



Addiction Awareness and Education

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Behavioral Health Services and Salt River Schools

Partnership as Prevention



Development of Partnership

- ▶ Education Administration determined there was a need.
- ▶ Structure of Services
- ▶ Benefits of Integration



Structure

- ▶ 3 SRP-MIC BHS counselors are based at Salt River Schools
 - ▶ 2 at Salt River Elementary School
 - ▶ 1 at the Accelerated Learning Academy
- ▶ Clients assigned to these counselor are nearly exclusively students enrolled at perspective schools; exceptions are students identified at the Early Childhood Education Center



Benefits of Integration

- ▶ Allows for more contact
- ▶ Real time collection of collateral information from teachers
- ▶ Ideally supporting the process of prevention/early intervention
- ▶ Reduction of Attrition
- ▶ Improves consistency in attendance of sessions
- ▶ Supportive of coordination of care with community resources
- ▶ Wrap Around services with multidisciplinary teams and families



Defining the “Why”

- Adverse Childhood Experiences
- Trauma Related Coping Mechanisms
- Counseling in Schools

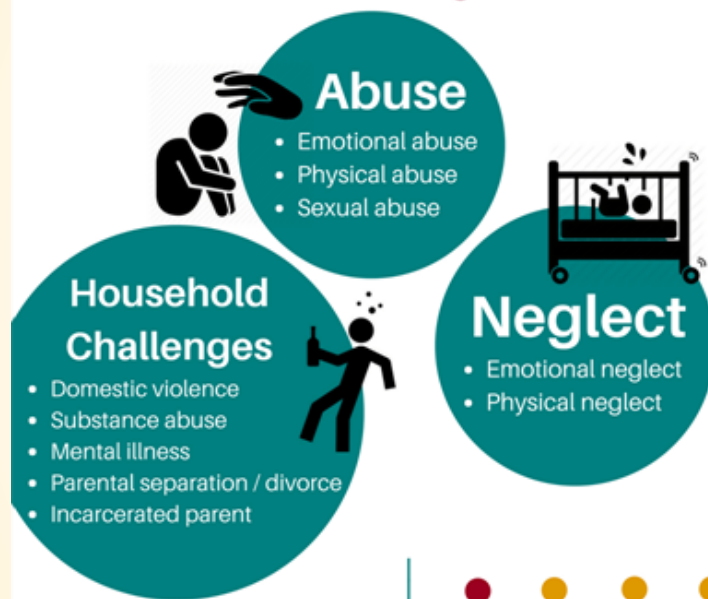


- It is estimated that about 75% of children with emotional and behavioral disorders do not receive specialty mental health services. (1)
- In any given year, about 5% to 7% of adults have a serious mental illness, according to several nationally representative studies. A similar percentage of children – about 5% to 9% – have a serious emotional disturbance. These figures mean that millions of adults and children are disabled by mental illnesses every year. (2)



Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing



People with 6+ ACEs can die

20 yrs

earlier than those who have none



1/8 of the population have more than 4 ACEs



www.70-30.org.uk
@7030Campaign

70/30 CAMPAIGN: EMPOWERING COMMUNITIES TO PROTECT OUR CHILDREN

4 or more ACEs

3x the levels of lung disease and adult smoking



11x the level of intravenous drug abuse



14x the number of suicide attempts



4x as likely to have begun intercourse by age 15

4.5x

more likely to develop depression



2x

the level of liver disease

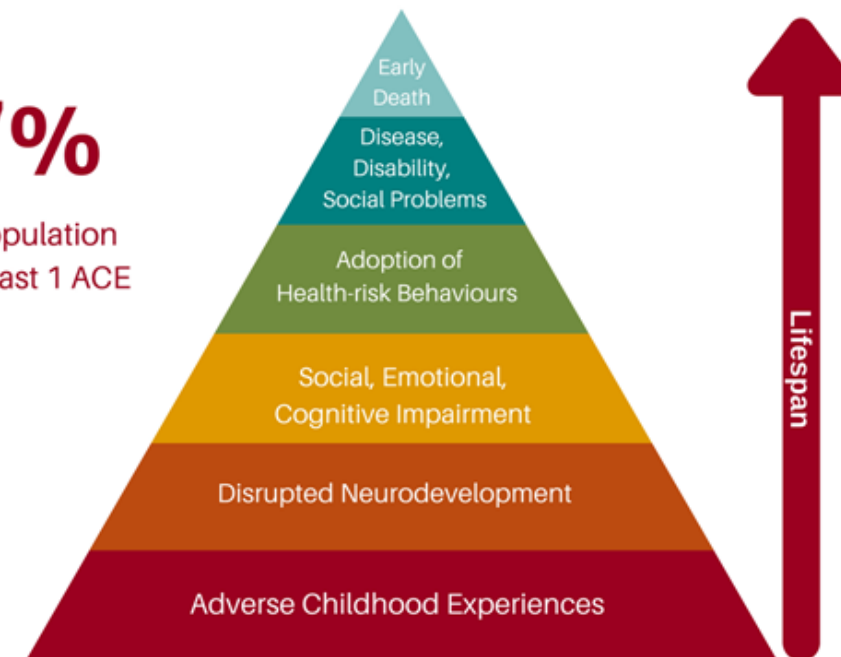


“ Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today ”

Dr. Robert Block, the former President of the American Academy of Pediatrics

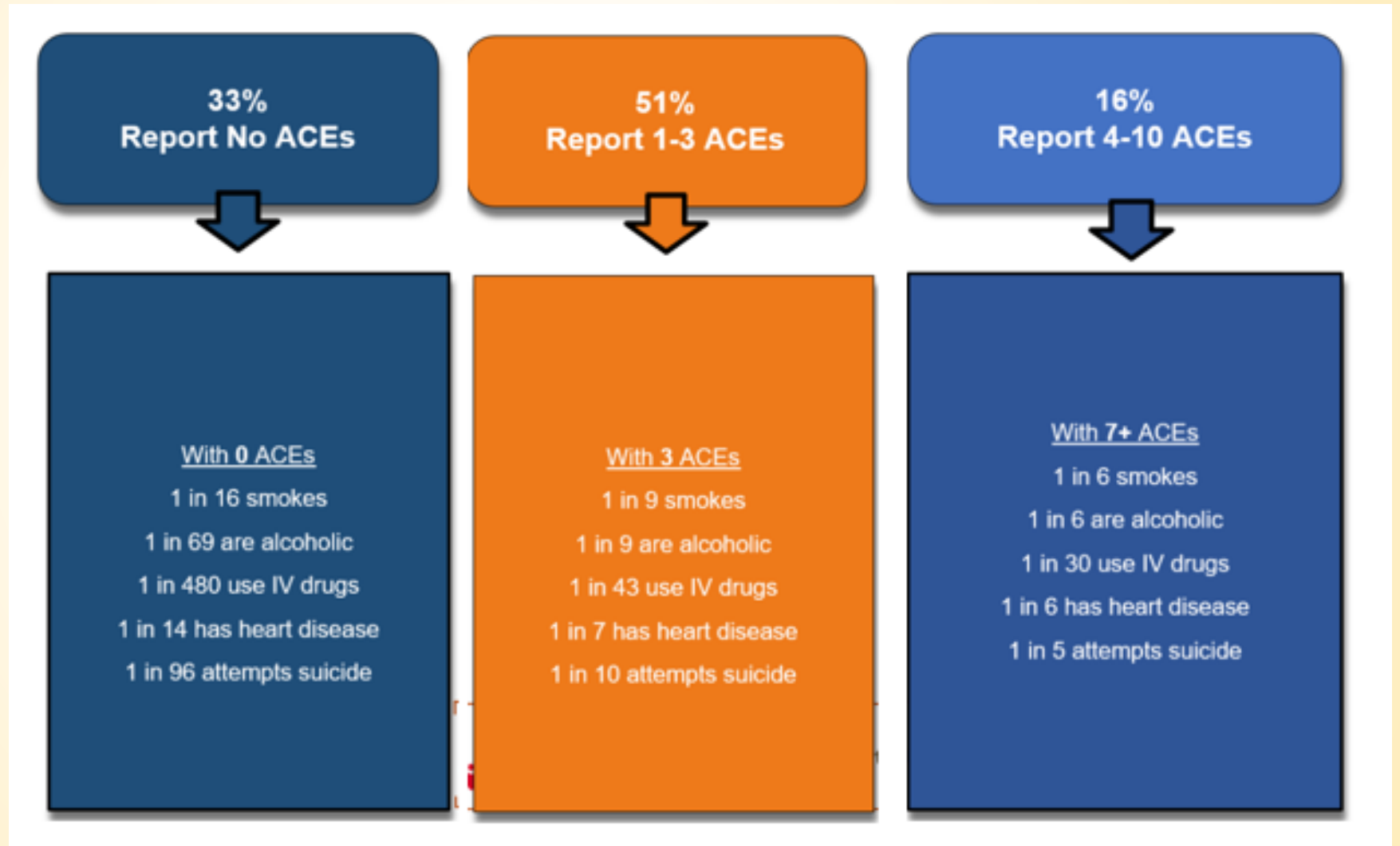
67%

of the population have at least 1 ACE





ACEs





- ▶ Looking at data from over 17,000 patients in a California HMO, they found that patients with greater than 4 ACEs were at increased risk for a variety of serious problems: “4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health,...and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity.” (3)
- ▶ In 2009, an estimated 3.1 million person aged 12 or older used an illicit drug for the first time within the past 12 months. A majority of these past year illicit drug initiates reported that their first drug was marijuana (59.1%). Nearly one third initiated with psychotherapeutics (28.6%, including 17% with pain relievers, 8.6% with tranquilizers, 2% with stimulants, and 1% with sedatives). A sizable proportion reported inhalants (9.8%) as their first illicit drug, and a small proportion used hallucinogens as their first drug (2.1%). (4)



Counseling in Schools

- ▶ In 2006, 5% of children ages 4–17 were reported by a parent to have serious difficulties with emotions, concentration, behavior, or being able to get along with other people. Among the parents of children with serious (definite or severe) difficulties, 84% reported contacting a healthcare provider or school staff about their child's difficulties, 49% reported their child was prescribed medication, and 44% reported their child had received treatment other than medication. (5)



- ▶ Studies on high school attrition indicate that preventive counseling, occurring before students are in crisis, reduces the risk of these students dropping out later. (6)
- ▶ Health and mental health care services can play an important role in violence prevention at all levels (primary, secondary and tertiary), including preventing problem behaviors from developing; identifying and serving specific, at-risk populations; and reducing the deleterious effects of violence on victims and witnesses. (7)



Resources

- ▶ www.NumberStory.org
- ▶ The Adolescent Brain: www.youtube.com/watch?v=0O1u5OEc5eY
- ▶ Trauma and Young Children:
[www.https://www.youtube.com/watch?v=s31HdBeBgg4](https://www.youtube.com/watch?v=s31HdBeBgg4)
- ▶ How childhood trauma affects health across a lifetime | Dr. Nadine Burke Harris: <https://www.youtube.com/watch?v=95ovIJ3dsNk>
- ▶ Adverse Childhood Experiences among American Indian/Alaska Native Children: The 2011-2012 National Survey of Children's Health:
<https://www.hindawi.com/journals/scientifica/2016/7424239/>
- ▶ National Indian Health Board: Information Hub: Adverse Childhood Experiences (ACEs) in Indian Country; <https://www.nihb.org/aces-resource-basket/>



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- ▶ Substance Abuse and Mental Health Services Administration. (2010). *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings*. (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD. Available at <http://www.oas.samhsa.gov/NSDUH/2k9NSDUH/MH/2K9MHResults.pdf>. (3)



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- ▶ Federal Interagency Forum on Child and Family Statistics. *America's Children in Brief: Key National Indicators of WellBeing, 2008*. Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office. Available at http://www.childstats.gov/pdf/ac2008/ac_08.pdf. (5)



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- Hermann, M. A. & Finn, A. (2002). An ethical and legal perspective on the role of school counselors in preventing violence in schools. *Professional School Counseling*, 6(1), 46-54; and Commission for the Prevention of Youth Violence. (2000). *Youth and Violence*. (7)



Youth Services- Prevention and Education Efforts



Youth Services Department

- We serve youth ages 4-18 and their families.
- There are 4 core areas of focus for our programs:
 - 1. Culture
 - 2. Education
 - 3. Social & Mental Health
 - 4. Physical Health & Wellness
- There are 4 Divisions under Youth Services
 - **Early Enrichment Program-** Pre-K program that serves youth ages 4 & 5, focused on Kindergarten readiness.
 - **Afterschool Program-** Serves youth in grades K-12th, provides program focused on 4 core areas
 - **Boys & Girls Club-** Serves youth in grades K-12th, Lehi & Red Mountain branch.
 - **Young River Peoples Council-** For youth ages 12-24, focused on leadership development and Community engagement (IP)



Safety 1st



- Safety First: Real Drug Education for Teens” is the U.S.’s first harm reduction-based drug education curriculum for high school educators. It adheres to research-based prevention and drug education principles while equipping teens to make safer choices about drug use.
 - Developed by Drug Policy Alliance www.drugpolicy.org
 - Consists of 15 courses, each 45-50 minutes
 - Adaptable for educators
 - Includes evaluation tools for efficacy
- A useful model for envisioning safety-oriented drug abuse prevention.
- **Prioritizing Safety:** This effective, comprehensive, reality-based prevention strategy can provide a model for restructuring our drug education and prevention efforts that will result in survivability and healthier teens.



Safety 1st



- ▶ **Honest, Science-Based:** Students often request the real facts about drug use to help them make responsible decisions.
- ▶ **Understanding Consequences:** Teens must understand the consequences of violating school rules and local, state, federal and tribal laws against use, possession, and sale of drugs and alcohol.
- ▶ **Importance of Moderation:** Recognizing irresponsible behavior when it comes to place, time, dose levels and frequency of use.
- ▶ **Prioritizing Safety:** This effective, comprehensive, reality-based prevention strategy can provide a model for restructuring our drug education and prevention efforts that will result in survivability and healthier teens.



Native Spirit

- NS examines the relationship between involvement in culturally based afterschool program and resiliency, self esteem, cultural identity and *substance use behaviors* (2020).
- Introduced to the Community in 2019, first piloted with Boys & Girls Club.
- Each session is facilitated by cultural knowledge holder from the Community
- Currently running with our Teen programs for Spring 2022 session, 10 sessions. Normally 14 sessions per semester.
- Worked with Community Advisory board to adapt curriculum to reflect values of O'Odham & Piipaash.



Language session, Spring 2020



Native Spirit

- Youth self report increases in self-esteem, cultural identity and resiliency.
- The purpose of connecting youth with members in their own Community has been successful.
- Reinforcing what we already know, culture is a strong protective factor for youth.
- Looking forward- expanding NS to younger youth and eventually adding component for their family to join as well.





Questions? Contact information:



- Mikah Carlos, Assistant Director of Youth Services Dept.
- Ph: (480) 362-6861, Cell: (480) 457-0196
- Email: mikah.carlos@srpmic-nsn.gov
- Located at Way of Life Facility, 2nd floor, Youth Services Suite
 - 11725 E. Indian School Rd, Scottsdale, 85256



Native STAND

Students Together Against Negative Decisions

Ms. Vurlene Notsinneh-Bowekaty, BS
Community Health Educator
DHHS Prevention & Intervention Services



Native STAND...

Native STAND is a comprehensive sexual health curriculum for Native high school students that focuses on sexually transmitted infections, HIV/AIDS, and teen pregnancy prevention, while also covering drug and alcohol use, suicide, and dating violence. Twenty-seven sessions support healthy decision-making through interactive discussions and activities that promote diversity, self-esteem, goals and values, team building, negotiation and refusal skills, and effective communication.



The Native STAND Journey



Participating in the Native STAND program is like a journey along a path, where students learn important things about themselves and others.

- Who am I? What do I know? What's important to me?
- What is a healthy relationship? Am I in one now? How can I have one?
- How can I talk to others about protecting themselves from STD's, HIV, and pregnancy?
How do I protect myself?
- How can I help my peers make good decisions?



Unit Breakdown

Unit 1: Learning About Ourselves & Each Other	Welcome & Introduction Team Building
Unit 2: Our Cultures, Diversities, & Future	Acting Out, Cultural & Tradition, Honoring Diversity & Respecting Differences
Unit 3: Our Relationships & Goals	Our Values, Healthy Relationships I & II, Goal Setting
Unit 4: Reproductive Health Risk Reduction Strategies	Sexual & Reproductive Health I & II, Downside of Hooking Up
Unit 5: Sexual Health Risks & Protection	Condoms & Contraception, Sexual Transmitted Infections, HIV/AIDS
Unit 6: Self-Care & Community Care	Taking Care of the Whole Person, Drugs & Alcohol, Stand Together



Number of Students Who Have Completed the Native STAND Program

- Youth Services: 18
- Lehi Boys & Girls Club: 7
- Social Services LEARN Program: 6
- Recreation Afterschool Program: 8
- SR Accelerated Learning Academy: 45

Students at ALA are currently earn credit & grade for this class.



Vurlene Notsinneh-Bowekaty, BS

Community Health Educator

DHHS Prevention & Intervention Services

vurlene.notsinneh-Bowekaty@srpmic-nsn.gov

480-362-2706



DHHS Prevention & Intervention Services – Health Education



- Who are we and where are we located?
Community Health Educators

- ▶ Vurlene Notsinneh-Bowekaty, B.S. 480-362-2706
- ▶ Melanie Nosie, MSW, LMSW 480-362-6678
- ▶ Manager: Susan Nayatewa, MSW 480-362-5616

Central Intake Services

10241 E. Osborn Rd.

Scottsdale, AZ 85256

Phone: 480-362-7350 Fax: 480-362-5573



Outreach & Awareness Events involved in:

Specific Awareness & Prevention Months are recognized throughout the year such as:

- ▶ Sexual Assault Awareness Month
- ▶ Teen Dating Violence Month
- ▶ Mental Health Awareness Month
- ▶ Domestic Violence Awareness Month
- ▶ Suicide Prevention/Awareness Month
- ▶ Next year Native American HIV/AIDs Awareness Month will be added to our calendar.



What services do we provide?

Health Education Groups/Classes provided:

- Domestic Violence Prevention/Awareness
- Teen Dating Violence
- Healthy Relationships
- Sexual Assault Prevention/Awareness
- Suicide Prevention/Awareness
- Mental Health Awareness – Break the Stigma
- HIV/STI Education
- Hoarding
- General Mental Health Education; self-care, healthy communication.



Continued services provided:

1. Variety Health Education Webinars
2. Zoom Meetings/Groups upon request or in recognition of awareness months.
3. Ribbon distribution for specific events.
4. Glow Walk – Suicide/Domestic Violence Prevention/Awareness
5. Drive-thru Health Education
6. Native Stand Education
7. Anger Management via SAMSHA Curriculum



What is the process in requesting health education?

1. Call or email:

Vurlene 480-362-2706, vurlene.notsinneh-bowekaty@srpmic-nsn.gov

Melanie 480-362-6678, melanie.nosie@srpmic-nsn.gov

2. Fill out the Health Education Request Form & submit to Vurlene or Melanie.
(Form is available upon request at symposium.)