



OREGON ADDICTIONS & MENTAL HEALTH DIVISION EVIDENCE-BASED PROGRAMS TRIBAL PRACTICE APPROVAL FORM (CONTINUED)

Healthy family _____

Good behavior (*e.g., noncriminal*) _____

Stable housing _____

Psychological (*attitudes; beliefs; knowledge; skills; lifestyle*) _____

13. Contact Person for Agency Providing the Tribal Practice

Person _____

Phone _____

Email _____

Instructions:

- 1. Name of Tribal Practice**—The name of the practice is important. It can be convenient to have the same name reflecting a tribal practice that is used in many tribes (e.g., sweat lodge ceremony). However, every implementation is somewhat different—one canoe journey is not exactly the same as another, even in the same tribe. Identify a name that reflects the tribal practice that you wish to use in your program.
- 2. Brief Description of Tribal Practice**—A brief description covers the critical elements of the practice; it is a summary of the specifics in items 5–12: goal; target population; key elements; providers; and outcomes.
- 3. Other Examples of the Tribal Practice**—A powerful proof of effectiveness is simply the fact that a tribal practice has been implemented in other locations (“replication”). Give some examples of replication of this practice as a way to establish its potential effectiveness.
- 4. Evidence Basis for the Tribal Practice: Historical/Cultural Connections**—Evidence for the validity of a tribal practice is not limited to quantitative research. Other types of evidence increase your knowledge of the effectiveness and validity of practices in local and cultural contexts. In the Native American framework, several specific criteria for valid tribal practices include longevity (“Grandmother test”), teachings on which practice is based, values incorporated in practice, principles incorporated into practice, elder’s approval of practice (“three elderly women test”), and community feedback/evaluation of practice.
- 5. Program Goal**—Describe one, broadly stated purpose—the intended outcome—for the tribal practice. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some particular way. For example, reduction of a specific mental illness like posttraumatic stress disorder, depression, childhood maladjustment, attention deficit hyperactivity disorder, or co-occurring (substance use and mental) disorders.
- 6. Target Population**—Use the Institute of Medicine’s Universal, Selective, and Indicated categories to classify your practice. Universal means everyone in a target group whether at risk or not at risk for having a behavioral health problem (e.g., youth). Selective means that the target population for a program is known to be at risk for developing the behavioral health problem (e.g., youth who are children of a parent with a substance abuse problem). Indicated means that the target population consists of individuals who exhibit some signs of the behavioral health problem (e.g., underage drinking youth). In addition, describe the target population in terms of sociodemographics or other characteristics.

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