Issues Specific to Native Americans

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Considerations for Native Americans

• Recognize diversity between tribes
  • language, culture, and customs

• Research shows variations in patterns, beliefs, and interventions

• Generalizations are prone to significant clinical assessment and treatment implications

• Consider historical trauma, perception of medical advice, etc.

• Research has focused on “risk factors” versus “strength-based” focus

Some Ceremonial Uses of Tobacco

- Honor & welcome guests
- Purify the mind and/or heal the body
- Bless food crops & bless the hunt
- Give thanks to Mother Earth
- Communicate with the Spirits
- Peace treaties & agreements between tribes
- For storytelling
Healing & Medicinal Uses

• Protection from bad/evil spirits
• Relief for pains & aches such as headaches, earaches, toothaches
• Remedy for open wounds
• Bring balance to life
• Clarify thoughts
Information Related to Native Americans

- Limited access to tobacco control
- Lack of resources
- Poor public health infrastructure
- Lack of culturally relevant tobacco prevention and cessation services
Assessment

• Previous quit attempt(s)
• Previous relapse(s)
• Support
• Tribal meaning of tobacco
Treatment for Native Americans

- For which purpose or in what context is tobacco used?
- How frequently?
- What product is being used?
- What is the meaning of use?

“Counseling patients to quit smoking without understanding the cultural context may not only be ineffective, but also offensive and counter-productive.”

Other Assessment Issues

- Support
- Barriers/Challenges
- Coping Skills
Support Mechanisms for Native Americans

• Best support:
  • Family

• Biggest barriers:
  • Friends
  • Social situations
  • Stressors

Utilize E-P-E

• Elicit – “Is it okay if I express my concerns?”
• Provide – “What we know is…”
• Elicit – “What are your thoughts about that?”
Materials Tips

• “Government” looking brochures and pamphlets may be a turn-off
• Useful to have a lot of color and a lot of pictures
• Bullets vs. paragraphs
• Testimonials from other Natives
• No graphs or charts

Carl - “Our entire tribe is known for good genes. In fact, many people have commented on how healthy we are compared to other tribes. I’m not concerned about cancer.”

A. Reflective Listening followed by an open-ended question.

B. Open-ended question followed by a closed question.

C. Closed question followed by two open-ended questions.
Case Study - Jacy

• 39 year-old male

• Dr. referred him saying, “He must quit smoking because of his chronic bronchitis”

• Hx of 24 yrs of smoking, 2 1/2 ppd

• Four previous quit attempts on his own. Longest abstinence 1.5 days

• Refuses medication. Speaks of the addiction model as ‘evil.’ Believes nothing can control him.

• Uses tobacco as “smudge”
John - “I’m not interested in trying to quit. Smoking helps me relax, and I don’t have any health problems from it.”

A. “You really should reconsider because eventually you will have health problems if you don’t quit. It’s almost a guarantee that if you keep smoking, you will have problems from it.”

B. “One benefit you get from smoking is that it helps you relax, and since you’re not experiencing any health effects from tobacco, quitting isn’t a priority for you. Would it be okay with you if I expressed my concerns?”

C. “John, I can help you quit! There are a number of medications available, so please at least give it a try!”
Case Study - Sarah

• 32 year-old female
• Children and family are pressuring her to quit
• Hx of 17 yrs of smoking, 1 ppd
• Tried to quit with Nicorette Gum last year. Relapsed after two days
• Elders have always discouraged prescription medications. She is very leery of taking any medication for smoking cessation
• Recently lost 45 pounds and is very concerned about weight gain
Stacy – “I really do want to quit. I was able to quit once before for 2 years, so I know I can do it.”

A. Desire and Reason
B. Reason and Need
C. Desire and Ability
D. Desire and Taking Steps