

**Exploring the Impact of Conquest and Colonization on Native American Identity,  
Substance Abuse, and Effective Psychological Interventions**

Deirdre McCallen

State University of New York at Oswego

PSY 419: Racial, Ethnic, Cultural Identity Development

Dr. Ashlee Moore

4/26/24

The history of Native Americans in the United States is marked by centuries of conquest, colonization, and cultural genocide, resulting in profound challenges to their racial and ethnic identity development. Systematic efforts to eradicate their cultures, languages, and traditions have left a legacy of trauma that continues to impact Native American communities today.

The health disparities faced by Native American communities are troubling. Despite efforts to improve healthcare access and outcomes, Native American people continue to experience lower life expectancy and higher rates of disease compared to the general U.S. population (Indian Health Service, 2019). According to data from the Indian Health Service (IHS) (2019), diseases of the heart, malignant neoplasms, unintentional injuries, and diabetes are leading causes of death among Native American individuals. Alarming, Native Americans born today have a life expectancy that is 5.5 years less than the overall population (Indian Health Service, 2019). Substance abuse is another pressing issue within Native American communities, and the American Addiction Center (2024) reports significantly higher rates of alcohol, marijuana, cocaine, inhalant, and hallucinogen use disorders compared to other ethnic groups. Nearly 1 in 5 Native American young adults have a substance use disorder, highlighting the need for targeted interventions and support systems (American Addiction Center, 2024).

Despite enduring rates of high poverty, health disparities, and substance abuse, these communities have demonstrated remarkable resilience in preserving their cultural heritage. Intergenerational trauma complicates the process of identity development as individuals navigate complex feelings toward dominant institutions and stereotypes perpetuated by mainstream society. Addressing these challenges requires culturally competent approaches that integrate traditional healing practices with evidence-based interventions, recognizing and honoring the unique experiences and strengths of Native American individuals. Recognizing the interventions

that have the most efficacy in providing culturally competent care for Native Americans struggling with substance abuse or identity development will guide providers toward successful treatment options. By acknowledging the historical trauma and cultural disruption experienced by Native American communities, substance abuse treatment can be tailored to address the unique needs and identity development of individuals within these populations, leading to more effective outcomes and healing.

Culturally competent care refers to the ability of healthcare providers and organizations to deliver services that are respectful, sensitive, and responsive to the cultural, linguistic, and social needs of diverse patient populations. According to Hirschak et al. (2022), culturally competent care for Native American populations, “integrates the emotional, physical, spiritual, and mental aspects of each individual instead of taking a primarily biological approach to health and wellbeing”. Some studies that have researched whether or not culturally competent care is an appropriate intervention of Native American populations have used techniques such as Motivational Interviewing, which mirrors healing or talking circles (Kennedy et al., 2022) and intervention trials including school-based screening, brief intervention, and community organizing (Komro et al., 2022).

## **Review of Literature**

### **Cultural Identity and Substance Use**

One qualitative study by Brown et al. (2016) examines how urban Native American and Alaskan youth in California construct their cultural identity and its implications for alcohol and other drug (AOD) use. By conducting 10 focus groups involving various stakeholders, including youth, parents, providers, and Community Advisory Board members, the research identifies key

themes related to cultural identity and substance abuse. These themes encompass intergenerational stressors, cultural disconnection, the protective nature of Native American and Alaskan identity, mixed racial-ethnic identity, urban versus rural environments, and the significance of Native American and Alaskan institutions, among others. One prominent finding of the study was the prevalence of intergenerational stressors, including acculturative stress within families, and the enduring impact of historical trauma on youth behavior and identity. Participants also highlighted the challenge of cultural disconnection among urban Native American and Alaskan youth, with many expressing a lack of knowledge or interest in their cultural roots. Despite these challenges, adults emphasized the protective effects of Native American and Alaskan identity, citing its role in promoting overall health and resilience. The study also illuminated the tension between pan-tribal identity and tribally specific identities, particularly for youth with mixed cultural backgrounds. Moreover, participants discussed the importance of cultural institutions in urban areas for fostering and maintaining Native American and Alaskan identity. However, the study also revealed the pervasive influence of stereotypes and experiences of discrimination faced by Native American and Alaskan youth, impacting their sense of identity and belonging. Despite these challenges, many youth expressed pride in their Native American identity, highlighting the significance of cultural pride for individual well-being and community health. The study suggests that interventions promoting cultural activities and positive constructs within Native American and Alaskan culture could complement existing efforts to address AOD use among urban Native American and Alaskan youth. While the study provides valuable insights into Native American and Alaskan identity in urban settings, its qualitative nature may limit the generalizability of the findings, and the focus on only two urban areas may constrain the breadth of its findings.

Another study by Brockie et al. (2022) sheds light on the patterns of substance use among urban Native American and Alaskan youth, particularly focusing on their cultural identity and its implications. The study utilized a cross-sectional correlational design and a culturally grounded, community-based participatory research approach to investigate substance abuse patterns and protective factors among Native American youth on the Fort Peck Reservation. A convenience sample of 288 participants aged 15-24 completed an anonymous, web-based questionnaire on substance use and related factors. Data collection occurred in a secure environment, with measures including frequency of substance use, childhood trauma, and communal mastery. The inclusion of indigenous expertise within the research team enriched the study with deep cultural insights. Notably, the researchers found no significant differences in substance use by gender. The mean age of the sample was 19.25 years, with a majority falling within the 15-19 age group. Older participants (20-24) were more likely to report methamphetamine use, prescription drug misuse, and to be categorized as polysubstance users compared to younger individuals (15-19). Substance use patterns revealed that alcohol and marijuana were the most commonly reported substances, followed by inhalants, prescription drug misuse, and methamphetamine use. Polysubstance use was prevalent among two-thirds of participants, indicating a widespread issue. The study found that protective factors such as communal mastery and tribal identity were found to be associated with lower levels of polysubstance abuse. Higher levels of communal mastery and tribal identity were linked to decreased odds of polysubstance abuse, highlighting the importance of cultural and communal factors in mitigating substance abuse risks among Native youth. Multivariable models further confirmed the significance of education, communal mastery, tribal identity, and trauma in predicting polysubstance use, with higher education and stronger tribal identity showing protective effects. The study reveals a concerning prevalence of

polysubstance abuse, with binge drinking being the most prevalent single substance behavior. Programs focusing on promoting education engagement, communal mastery, and tribal identity emerge as potential avenues to mitigate substance use among Native American adolescents living in high-risk reservation-based settings. However, the study also had several limitations that should be considered. The use of a convenience sample from a single reservation limits the generalizability of the findings to other Native American populations. Additionally, the cross-sectional design of the study prevents the establishment of causal relationships between variables, and reliance on self-reported data introduces potential biases. Furthermore, the small sample size may have limited the study's ability to detect smaller associations or conduct subgroup analyses effectively. Despite these limitations, the study emphasizes the significance of continued collaboration with indigenous communities in researching substance use among Native American youth. Future research should focus on larger, more diverse samples and longitudinal designs to confirm and expand upon these findings. The study provides valuable insights into protective factors against substance use issues in Native American communities.

Gone (2023) explores the emerging trend of Indigenizing mental health services within American Indian/Alaska Native (AI/AN) communities, advocating for the integration of traditional healing practices alongside Western psychotherapeutic modalities. Through qualitative methods, the authors present examples of collaborative initiatives with AI/AN community members aimed at developing culturally relevant interventions. These projects include the establishment of programs like the Blackfeet Culture Camp and the Urban American Indian Traditional Spirituality Program, which prioritize cultural immersion and spiritual practices as therapeutic modalities. The results highlight the potential of Indigenized therapies to address postcolonial pathologies by restoring cultural identity and fostering psychological

transformations. The article's strengths lie in its community-centered approach and recognition of the significance of cultural sensitivity in mental health care delivery. However, limitations are acknowledged, particularly in evaluating the effectiveness of these interventions, due to challenges such as small sample sizes and the complexity of implementing rigorous research methodologies in AI/AN community contexts. Having reviewed the literature on cultural identity and substance use among Native American populations, we now turn our attention to culturally tailored interventions aimed at addressing these issues.

### **Substance Abuse and Culturally Tailored Interventions**

Hirchack et al. (2022) employed a Community-Based Participatory Research (CBPR) approach to explore the integration of traditional healing practices and holistic approaches into medication-assisted treatment (MAT) for opioid use disorder (OUD) among Native American and Alaskan communities. Through a two-day meeting involving diverse stakeholders, including elders, cultural leaders, providers, individuals with lived experience, and researchers, key components for culturally recentering MAT among Native American and Alaskan communities were identified. The study highlighted the significance of cultural grounding in treatment, emphasizing the role of spirituality, traditional healing practices, and family support in fostering holistic wellness. Mindmaps generated during discussions illustrated the shift from a MAT-centered approach to one centered on holistic wellness, with a focus on integrating traditional healing knowledge and celebrating treatment milestones. Strengths of the study included the utilization of a culturally congruent qualitative facilitation method and the involvement of diverse stakeholders, while limitations included the non-representativeness of community-based members and the need for additional qualitative research. Moving forward, the study recommends addressing structural racism and promoting cultural humility among

providers to improve treatment outcomes and address health disparities with Native American and Alaskan communities.

One study by Komro et al. (2022) employed two studies aimed at addressing substance use among Native American youth and young adults. One study focused on the Cherokee Nation, and the other on urban Native American and Alaskan emerging adults. Both studies employed community-based participatory approaches, engaging with local communities, schools, and organizations to develop culturally appropriate interventions. The prevention trials conducted in both the Cherokee Nation and urban AI/AN communities employed rigorous methodologies to develop and test culturally appropriate interventions aimed at reducing substance use among Indigenous youth and emerging adults. In the Cherokee Nation trial, researchers partnered with Cherokee Nation Behavioral Health (CNBH) and Oklahoma public schools to implement a multilevel integrated preventive intervention targeting older adolescents in small-town areas. Using a cluster randomized trial design, the intervention demonstrated effectiveness in reducing substance use during the transition to young adulthood. Conversely, in urban AI/AN communities, researchers from RAND Corporation, UCLA, and Sacred Path Indigenous Wellness Center (SPIWC) developed and tested interventions among AI/AN emerging adults aged 18 to 25. Through a randomized controlled trial design, the study compared two culturally appropriate interventions and found mixed results in their effectiveness in reducing substance use. Despite challenges such as implementation delays and adaptations due to the COVID-19 pandemic, both studies showed promise in addressing substance abuse among Native American youth and young adults. The strengths of the studies lie in their strong community partnerships, which ensure the cultural relevance and effectiveness of interventions. Additionally, the studies contribute valuable knowledge to the field of prevention science for Indigenous populations by



emphasizing culturally grounded approaches to addressing substance abuse. However, limitations included recruitment difficulties and logistical challenges associated with the virtual delivery of interventions. Nonetheless, the findings highlight the importance of culturally tailored interventions in improving the health and well being of Indigenous youth and young adults.

One study by Kenneday et al. (2022) aimed to adapt a behavior change approach, coupling Motivational Interviewing (MI) with social network visualizations, into a culturally centered intervention for Native American and Alaskan emerging adults in urban areas. Through thirteen focus groups and a pilot test involving 91 participants, including Native American and Alaskan emerging adults, parents, and providers, feedback was gathered on the proposed intervention curriculum. Themes of feasibility, acceptability, relevance, understandability, and usefulness emerged, indicating positive reactions to the intervention content and approach. Participants intuitively grasped network concepts when viewing their diagrams, highlighting the potential of social network visualizations to increase awareness of social challenges and resilience sources among urban Native American and Alaskan emerging adults. Limitations of the study include the potential lack of generalizability of participant opinions beyond the sampled population in Northern, Central, and Southern California. Additionally, participants were volunteers recruited through community partners, possibly biasing their interest in the intervention. The presence of research team members during focus groups might have influenced participant responses, despite efforts to encourage constructive criticism. Despite these limitations, the findings suggest that utilizing personal network visualizations in culturally tailored, group MI interventions for urban Native American and Alaskan emerging adults is feasible and acceptable. This approach addresses the complex social challenges faced by urban

Native American and Alaskan emerging adults, indicating promising avenues for behavior change interventions targeting social contexts. The successful adaptation of MI for this population implies broader applicability to other populations and outcomes.

D'Amico et al. (2021) addresses the significant issue of opioid use among urban Native American and Alaskan emerging adults by implementing a culturally tailored intervention known as "Traditions and Connections for Urban Native Americans" (TACUNA). This intervention integrated motivational interviewing, traditional practices, and social network visualization to reduce substance use and promote cultural connectedness and healthy social networks. The methods involved a randomized controlled trial comparing the effectiveness of TACUNA to a culturally sensitive opioid education workshop. The results of the study, synthesized from comprehensive data collection and analysis, aimed to evaluate the impact of these interventions on substance use frequency, cultural connectedness, and social network characteristics over a 12-month period. The study found that the TACUNA intervention led to reductions in opioid, alcohol, and cannabis use compared to the opioid education workshop control group. Participants in the TACUNA group reported fewer instances of substance use over the 12 month period, with significant decreases observed in both 3-month and past 30-day use. Additionally, the TACUNA intervention was associated with increased cultural connectedness, as measured by the Cultural Connectedness Scale, highlighting its effectiveness in promoting resilience and strengthening connections to Native American and Alaskan cultural communities. Furthermore, the study found that changes in social network composition and structure mediated the effects of the intervention on substance use reduction. Participants in the TACUNA group reported improvements in social network characteristics, including decreased time spent around peers who use opioids, alcohol, and cannabis, and increased support from culturally connected social

networks. The strengths of the study included its culturally appropriate design, rigorous methodology, and comprehensive assessment of outcomes. Additionally, an economic evaluation revealed that the TACUNA intervention was cost-effective compared to the opioid education workshop, demonstrating its potential value in reducing healthcare costs and improving overall well-being among urban Native American and Alaskan communities. However, limitations such as the shift to virtual implementation due to the COVID-19 pandemic and the inability to collect certain long-term economic data may have affected the study's outcomes and generalizability.

One study by McKinley et al. (2019) aimed to develop culturally relevant interventions to address health disparities and violence within Native American and Alaskan communities through a comprehensive and community-engaged approach. Employing a convergent mixed-methods design, the research utilized ethnography to uncover culturally specific risk and protective factors related to intimate partner violence (IPV) and substance use. Data collection involved in-depth interviews, focus groups, and family interviews with community members, professionals, elders, and youth from two Native American/Alaskan tribes. The methodology prioritized cultural sensitivity, flexibility, and inclusivity, engaging tribal members throughout the research process. Strengths of the study include its robust methodology, extensive community engagement, and culturally sensitive approach. However, limitations include the potential lack of generalizability to other tribal populations and the challenges of conducting interviews solely in English. Despite these limitations, the study provides a roadmap for future research to develop effective and culturally relevant interventions to address health disparities and violence among AI/AN populations, ultimately aiming to eradicate highly concerning disparities in health outcomes.

Robbins et al. (2019) investigate the effectiveness of the Through the Diamond Threshold program in addressing substance use disorder (SUD) and tribal identity issues within Native American communities. Utilizing a qualitative research approach grounded in Indigenous methodology, the study aims to understand participants' experiences and perceptions of the program's impact. The Through the Diamond Threshold program utilizes a holistic approach, incorporating storytelling, traditional ceremonies, and experiential exercises to facilitate healing and promote cultural understanding among participants. Through focus groups with Native American and non-Native behavioral health professionals, the researchers collected data on the program's strengths and limitations. Initial findings suggest that participants value the program's cultural relevance, communal healing approach, and emphasis on historical context, leading to increased cultural competence and empathy among participants. However, criticisms regarding cultural protocols and challenges in evaluating long-term outcomes emerge as areas for further exploration. Despite this limitation, the Through the Diamond Threshold program shows promise in addressing complex issues within Native American communities.

Tingey et al. (2022) aimed to investigate factors influencing retention in an STI risk reduction program among rural Native American adults engaged in binge substance use. Given the co-occurrence of substance use and sexual risk-taking, particularly prevalent in rural Native American communities with limited access to STI prevention programs, understanding predictors of program retention is crucial for effective intervention strategies. Using data from 150 Native adults aged 18-55 participating in the evaluation of the "EMPWR" program, a 2-session STI risk reduction program in a rural, reservation-based community, multivariate logistic regression models were employed to analyze associations between various independent variables and program completion. Findings revealed that being married or cohabiting and living

with an older generation were significantly associated with higher odds of completing the EMPWR program, underscoring the importance of family support structures in facilitating program attendance and enhancing the impact of STI risk reduction efforts in rural reservation contexts. Despite providing valuable insights into retention factors in STI risk reduction programming among Native American adults with recent binge substance use, this study has several limitations. Firstly, the findings may not be generalizable to programs with differing characteristics or participant demographics. The cross-sectional nature of the data precludes the exploration of temporal relationships between variables and program completion. Additionally, the study did not measure factors such as mobility, stable housing status, or social networks, which could significantly influence retention rates and program effectiveness. Qualitative data collection with non-retained participants could provide further insights into barriers to program completion. However, the study's strengths lie in its focus on an understudied population and its use of multivariate regression models to analyze a comprehensive set of predictors, contributing valuable knowledge to the field of Native American health literature and informing future intervention strategies aimed at reducing STI risk in rural reservation communities.

### **Future Directions**

Future research should continue to prioritize community engagement and collaboration with Native American and Alaskan communities to ensure that interventions are culturally relevant and responsive to the unique needs of these populations. Engaging community members as equal partners in the research process can enhance the cultural appropriateness and effectiveness of interventions. Longitudinal studies are needed to assess the long-term effectiveness of culturally tailored interventions for substance abuse and identity development among Native American and Alaskan individuals. By tracking outcomes over time, researchers

can better understand interventions and identity factors that contribute to positive long-term outcomes. Further exploration is also needed on the integration of traditional healing practices into mainstream mental health and substance abuse treatment approaches. Research should examine the mechanisms through which traditional healing practices promote healing and resilience among Native American and Alaskan individuals, as well as barriers to their integration into Western treatment interventions. Efforts to address substance abuse and identity development among Native American and Alaskan populations must extend beyond individual-level interventions to include policy and structural changes that address the root causes of health disparities. Future research should advocate for policy reforms that support culturally competent care, increase access to culturally relevant resources, and address social determinants of health within Native American and Alaskan communities.

### **Conclusion**

The histories of conquest, colonization, and cultural genocide have profoundly shaped the identity development and substance abuse patterns of Native American and Alaskan populations. Despite enduring challenges, these communities have demonstrated remarkable resilience in preserving their cultural heritage and promoting holistic well-being. Culturally competent interventions that integrate traditional healing practices with evidence-based approaches hold promise for addressing substance abuse and promoting healthy identity development among Native American and Alaskan individuals. Moving forward, it is essential to continue prioritizing community engagement, longitudinal research, and intersectional approaches to understanding the complex interplay between identity, substance abuse, and mental health outcomes. By centering the voices and experiences of Native American and Alaskan communities, researchers and policymakers can develop more effective interventions that honor cultural traditions,

promote healing, and address the underlying structural inequities that contribute to health disparities. Through collaborative efforts and a commitment to cultural humility, we can work towards a future where Native American and Alaskan individuals thrive in body, mind, and spirit.

## References:

- American Addiction Association. (2024). Alcohol and drug abuse among native americans. Retrieved from <https://americanaddictioncenters.org/addiction-statistics/native-americans>
- Brockie, T. N., Campbell, J. C., Dana-Sacco, G., Farley, J., Belcher, H. M. E., Kub, J., Nelson, K. E., Ivanich, J. D., Yang, L., Wallen, G., Wetsit, L., & Wilcox, H. C. (2022). Cultural protection from polysubstance use among native american adolescents and young adults. *Prevention Science, 23*, 1287-1298. <https://doi.org/10.1007/s11121-022-01373-5>
- Brown R.A., Dickerson D.L., D'Amico E.J. (2016). Cultural identity among urban american indian/alaska native youth: implications for alcohol and drug use. *Prevention Science, 7*, 52-61. doi: 10.1007/s11121-016-0680-1. PMID: 27450682; PMCID: PMC5030149.
- D'Amico, E. J., Dickerson, D. L., Rodriguez, A., Brown, R. A., Kennedy, D. P., Palimaru, A. I., Johnson, C., Smart, R., Klein, D. J., Parker, J., McDonald, K., Woodward, M. J., & Gudgell, N. (2021). Integrating traditional practices and social network visualization to prevent substance use: Study protocol for a randomized controlled trial among urban Native American emerging adults. *Addiction Science & Clinical Practice, 16*, 1-6. <https://doi.org/10.1186/s13722-021-00265-3>



Gone, J. P. (2023). Community mental health services for American Indians and Alaska Natives: Reconciling evidence-based practice and alter-Native psy-ence. *Annual Review of Clinical Psychology, 19*, 23–49. <https://doi.org/10.1146/annurev-clinpsy-080921-072950>

Hirschak, K. A., Nadeau, M., Vasquez, A., Hernandez, V. A., Smith, K., Pham, C., Oliver, K. A., Baukol, P., Lizzy, K., Shaffer, R., Herron, J., Campbell, A. N. C., & Venner, K. L. (2023). Centering culture in the treatment of opioid use disorder with American Indian and Alaska Native Communities: Contributions from a National Collaborative Board. *American Journal of Community Psychology, 71*(1–2), 174–183. <https://doi.org/10.1002/ajcp.12620>

Indian Health Service. (2019). Indian Health Service (IHS). Retrieved from <https://www.ihs.gov/>

Kennedy, D. P., D’Amico, E. J., Brown, R. A., Palimaru, A. I., Dickerson, D. L., Johnson, C. L., & Lopez, A. (2022). Feasibility and acceptability of incorporating social network visualizations into a culturally centered motivational network intervention to prevent substance use among urban native American emerging adults: A qualitative study . *Addiction Science & Clinical Practice, 17*, 1-19. <https://doi.org/10.1186/s13722-022-00334-1>

Komro, K. A., D’Amico, E. J., Dickerson, D. L., Skinner, J. R., Johnson, C. L., Kominsky, T. K., & Etz, K. (2022). Culturally responsive opioid and other drug prevention for american

indian/alaska native people: A comparison of reservation- and urban-based approaches. *Prevention Science*, 24, 588-598. <https://doi.org/10.1007/s11121-022-01396-y>

McKinley, C. E., Figley, C. R., Woodward, S. M., Liddell, J. L., Billiot, S., Comby, N., & Sanders, S. (2019). Community-engaged and culturally relevant research to develop behavioral health interventions with American Indians and Alaska Natives. *American Indian and Alaska Native Mental Health Research*, 26(3), 79–103. <https://doi.org/10.5820/aian.2603.2019.79>

Robbins, R. R., Stare, B. G., & Riggin, B. M. (2019). Through the diamond threshold: A community-based psycho-educational group training program for treatment of substance use disorders among American Indians. *American Indian and Alaska Native Mental Health Research*, 26(1), 79–105. <https://doi.org/10.5820/aian.2601.2019.79>

Tingey, L., Rosenstock, S., Chambers, R., Patel, H., Melgar, L., Slimp, A., Lee, A., Cwik, M., Rompalo, A., & Gaydos, C. (2022). Empowering our people: Predictors of retention in an STI risk reduction program among rural Native Americans with binge substance use. *The Journal of Rural Health*, 38(2), 323–335. <https://doi.org/10.1111/jrh.12589>