Providing Culturally Sensitive Addiction Treatment for People of the Catawba Tribe

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According to the World Health Organization (WHO), approximately 60 million people struggled with opioid use in 2021. WHO further estimates that 125,000 people died from opioid overdose in 2019. The prevalence of opioid usage and related fatalities continues on an upward trend (WHO, 2023).

In the United States, the opioid epidemic is not affecting all populations equally. According to the 2021 National Survey on Drug Use and Health, Native Americans suffer the highest rates of substance use disorders compared to all other ethnic groups (Substance Abuse and Mental Health Services Administration (SAMHSA), 2022). In 2021, 28.7% of Native Americans needed treatment for substance use, but only 5.3% received treatment (SAMHSA, 2022). To combat the opioid epidemic, the North Carolina Opioid and Substance Use Action Plan calls for an increase in access to medication-assisted treatment (MAT) for people with opioid use disorders (North Carolina Department of Health and Human Services, 2023; Office of Disease Prevention and Health Promotion, 2022). The global aim of this project was to provide culturally sensitive addiction treatment for members of the Catawba Native American tribe through increasing the cultural awareness of the project partner's staff.

Background

The Catawba Native American tribe has over 3,300 members with modern tribal lands in York County. They are the only federally recognized tribe in South Carolina and have lived along the Catawba River for several thousand years (Catawba Indian Nation, n.d.). The partner for this DNP project was a not-for-profit medication-assisted treatment program that provides treatment for people in North Carolina and its surrounding counties. They utilize

buprenorphine medications in combination with therapy, counseling, spiritual support, and case management to help patients manage opioid use disorders.

A partial literature review was done to determine the best course of action for the project partner to reach their aim of providing culturally sensitive substance use disorder (SUD) treatment to members of the Catawba tribe. After analyzing themes, the method determined to best fit the partner's needs was to build and implement an educational intervention for the project partner's staff members with the goal of increasing staff's knowledge on providing culturally sensitive SUD treatment to members of the Catawba tribe.

Methods

The framework used for this project is Plan-Do-Study-Act (PDSA) (Agency for Healthcare Research and Quality, 2020). An electronic partial literature review was performed on 6/11/2023 using PubMed, CINAHL, and ProQuest. The limitations placed on the search were as follows: it was published within the past five years, English Language, and peer-reviewed. At the end of the search, seven total articles fit the inclusion criteria. After themes were compared, it was determined that cultural sensitivity training for staff members was the implementation that best met the project partner's needs. The University and Medical Center IRB prescreened the project and did not require an IRB review.

A PowerPoint presentation was built using current literature, Catawba tribal leader input, and images from the Catawba Cultural Division. Focus was placed on cultural humility and critical reflexivity (Curtis et al., 2019; Gonzalez et al., 2021; Shepherd., 2019; Wright., 2019). Cultural Trauma and the role it plays in addiction were also covered (Gone et al., 2019). Superficial stereotypes and oversimplifications of complex tribal belief systems were avoided as

they can have harmful effects by creating a sense of "otherness" and reinforcing stereotypes (Curtis et al., 2019; Lekas et al., 2020; Shepherd, 2019). Promotional flyers were placed in the employee break room. A pre/post-10-question survey was created. Each survey question could be scored 0-5. A higher score indicates a higher confidence in providing culturally sensitive care.

The Survey questions were:

1. My own values might affect my client.
2. A person's cultural identity is static.
3. My own implicit bias would never affect my clients.
4. Native Americans have a genetic predisposition to developing addiction disorders.
5. I understand the concept of trauma-informed care.
6. Historical trauma could affect my client's recovery needs.
7. I have the skills to provide culturally sensitive care for the Catawba population.
8. My own cultural identity may affect the way I deliver care to my clients.
9. Cultural competence is a lifelong process.
10. Native American persons have a similar risk of needing substance use disorder treatment as Caucasian persons.

Two separate 30-minute presentations were offered to accommodate staff members' schedules. Eighteen total staff members chose to participate. A variety of snacks and beverages were provided as an incentive to attend. A survey was given to staff members prior to the presentation and then again after the presentation was completed. For anonymous feedback, a QR code was generated and displayed at the end of the PowerPoint presentation and also

placed on flyers in the breakroom. Pre/ post-survey scores were compared and analyzed using Excel. A Word document was used to record anonymous feedback.

Results

A total of 18 team members participated in the educational intervention. The total combined pre-survey scores for all 18 participants were 566 out of 900. The total combined post-survey test scores were 829 out of 900. Total pre/post-survey results are shown in Figure 1. Each individual question score increased post-educational intervention. Individual Survey question data is shown in Table 1.

Figure 1

Total Pre/Post educational Intervention Scores

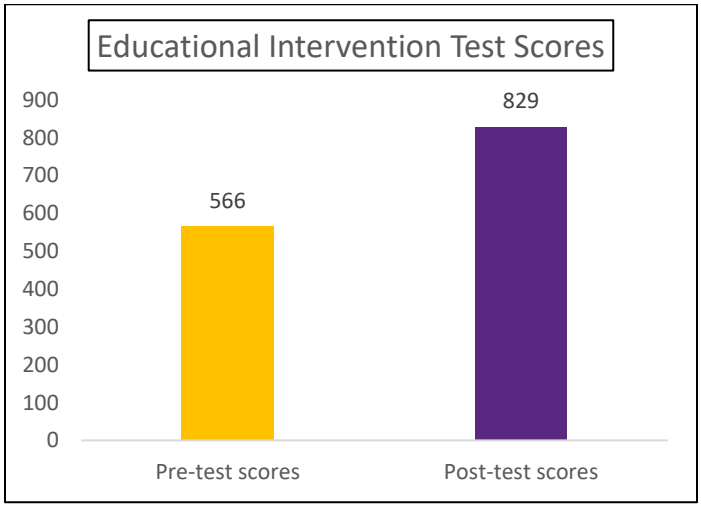

Table 1

Pre/Post Survey Question Results and Percentage improved

Survey Question #	Pre-survey Results	Post-Survey Results	Percentage Improved
# 1	54	86	59.30%
#2	52	75	44.20%
# 3	50	87	74.00%

# 4	55	79	43.00%
# 5	60	86	43.30%
# 6	58	86	48.20%
# 7	40	73	82.50%
# 8	59	89	50.80%
# 9	66	86	30.30%
# 10	72	82	13.90%

Three themes were consistent in the anonymous feedback: Staff better understood how culture shapes values and belief systems. Staff had an improved understanding of how historical trauma may impact the patient population. Staff felt better prepared to provide culturally sensitive care for the Catawba population. One participant wrote, “I understand better how trauma that happened generations ago might still negatively affect my patients today, and I can empathize with them a little better.” Another wrote, “I didn’t realize how much my culture impacted my interactions and expectations with my clients.”

Discussion

Survey scores improved 46.5% overall after the educational presentation. Individual survey questions showed varying levels of improvement. The most growth occurred in question 7, which asks the participants their confidence they have the skills to provide culturally sensitive care to the Catawba population. Other marked growth was noted in questions 1, 3, and 8. These questions deal with cultural sensitivity and personal bias.

Themes noted from anonymous feedback indicated that staff felt more confident in their ability to provide culturally sensitive care and had an improved understanding of how culture affects both themselves and the patients.

Barriers to this project include the small scale of the group receiving educational intervention. Although there was nearly 100% teammate participation, there were only 18 total participants. The small population size makes determining the clinical significance of results difficult. In addition, developing a program appropriate and meaningful for a wide diversity of interprofessional teammates was challenging. This education targeted the team as a whole, including doctors, social workers, counselors, IT personnel, office managers, toxicology and laboratory experts, compliance officers, and other directors with a variety of educational and experience backgrounds.

Staff training is only the foundational step to providing culturally sensitive addiction treatment. Current literature recommends that once teammate training is completed, the next step is to build meaningful partnerships with tribal leaders. These partnerships can lead to educational opportunities for tribal members, offering treatment plans that incorporate Native American aspects, or incorporating MAT into already existing tribal treatment programs. Resources need to be dedicated to building and implementing the next steps (Behavioral Health Services for American Indians and Alaska Natives., 2019; Richer & Roddy., 2023; Wright., 2019).

Conclusion

Providing culturally sensitive addiction treatment improves treatment outcomes, including sustained sobriety and improved retention rate in the program. It also increases access to evidence-based treatment as Native American patients are more likely to enter medication-assisted treatment for substance use disorder if providers offer culturally sensitive care (Burlew et al., 2013; Hartmann et al., 2022; Richer & Roddy, 2022). Based on findings from the literature review, it was decided that cultural sensitivity training for interdisciplinary staff

would be the foundational step for the project partner to achieve their goal of providing culturally sensitive SUD treatment. Although the small sample size presents challenges in determining the clinical significance of these findings, data analysis suggests that this intervention successfully increased staff members' knowledge of how to provide culturally sensitive care to their patients.

References

Agency for Healthcare Research and Quality. (2020). Plan-Do-Study-Act (PDSA) Directions and Examples. U.S. Department of Health and Human Services. https://www.ahrq.gov/health-literacy/improve/precautions/tool2b.html#:~:text=The%20Plan%2DDo%2DStudy%2D,on%20it%2C%20and%20testing%20again.

Behavioral Health Services for American Indians and Alaska Natives. (2019). Treatment Improvement Protocol (TIP) 61. The Substance Abuse and Mental Health Services Administration (SAMHSA). U.S. Department of Health and Human Services. TIP 61: Behavioral Health Services for American Indians and Alaska Natives | SAMHSA Publications and Digital Products

Burlew, A. K., Copeland V. C., Ahuama- Jonas, C., & Calsyn D. A. (2013). Does cultural adaption have a role in substance abuse treatment?. Social Work Public Health. 28(0), 440-460. DOI: https://doi.org/10.1080/19371918.2013.774811

Catawba Indian Nation. (n.d.). About the nation. https://www.catawba.com/about-the-nation

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. International Journal for Equity in Health. 18(174). DOI: https://doi.org/10.1186/s12939-019-1082-3

Gone, J. P., Hartmann, W. E., Pomerville, A., & Wendt, D. C. (2019). The impact of historical trauma on health outcomes for Indigenous populations in the USA and Canada: A

systematic review. American Psychologist, 74(1), 20-35. DOI: https://doi.org/10.1037/amp0000338

Gonzalez, C. M., Lypson, M. L., & Sukhera, J. (2021). Twelve tips for teaching implicit bias recognition and management. Med Teach. 43(12), 1386-1373. DOI: https://doi.org/10.1080/0142159X.2021.1879378

Hartmann, W. E., Wendt, D. C., Burrage, R. L., Pomerville, A., & Gone, J. P. (2020). American Indian historical trauma: Anti-Colonial prescriptions for healing, resilience, and survivance. American Psychology 74(1), 6-19. DOI: https://doi.org/10.1037/amp0000326

Lekas, H., Pahl, K., & Lewis, C.F. (2020). Rethinking cultural competence: Shifting to cultural humility, Health Services Insights, 13(1-4). DOI: https://doi.org/10.1177/1178632920970580

North Carolina Department of Health and Human Services. (2021). North Carolina's opioid and substance use action plan, version 3.0. The Opioid and Prescription Drug Abuse Advisory Committee. https://www.ncdhhs.gov/nc-osuapopioid-and-substance-use-action-plan-3010192021/download?attachment

Office of Disease Prevention and Health Promotion (ODPHP). (2022). Healthy People 2030, Increase the proportion of people with substance use disorder who got treatment in the past year — SU-01. US Department of Health and Human Services. Increase the proportion of people with a substance use disorder who got treatment in the past year — SU-01 - Healthy People 2030 | health.gov

Richer, A. & Roddy, A.L. (2022). Opioid use in Indigenous populations: Indigenous perspectives and directions in culturally responsive care. J Soc Work Pract Addict, 22(3), 255-263. DOI: https://doi.org/10.1080/1533256X.2022.2049161

Richer, A. M. S. & Roddy, A. L. (2023). Culturally tailored substance use interventions for Indigenous people of North America: A systematic review. J Soc Work Pract Addict, 18(1), 60-77. DIO: https://doi.org/10.1108/JMHTEP-07-2021-0088

Shepherd, S. M. (2019). Cultural awareness workshops: Limitations and practical consequences. BMC Medical Education 19(14). https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-018-1450-5

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). Highlights by Race/Ethnicity for the 2021 National Survey of Drug Use and Health (NSDUH). U.S. Department of Health and Human Services. https://www.samhsa.gov/data/sites/default/files/202212/2021NSDUHFFRHighlightsRE123022.pdf

World Health Organization (WHO). (2023). Opioid Overdose. https://www.who.int/news-room/fact-sheets/detail/opioid-overdose

Wright, P. (2019). Cultural humility in the practice of applied behavior analysis. Behavioral Analysis in Practice. Behavioral Analysis in Practice. 12(4), 805-809. DOI: https://doi.org/10.1007/s40617-019-00343-8