The Wellbriety Path to Treating Co-Occurring Disorders
in Native Americans: An Adlerian Perspective

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Abstract

This literature review explores the path to treating co-occurring disorders in Native Americans with an Adlerian perspective. This literature review will introduce co-occurring disorders, explore the history of co-occurring disorders prevalence in the Native American (NA) population, intergenerational and historical trauma, the impact on mental illness and addiction, cultural differences in recovery, review current best practices in treatment, the lack of evidence based practices in the Native American culture, multicultural competence and Native American wellness, the Native American culture and values, recovery methods for Native American population; Wellbriety, Adlerian Psychology, and Adlerian Psychology used in the Native American Recovery. It will look at the relationship of the struggle of recovery from addiction in the Native American population, bringing together healing with the culture vs. mainstream evidence based practices while bringing an understanding of the historical trauma which unites addiction and the co-occurring disorders incorporating the Adlerian perspective. This review reveals that Adlerian psychology and Wellbriety complement each other and, more studies are needed to explore further the full impact it will have when used together to treat co-occurring disorders in the Native American Community.

Keywords: co-occurring disorders, Native American Wellbriety, holism, Adlerian,
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The Wellbriety Path to Treating Co-Occurring Disorders in Native Americans:
An Adlerian Perspective

The significant occurrence of co-occurring disorders among Native American (NA) populations within the United States has a profound impact on the community. Substance abuse and mental illness coupled with the historical loss of culture and spiritual practices are key contributing factors to the disarray of NA communities (Coyhis, 2006; Cohen, 2009). Coyhis (2006) noted the history of Native American’s exposure to alcohol and the elder's efforts to work with the tribal communities to keep their community sober reflects an enduring fight that is present today. Research provides evidence that the predisposition for addiction in the Native American population stems from intergenerational trauma due to suppression of cultural practices and the current and ongoing oppression of the Native peoples (Coyhis, 2006. While this issue has been acknowledged in academic literature, minimal work has been dedicated to identifying effective ways to treat co-occurring disorders in the NA population in a culturally sensitive and evidence-based way. Addressing trauma in the Native American community includes applications of traditional and evidence-based treatments that are discussed in this paper. This paper explored the impact on assisting with recovery within the Native American community. The main focus is on treatments for conditions, such as co-occurring disorders, historical trauma, addiction, healing with Wellbriety using cultural traditions, and Adlerian psychology.

The Native American peoples of the United States are diagnosed with co-occurring disorders more frequently than any other ethnic group. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2012) reported there are roughly 5.2 million Native American (NA) and Alaska Natives (AN) in the United States: approximately 1.7% of the total population. Among all racial and ethnic groups of the United States, Native Americans and
Alaska Natives have the highest incidents of substance use and mental illness; affecting the population across the lifespan. The Native Americans had the highest rate of drug-induced death and rates of mental disorders in 2014, and the ages 18 and up who reported a past-year mental illness was 21.2%. The rate of serious mental illness among Native Americans and Alaska Natives ages 18 and up in this population was 4%. There were more Native Americans and Alaska Natives (AI/ANs) over the age 18 who resides in urban areas who had co-occurring, past-year mental and substance use disorders, compared to national average.

NA/AN are diagnosed disproportionately with some chronic illnesses, particularly addiction, and depression, compared to the general population (Tann, Yabiku, Okamoto, & Yanow, 2007). Tann et al. (2007) also found these disorders co-occur at a higher rate than they do within the general population. Tann et al. (2007) gathered data on heavy drinking and poor mental health days (along with a diabetes diagnosis) using data from the Center for Disease Control and found the co-occurrence of addiction and mental illness was higher among NA populations. The rates remained disproportionately higher after controlling for other sociological factors such as marital status, socioeconomic status, the level of education, and age (Tann et al., 2007). Kunitz (2008) noted NA’s living outside reservation areas were more likely to have used drugs and alcohol than those on reservation lands. Comparing 2003 to 2011 data indicate the rate of NA who needed treatment for substance abuse was higher than any other racial group (SAMHSA, 2016). The high incidents of addiction and mental illness has led to other sociological problems, including increased rates of suicide, high criminal justice involvement, interpersonal violence, and increased health disparities among many NA tribes (Kavanagh & Connolly, 2009; Novins & Baron, 2004).
Nonetheless, there is little information in the literature regarding the treatment of co-occurring disorders among Native Americans. The lack of evidence-based practices in treating Native Americans with Co-occurring Disorders is due in large part to the behavioral health sciences’ lack a true paradigm; as counselors and researchers often disagree on the definition of the problem is and how to study it (Kline, 2009). Kline (2009) defined a paradigm as “a shared set of theoretical structures, methods, and definitions that support the essential activity of puzzle solving” (p. 23). The need for a new paradigm is particularly vital when studying native populations, where there is a substantial need for research relevant to native peoples (Kuriychuk, 2012).

The Native American community according to, Young, Joe, Hassin, and St. Clair (2001) report the problems of diagnosis and treatment is different programs use different diagnostic and treatment approaches to diagnose and treat polysubstance dependence and mental health diagnosis. These approaches are not integrated so is complicated to deliver a coordinated treatment program for substance abuse clients presenting with co-occurring disorders. Often the mental health issues of clients in treatment for substance abuse are often poorly addressed, resulting in high rates of recidivism. Native Americans experience a loss of culture and population due to premature death as a result of misusing alcohol or other substances, undertreated mental illness, and poorly managed health care. Limitations of recovery programs for Native Americans appear to exacerbate the enduring impact of co-occurring disorders and historical trauma (Coyhis, 2006).

**Purpose of the Study**

Within the Native American population, there is excessive loss of historical
Knowledge, cultural and healing due to diminishing the spiritual knowledge, and the passing of this knowledge to the future generation. The purpose of this study is to explore the history and impact of co-occurring disorders prevalence in the Native American (NA) population, intergenerational and historical trauma, and cultural differences in recovery and argue for the treatment of co-occurring disorders in Native Americans from an Adlerian perspective. This paper outlines the connection between the struggles of recovery from addiction in the Native American population, bringing together healing with the culture vs. mainstream evidence-based practices while bringing an understanding of the historical trauma which unites addiction and the co-occurring disorders incorporating the Adlerian perspective. Further, this literature review highlights the experience of historical trauma as a compounding element challenging the recovery of co-occurring addiction with another mental health disorder. The literature reveals a need to challenge the current evidence-based practices, and acknowledging differences in ways of knowing between western empiricism and native worldviews (Duran, 2006), and highlights Adlerian Psychology’s alignment with Native Traditions and a Welbriety way to recovery.

**Intro to Co-occurring Disorders**

The term co-occurring disorders (COD) is the terminology used to identify patients diagnosed with the dual disorder and dual diagnosis. For example, an individual who has a co-existing mental illness and a substance-use disorder would be classified as in the category of co-occurring disorders. Most clients have one or more disorders relating to the use of alcohol and other drugs with a mental disorder. The term *co-occurring* alerts health personnel to the fact that there is more than one diagnosis and treatment required.

Co-occurring disorders impact the treatment when there are combinations of the following for example addiction and depression, alcohol addiction with panic disorder,
personality disorders with physical ailments. Co-occurring disorders range in critical dimensions, such as severity, chronicity, disability, and degree of impairment in functioning. Two co-occurring disorders may each be severe or mild, or one may be more severe than the other, and the severity of both disorders may change over time (SAMHSA, 2012).

The rate of disparities in NA/AN experiencing co-occurring disorders is significant in their health status. They experience higher rates of suicide, accidental deaths, liver disease, diabetes and comorbidity of health conditions than any other race. Alcohol and drug use contribute to being influenced by mental health problems, early trauma and childhood abuse, cultural displacement, unemployment, and poverty (Pember, 2015). Having a history of trauma increases the rates of Post-Traumatic Stress Disorder (PTSD). Alcohol, drug use, and trauma are direct increases the odds for trauma associated with domestic violence, loss, violence and racism and social complications (Rieckmann et al., 2012).

The medical needs of people with co-occurring disorders are increased and require intense medical and social, emotional treatment. Clients diagnosed with a co-occurring disorder are best served by clinicians who trained in both areas of diagnosis. Relapse prevention must be designed for the distinctive needs of people with co-occurring disorders to be effective in promoting long-term recovery from addiction and the mental health issues. Clients who have co-occurring disorders often require longer treatment, have more crises, and progress more gradually in treatment (SAMSHA, 2016).

**History and Prevalence Co-occurring Disorders and Native Americans**

The prevalence of co-occurring disorders in the Native American population is higher than most races. Studies show mortality rate for NA’s who use have a higher rate of alcohol, chronic liver disease, and cirrhosis. Alcohol is the largest contributing factor to premature death
for the NA population. There is a significant variability within the NA population; alcohol-specific mortality rate estimates range across Indian Health Service (IHS) service areas from Nashville Area, eastern United States Aberdeen Area, North and South Dakota (Whitesell, 2012).

The presence of mental illness, history of suicidal behavior, violence or other disruptions within the family, traumatic experiences, access to firearms or other lethal means, hopelessness, impulsivity, and lack of support are all significant risk factors for suicide (Whitesell, 2012). The historical trauma experienced impacts the expression of suicide in Native American communities who were forcibly relocated from their ancestral lands, subjected to famine and genocidal wars, and experienced forced acculturation through boarding school experiences (Whitesell, 2012). The effects of these historical injustices are still apparent in Indian Country today. Pervasive and extreme poverty, minimal access to mental and physical health services, increased prevalence rates of alcoholism and drug addiction, and high levels of crime and violence are characteristic of many NA and AN communities (Whitesell, 2012). Researchers recently have collected empirical data that shows intergenerational-historical trauma contributes to many of the problems experienced by NA communities. Research confirmed a high prevalence of historical trauma is associated with emotional distress (anxiety, depression, anger) manifests in ways that undermine the individual and collective health of many persons in Indian country (Duran, 1995).

**Intergenerational and Historical Trauma**

Native Americans have experienced an enormous loss of lives, land, and culture from colonization, causing a legacy of unresolved grief and trauma across generations (Balsam, Huang, Fieland, Simoni, & Walters, 2004). Researchers recently have collected empirical data that shows intergenerational-historical trauma exacerbates many of the behavioral health
concerns and problems experienced by Native individuals and communities. Lowe and Struthers (2003) defined historical trauma as a cumulative and communal emotional and psychological injury over one’s lifespan and intergenerationally, as a result of a catastrophic history of genocide. Research confirmed a high prevalence of historical trauma is associated with emotional distress (anxiety, depression, and anger) manifests in ways that undermine the individual and collective health of many persons in Indian country (Duran, 1995). In Native American communities, the lack of cultural competence is thought to be due to Native-White division and distrust of outsiders in a context of disempowerment, a history of coercive assimilation, and contemporary racism (Brown-Rice, 2017).

According to Brown-Rice (2017), historical trauma includes the dominant culture perpetrating mass traumas on a population, the original generation of the population responds to the trauma showing biological, societal and psychological symptoms, the initial responses to trauma are conveyed to successive generations through environmental and psychological factors, and prejudice and discrimination. Native Americans experienced traumas that include historical losses of population, land, family, and culture. These traumas resulted in historical loss symptoms related to social-environmental and psychological functioning that continue today in the NA communities (Brown-Rice, 2017).

For example, an Elder explained it by this story: “I was young, and my Grandmother was sad. I asked her why she cried. She replied, because of my 350 relatives they killed (Wounded Knee), the Dakota 38, too many of my family is gone. She was a devout Christian; my Grandfather was traditional. She took me to church, and I went to boarding school. Every Saturday, my friend and I would have to go to the school, and the School Master would have us lean over his desk, and he would spank us with a wooden board. I hated him. My friend said
let’s leave, we left and never went back. When I was 16, my father called. He said there are bodies on my land, come and help me. I went. They were there; the two women killed at Wounded Knee. My Father said we do not live like your Grandmother; you need to live our way. I left and went to New Mexico”. (Personal Communication 2017).

An enormous history documents the genocide of Native American tribes. Many Native tribes were killed by having bounties placed on their tribes. Some Native Americans were completely wiped out by mass slaughter. The land was of value, and the native people were of no value when it came to making money from the land rights (Szlemko, Wood, & Jumper-Thurman, 2006). This genocide is continuing in contemporary Native American populations as witnessed by the researcher. There are political issues underlying the reservations, especially as observed on the Navajo lands in Arizona (Van Gundy, 2006). The Navajo in Arizona is still battling the government for their land rights and the mineral rights that government contractors have taken without any compensation. These traumas extend back to when the Americas were settled by the Spaniards and Europeans (Coyhis, 2006).

The history of the Native American population in North America dramatically changed with a decrease of 95% of Native Americans from the time Columbus came to America in 1492 and the birth of the United States in 1776 (Brown-Rice, 2017). There are two factors which contributed to the decline of the Native Americans, and those are the genocide of Native Americans and bringing diseases like Small Pox to Native Americans (Brown-Rice, 2017). The decline of the population of Native Americans resulted in a lack of representation in the government and severe and ongoing medical needs inadequately treated. The cultural aspects of this traumatic historical event have long influenced the very soul of the Native American human experience (Brown-Rice, 2017).
The United States Government enacted a Federal Law in 1883 which denied the right of Native Americans to practice the cultural traditions they had practiced for hundreds of years. This did not allow the healing practice like Wiping of the Tears to be used when there were great loss and mourning. In 1978 the American Indian Religious Freedom Act was established, and they could openly practice traditional ceremonies in public. Another component affecting the NA communities are (a) The Indian Removal Act which forced Native American people to either live on reservations or relocate to urban areas Reservations. “Native American men were not able to provide for their families, and the families became dependent on goods provided by the U.S. government These relocations resulted in the death of thousands of Native Americans and the disruption of families” (Brown-Rice, 2017).

The U.S. Congress declared Native Americans wards of the U.S. government in 1891. Native Americans according to the government were to be civilized and assimilated to the dominant White culture (Helms, Nicolas, & Green, 2010). Native American children were taken from their families at the age of 4 or 5 and not allowed contact with their Native American families for a minimum of 8 years. The church-run boarding schools had the Native American children’s hair cut which is sacred to them. The cutting of the hair is a sign of grieving, and the young children did not understand why their hair was cut and had no language to ask why. They were stripped of their clothing and forced to dress like a white child in the dominant culture. All sacred items were taken from them. They could not use their Native language or practice traditional rituals and religions without consequences (Helms, Nicolas, & Green, 2010).

The sexual and physical abuse the children endured created a variety of problematic coping strategies. For example, it contributed to learned helplessness, compulsive gambling, alcohol and drug use, suicide, denial, manipulative tendencies, and scapegoating other Native
American children who are part of the historical trauma today. Having lived through this trauma kept many Native Americans uncomfortable in keeping traditional ways and religious practices alive, and others practiced it in secret. All the culture and traditional ways that were taken away led to a loss of ethnic identity. One of the most demoralizing traumas that occurred to the Native American people is the removal of the children from the families. (Brown-Rice, 2017)

**Impact on Mental Illness and Addiction**

Sotero (2006) explains historical trauma theory is the evidence that the struggle of the NA community has embraced which brings understanding to the suffering which has been and is occurring today. The premise is that populations historically subjected to long-term mass trauma exhibit a higher prevalence of disease even several generations where the original trauma occurred. Research continues to present evidence that trauma is known to affect a group or population of people. It has been shown that socially induced trauma affects the brain and its development (Jones & Galliher, 2015). Research and studies have resulted in evidence indicating that people who have been exposed to trauma are predisposed to the development for Post Traumatic Stress disorder (PTSD) and other mental health disorders linked to trauma. Many traumatized persons also develop co-morbid disorders such as alcoholism, misuse of other substances, to numb the experience of trauma and its effects (Helms, Nicolas, & Green, 2010).

The historical trauma theory incorporates and builds upon three theoretical frameworks in social epidemiology according to Sotero (2006), “the first is a psychosocial theory, which links the disease to both psychological and physical stress from the social environment. In this framework, psychosocial stressors not only create susceptibility to disease but act as a direct pathogenic mechanism affecting biological systems in the body” (p. 95). The second theoretical framework is a political-economic theory, which addresses the political, economic, and structural
determinants of health and disease including unjust power relations and class inequality. The third theoretical framework is social-ecological systems theory, which recognizes the multilevel dynamics and interdependencies of present-past, proximate-distal, and life course factors in disease causation. (Sotero, 2006).

In retrospect, the history of the NA and historical trauma in the past 500 years had a severe toll on the lifestyle and survival of the Native Americans. Disease is a common theme that exists in NA trauma history. Trauma seems to link with the concept of populations that have incurred a higher record of disease than others and creates a historical trauma framework.

The Historical Trauma theory has four distinct assumptions: (a) mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population; (b) trauma is not limited to a single catastrophic event, but continues over an extended period. (c) traumatic events reverberate throughout the population, creating a universal experience of trauma; and (d) the magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations (Sotero, 2006).

The definition of trauma in the mental health field encompasses exposure to actual or threatened death, serious injury, or sexual violation. (Schultz, 2016). In marginalized communities, there is often a powerful collective side to trauma that is unlikely to be integrated into interventions. That is, trauma that is structural or historical. Historical trauma in the aboriginal communities is an event or set of events perpetrated by a group of people or their environment who share a specific group identity that causes catastrophic upheaval such as annihilation or disruption to traditional lifeways, culture, and identity with effects that can persist across generations (Schultz, 2016).
Cultural Differences in Recovery

Review of current Best Practices in Treatment

Moore (2015) writes the findings presented here suggest that there is little consensus around perspectives regarding the relevance of Evidence-Based Practices (EBPs) for treatment in programs serving NA AN community in which heavy or problem use of substances is common. Some perceptions of EBPs seen as lacking cultural relevance or evidence unique to certain populations which may limit programs’ or clinicians’ motivation to evaluate the EBPs for potential implementation fully. Hunter, Paddock, Zhou, Watkins, and Hepner (2013), found that treatment effects of group CBT race and ethnicity were not a variable in the study on depression in addiction. Other studies looking at the differences in the effectiveness of behavioral treatment for clients from different racial or ethnic backgrounds found no significant differences (Moore, 2015).

The NA community has a high need for improving services for treatment of co-occurring disorders. EBP has long been considered the answer to treatment in the dominant culture for addictions treatment and mental health services. It is important to include the culture, traditions, and evidence-based practices as a whole system to ensure the best outcomes in addictions treatment. It is important to have the resources to assess, implement, and sustain the use of these interventions to improve the services to everyone.

Lack of Evidence-Based Practices in Culture

Dr. David Sackett’s definitions of Evidence-Based Practice (EBP) are best explained by: the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise
Evidence Based Practices are used in most treatment centers because they are believed to offer the best outcomes. These EBP’s do not include the belief systems of the indigenous cultures and is based solely on the dominant cultures belief systems. Not including culture in the EBP’s has created a barrier to achieve positive outcomes for the indigenous people. In the Native American communities, best practices are measured in the native communities, by the Elders, they have carried the teachings for hundreds of years and passed it down from generation to generation. The values expressed to not match up with EBP’s. For example, science measures what can be seen. In the context of the Native culture, there is the seen and unseen world. This cannot be measured. To create change, one must address both worlds, to make a change in the observed only does not deal with the unseen (American Indian Development Associates, 2000).

Multicultural Competence and Native American Wellness

Native Americans have a higher rate of psychological disorders than the dominant population, and they do not seek mental health services. For NA clients in therapy, it is not known if counselors are trained culturally to serve this population, especially in rural areas where they are less likely to seek services for mental health concerns. Another concern is how NA is assessed in the therapy session (Thomason, 2011). One concern is if counselors and psychologists consider the level of acculturation and if so, how do they assess it? There are no psychological tests such as the designed culturally specific to the needs of the Native American’s. The DSM V mentions several syndromes found in Native Americans: soul loss when your addiction has taken your soul from you physical body and ghost sickness when one is obsessed by those who have transitioned to the other world. Many therapists do not understand
the belief systems of the Native American culture and can misdiagnose what is understood in the unseen world as a form of psychosis in the dominant cultural view. It is imperative clinicians are educated in culture related syndromes (Thomason, 2011).

Clinicians who work with NA report the psychological tests are not accurate for the population. They indicate treatment outcomes are underreported and not properly assessed for NA population who suffer many ongoing forms of debilitating mental health issues (Gone & Alcántara, 2007) Clinicians lacking understanding of the level of acculturation of a client is detrimental to the treatment. It is important to ensure a good understanding of the client’s cultural identification and culture bound syndromes and complete and accurate diagnosis will facilitate proper treatment (Thomason, 2011).

Throughout the years, the Native American culture has been misinterpreted by the dominant culture. It has been called pagan, and often mistaken for an ungodly religion. It is not a religion, but a spiritual way of life that has sustained the Native American tribes for generations. The traditional culture is a simple spiritual path which walks in prayer to Creator, everything in life is connected and honored. The difference is the vision is stated by Brave Heart (2006):

We did not think of the great open plains, the beautiful rolling hills, and winding streams with tangled growth, as “wild.” Only to the white man was nature a “wilderness” and only to him was the land “infested” with “wild” animals and surrounded with the blessings of the Great Mystery. Not until the hairy man from the east came and with brutal frenzy heaped injustices upon us and the families we loved, was it “wild” for us. When the very animals of the forest began fleeing from his approach, then it was that for us the “Wild West” began.
The American Dream is to own land and is a value of many European immigrants. Land, plants, and animals are considered sacred relatives and interconnected with human beings in the Native American culture. These two different beliefs conflict, and it has brought grief to the Native Americans who do not believe land can be owned. According to traditional belief of the Native Americans, this land is a gift to the future generations. (Brave Heart & Deschenie, 2006 p. 25)

**Native American Culture and Values**

The Seven Grandfather teachings are common among many different Native American tribes in the United States. The culture is based on the teachings, and they have been passed down orally for hundreds of years. The teachings are honesty, truth, humility, love, wisdom courage, and respect (O'Brian, 2000). Each has a special meaning that guides are living. For example, humility assumes the individual knows they are a sacred part of creation. Humility is represented by the wolf, the animal relative because he lives for his pack. The wolf who does not do his part for the pack becomes an outcast, and this is the most shaming. The wolf represents living life selflessly, respecting your place in life, praise accomplishments of all people, do not be arrogant. These teachings ask one to view their inner-self from the perspective of all lessons. Someone who truly embraces the lessons the gift is to know love and to love oneself truly. The teaching of humility creates a sense of peace, balance in life, and with the creator (O'Brian, 2000).

Among native populations community and community connectedness and social structures are embedded in a relational worldview in which all beings have a purpose and
relationship to each other. It is a traditional expectation in NA communities each person responsible for the health and well-being not only of themselves but their grand-relations, neighbors, immediate family, their children and their children’s children (Schultz, 2016). The esteemed role of elders and children in Native communities is a very important to maintain the connection to community for Native communities using the link to the community to respond to violence (Schultz, 2016).

Some tribally specific activities such as community healing or naming ceremonies that draw directly from Indigenous traditions and teachings—specifically, the interrelatedness of all beings and relational responsibility. Community healing ceremonies explicitly acknowledge that trauma is experienced as a community and that healing as a collective is a culturally relevant response (Schultz, 2016). Intervention efforts that include coming together across tribes and generations, healing from the past and contemporary traumas and public acknowledgment of individuals’ responsibilities within their tribal community are one-way tribal nations have begun to restore traditional social connections (Schultz, 2016).

The efficacy of Native-specific interventions shows that mainstream, conventional mental health, and substance abuse treatments required adaptation before implementation with Native clients. It was noted the absence of empirical outcome evidence for Native-specific programs and therapies which are more effective for Native Americans (Gone & Alcántara, 2007). Many Native communities feel they know what works in our communities; it is just a question of getting the federal funding agencies to acknowledge this expertise. If professionals and researchers already know what works in tribal communities, then the challenge is more to persuade and compel those who control mental health resources to provide equality to EBP
standards and the standards for service delivery in Native American contexts (Gone, 2011; Gone, 2013).

The emphasis on creating healing relationships will resonate with traditional therapeutic approaches in many Native communities. Most Native-specific mental health interventions emphasize the current postcolonial political context of Native Americans and mental health service delivery. The culture of the mental health clinic is not the culture of the reservation community it is based on the predominant culture, not the Native American culture. (Gone & Alcántara, 2007). The professionals who serve the underserved communities are often students in internship and not invested in the community, and the staff is constantly changing not allowing for the building of relationships where trust has been broken in the community. Despite the professionals need to be multicultural competent in the delivery of psychotherapeutic services few mental health professionals embraced the Native American cultural beliefs and traditional healings. (Gone & Alcántara, 2007). Many reservation residents remain suspicious of conventional clinical services and decline to consult mental health professionals who do not understand their beliefs and may unwittingly propose to brainwash them so they can become like White men (Gone & Alcántara, 2007).

Armenta suggests that if clinicians reframe Indigenous adolescents’ beliefs that what they envision as the prevalence and characteristics of community members who use alcohol or drugs and participate in other risk behaviors may enhance existing programs by improving family relationships. This may create a change in the community for the future (Armenta, Hautala & Whitbeck, 2010).
**Recovery Methods for Native American Population**

There are some recovery models designed by European Americans culture to facilitate recovery from co-occurring disorders among Native American populations. These recovery models are generic and espoused to be efficacious across tribes. The models used are integrated models involving psychology and Native American traditions and symbols. These models also tend to be primarily active within inpatient treatment facility programs. A rising collective cultural awareness of our Native American people creates a need to integrate culturally specific and tribal-specific styles or methods to make it meaningful for the recovery of all Native Americans (Coyhis, 2008).

**Wellbriety**

The Wellbriety Movement is a culturally specific program being adopted into the Native American community for recovery from co-occurring disorders. The communities are learning many of EBP’s and incorporate their own cultural and ethnic abilities as the main piece of recovery. “The motto of Wellbriety is “Our culture is prevention, “expressing an approach unique in addictions recovery process (Coyhis, 2008).

Native Americans in recovery are critical to the history of recovery as they lived through the suppression of their culture and language, and were forced to assimilate into the dominant culture. The war was over, but the demand for them to assimilate into the melting pot of American life was still expected. The Elders say that alcoholism got worse after WWII when the men and women returned to the reservations (Coyhis, 2008). In 1953 the Native Americans were allowed to purchase alcohol and drink in public. Abstinence has been a tradition in the culture for years, now with all of the drinking by the people, Alcoholics Anonymous (AA) became a tool for the people to become sober. The cultural ways of recovery not used in
meetings because they were still illegal and discouraged by the government and Christian missionaries so if practiced it had to be hidden. In the 1960s when civil rights came to the forefront the laws changed and Native Americans could practice spirituality and tribal ways of life in the ceremony as their ancestors did without being arrested and it is still used today in the addiction recovery process (Coyhis, 2008).

Native cultural ways to come out from behind closed doors by The Indian Civil Rights Act of 1968, and the American Indian Religious Freedom Act of 1978 with its Native American Church Peyote Amendment Of 1994. By 1980, AA meetings often used cultural practices during the meetings. NANACOA (National Association of Native American Children of Alcoholics) offers family members who live with an addict a talking circle to heal. During the talking circles, medicines are used, the first prayer and smudging with sage, sweet grass, cedar and prayers in their tribal language. Wellbriety meetings are based on the culture, and one only needs to believe in a power greater than one’s self to attend. Drumming and singing are used to heal in the community (Coyhis, 2008).

The Wellbriety Movement was born in the early to mid-1990s by offering the Medicine Wheel and the 12 Steps program that merged 12 Step AA with the teachings of the Medicine Wheel. This approach uses any or all the various local tribal traditions in meetings and talking circles. The Wellbriety Movement also highlighted the need to go beyond sobriety to heal the wounds of intergenerational trauma carried by almost all Native Americans people (Coyhis, 2006). Native Americans people now understand that alcoholism is a symptom of more deeply embedded wounds. The most prevalent wound is the trauma of oppressive genocidal behaviors and policies arising from the dominant Euro-American society and passed down unabated from generation to generation. The most obvious outward causes of intergenerational trauma
continued all the way up to the 1960’s (Coyhis, 2006). Native American and Alaska Native people today live across the social spectrum that runs from traditional to entirely or partially acculturated. A traditional person seeks to live through the culture, spirituality, and lifeways of their tribal tradition much as the ancestors might have and includes modern life. Many Native Americans are acculturated in the mainstream but hold on to their heritage. Each person has a different level of acculturation but, no matter where they stand, they are proud to be a Native American (Coyhis, 2006).

Wellbriety uses culture to help individuals heal from drug and alcohol use, as well as to heal from the intergenerational and historical trauma that is very likely a deep cause of chemical substance addictions for Native Americans and Alaska Natives. We received The Four Laws of Change from an Elder in New Mexico in the mid-1980s. They are some of the deepest roots of the Wellbriety Movement. The Four Laws of Change state: (a) change is from within (b) For development to occur it must be preceded by a vision (c) a great learning must take place (d) you must create a Healing Forest (Coyhis, 2006).

While building a healing forest one must realize change is from within means that we must have an internal desire to make changes in our lives. We must make a conscious effort to change our intent, our choices, and our behaviors. Understanding that meaningful change comes from inside us. It cannot be forced on the individual or be foreign to the community to have a positive and lasting effect (Coyhis, 2006). Permanent and lasting change starts on the inside and works its way out for development to occur. First, comes a vision, the discovery of the thoughts feelings and images which create the future (Coyhis, 2006).

The vision must answer “What would our lives, our community, or our nation look like if it were working in a good way?” (Coyhis, 2006, p. 1930). The Wellbriety Movement helps
each person take steps to create a better life for self, family, and community. The community’s future is based on the law of the vision. The spiritual world provides an action plan and guides the vision forward. This is the plan of life when living in a good way (Coyhis, 2006). A great learning must take place, everyone needs to be part of the change for affirmative and long-term change. This requires all members of the community participate in simultaneous learning to recover from the effects of alcohol, drugs, and intergenerational trauma (Coyhis, 2006).

The Healing Forest Model by Wellbriety is both inspirational and a basis for community healing where alcoholism and other addictions are symptoms. In the community, social issues associated with alcohol and substance misuse are also symptoms. In recovery, it is important to address the underlying spiritual and cultural issues that give rise to the anger, guilt, shame, and fear (Coyhis, 2006). Anger, guilt, shame, and fear are considered the four poisons which create the sick forest of addictive behaviors and are one of the causes of historical trauma. In the late 1870’s Native Americans could no longer speak their language in the boarding schools which also explains what the experience of historical trauma on the people. This was not lifted until 1960 when the Civil Rights Movement began. (Coyhis, 2006). Each language carries culture and culture is how people know themselves as a cohesive unit in a world of social diversity. By shaming people who use their language, shames the culture created a traumatic element that is passed down intergenerationally. Applying the Healing Forest model to heal NA communities through addressing historical and intergenerational trauma is essential (Coyhis, 2006).

According to the Healing Forest Model, the trees (individuals and institutions) cannot find their spiritual, emotional, mental, and physical health until the soil is cleansed. Therefore, anger, guilt, shame, and fear are replaced by the traditional values of healing, hope, unity, and forgiveness (Coyhis, 2006).
Medicine Wheel

The design of the Medicine Wheel is a concept from the North American tribes who use circle drawings, ideas, and construction out of physical media to express tribal culture and spirituality. It is used in the Native American culture by many different tribes as a design of their spirituality which was given to them by the Great Spirit. The Medicine Wheel is designed in a cyclical pattern which represents self and the relationship to the universe. It includes your spiritual, physical, emotional, and mental dimensions which are affected each day by your choices you make. Each quadrant represents one of the Four Directions, the North, South, East, and West. Each direction represents one of the seven aspects, whether it is with the physical body or the cycle of the seasons as a path in life. For example, the East represents childhood, the South the youth, the West the adult, and the North the Elder. There are many teachings of the Medicine Wheel; one is that life is a process of life cycles, by day, month and years. The Medicine Wheel is the expression of the principles, laws, and values that other tribal peoples understand in their ways (Coyhis, 2008).

The Medicine Wheel teaches about the cycle of life-baby, youth, adult, and elder-and the seasons-spring, summer, fall, and winter-that express the four directions in a tangible way. It also teaches that there are four directions of human growth-emotional, mental, physical, and spiritual, as well as four aspects in our human societies-the individual, family, community, and nation (Coyhis, 2008). The Medicine Wheel is in the form of a circle which represents the unity of the four principles. This suggests that the principles can take place at the same time when experiencing it from the vantage point of the center, which represents the self (Coyhis, 2008).

The Medicine Wheel teaches the system we live in designed by Creator is a polarity-based system. We always find plusses and minuses, ups and downs, and other expressions of
opposite tendencies. Living in harmony with polarity-based system brings us into balance with the principles, laws, and values that are at the root of all life. When we are out of balance, the natural laws let us know through feedback in some form of tension, anxiety, or stress, letting us know we must come back into balance (Coyhis, 2008). The addictions’ epidemic has affected all communities, including the Native communities and proves that the sign of people falling from harmony with the natural life balance, and with the natural principles, values, and laws that make life worth living. The loss of culture and spirituality has been very damaging to the Native American culture and is related to the alcoholism and drug use (Coyhis, 2008).

Native understanding of the “seen” and the “unseen” world is one expression of spirituality is taught by the Medicine Wheel and Native Elders. The physical world is known as the seen world, and the unseen world which is the spiritual world, both need to be considered when looking for balance in the spiritual world. Often the physical, materialistic, consumer, and mechanistic aspects of human life are coming to dominate most of human life on earth which we call the “seen” world. Traditional people in addictions’ recovery use the “unseen” world in their recovery processes (Coyhis, 2008). Native Americans attend ceremonies from their traditions, such as, the sacred pipe ceremony, sweat lodge, Sundance, smudging, and tobacco offerings in the morning and evening, which can shift a person into the heart center, which is one attribute of the unseen world (Coyhis, 2008). Recovery of the spirit. Which is called the heart, for emotional healing in Native American culture one must heal the whole person, we are all connected, and one area affects the other. You work to have balance in life. Native Americans embrace both the seen world and the unseen world, the head and the heart, for a full recovery. The heart-centered process seems to be the key that opens the lock to recovery in Wellbriety (Coyhis, 2008).
The opiate addiction epidemic is an example of when one part of the system is disturbed; this disturbance will be felt throughout all parts of the universe. It affects individuals within in their private lives, in the social, economic and spirituality of everyone in the community either overtly or covertly. It raises the cost of medical care, family stability, spirituality, the safety of the community and the list goes on of the negative effects an epidemic can bring. This is an example of interconnectedness and how it affects us all.

Conflict and struggle are polarity based, we do not have one without the other, and they are the natural consequences of the interconnectedness we have in our lives. All change is a part of conflict and struggle. For example, after a seed is planted it must push its way to the surface of the earth. The soil resists the change, and the growth of the plant pushes forward toward the sun for continual growth. The struggle is also present in human growth. When a child begins to walk, each step at first is a struggle until they find balance and then progress is made when the child walks on his own. Conflict motivates change. As we sit and contemplate our life struggles and we may feel miserable and not be sure what we need to do. By moving forward with a decision, we initiate change, either positive or negative which brings movement in life. This movement is when we have made a decision, and we feel good enforces the statement, “conflict precedes clarity.”

The Creator, known in many Native cultures as the Great Spirit designed the interconnectedness of the universe which provides the teachings of the Medicine Wheel which are believed to be the truth of all intelligent life. This process of living is believed to provide the power of living a good life.
Adlerian Psychology

Alfred Adler (1870-1937) is known as the first community psychologist, and the founder of Individual Psychology which encompasses the whole person and his striving for superiority for compensation for this feelings of inferiority (Webb, 2017). Adlerian psychology speaks of an undivided personality, showing that a man’s uniqueness must be understood as a unity and exists only once. Adler sees man as part of the cosmos, a totality, being one small part of the interconnectedness of the universe. Man can be seen in many ways when looking at the totality of man (Adler, 2016).

Adler believed humans are socially motivated and each behavior has a purpose which is directed to a goal is the basis of Adlerian Therapy. Adler believed that feelings of inferiority could be what motivates a person to strive for success. Adlerian therapy recognizes the importance of self-concept, for example, one’s perception of reality, their values, beliefs, and goals. The concept of a person is holistic and considers the effect society has on the client and he influences society (Ansbacher & Ansbacher, 1964).

An Adlerian basic concept is that man is always in motion. Constantly looking at where is he going and by understanding the way a man is moving can help to understand his behavior. Adlerian psychology looks at what goal is this man moving towards. The concept of creative ability is when one as a child tries to find his way in an unknown world, looking to find his significance and where they belong in the world. A child learns from what is inside and what is outside of him to create his personal goal. This moves him forward in life and defines how he acts, thinks, and feels. The personal goal I must include the internal picture of his significance so it integrates into his personality and shows the concept of his goal. Adler viewed who we are is based on how we interpreted an experience more than experiences itself (Kronemyer, 2009).
This goal begins in early childhood and is influenced by his upbringing, what is inherited, his environment, culture, society and from this, he will have his way of surviving and it will affect his development in life. Adler defined his work on the basis people have a self-ideal which guide them in life. The image they create of perfection moves them toward the life goal. Adler’s goal was to understand a person’s behavior by looking at his goals and what motivation they bring. Adlerian therapy is based on how a person views the world (lifestyle) which is formed between birth and age six and assesses how later events in life are affected (Kronemyer, 2009).

Man is a social being in the Adlerian psychology and his involvement in society how he relates to others in relationships, work and love are important to the whole being. Every action or lack of action has a purpose which affects the character of the individual which creates his type of lifestyle. A human being can reason so he can use what is both innate and outside of him. The man has the power of choice and can use what he creative ability he has and is not limited to only what he was given or is available. Creative ability offers one choice and our lifestyle will influence the choices we make. Without the power of choice of the possibilities there would be little movement in life and he would not use his creativity to make choices. There would be no positive or negative choices life would be defined by fate (Ansbacher & Ansbacher, 1964).

Adlerian therapy considers social interest as a sign of one’s mental health. The community feeling and how relates to the human community shows how if one is connected to others. This human connection, and by sharing healthy activities, being can decrease the feelings of inferiority. Adler teaches there are three life tasks to accomplish to be satisfied in life, which are social- friendship, intimacy, and the societal contribution which includes work. The tasks require the capacity to develop self-worth, friendship, and cooperation. Adlerian therapists encourage clients to challenge their perceptions by increasing their self-awareness and create
movement toward life tasks and become active in the community. For an Adlerian therapist, the goal is to teach, guide, and encourage the client to their fullest potential (Ansbacher & Ansbacher, 1964).

**Phenomenology**

This may be defined as a study of the apprehension of the self and the external world according to the way these things appear to an individual in his or her unique, subjective evaluation. The term is from the Greek, phenomenon, meaning appearance. Individual Psychology pursues a phenomenological understanding of the person’s unique life-style, seen as the expression of a private and creative assessment of self and the world (Ansbacher & Ansbacher, 1964).

No experience is a cause of success or failure. We do not suffer from the shock of our experiences — the so-called trauma — but we make out of them just what suits our purposes. We are self-determined by the meaning we give to our experience, and ether there is probably some basis for our future life. Meanings by are not determined by situations, but we determine ourselves by the meaning we give to the situation (Ansbacher & Ansbacher, 1964).

Heidegger conceptualizes emotional states or effects in a theory of affects that steers away from any notion of pure or discrete effects, where effects fall within a complex process of the doubling or synthesizing of the self, which is not divorced from the existential situation involving other modes of being such as interpersonal exchange (relatedness and language), memory (temporality), and embodiment (corporeity) (Cammell, 2015). Effect becomes the tone and atmosphere of this binding or failure to bind. In this context, Heidegger uses the term *Befindlichkeit*, which is Heidegger’s own neologism, developed from the German colloquial verb *befinden*. This verb is used in the everyday question, “*Wie behind Sie sich?*” which broadly
translates as “How are you?” There is no literal translation of this question into English, as the verb refers to, at once, feeling and finding oneself, such that “Wie befinden Sie sich?” literally means “How are you feeling?” at the same time as “How do you find yourself?” (Cammell, 2015). In adapting this verb, Heidegger wants to capture an expression that embodies states of mind, mood states, as a type of feeling and finding oneself situated. By describing moods as a kind of situatedness, he is attempting to overcome a sense of inwardness or depth (moods being intrapsychic if you will). Befindlichkeit refers to a state that is both inward and outward looking. Moreover, such states are self-referential: One finds oneself in this state; it is self-interpreted actively and is an issue for oneself. This self-understanding is not cognitive as much as an implicit, lived-in awareness: This is how I am (Cammell, 2015).

**Teleology**

*The Lexicon of Adlerian Psychology* states that the meaning of teleology is the position that specific phenomena are best comprehended and depicted about their reasons and functions instead of their causes (Griffith & Powers, 2007). About psychology, its advocates ascertain that cognitive procedures are with reason, that being, directed toward an objective (Griffith & Powers, 2007). The principle is suggesting that all human behavior is driven by reason, function, and direction and are progressing toward a specific purpose. This position is generally, but not always, a religious position (Nugent, 2017).

**Holism**

Holism encompasses the mind-body connection, biopsychosocial, the internal cultural values and the multiple external systems a person is embedded in (Johnson-Migalski, 2017) Adler never varied from a holistic view of the human. Powers & Griffith (2007) noted that it is the whole that gives meaning to the parts (Edgar, 1996). Adler explained holism as “You have
to look at the whole family to understand a child.” One needs to view the current culture and past culture to understand how someone grew up to get the full picture of them that is why we always go back to the childhood. Holism is taking in the worldview of life, the mental, social, physical, and heart which explains the statement, what your mouth will not say your body will tell you. If we do not take care of what emotionally bothers us, it can show up physically (Johnson -Migalski, 2017)

Adler viewed the individual as a unified whole expressed through of thinking, feeling, and action toward an unconscious fictional final goal. This must be understood within the larger wholes of society, from the groups to which he belongs (starting with his face-to-face relationships), to the larger whole of mankind. The recognition of our social embeddedness and the need for developing an interest in the welfare of others, as well as respect for nature, is at the heart of Adler's philosophy of living and principles of psychotherapy. The view of persons emerging in their development as organic unities, and of a person’s thoughts, feelings and actions as self-consistent behaviors expressing as one indivisible and unique variant of human possibility (Griffith & Powers, 2007, p. 55).

**Adlerian Psychology and Native American Recovery**

The Native American recovery traditions and Adlerian psychology have a common theme of social interest and community feeling. They both look at the whole person and how they relate to the world around them. Each brings the whole person awareness he or she are an integral part of the community and hold a place of being responsible for the integrity of it. Part of the healing process it the healing of the individual to become and an asset to the community.

**Social Interest/ Community Feeling**
One of Adler’s key concepts is that of social interest. “Social interest” in German is *Gemeinschaftsgefühl*, which also translates as “community feeling,” as opposed to one’s private interests or concerns. One’s “style of life” is the set of construals and personal narratives one has devised to cope with being-in-the-world. If one has social interest than one piece of evidence or enacts a “useful” style of life. If one does not have social interest, then one is self-absorbed and is concerned only with one’s self. Such a style of life is “useless” (Kronemyer, 2009).

The condition of being useless is not pathological. A person does not “have” (possess) a defined set of psychological symptoms. Rather, she “uses” them in her dealings with others and lives within their parameters, confines, and restraints. She believes there must be some benefit to deploying them and that her life would change for the worse if she were not able to do so. In this sense neurosis is a form of reality-evasion. The useless person is not sick, rather just “discouraged” because the dysfunctional relationships she has developed result in loss of social functioning and subjective mental distress (Kronemyer, 2009).

**Holism**

Holism is the center of both Adlerian and the Medicine Wheel which embrace the concept everything is interconnected. As an indivisible whole, a system, the human being is also a part of larger wholes or systems - the family, the community, all of the humanity, our planet, and the cosmos. Thus, Adlerian Psychology rejects the idea of reductionism and the belief that individual personalities can be dissected into parts. In these contexts, we meet the three important life tasks: occupation, love and sex, and our relationship with other people - all social challenges. Our way of responding to our first social system, the family constellation, may become the prototype of our worldview and attitude toward life (Aberdeen, 2017). To understand the individual, one needs to explore the whole person, including thought, action, and feeling. The
Medicine Wheel exemplifies the concept of holism, and often visually represented in the center of the Medicine Wheel. Although the Medicine Wheel expresses the concept of our distinct directions, the symbol of the Medicine Wheel is the best understood holistically. The Medicine Wheel represents the life cycle of human beings, an interconnectedness and circular progression that signifies growth and change in each direction (Hjertaas, 2010). Many have used Native American concept and have shifted them to work within different therapeutic processes.

Each human being has the capacity for learning to live in harmony with society. This is an innate potential for social connectedness which has to be consciously developed. Social interest and feeling imply "social improvement," quite different from conformity, leaving room for social innovation even through cultural resistance or rebellion. The feeling of genuine security is rooted in a deep sense of belonging and embeddedness within the stream of social evolution (Aberdeen, 2017).

A feeling of human connectedness and a willingness to develop oneself fully and contribute to the welfare of others are the main criteria of mental health. When these qualities are underdeveloped, feelings of inferiority may haunt an individual, or an attitude of superiority may antagonize others. Consequently, the unconscious fictional goal will be self-centered and emotionally or materially exploitive of other people. When the feeling of connectedness and the willingness to contribute are stronger, a feeling of equality emerges, and the individual's goal will be self-transcending and beneficial to others (Aberdeen, 2017).

Adlerian individual psychotherapy, brief therapy, couple therapy, and family therapy follow parallel paths. Clients are encouraged to overcome their feelings of insecurity, develop deeper feelings of connectedness, and to redirect their striving for significance into more socially beneficial directions. Through a respectful Socratic dialogue, they are challenged to correct
mistaken assumptions, attitudes, behaviors, and feelings about themselves and the world. Constant encouragement stimulates clients to attempt what was believed impossible. The growth of confidence, pride, and gratification leads to a greater desire and ability to cooperate. The objective of therapy is to replace exaggerated self-protection, self-enhancement, and self-indulgence with a courageous social contribution (Aberdeen, 2017).

**The Medicine Wheel**

Holism is the center of both Adlerian and the Medicine Wheel which embrace the concept of holism. Adler’s psychology is indivisible which this theory rejects the idea of reductionism and the belief that individual personalities can be dissected into parts. In keeping with scientific inquiry, an Adlerian may use terms such as cognition and feeling, but these supposed parts are not as important as the individual’s use of these constructs. To understand the individual, one needs to explore the whole person, including thought, action, and feeling. The Medicine Wheel exemplifies the concept of holism, and often visually represented in the center of the Medicine Wheel. Although the Medicine Wheel expresses the concept of our distinct directions, the symbol of the Medicine Wheel is the best understood holistically. The Medicine Wheel represents the life cycle of human beings, an interconnectedness and circular progression that signifies growth and change in each direction.

The Medicine Wheel is a polarity-based system. We always find plusses and minuses, ups and downs, man–woman, boy–girl, here–there, good–bad, and other expressions of opposite tendencies. For human beings, the polarity-based system is brought into balance by living in harmony with the principles, laws, and values that are at the root of all life. If we go out of balance, the natural laws let us know through feedback in some form of tension, anxiety, or stress, giving us the message that we must come back into balance once again. Holism has the
same set of principles, which encourages us to look at the universe as a whole. Each person is an integral part of the whole; you cannot heal one part of life without it affecting another. If the wound heals, it affects the spirit, emotional, physical and mental and brings it back into balance. They are all related. The addictions’ epidemic at this time in both Native and non-Native communities is one signal coming from natural law that human life has fallen out of harmony and balance with the natural principles, laws, and values that make life worth living (Coyhis, 2008)

**The Solution/ Counseling Implications**

The Healing Forest Model (Coyhis, 2008) is both inspirational and provides a solid base for community healing and cultural programs used in treating both Native and non-Native communities that participate in Wellbriety. Addictions are the symptom that there is a problem with living a productive lifestyle. Alcohol and drug addiction create social issues homelessness and poverty. The underlying spiritual and cultural issues in a community that add to the anger, guilt, shame, and fear that create a nonproductive soil in the forest metaphor. The four poisons live in the sick forest create the problem of addictive behaviors. Intergenerational trauma is known to be a direct cause of an unhealthy forest (Hartmann, 2012). The intergenerational trauma is continually passed down from generation to generation, and the cycle of the unhealthy lifestyles continues. It is not only a thing of the past but is alive and needs to be addressed in the healing process to building a healthy community.

Today it is important to bring the culture of yesterday and the healing methods of Adlerian Therapy together as we process our pain, anger and other symptoms of our addictions. The Adlerian teaching that we are not our illness brings forth the similar belief of culture that we
can heal from what we have brought to us in life as in the example below. We need to heal the whole person, accept our journey and move on with our life goals (Duran, 2008).

One part of intergenerational trauma is when the right to speak the native language illegal. This law which was enforced by the government and enforced in boarding schools removed a vital part of the culture from NA. Speaking your native language keeps a culture alive, brings identity to the people and unites them with a common bond. The government outlawing the right of NA to speak the native tongue brought shame to the people which were passed on from generation to generation. To heal the Wellbriety model believes we must have a healthy environment where hope and traditional values replace the negativity of anger, shame, fear, and guilt. This healing must include the individuals and institutions in the community embracing the traditional cultural methods of healing with hope, unity, and forgiveness. (Coyhis, 2008).

**Therapist role in cultural competency**

Identifying that historical trauma is critical when working with some Native Americans in recovery allows for the proper assessment and intervention of the presence of trauma in the individual and community (Sue, 2003). Knowing the symptoms can aid in working with native clients that might be masking of the symptoms. The symptoms of trauma include: (1) poor emotional tolerance, (2) psychic numbing, (3) hypervigilance, (4) substance abuse, (5) fixation on trauma, (6) depression (7) identification with death. Historical trauma is passed on from generation to generation through parent-child interaction and stories of the trauma. Children, who never actually experienced the trauma, receive first-hand accounts of it from family members (Struthers & Lowe, 2003, p. 263). These symptoms of trauma can guide a therapist to
what is underlying substance abuse or working a treatment plan that covers trauma and substance abuse.

**Conclusion**

As addiction and mental illness remain prevalent in Native American communities, the need for culturally specific therapeutic interventions is important. NA peoples need to know there are safe places for free expression as a Native being. It is also important for Native Americans to know they are not alone in the struggle of recovery. Using the principle of community feeling and belonging is vital. The Wellbriety groups provide an effective treatment approach, applying peer-to-peer support groups and a facilitator that guides the person onto a path of change and new experiences in recovery.

After considering the process of Co-Occurring Disorders and how it has affected the Native American population it seems possible by using both Adlerian Therapy and Wellbriety to heal is an effective approach. This literature reviewed the highlights the experience of historical trauma as a compounding element challenging the recovery of co-occurring addiction with another mental health disorder. The literature reveals a need to challenge the current evidence-based practices and acknowledging differences in ways of knowing between western empiricism and native worldviews.

Adlerian psychology and Wellbriety are both people-centered, socially oriented, and believe in the recovery of the whole person. It cannot be done in parts; each looks back at the child, youth, adult and elder to heal, the sum of all parts. The Adlerian perspective is holistic-holism. Wellbriety is interconnectedness-looking at the person as an equal to all creation. The Adlerian view “man seen in motion is constantly on his way, and Wellbriety speaks of “walking the Red Road” both have a similar meaning of the journey of change. It is the acceptance of
being able to use parts of each in a therapeutic setting without changing the meaning of either by choice of words. This can be powerful in motivating change, acceptance and embracing the culture in the treatment of co-occurring disorders.

Rupinder, Raleigh-Cohn, Fickenscher and Novins (2014) reports that one major complaint is the lack of supplies, computers, space, treatment planning opportunities often lack in treatment settings for counselors in the treatment setting by resolving this funding issue could enrich the recovery of all clients (Rupinder et al., 2014). The need for evidence-based practices which are required for most funding purposes will need to be explored to allow culture to be the healer in NA community. By taking the knowledge of the past of the indigenous cultures and changing it to meet dominant culture requirements for funding and allowing what is natural, and known to be effective and works, can be effective for change without struggle. Wellbriety or healing with culture is practice-based evidence proven for the past hundreds of years. We need to invite the dominant culture to look at the possibility of including cultural to heal and include these methods into evidence-based practices.

Additionally, more research should be conducted to improve understanding of Native Americans as tribes and individuals within tribes and the diversity of needs and cultures. Cultural competence could be a future study for addiction counselors and mental health professionals who work within Native American cultures.
References


mental disorders (AMDs). *Addictive Behaviors, 34*, 838-845. doi: 10.1016/j.addbeh.2009.03.005


Pember, M. A. (2015, May 28). *Trauma may be woven Into DNA of Native Americans.*
http://indiancountrytodaymedianetwork.com/2015/05/28/trauma-may-be-woven-dna-native-americans-160508


http://www.all-about-psychology.com/adlerian-psychology.html
