

The search for alcoholism treatment

Looking for programs that work with Alaska Natives

by Ernest J. Turner

Director, Alaska Native
Alcoholism Recovery Center

Editor's note: This is the first in a series of articles based on a thesis, "A Cultural-Relevant Curriculum in the Education of Alcohol and Drug Abuse Counselors Working with Alaska Natives," by Ernest J. Turner. Turner, an Athabascan from Holy Cross, is the director of the Alaska Native Alcoholism Recovery Center in Anchorage.

OPINION

Den Nena Henash Our Land Speaks

Childhood experiences with my grandfather taught me a great deal about Native culture and this wonderful world we live in.

I cannot explain the emotions I experienced as I discovered some of the secrets of the earth and how terrified I would feel because of my own inadequacies in facing the power of those mysterious secrets. Grandfather said we come from *ngan* (which in the *Deg Hit'an* language, the traditional language of the *Inglit* band of the Athabascan people, refers to earth, soil, ground or mud) and grow like the *gidagaduh* (root).

The root is connected to the earth which is our source of life. From the earth comes strength through the food we eat and from the thought generated into knowledge.

He taught me that the Chief Spirit communicates with us through our connection with the earth. The thoughts we generate because of this connection are put into the mind before they are put into words. The words come from nothing into being and are a gift that is very sacred and must not be abused.

He referred to this as "our way," or the "way of our people."

Like most other Alaska Natives, I left my cultural roots in pursuit of something vastly different. My journey led me to an incongruous way of life in which I spent nearly 30 years suffering from the ravages of alcoholism.

In 1970, I began my recovery after completing in-patient alcoholism treatment. I had broken out of the mold or pattern of destruction so prevalent in my culture, but sobriety was a battle every step of the way. I was in the fight of my life, trying to combat the insidious compulsion of the mind to drink.

Alcoholics Anonymous — AA — refers to this as being powerless. They said our dilemma was a lack of power. So, to recover meant believing in a power greater than one's self.

My view of a Higher Power was a mixture of Christianity and the traditional Native mythology. The Christian God threatened to send me to a fiery hell if I were bad, and the Native Spirit loved me regardless of what I did.

The internal spiritual conflict I experienced was almost my downfall; however, I remembered my grandfather's wisdom, strength and belief in a Chief Spirit. I can still feel his tender guidance as he directs me to help stop the cycle of destruction.

Recovery led me to a job with the King County Alcoholism Program in Washington, counseling ethnic minorities, primarily American Indians and Alaska Natives suffering from alcoholism. It was a very special learning experience since it was my first attempt to theoretically ground an approach to alcoholism treatment with

a culturally attuned emphasis.

At the general level I learned that the Native with alcohol problems often bears the emotional burden of some widely held social stigmas, both as a Native and an alcoholic. The most ingrained social stigma is a product of many years of government paternalism and the cultural shock that occurs when a small culture is forcibly absorbed into a larger, technologically advanced society.

I noted a definite reluctance on the

available with training to support this concept.

•The executive director of the board had other ideas as to the significance of cultural relevance in a treatment setting.

I soon learned that the operational philosophies of a Native organization are not always shared unanimously by its members. Divergent philosophies on cultural relevance in a treatment setting led to discord among board and staff members of SIAP, which in turn

show more enthusiasm, the morale improved and there seemed to be a tangible energy in the agency. We began to evolve into a comprehensive program. One day, the national institute made an on-site inspection. During their visit they asked about the cultural-relevant component of the organization.

They appeared to be satisfied after they participated in a sweet-grass ceremony. Apparently, they knew as little as I about cultural relevance in

Like most other Alaska Natives, I left my cultural roots in pursuit of something vastly different. My journey led me to an incongruous way of life in which I spent nearly 30 years suffering from the ravages of alcoholism.



Ernest J. Turner

part of most Native clients to be involved with a government agency. I attempted to find further significant cultural obstacles that might interfere with the clients' recovery from alcoholism, all the while troubled by the criticism of professionals against having cultural model programs.

While they were trying to dismiss my ideas as so much anthropological theory-building, early indications from this project suggested that my experience may be useful in future attempts to work with people of a different culture.

In 1982, I was asked to develop a cultural-relevant approach to treatment in the Seattle Indian Alcoholism Program where I had just accepted a position as counselor supervisor. The purpose was to enhance the currently accepted method of treatment with a cultural focus.

The grassroots efforts of the Indian movement had influenced the U.S. Congress to enact legislation on specific Indian alcohol program funding. The congressional legislation mandated the National Institute on Alcohol Abuse and Alcoholism to include American Indians and Alaska Natives for special cultural-specific appropriations.

The Seattle program had just received a grant from the national institute. One of the requirements of the grant was to provide culture-specific treatment. I was confused about this phase of the award, but it was the basis of an idea as to the meaning of cultural relevance.

I had been studying under the guidance of James R. Milam, an authority in the field of alcoholism at the Vocational Resource Center, an outpatient alcoholism program in Seattle. Under his guidance, I developed a good understanding of the basic concepts in treating the disease of alcoholism.

On Oct. 1, 1972, we started the Seattle Indian Alcoholism Program. In the implementation of a cultural approach to treatment, we instantly ran into a couple of problems:

•There were no qualified counselors

began to undermine the confidence of the clients.

Some of the members wanted to use the traditional Indian spiritual approach, while others felt AA, along with cultural-sensitive counseling techniques, was more appropriate.

We finally supported a concept of using indigenous Indian paraprofessionals to deliver services using their own experiences, values and beliefs. We agreed that at least the first-hand knowledge of being an Indian or Alaska Native would help the counselors face the inner conflicts besetting the alcoholic Indian or Alaska Native client.

We ventured forth with counselors who had little or no training and very little experience in alcoholism recovery.

While the primary focus of the program was to treat the disease of alcoholism, the counselors were instructed to place attention on the external stresses caused by cultural conflicts. This resulted in a hodgepodge of cultural approaches from sacred sweat lodges, sweet-grass ceremonies, a variety of traditional medicine man techniques, to other healing methods.

Conflicts of opinion did little to provide a case in support of diverse cultural methodology. It was apparent that we needed a common denominator, a common thread we could all support. The only approach we could all agree on was the AA 12-step program of recovery. That was our beginning.

I had been employed for less than a year as a counselor supervisor without any real authority in the design of the program. The organization had been floundering. There appeared to be no real direction, and the staff was confused and in disarray.

At that point the director suddenly resigned. I was promoted to the position of interim director. There, my entire focus changed. I became busy trying to understand all the political intricacies of working with government agencies and the particular laws that govern Native people. I also was very busy trying to stabilize the program.

After a while, the staff began to

treatment. After their visit I had a feeling something was missing.

I started talks with several Indian program directors who were in various stages of developing their own projects to share my concerns. Most of the projects were located on the numerous Indian reservations in the Pacific Northwest.

We hoped we could come up with a solid foundation to begin a training project that would address the need for cultural-relevant training. They were as confused as I was.

We seemed to have no solid foundation to support the hypothesis for the need of a cultural-relevant program. After all, alcoholism was alcoholism. We were all using the 12-step methodology in our programs. What was the purpose of pan-Indian approaches, and could they make a difference in the healing process?

We discovered that there is probably more cultural diversity than similarity among Indians in the Northwest. Today, we are still asking the same questions in Alaska.

Two years ago I accepted a position with the Cook Inlet Tribal Council as the director of the Alaska Native Alcoholism Recovery Center. In recruiting alcoholism counselors, I found that none of them had any training in cultural relevancy in counseling despite that fact that more than half of all admissions to alcoholism counseling in Alaska were Native.

I immediately began to explore ways of including cultural relevancy into treatment, providing training on an in-service basis as we went along. I discovered that in order to gain an understanding of the need for cultural relevancy in alcoholism training we must retrace our origin in order to establish a foundation from which to start.

Next week, Turner will address the issue of the way alcoholism is viewed. His article, "Alcoholism: A disease or a disgrace?" discusses denial of the problem by refusal to consider alcoholism a disease.