



# THE PEOPLE AWAKENING PROJECT

DISCOVERING  
ALASKA NATIVE  
PATHWAYS TO  
SOBRIETY

FINAL  
REPORT  
2004

We wish to thank the communities and individuals who participated in the People Awakening Project. We are appreciative and humbled by your generosity and your courage, in sharing your personal sobriety stories and participating in our surveys, for the benefit of others. We also thank all who contributed, including our tribal partners, who approved our research, and our university partners, which includes the support of our colleagues in the Department of Psychology. The staff at the National Institute for Alcohol Abuse and Alcoholism of the National Institutes of Health provided much needed advice and facilitated two supplements for the project. The National Center for Minority Health Disparities provided funding along with the National Institute for this project. The findings in this report are the findings of the People Awakening Project, and do not necessarily reflect the opinions or endorsement of our partners.

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# THE PEOPLE AWAKENING PROJECT

DISCOVERING  
ALASKA NATIVE  
PATHWAYS TO  
SOBRIETY

The People Awakening Project was created by a group of Alaska Native community members and University of Alaska researchers in response to the *Anchorage Daily News* “People in Peril” series. Many people in Native communities no longer wanted to hear only of lives in peril. They wanted to hear stories of hope and success. Our group wanted to look at sobriety, and not just alcohol abuse. Our guiding question was, “How do Native people live ‘clean’ and sober lives?” If we knew more about the pathways to sobriety, treatment and prevention programs could use this knowledge of what works for Alaska Natives who are living a healthy life.

The project had two aims. The first was to study the life stories of Alaska Natives living a life of sobriety. We wanted to discover what protected people from alcohol abuse and what helped others *recover*. The People Awakening Project collected over 100 life stories throughout the state. The second aim was to develop interviews from what we learned in the life stories. We wanted to see if we could measure these protective and recovery factors in people’s lives.

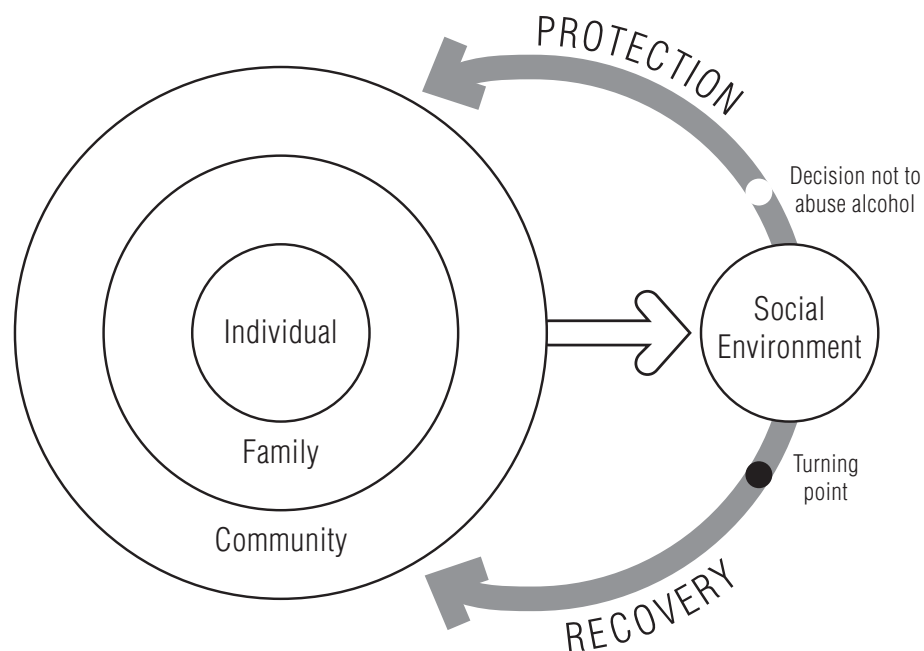


## Protection from alcohol abuse

We found much strength in Alaska Native communities, families, and individuals. But importantly, we came to understand how it required community, family, and individual strengths working together to create settings *protective* from alcohol abuse. We discovered protective *individual characteristics* learned as a young person were an awareness of life goals, a belief in the ability to meet these goals, and a sense a person meets goals through the help of family and neighbors. Life stories also told of *family* and *community characteristics*



that protected children from bad things happening, from *exposure to trauma*. These individual, family, and community characteristics contributed to a *social environment* for youth filled with sobriety role models, rules for sober behavior, and positive, sober peer influences. Support from family and community was particularly important if exposure to trauma occurred. This support was especially critical during the time many young people first tried drinking, a time alcohol researchers call *experimental substance use*. This combination of individual, family, and community characteristics, along with a sober social environment, lead to a decision not to drink to get drunk, or for many Native people, not to drink.



## Recovery from alcohol abuse

Our understanding of many Alaska Natives' *recovery* from alcohol abuse is a five-stage process. In the life stories of Alaska Natives who recovered from alcohol abuse, a person described *problem drinking*. Then most began *thinking it over*—thinking hard about what alcohol had done to their lives—and started *experimenting with sobriety*. This involved not drinking for longer and longer periods. Many also could identify a *turning point*, a life-changing event, realization, or awakening, after which they never drank again. After stopping, people described their sobriety very differently over time. In *Stage One Sobriety*, people described coping with an urge to have a drink. Then, for many, things changed and it was no longer a struggle not to drink. Instead, a life not dominated by alcohol felt like “life as it is meant to be lived.” We call this *Stage Two Sobriety*.

## Measures of sobriety pathways

We developed interviews from the life stories where people could rate the presence of these protective and recovery factors in their lives. We interviewed 252 Alaska Native people living in the Yukon-Kuskokwim Delta to test which of these interview measures worked. Seven interview measures passed this testing, including measures of

- *recovery factors* from alcohol abuse
- *protective factors* from alcohol
- a person's *social network*—the number of people one could depend on for help and support during youth
- Alaska Native *cultural practices*
- three measures of *alcohol consequences*—the negative effects of alcohol in a person's life



These measures can be used for planning prevention and treatment efforts with Alaska Natives.

We are sharing what we learned in a number of ways. We have put together an interactive computer CD for youth. The CD has audio recordings selected from 20 of the sobriety life stories, with accompanying photos from many of the storytellers' lives in Alaska.



The CD also contains an interactive graphic that explains the pathway to sobriety using the image of a river. A person can click on different parts of this river and listen to life stories in the storyteller's own words explaining that part of the sobriety journey. A companion booklet tells 39 more life stories through story, quotes, and pictures. These are all part of our report to our tribal partners. We think these might also be useful to Alaska Native youth who want to learn more about choices about alcohol, and for Alaska Native people who are in alcohol treatment. We also publish our findings in scientific journals read by alcohol treatment professionals, researchers, and policy makers, present to professional meetings and workshops, and are available to speak to community groups or tribal organizations. We hope these life stories make a difference.

Through the life stories in the People Awakening Project, we learn the family, the community, and the individual, working together, are all necessary to foster Alaska Native sobriety. We learn the social environment adults provide youth is critical to sobriety, especially when bad things happen to young people. Finally, we learn that though many people might say you have to recover from alcohol for yourself, and not for someone else, Alaska Native people often describe their decision for sobriety came out of a responsibility to youth, elders, parents, and community—a responsibility to others.

The People Awakening Project (1RO1 AA 11446-03) was funded by the National Institute of Alcohol Abuse and Alcoholism and the National Center for Minority Health Disparities.



# FINAL REPORT

## The People Awakening Project: Discovering Alaska Native Pathways To Sobriety

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Alcohol abuse has devastating health and social consequences for many Alaska Natives. Cirrhosis death rates for Alaska Natives were 18.7 per 100,000, in contrast to the U.S. baseline of 9.6, and alcohol is linked to 72% of suicides among Alaska Native males age 15-24—a group with a suicide rate 14 times the national rate (Alaska Department of Health & Social Services, 2002). Further, of the 801 deaths attributable in a two-year period to alcohol in Alaska, 36% were Alaska Natives, despite Native people representing only 17% of the state population (Landen, 1996). In contrast to the alarming statistics, scant literature exists on the significant numbers of Alaska Natives who do not abuse alcohol. In addition, one of the last large research studies of alcohol use in Alaska—the Barrow Alcohol Study—ended in significant conflict (Manson, 1989), and enormous suspicion persists that researchers will violate the trust of Native communities. The focus on high rates of alcoholism and its consequences in research and media has contributed to a dominant narrative (Rappaport, 2000) imposed on the Alaska Native community identity that suggests Native people who drink are alcoholic, abuse is inevitable, and sobriety rare. The Alaska Federation of Natives Sobriety Movement is one example of a grassroots movement within the Alaska Native community seeking to counter these perceptions and to foster sobriety.

The People Awakening Project was conceived by a small group of University researchers and Native community members in response to the “People in Peril” series produced by the Anchorage Daily News. This group was interested in doing the research that highlighted the resilience of Alaska Natives in the face of alcohol abuse. Many people in the local Native communities no longer wanted to hear only of their lives being in peril; they wanted examples of lives of hope and success. They wanted to know how people maintained sobriety. They knew that there were those who could drink and not abuse alcohol, and those who never touched alcohol. The guiding question was, “How do Native people negotiate and live sober and ‘clean’ lives?” Each person said that if we knew more about the natural course of sobriety then we could begin to plan treatment or prevention to maximize those things that

actually worked for Alaska Natives in living a healthy life. Many Alaska Natives define sobriety as including people who abstain from alcohol or engage in non-problem alcohol use, as well as those in recovery from alcohol abuse. The People Awakening (PA) adopted this definition (Hazel & Mohatt, 2001).

A long process of working together to formulate a research project that would answer this question began and has continued. The faces of the people who guided the project have changed, but the motivation has remained the same. When we finally received funding from the National Institutes of Health/National Institute of Alcohol Abuse and Alcoholism and the National Center for Minority Health Disparities, we had developed a fundable research project for three years that actually took years to complete. We are now beginning to share the results.

PA (1R01 AA 11446-03) had two purposes: the first (Phase I) was to complete a qualitative study, whose research objective was discovery oriented, and whose specific aim was identification of protective and recovery factors in Alaska Native sobriety. Results were used to develop a model of protective and recovery factors, and measures based on these factors. The second research objective of the study (Phase II) was to pilot these measures to see how they captured and represented these factors.

PA conducted research in urban and rural areas throughout Alaska during Phase I. The interviews were held in villages and regional hub towns associated with specific tribal areas. The Phase II research occurred entirely within the Yukon Kuskokwim Delta of Southwestern Alaska with Yup'ik Eskimo participants. This tribal group was selected because it is the largest group and is linguistically the most intact of tribal communities in Alaska.

### Phase I

During Phase I, 152 volunteers were selected, of whom 101 were interviewed. Participants were distributed across tribal group affiliation (Aleut/Alutiiq—20, Athabascan—18, Inupiaq—20, Tlingit/Haida/Tsimshian—17, Yup'ik/Cup'ik—26), and three sobriety types: lifetime

abstainer–15 (LA), nonproblem drinker–28 (NP), and greater than five years abstinence following problem drinking–58 (5+). There were 56 females and 45 male participants. Mean age was 48 with participants ranging in age from 21 to 82. Consultants from the respective tribal communities, the regional nonprofit corporations, area health service providers, and other Native political organizations nominated individuals for participation, who then nominated others. Additionally, radio shows, advertisements, and newspaper articles solicited volunteers. All participants received a life history interview that was either open-ended or semi-structured. Interviews lasted between 1.5 hours and 9 hours, depending on the type of interview, age of participant, and skill of interviewer. Interviews were verbatim transcribed, reviewed by the interviewer, then, in the case of the open-ended interviews, the transcript was mailed to and reviewed by the participant for accuracy, additions, or changes.

The team submitted a sample of transcripts to the PA Coordinating Council. The co-researcher role of this Council, which includes members of all five Alaska Native tribal groups interviewed by the project, is described elsewhere (Mohatt et al., in press). The Council collectively open-coded five transcripts from participants selected from all three sobriety groups; Council members coded the transcript of a participant from their own cultural group. The Council convened to discuss their coding and address specific research team questions; such as, were there important culture-specific elements of the pride or praise for young people that emerged as a protective element in the sobriety life stories? Comparison of the coding and domains generated by the Council with those of the research team displayed high levels of consistency, along with some divergences. The cultural auditing process moved the team forward in understanding the narratives from a more culturally grounded perspective.

## Preliminary Findings from Phase I

Findings of the qualitative phase are summarized in two parts. The first presents protective factors and the second presents recovery factors.

### A MODEL OF PROTECTIVE FACTORS AMONG ALASKA NATIVES

PA developed a model from the qualitative analyses that describes protective factors, pathways, recovery factors, and a model pathway for recovery.

Protective *community characteristics* (CC) were

described by participants to include communities that possessed attributes such as positive adult role models, rites of passage in which one had the opportunity to contribute to the community, limit setting on alcoholic behavior, and provision of safe places for children. One lifetime abstainer described how: *“We all grew up with five or six different families that you were close with, and that you saw. So we had an extended family. And they, if you were out, or doing something there’s always people who knew what you were up to, so if you chose to do something wrong then you knew darn well that your mom and dad were going to know about it when you got home.”*

Protective *family characteristics* (FC) included important elements of a close relationship with parents. This consisted of a parental teaching role, provision of an environment that was safe and where abusive alcoholic behavior was not tolerated, and modeling of sobriety. Expression, often in culture-specific ways, of affection and praise, and of specialness of the child, along with the transmission of cultural expectations and values were important. One participant described the force of these factors: *“My mother never, ever drank in her life. And she was always the most steady, the steadying influence on me, and probably my sisters. I would say she’s probably the guide through everything. Not only in sobriety, but in our culture, and everything. You know, she was just there, doing things with us.”*

The protective factor of *individual characteristics* (IC) refers to characteristics of the person, including wanting to become a role model; giving to others by contributing to the community in both material and less tangible, more interpersonal ways; belief in oneself as someone of value and potential; and awareness of consequences of one’s behavior and of interconnection, described by the Yup’ik as *ellangneq*. One participant described how this awareness suddenly came upon him, dramatically changing his life: *“I was ten years old and I went out to pick berries, I really enjoyed that because I got to get away from everybody and... I felt I was being productive. And I just remember picking berries and deciding at the age of ten that I’m not going to drink. I don’t want to live that life, I don’t want to have the same issues that I grew up with for my own children. I just didn’t want that life. (...) I can remember that day like it was yesterday. And I have no idea why at such a young age I decided that. I just decided that, and since then it’s been hard.”*

In the narratives, *individual characteristics* fostered qualities in the youth that included awareness of life goals, self-efficacy, and a wider sense of communal efficacy. *Family* and *community characteristics* protected children from *trauma exposure* (TR) and contributed



to a *social environment* (SE) that included sobriety role models, norms, and peer influences, and support should trauma exposure or crisis occur, particularly during a phase of *experimental substance use* (ESU). A participant described his experience with ESU in this way: “As I got back to Fairbanks, I started drinking, just having more often. (...) But it’s one of those things, as soon as I thought that I was building some kind of bad habit, you know, I started doing three beers a night or something, then I just—it’s just like something went off, and I said, you know, this is not what I want. And it wasn’t like I was getting really high or anything; it’s just that I didn’t want to get into any kind of rhythm. And so I just pretty much quit for a couple weeks or so and it’s really nice that whatever addiction is there is not really there yet.”

*Experimental substance use* (ESU) in most narratives culminated in a period of *thinking over* (TO) one’s life. All narratives described a *turning point*, (TP) of a conscious decision, typically as an outcome of a reflective process, to not drink or to drink responsibly. Some individuals who engaged in ESU additionally described not liking the taste or the feeling of alcohol, or pointed to episodes of losing control while drinking. Such episodes at times triggered memories of alcohol-related trauma from the person’s own childhood, initiating TO and TP.

#### ELABORATING THE PROTECTIVE PROCESS

Community and family protective characteristics appeared to be related to limited exposure to alcohol and alcohol-related trauma, or moderated the negative impact of traumatic experiences. Additionally, they were reciprocally influenced by the complexity and intactness of the social environment (SE) and by the frequency and severity of trauma. They also fostered individual protective characteristics such as sense of mastery, awareness, and a sense of responsibility to family and community.

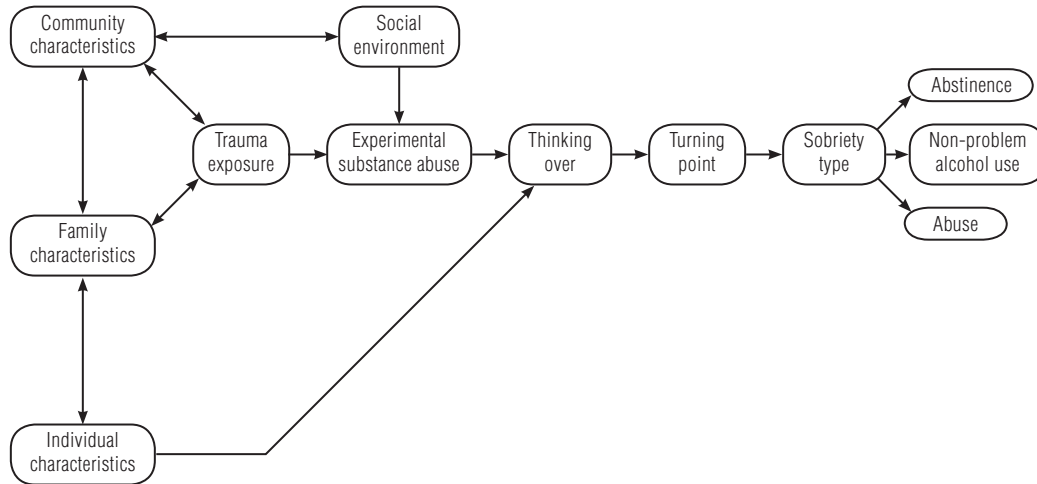
Nearly half of those who never drank abusively describe directly experiencing or frequently observing significant trauma during childhood. Trauma and/or *trauma exposure* (TR) included the death of loved ones or other unexpected and intense loss, witnessing domestic violence, or the experience of child abuse, including sexual abuse. The pathway of participants who did not use alcohol as a coping response to trauma was facilitated by the protective community, family, and individual characteristics identified in the model, along with the youth’s social environment (SE), including the presence of healthy, non-alcohol abusing role models and social support for lifestyles free of alcohol abuse from extended family, peers, and other adults outside

of the immediate, nuclear family. Social environment is a subset of community characteristics specific to the time in youth when experimental substance use (ESU) begins. It functions as a support during periods of ESU or in times of crisis such as the experience of trauma. A male who had experienced significant family trauma described this: “I have a Russian Orthodox priest who’s going to wed us in a civil ceremony. And I asked him when I was 15, ‘If I ever get married, will you marry me?’ He is also somebody who was a mentor for me as a kid.... I think that he was there for me at the right time. Especially, I think, and I probably don’t remember a lot of things that happened at that age, but I knew that there was somebody who I could look to.”

A period of ESU was quite common in the narratives; a majority of NPs and several LAs engaged in ESU. This typically occurred in early or mid-adolescence, after which the decision to drink responsibly or not drink was made. Consistent with a worldview imbued with concepts allied with that of *Ellangneq*, NPs and in particular many LAs who tried alcohol decided in youth after ESU, or after the experience of significant alcohol-related trauma, that the consequences of alcohol did not fit with how they wanted to affect others. Though even in the presence of multiple family, community, and individual protective factors, children would often still engage in a period of ESU, the outcome among NPs and LAs who experienced these protective factors was a conscious decision, a turning point (TP) that virtually all identified as a pivotal event in their narratives, to either not continue to use alcohol or not use it in a manner that led to abuse. This turning point typically occurred as part of a reflective process of thinking over (TO) one’s personal experience with alcohol. As one NP described: “Later on after I graduated from high school I still knew I didn’t want to be a drunk or you know, get drunk or look all ugly and do stupid stuff. (...) I didn’t want to not know what I was going through. I wanted to be totally aware of my every live moment and I wanted to be in control of everything that I was doing. And so I think that’s when my responsible drinking started.” Through this process of thinking over and turning point, LAs and NPs composed a personal life narrative in which they were in charge of their lives.

Figure 1 shows how community, family, and individual characteristics influence each other. Strong, cohesive communities support the development of healthy families; together, these institutions provide the networks of social support that develop a set of individual characteristics that enhance resilience. Strong and positive communities and familial relationships also decrease the likelihood of alcohol-related trauma

Figure 1: Pathways to Sobriety Model for Alaska Natives



exposure. Additionally, they are part of the development of a social environment from which individuals can seek support or resources if trauma is experienced. This occurs, in part, through development of individual characteristics that enhance the likelihood of a response to trauma or ESU experience that involves thinking over (TO) the experience and the broad and reciprocal consequences of one’s actions. This reflective process, or thinking over (TO), facilitates a turning point (TP) in LA and NP outcomes, resulting in a decision to not abuse alcohol in affirmation of a life goal of contribution to family and community.

In summary, the model predicts that sobriety is the result of the interaction of protective communities and families that develop children who are resilient. Resilient children are characterized as believing that they can and should regulate themselves. This process of regulation is an active cognitive process that includes mindfulness and self-reflection, fostering the child’s

capacity to build foresight and compose a future life story in which alcohol abuse has no place.

**A MODEL OF RECOVERY AMONG ALASKA NATIVES**

PA also developed a model of recovery that emerges directly from an Alaska Native experience. A significant number, 58 of the 101 life histories, came from those individuals (5+) who had recovered from a serious problem with alcohol abuse and had been abstinent for more than five years. The Drinking Inventory of Consequences for Alaska Natives (DrInC-AN), reported on page 10, supported the self-report of those who reported having had a serious drinking problem. They had significantly more lifetime negative consequences than those who identified themselves as nonproblem drinkers. All of the 5+ group had recovered and, through our analysis, a conceptual model of recovery emerged (Figure 2).

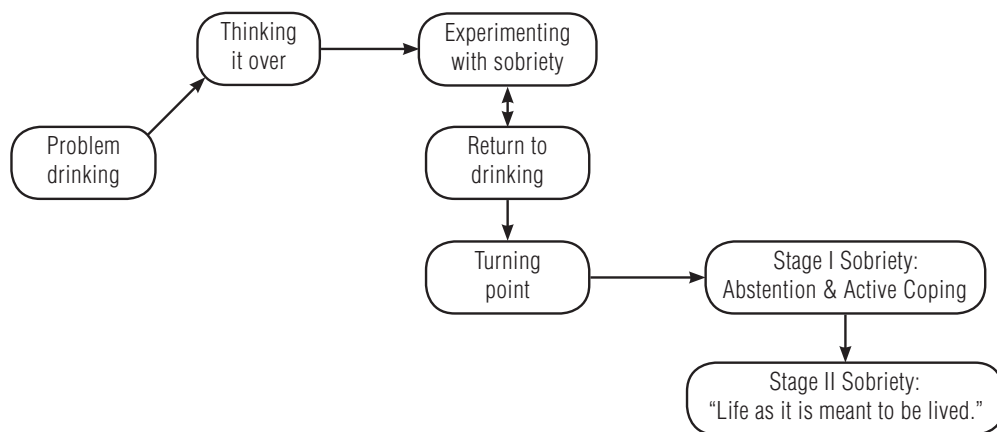


Figure 2: Conceptual Model of Recovery for Alaska Natives

This five-stage process of recovery is quite similar to that within the literature (Prochaska & DiClemente, 1992), with a pre-contemplative phase in which the person “*thinks over*” and reflects on his/her experience with alcohol and what he/she wants from life. This is often followed by a number of attempts to stop drinking. The way in which participants constructed this process was as an attempt on their part not just to quit but also to embrace and experience what life could be like without alcohol abuse. At times this did not lead to a permanent cessation of drinking, except for a small number that quit once and never returned. For most, they had multiple “*experiments with sobriety*” and would “*return to drinking*” before they finally quit drinking. What appeared to precipitate the final decision, or “*turning point*,” was some form of loss and pain coupled with a liberating or transforming choice. They recall the pain as excruciating and relief as liberating, and vividly remember the moment that they made the decision. This is quite similar to what Hazel and Mohatt (2001) found in their previous study of spiritual and cultural coping factors among 78 Alaska Natives; an important development that led to sobriety was the realization of the impact of drinking on family and a desire to embrace kinship responsibilities as a father, mother, or grandparent. For our current sample, the role of grandparent was also often quite important. However, for a small number there was a single, significant spiritual experience that was transformative. In the sample, cognitive factors were frequently reported as influencing and supporting the recovery process. The protective factor of *ellangneq* was also present in the recovery process, an awareness and foresight that developed much later in life than among those who never developed a problem. Of the 58 participants that comprise the total sample of the 5+ group, 20 recovered without any formal treatment, 19 individuals used Alcoholics Anonymous (AA), counseling or other self-help support groups, while the balance of 19 people used a combination of AA and treatment or just treatment. Whether one used some formal process or not, a major motivator for continuing with sobriety was to serve one’s family and community and to serve as a role model. During this period of quitting, the sample reported using many “*active coping*” mechanisms to prevent relapse, e.g., switching friends, church involvement, family and community service, prayer, and many more. Finally, a pattern appeared in our sample based upon individuals reporting moving beyond active coping to a new stage in which alcohol held no attraction. They did not even consider drinking, nor worry about relapse, and they reported that they had recov-

ered. They spoke of “*life as it is meant to be lived*,” being actively engaged in family, community, and personal growth and development or becoming human again.

## Phase II

One key area of investigation for the PA research grant was the development of measurement strategies for use in alcohol-related research with culturally distinct rural Alaska Native groups. Phase II of PA involved cultural adaptation of existing measures and development of new measures. These instruments were measures of sobriety outcomes and of key variables in the sobriety process identified in the Phase I qualitative research. We selected the variables for instrument development with the goal of testing a path model in future longitudinal research on sobriety outcomes among Alaska Natives. We also developed alcohol use consequences measures for research on both sobriety and alcohol abuse with Alaska Natives. These measures were also developed for more immediate application by Alaska Native treatment and prevention programs.

In Phase II, all participants were Yup’ik Eskimo. Participants were recruited from selected villages in southwestern Alaska. Villages were selected using a stratified sampling procedure. Villages were grouped by population size and geographic location, and then selected at random from within these strata. PA sampled two waves of 126 participants per wave. In addition, because PA designed the measures of alcohol consequences for use with all Alaska Native cultural groups, we also tested the long version of the consequences measure using a third statewide sample of 100 who participated in Phase I of the project.

Prior to Wave 1 of the data collection, initial instrument adaptation and the development of several new candidate measures were completed. Candidate item pools for each new measure were developed using a variety of focus group methodologies, then piloted with individuals and small groups prior to field testing in Wave 1. Once Wave 1 data collection was completed, item refinement was conducted using the data collected through testing of each candidate measure’s internal consistency and internal structure. The revised versions of these instruments were then cross-validated in Wave 2. Only instruments demonstrating good measurement properties, including acceptable reliability and clear evidence of internal validity, were retained. In addition, initial validation work was conducted for three measures of alcohol consequences. This included tests of their internal structure, and their diagnostic sensitivity and specificity for problem drinking.

The measurement development work in Phase II resulted in seven measurement instruments:

- (1) A cultural adaptation of the Drinker Inventory of Consequences for Alaska Natives, a measure of the effect of alcohol use in a person's life, and in the recent past
- (2) A short measure of lifetime prevalence of adverse consequences of alcohol use for Alaska Natives based upon an adapted form of the Short Inventory of Problems
- (3) A brief screening measure of current adverse consequences of alcohol use for Alaska Natives
- (4) A measure of protective factors tapping important variables among Yupiit who never develop a drinking problem
- (5) A measure of recovery factors tapping important variables in the recovery experience of Yupiit from alcoholism
- (6) A culturally appropriate social network measure and mapping procedure for Yupiit
- (7) A measure of individual participation in Yup'ik traditions and cultural practices

#### MEASURES OF ALCOHOL CONSEQUENCES

PA collaborated with cultural consultants from Alaska Native cultural groups throughout the State of Alaska to develop measures of the consequences of alcohol use. The People Awakening Coordinating Council assisted

the research staff in selection of the Drinker Inventory of Consequences as a measure to adapt to address the project's need to differentiate problem from nonproblem drinking. The criteria for alcohol dependence currently used in the United States, the Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition, may not provide the best index of alcohol problems in American Indian and Alaska Native communities, in that many of the diagnostic criteria it uses can be the consequence of the binge-drinking styles identified with greater frequency in alcohol research in American Indian and Alaska Native communities. Development of alternative classification approaches for problem drinking in Alaska Native populations can facilitate study of these conceptual issues in classification. Assessment of the adverse consequences of alcohol use in multiple life domains can avoid the potential contamination of episodic binge-drinking in alcohol use classification in this group. More immediately, instrument adaptation work has potential to improve the diagnostic accuracy of clinical assessment in treatment.

Therefore, PA decided to instead directly assess the consequences of alcohol use to differentiate problem from nonproblem drinking, and to measure severity of problem drinking. A challenge for instrument adaptation was the need for an alcohol measure that was culturally appropriate for all of the Alaska Native cultural/linguistic groups. PA developed three measures of alcohol consequences: a measure of lifetime consequences and recent consequences of alcohol use, a short mea-

#### MINORITY SUPPLEMENT RESEARCH

PA sponsored an ethnic minority supplement research grant funded through the National Institute for Alcohol Abuse and Alcoholism. Catherine Reimer, EdD (Inupiat) was the Principal Investigator. The purpose of this study was twofold: (1) to investigate the relationship between suicide, alcohol abuse and spirituality, as understood by the Inupiat when they speak of Personal Well Being translated as happiness or *aarigaa* in Inupiat, as an explanatory model for suicide within an Inupiat person's worldview, and (2) to investigate the culture-specific protective factor of *aarigaa*, which includes community involvement and spirituality, in relation to alcohol abuse. A total of 20 participants who were identified as knowledgeable by local elders and tribal councils regarding important cultural dimensions of suicide, spirituality, and alcoholism within the Northwest Arctic region were recruited. The sample included 11 men and 9 women between the ages of 21 and 88, with an average age of 50.

A qualitative analysis of the key informant interviews suggested two models by which the intersection of alcohol, spirituality, and suicide could be understood. One model described the progression to the act of suicide and its interrelation to alcoholism and spirituality. The other was a healing model for suicide prevention.

The *suicide progression model* described people who had experienced a triggering event that put the person at risk for suicide. These events included the experience of (1) relationship problems, (2) family problems associated with family dysfunction (substance abuse, neglect, sexual and physical abuse), (3) depression and psychological problems, or (4) trauma associated with the loss of a friend or family member, from the loss of a job, or from imprisonment. Alcohol use heightened the risk associated with these events. An additional very important triggering event was a negative spiritual experience, described by participants as a visitation by deceased members from the community, spirit possession, or shamanic visitation. This negative spiritual

sure of lifetime consequences, and a brief measure of recent consequences.

The original *Drinker Inventory of Consequences* consisted of 45 items and five subscales intended to assess distinct dimensions of consequences in the areas of physical, intrapersonal, social responsibility, interpersonal, and impulse control. The People Awakening Coordinating Council identified the original measure as lacking an important dimension in its assessment of problem drinking with Alaska Natives, in that it included no assessment of the spiritual consequences of alcohol use. Therefore, in addition to cultural adaptation of the existing instrument for linguistic, functional, and conceptual equivalence, development of a new subscale tapping spiritual consequences was undertaken. The resulting instrument, the Drinker Inventory of Consequences for Alaska Natives (DrInC-AN), is a 50-item comprehensive alcohol assessment for Alaska Natives that assesses alcohol use on the dimensions of its physical, intrapersonal, social responsibility, interpersonal, impulse control, and spiritual consequences. Because this assessment is quite lengthy and not intended as a screening measure, PA also developed a brief 12-item measure of lifetime consequences, the Short Inventory of Problems for Alaska Natives, along with a six-item screening measure of recent consequences. In a series of articles we are preparing for submission to several professional journals, we describe the development of these instruments, along with detailed descriptions of their psychometric properties,

internal validity, and sensitivity/specificity, using data PA collected with three separate community samples of Alaska Natives in Phase I and Phase II.

## PROTECTIVE FACTORS MEASURE

Protective factors are those attributes that contribute to resilience capacity; in this case, they protect the individual from alcohol misuse. These factors include individual characteristics and environmental conditions that help children and youth resist stress and influences to misuse alcohol. The *Protective Factors* measure taps these types of individual characteristics and environmental conditions specific to Yup'ik communities. In Phase II, PA developed a measure of these factors, and tested the measure's reliability and internal validity. Factor analytic work (Allen, Mohatt, Rasmus, Hazel, Thomas, Lindley, & People Awakening Team, in press) suggested there are at least four different types of protective factors that we can reliably measure among Yup'it. The first protective component—"Things I want for myself, *Wangnun piyumiutenka*"—included personal experiences with loss of control and alcohol related violence, and responsibilities for family. The second component—"Things I want for my family, *Ilamnun piyumiutenka*"—included family and individual characteristics associated with responsibility to children and others. The next component—"Things I want for my body/well-being, *Tememnun piyumiutenka*"—is composed entirely of negative reactions to alcohol's effects or taste, or one's

experience may or may not occur within the context of alcohol abuse. Informants noted that risk for suicide increased when negative spiritual experience occurred, especially when it coincided with alcohol abuse. In summary, the risk factors in this explanatory model for suicide within Inupiaq communities consisted of (1) a triggering event, including negative spiritual experience, (2) a lack of protective factors within the community, family to counter the event, in the form of social support and spiritual resources, and (3) alcohol abuse.

The second model is a healing model whereby triggering events and negative spiritual visitations are experienced less frequently because of the strength of personal and spiritual connections within the community. A culture-specific component of spirituality as a protective factor was described by informants as happiness integrated with Inupiat values. The second model also describes ways to strengthen spirituality; when a negative spiritual experience presents itself, the person may draw from a well of community spirituality and

spiritual knowledge, and terminate the negative spiritual experience immediately or know how to seek help to do this. The healing model is important because, as one Kotzebue elder remarked, "*fixing one person up doesn't work...because we are connected; we're not alone so [what] we have to do is have programs that develop the whole community so they support each other and they collectively are able to get the individual to make those right decisions when it comes to that.*"

The distinction between healing and prevention is important for Alaska Native people. Prevention means to stop or cease a negative influence. Healing represents an ongoing process; it connotes something serious is wrong and wellness has been compromised. Community healing acknowledges that the whole community is not in harmony and not in a state of well-being. This shifts the focus of attention in the prevention of suicide from individuals who are "sick" and who must be cured or placed in a prevention program, to the whole community that must be restored to wellness.

alcohol related behavior. A final factor—"Things I want for our way of life, *Yuuyaramtenun piyumiutenka*"—is quite culture-specific, and described appreciation by others (*inquini*), living up to expectations, and personal understanding and practice of *ellangneq*. *Ellangneq* is a complex Yup'ik cultural belief and value, and refers to an awareness of the consequences of one's behavior and of interconnection within family and community, between people, between people and other beings and the environment, and across time. Support for the internal validity of this structure of protective factors can be found in the low intercorrelation of the resulting factor analytically derived subscales on the *Protective Factors* measure. In addition, important gender differences on protective factors emerged. Women reported higher levels of protective factors in general, and comparisons of the factor analytically derived subscales found this gender difference occurred because Yup'ik women described a greater degree of benefit from protective factors related to the second protective dimension, which is associated with responsibility to children, role modeling, and not wanting to behave like others who abused alcohol. A final finding was the extent to which the importance of these factors was individualized; for some, one dimension was most important, while for others, a different set of protective factors was reported as key.

#### ONGOING PROJECT WORK IN MEASUREMENT DEVELOPMENT

The *Drinker Inventory of Consequences for Alaska Natives* and two brief forms of this measure, the *Short Inventory of Problems for Alaska Natives* and the *Concise Inventory of Problems for Alaska Natives*, along with the *Protective Factors* measure, will soon be available from PA upon request; we are seeking a dissemination grant to fund publication of instrument manuals for their use in research and treatment settings. These instruments are intended as prevention, treatment planning and outcome tools, and for future research with Alaska Natives.

Data from the other three instruments are in the process of analysis, and will be available in the future. PA continues to adapt existing instruments to establish functional and linguistic equivalence. Instruments we are currently adapting for future use include tools to measure social support, self-efficacy, communal mastery, and family environment.

A number of research articles using the Phase II data are in press, in progress, or planned that will (1) examine the development process of these instruments, (2) describe the procedures for gaining access and col-

laboration with Alaska Native communities, (3) test the psychometric properties and internal validity of these instruments, and (4) test the utility of these instruments in the discrimination of problem from nonproblem drinking, in the prediction of recovery from alcoholism, in the prevention of alcohol problems, and in path models of the sobriety process.

#### Giving Back What We've Been Given: Dissemination of Research Results to the Participants and Communities

Data collection and reporting is a lengthy process in research with rural Alaska Natives because of the complexity of the data gathering process in remote rural communities and the requirements of tribal corporations and IRBs to review publications prior to submission. One of the most important research products to date is the development of an interactive CD ROM that presents 20 edited life histories of PA participants and the protective and recovery models. This will serve as a report to our tribal partners as well as being useful for our participants, prevention programs, and treatment programs. It can be utilized in schools, clinics, treatment centers, or by individuals privately. One can search it by different categories, including the models described above. A person can search it by Alaska Native group, by region, by sobriety type (5+ years sober, nonproblem drinker, or lifetime abstainer), or by gender. We are very appreciative that some of our participants were willing to share their lives in this way.

The other report that we have is a book that we have published. The book is called *People Awakening: Stories of Hope and Courage in Sobriety and Substance Abuse*. It contains life history excerpts from 39 of our participants who agreed to share parts of their lives. These are very inspiring stories of struggle and courage. We have shared them in order to have both a technological tool for those with computers and a book for those who prefer to read. The book is an abbreviated version of the CD. Anyone who reads it and would like a copy of the CD can contact us at: People Awakening Project, Center for Alaska Native Health Research, Box 757000, University of Alaska Fairbanks, Fairbanks, AK 99775. We have not decided on a cost for it and are providing a free copy to each corporation and our life history participants.

Additionally, we are responsible for writing scientific articles about our research. Following is a list of these articles; anyone interested can contact PA at the above address for a copy.

## LISTING OF PUBLICATIONS

Allen, J., Mohatt, G.V., Rasmus, S.M., Hazel, K., Thomas, L., Lindley, S., & People Awakening Team. (2006). The tools to understand: Alaska Native co-researcher participation in research on protective factors and design of a culturally grounded preventative intervention for sobriety in rural Yup'ik communities. *Journal of Prevention and Interventions in the Community*.

Rasmus, S.M., Atuk, A., Orr, E., & Mohatt, G.V. (in press). People Awakening: Stories of Hope and Courage in Sobriety and Substance Abuse. University of Alaska Fairbanks.

Hensel, C., Haakenson, S., & Mohatt, G.V. (2004). Narratives of Healing. Life-time abstainers and protective pathways. In Wendy Arundale, Ed., *Arctic Anthropology*, 4 (2), 75-82.

Mohatt, G.V., Hazel, K., Allen, J. R., Stachelrodt, M., Hensel, C., & Fath, R. (2004). Unheard Alaska: Culturally anchored participatory action research on sobriety with Alaska Natives. *American Journal of Community Psychology*, 33, 263-273.

Rasmus, S.M., Hensel, C., Thomas, L.R., Mohatt, G.V., Orr, E., & People Awakening Team. Eds. (2004). Discovering Alaska Native Pathways to Sobriety. An Interactive CD-ROM. Fairbanks, AK: University of Alaska Fairbanks Project Jukebox.

Mohatt, G.V., Allen, J., Hazel, K.L., et al., (2002). Recovery factors in Alaska Native sobriety [abstract]. *Alcohol: Clinical and Experimental Research*, 26, 42.

Hazel, K., & Mohatt, G.V. (2001). Cultural and spiritual coping in sobriety: Informing substance abuse prevention for Native American communities. *The Journal of Community Psychology*, 29 (5), 541-562.

Mohatt, G.V., Hazel, K.L., Allen, J., et al., (2001, July). Participatory research methods with Alaska Natives: People Awakening as case example [abstract]. *Proceedings of the Inaugural Alaskan Summer Neuroscience Conference, Fairbanks, AK*.

Mohatt, G. V., Rasmus, S. M., Thomas, L. Allen, J., Hazel K., & Hensel, C. (2004). "Tied Together Like a Woven Hat:" Protective Pathways to Alaska Native Sobriety, Harm Reduction, 1. From <http://www.harmreductionjournal.com/content/1/1/10>

### ACCEPTED:

Mohatt, G.V., Thomas, L.R., & People Awakening Team. Dilemmas in ethical research among Alaska Natives: A case example. To appear as a chapter in a book on ethics in cross cultural research, Joseph Trimble, Editor. Submitted in August, 2004.

### IN PREPARATION:

Mohatt, G.V., Rasmus, S.M., Thomas, L.R., et al., & People Awakening Team. Recovery factors in substance abuse Among Alaska Natives: A model for recovery.

Allen, J., Mohatt, G.V., Rasmus, S.M., et al., & People Awakening Team. The Drinking Inventory of Consequences Alaska Native version. A taxonomy of Alaska Native Sobriety.

Scoville, D., & Mohatt, G.V. Athabaskan spirituality and its role in recovery from alcohol abuse.

Allen, J. Adaptation of three alcohol use adverse consequences measures for Alaska Natives.

Allen, J. Participatory research methods and the cross-cultural adaptation of alcohol measures.

Allen, J. International cross-cultural applications of Likert scaling procedures: Methodological considerations and adaptation techniques.

### IN PLANNING:

Allen, J., Mohatt, G.V., Thomas, L.R., Rasmus, S.M., et al., People Awakening Team. Resilience in the face of trauma.

Mohatt, G.V., Allen, J., Hensel, C., et al. Social networks and sobriety in contemporary Yup'ik Eskimo communities.

Allen, J., Mohatt, G.V., Rasmus, S.M., et al. Recovery factors from alcohol abuse in Yup'ik Eskimo. Natural recovery



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