cultural humility, applying the best practices from both Western and Indigenous methodologies, and Communication and Continuation). We braid this together tightly to signify the strength of the established intentions (Introspection, Communication, & Continuation), enabling practitioners and educators to confront social barriers contributing to disparities in client success.

**1<sup>st</sup>Strand: Introspection** (a commitment to self-reflection, life-long practice, weaving in the best Western evidence-based practices and the best of Indigenous practice-based evidence for the clients).

**2<sup>nd</sup>Strand: Communication** (a commitment to building relationships and partnerships with clients, the community, and staff, as well as consulting and collaborating with others.)

**3<sup>rd</sup>Strand: Continuation** (ongoing culturally responsive knowledge, support, and strategies for the individuals and families we serve).



Copyright © Baez, 2011, 2022, 2023. The Sweetgrass Method

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“ Note.” Adapted from Baez, M.S.E. (2025). Indigenous spirituality: Resilience in decolonizing mental health. *Crushing Colonialism*. <https://crushingcolonialism.org/indigenous-spirituality-resilience-in-decolonizing-mental-health/>. “Reprinted with permission.”

The SGM is a culturally responsive framework developed to enhance the services provided for American Indian/Alaska Native people [3,4]. It integrates Western and Traditional methodologies while fostering culturally responsive relationships to serve Indigenous clients best. The SGM has been identified as a prevention/intervention tool for practitioners working with Indigenous populations in mental health and academia. It comprehensively encompasses numerous factors that contribute to the effectiveness of culturally responsive approaches [2]. As previously noted, integrating Traditional Indigenous beliefs and values into prevention/intervention work with AI/ANs is a highly effective strategy because it connects to the protective factor of cultural identity. The Sweetgrass Method (SGM) embodies this concept, as it is often used in prayer, smudging, or purifying ceremonies [4]. Therefore, it is a concept that most AI/AN youth can relate to and fully appreciate. Strands of sweetgrass are traditionally braided, and the SGM exemplifies this further.

### **Integrating the Sweetgrass Method into treatment**

Viewing Indigenous culture as a form of treatment presents an ideal path forward for recognizing self-determination and achieving health equity for Indigenous peoples. These practices honor and elevate the knowledge passed down through generations, enabling us to confront health disparities on our terms while reaffirming our cultural connections. Indigenous culture as treatment not only addresses physical and mental health disparities but also considers structural issues of inequality, policy injustices, medical discrimination, marginalization, and exclusion. Embracing Indigenous culture in treatment settings involves recognizing and incorporating Indigenous healing practices, values, and worldviews to create a more culturally sensitive and practical approach to cultural responsiveness.

Recognizing that Indigenous communities are not monolithic and do not share the same values, beliefs, or ideologies, this treatment plan acts as a broad, culturally based intervention that provides a structured approach to healing and success for Indigenous youth facing substance use. This approach (e.g. Table 1) is designed for collaboration among mental health professionals, tribal members, leaders, and healers from a specific Tribe and tailored as such. Such collaboration ensures this approach is culturally responsive to the clients receiving treatment. Indigenous substance abuse treatment for Indigenous youth involves integrating traditional healing practices and cultural values into mainstream treatment programs, fostering cultural connection and promoting healing within the individual's cultural context. This approach acknowledges that Indigenous communities encounter unique challenges in accessing culturally relevant treatment and addresses the disparities in health and healthcare experienced by this population.

The strands of SGM are interwoven and overlap like a braid. Thus, introspection, communication, and continuation are often closely

connected. For instance, counselors must communicate regularly with other professionals, clients, families, and the community. Providers can achieve this by reaching out whenever a disciplinary issue or something positive occurs.

### **Case Example: An SGM Approach to Treatment**

M.B. (fictitious name), an AI/AN, is a 15-year-old Native American youth referred for counseling support regarding his ongoing alcohol and marijuana use/misuse. He was scheduled to meet with Nate (fictitious name), an addiction counselor. Although Nate is not Native American, he employs the SGM (see Table 1 below) script to guide his approach when working with a Native American client. Nate would start with introspection, which involves considering what he knows and doesn't know about M.B.'s culture and reflecting on potential similarities and differences between M.B.'s traditions and his own. It also includes assessing his self-care and evaluating how calm and prepared he feels to handle M.B.'s case.

Communication with M. B. would start from a place of cultural humility and curiosity to build trust. Nate might thank M. B. for attending the meeting and explain that he cares about him and his background, so they must discuss what happened. Gazing around the room without staring at M. B., Nate could begin by genuinely wanting to learn about Mike and asking about any preferred terms or his Tribal name. Like most discussions with students about complex issues, the conversation would likely carefully and patiently explore M. B.'s perspective on the alleged bullying incidents, with Nate checking for understanding.

For an addiction counselor, practitioner, or therapist applying SGM, it is essential to communicate to M. B. that addressing substance use disorder requires ongoing collaboration with his caregivers and community. Thus, Nate wants M. B. to be clear about all his plans to speak with his parent(s) or guardian(s) before connecting with his family. By applying the fundamentals of the SGM Communication braid, Nate will invite M. B.'s caregiver(s) to a meeting to discuss the substance use and misuse issue and ensure they understand they have a voice and a valued perspective. Nate aims to establish an equal partnership with M. B.'s family and avoid any implication that, as a professional, he is more of an expert or holds more power than the caregivers. Instead, by hearing their stories and honoring their experiences, M. B.'s family members will be acknowledged as experts on him, allowing Nate to be better equipped to support him.

The process of addressing M. B.'s substance use behaviors would be ongoing and collaborative. Nate would need to “show up” consistently and work patiently to establish and maintain the trust required to work with M. B. to change his behavior. Consistent communication with M. B.'s family would also be essential. For example, Nate might periodically call home to check in for updates or share successes when M. B. has made progress toward his behavioral goals. The three strands of the SGM braid would remain intertwined throughout this process, and through reflection, Nate would continue to learn and enhance his skills for working

with AI/AN communities. When working with AI/AN clients struggling with substance use/misuse, cultural sensitivity is crucial for building trust, understanding their unique perspectives, and effectively tailoring treatment. In this case, customizing the services around M. B. would involve acknowledging the impact of historical trauma, understanding traditional healing practices, and considering the diverse levels of cultural identity for M. B. and individuals within Native American communities.

**TABLE 1. APPLYING SGM STRANDS**  
**INTROSPECTION**

- Understand the limits you may have with Indigenous culture.
- Reflect on how you approach Indigenous clients. What do you know? What assumptions might you hold?
- Be open to improving your skills. Ultimately, you want to enhance your learning to promote better outcomes among Indigenous clients.
- Consult with practitioners experienced in working with Indigenous clients and Tribes. This may involve networking with Tribal communities and elders.
- Evaluate self-care. Can you respond to the situation calmly and professionally, or are you feeling overstressed and lacking patience?

**COMMUNICATION**

- It is often best to handle issues without others observing, but egregious problems should be addressed immediately.
- Approach the client calmly and assertively, with a gentle tone.
- Practice cultural humility to build trust. Ask questions and approach the client about your lack of knowledge regarding their culture and ways, but emphasize that you are open to learning and willing to provide support that honors their growth and your involvement in the relationship.
- Ask, "Do you prefer AI/AN or Indigenous?" and inquire about the Tribal name.
- Recognize that different cultures have different attitudes regarding personal space and eye contact. Be cautious about hugging or touching clients without asking permission. Do not require the student to "look at me when I talk to you."
- Address the concern without a fixed stare (i.e., pan around the room).
- Clearly state that you care about who they are, their culture, and where they come from, which is why you want to address the area of concern.
- Listen to the client and check your cultural understanding of them and their situation.
- Collaborate with the client's family, listen to their story, learn who they are and where they come from, and understand their family customs.

**CONTINUATION**

- Be present and keep your promises. The client and their family must trust you will follow through on your commitments.
- Recognize the value of Indigenous clients' talents, abilities, skills, and experiences that honor who they are.
- Maintain healthy relationships with Indigenous clients, their families, and their communities (i.e., Tribal healers).
- Providing ongoing support and mental health prevention/intervention strategies that are culturally responsive for both clients and caregivers.
- Incorporate practice-based evidence (i.e., what works for that tribal community)

© Baez, 2010, 2013, 2022, 2024. Sweetgrass Method Framework



**TABLE 1. APPLYING THE SGM STRANDS**  
**Three steps in initiating a meaningful relationship with Indigenous people**

1. Educate Yourself: Take the time to learn about the history, culture, and rights of indigenous peoples in your area. Understanding their experiences and perspectives is essential.
2. Build Trust: Approach indigenous communities with respect and openness. Establishing trust is essential for meaningful relationships (lay out intentions, no secrets).
3. Engage Respectfully: Initiate conversations with Indigenous individuals and groups, ensuring you listen actively and value their input. Building a relationship requires mutual respect and understanding. Seek introductions through trusted community members and show respect by adhering to proper protocols.



Regardless of which treatment plan may be more effective than the other, studies on cultural interventions used by Indigenous populations agree that incorporating culture and cultural identity into treatment plans is beneficial for Indigenous people [2,22,29-34]. Decolonizing treatment science would support efforts to develop and examine Indigenous treatment models not rooted in mainstream cultural assumptions. Due to the principle of connectivity in science, there are concerns that future scientific work will be tied to previous efforts [28]. This paper introduces two culturally specific methods that offer alcohol prevention support to Indigenous youth. The Sweetgrass Method has shown promising results in self-healing, emotional awareness, and life skills. Additionally, this paper discusses integrating this method to explore how it can positively impact AI/AN youths' well-being. Research suggests that providing substance use treatment plans that incorporate traditional practices may increase Native American adults' desire and comfort in seeking help for their substance use [35].

Providing individualized treatment, prevention, and intervention for Indigenous clients means that individuals cannot achieve health alone; instead, it involves forming the right relationships with others. Seeking health is a communal process. By implementing cultural frameworks, practitioners working with AI/AN clients can encourage early cultural discussions and develop a deeper understanding of cultural knowledge to recognize and adjust emotions for positive health outcomes authentically. Ultimately, service delivery frequently fails to integrate Indigenous worldviews and local community protocols, along with historical experiences and knowledge of harmful research practices, which leaves Indigenous individuals hesitant to engage in receiving services [36], and emphasizes culturally responsive approaches, holistic healing, and community engagement. Indigenous frameworks recognize the unique traditions and social structures of different tribes, promoting a culturally sensitive treatment process for the clients served.

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