Guide to Indigenous DC
The Alaska Native Story of Sleeping Lady
• 574 Federally recognized tribes
• 175 Indigenous languages
• 2.9 million AIAN alone
• 2.3 million mixed AIAN
• 22% live on reservations
Traditional territories of Alaska Native Cultures

- Inupiaq & St. Lawrence Island Yup'ik
- Yup'ik & Cup'ik
- Athabascan
- Eyak, Haida, Tsimshian, Tlingit

- Unangan & Alutiq (Sugpiaq)

Tentative Approval
Native Selected
State Selected
Interim Conveyance

Drawn by Alaska Native Heritage Center

Denali of Land Management, April 2021
Illicit Drug Use among AI/ANs: Major Concerns: Opioids, Marijuana, Methamphetamines

<table>
<thead>
<tr>
<th>Substance</th>
<th>Prevalence</th>
<th>Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>20.1%</td>
<td>314K</td>
</tr>
<tr>
<td>Psychotherapeutic Drugs</td>
<td>6.3%</td>
<td>98K</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>3.9%</td>
<td>61K</td>
</tr>
<tr>
<td>Inhalants</td>
<td>2.0%</td>
<td>31K</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>1.9%</td>
<td>29K</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.4%</td>
<td>22K</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2%</td>
<td>3K</td>
</tr>
</tbody>
</table>
Be Careful of the Stories You Tell...
Cultural Treatments and Traditional Medicines

- Talking Circles
- Healing Ceremonies
- Herbal Remedies
- Smudging
- Sweat Lodge
- Counseling
- Regionally Specific Remedies

- 70% of urban & 90% of reservation AIAN people use traditional medicine
When working with Native peoples...

- Understand YOUR place in social history
- Work with leadership
- Recognize community strengths
- Identify where research/intervention already exist
- Understand how decisions are made
- Share knowledge and be collaborative and communicative
Innovation is needed

Rural Social Determinants of Health

- Income
- Race/ethnicity
- Community infrastructure
- Education
- Food
- Environment
- Transportation
- Housing
Speaking is Healing
Substance Use Disorder (SUD) is Associated with Suicidal Thoughts, Plans, and Attempts among AI/AN Adults ≥18 y.o.

PAST YEAR, 2019 NSDUH, AI/AN 18+

- **Serious Thoughts**
  - No SUD: 4.0%+
  - SUD: 14.7%
  - Total: 21K

- **Made a Plan**
  - No SUD: 0.7%+
  - SUD: 5.1%
  - Total: 9K

- **Attempted**
  - No SUD: 0.2%+
  - SUD: 3.1%
  - Total: 2K

*Note: Difference between this estimate and the estimate for adults with SUD is statistically significant at the .05 level.*
Language
Communication
Communication & Healing
Dogidinh (Thank you)!

Quyana! Tsin’aen! Qagaasakung! Chin’an! Awa’ahdah! Mahsi’!
Haw’aa! Quyanaq! Baasee’! Basi’! Tsin’ee! Gunalcheesh! Way Dankoo!
Quyanaghghalek! Dwoyackshin! Quyanaa!
Native Health Plenary: Advocating for Culturally Centered Evidence-Based Treatment with Native Americans
AMERSA 2023 Conference

LORETTA CHRISTENSEN MD (DINE’)
NOVEMBER 3, 2023
IHS Mission and Vision

• The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

• The IHS vision is healthy communities and quality health care systems through strong partnerships and culturally responsive practices.
# Indian Health Care System

*Data as of August 2020*

<table>
<thead>
<tr>
<th></th>
<th>Hospitals</th>
<th>Health Centers</th>
<th>Alaska Village Clinics</th>
<th>Health Stations</th>
<th>School Health Ctr</th>
<th>Youth Reg. Tx Ctr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS</td>
<td>24</td>
<td>51</td>
<td>-</td>
<td>24</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Tribal</td>
<td>22</td>
<td>279</td>
<td>59</td>
<td>79</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

The IHS also provides funding to 41 urban-centered organizations.
Indian Health Service

• Provides a comprehensive health service delivery system for approximately 2.56 million American Indians and Alaska Natives

• Serves members of 574 federally recognized tribes

• IHS total staff consists of about 15,370 employees
  • Includes approximately 2,380 nurses, 776 physicians, 798 pharmacists, 195 sanitarians, 104 physician assistants, and 270 dentists

Data as of August 2020. Source: https://www.ihs.gov/newsroom/factsheets/ihsprofile/
IHS Jurisdiction

<table>
<thead>
<tr>
<th>Distribution Preference</th>
<th>IHS</th>
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<tbody>
<tr>
<td>Alaska</td>
<td>0</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>28</td>
</tr>
<tr>
<td>Bemidji</td>
<td>36</td>
</tr>
<tr>
<td>Billings</td>
<td>20</td>
</tr>
<tr>
<td>California</td>
<td>73</td>
</tr>
<tr>
<td>Great Plains</td>
<td>24</td>
</tr>
<tr>
<td>Nashville</td>
<td>28</td>
</tr>
<tr>
<td>Navajo</td>
<td>23</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>63</td>
</tr>
<tr>
<td>Phoenix</td>
<td>34</td>
</tr>
<tr>
<td>Portland</td>
<td>23</td>
</tr>
<tr>
<td>Tucson</td>
<td>3</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>355</strong></td>
</tr>
</tbody>
</table>
Hospitalization by Race/Ethnicity

Age-adjusted Laboratory-Confirmed COVID-19-Associated Hospitalization Rates by Race/Ethnicity*† — COVID-NET, March 1, 2020–March 19, 2022

<table>
<thead>
<tr>
<th>Race and Ethnicity</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic American Indian or Alaska Native</td>
<td>2036.2</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>1582.7</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1523.1</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>663</td>
</tr>
<tr>
<td>Non-Hispanic Asian or Pacific Islander</td>
<td>522.7</td>
</tr>
</tbody>
</table>
Cases by ethnicity
Deaths by ethnicity

Figure 4
COVID-19 Weekly Deaths in the United States per 100,000 by Race/Ethnicity, June 2020 to September 2021

NOTE: Data for 6/7/2021 excluded because they reflect a large data influx for which clinical dates were not available. US territories are included in the case and death counts but not in population counts; AIAN is American Indian/Alaska Native.

Equality versus equity

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.
Engaging tribal and urban partners

- Change of paradigm
- Inclusion
- Listening
- Collaboration
- Consensus
Tribal Consultation and Urban Confer

- Formal process of meeting and hearing concerns and comments
- All agencies should have tribal consultation and urban confer policies
- Valuable feedback on important issues
Clinical and Public Health

- Create collaborative forums for sharing of information and best practices
- Working on a sustainable method of communication so all information is accessible
- Inclusion on work teams for agency initiatives
- Tribal organization collaboration
Impact of disparities on public health

- Housing
- Transportation
- Food insecurity
- Access to healthcare
- Environmental hazards
- Access to water, electricity
- Access to broadband
What does not work

Important data on American Indians and Alaska Natives is missing
  ◦ People are not asked their racial identification
  ◦ If more than one race, only one can be recorded

Initiatives failed to account for AI/AN needs
  ◦ Home test distribution
  ◦ Test 2 Treat (T2T)

Switching between equality and equity
  ◦ Allocation of therapeutics
In 2022, the CDC reported that the American Indian and Alaska Native population had the highest drug overdose death rates in 2020 and 2021, at 42.5 and 56.6 deaths per 100,000 persons. (May 9, 2023)
Results of the Impact

Higher deaths from unintentional injury
Substance abuse disorders, higher number of overdoses
High rates of obesity, metabolic syndrome, diabetes
High tobacco use
Higher suicide and mental health issues
Lack of access to information
Public Health Mitigation

- Sustainable Infrastructure
- Improve transportation
- Mobile healthcare access
- Innovation for provision of healthcare
- Education and training for public health jobs
- Partnering with external resources
- Healthy food access
- Preventative care
What did work

- Advocacy
- Adaptation by the Indian Health Service to provide therapeutics, and supplies
- Amazing community response to support our people
- Tribal leadership
- Protecting our elders and our history
IHS HOPE COMMITTEE

- The Indian Health Service (IHS) National Committee on Heroin Opioids and Pain Efforts (HOPE Committee) works with tribal stakeholders to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment.

- Identify local resources that are available to treat pain and substance use disorders
- Ensure adequate administrative support to effectively coordinate patient care
- Encourage IHS facilities to increase clinical capacity and identify viable training and educational resources to support IHS prescribers, practitioners, tribal leadership, and community members
- Facilitate meaningful discussions surrounding development of comprehensive medication assisted treatment (MAT) strategies
## Resources

<table>
<thead>
<tr>
<th>IHS Opioids Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Assistance</td>
</tr>
<tr>
<td>Best and Promising Practices</td>
</tr>
<tr>
<td>Pain Management</td>
</tr>
<tr>
<td>Training Opportunities</td>
</tr>
<tr>
<td>Medication Assisted Recovery</td>
</tr>
<tr>
<td>Prevention</td>
</tr>
<tr>
<td>Harm Reduction and Prevention</td>
</tr>
<tr>
<td>Naloxone</td>
</tr>
<tr>
<td>HOPE Committee</td>
</tr>
<tr>
<td>Maternal and Child Health and Wellness</td>
</tr>
<tr>
<td>Contact Us</td>
</tr>
</tbody>
</table>
Harm Reduction

The IHS continues to support low barrier access to naloxone for overdose reversal. The Indian Health Manual Part 3: Chapter 35 *Dispensing of Naloxone to First Responders and Community Representatives* was updated in September 2023 to broaden the first responder definition to include community representatives and volunteers serving in tribal communities.

The IHS also partnered with the Bureau of Indian Education to develop a Naloxone in Schools toolkit to equip overdose response in community spaces where people gather.

The IHS is evaluating feasibility to establish a Naloxone Safety Net Program -- the aim of this proposal is to create a strategic supply request process that supports emergent naloxone needs and addresses naloxone access shortfalls in tribal communities based upon local overdose rates and available capacity. (Timeline November 2023)
Treatment and Recovery

- The IHS continues to expand efforts to screen patients for risky substance use. In July, the IHS released a new GPRA development measure to collect and report efforts surrounding screening adult patients for risky substance use.

- The IHS is working with OIT to enhance and update screening tools and documentation in the IHS legacy Electronic Health Record.

- The IHS Pain and Addiction Care in the Emergency Department (PACED) pilot project resulted in accreditation of five direct-service Emergency Departments. The programs promote access to naloxone, evidence-based treatment, and enhanced care coordination.

- The IHS is partnering with BIA Corrections to develop an MOU to improve access to care and care coordination for justice-involved populations.
Need for Congressional Support

Naloxone added to Strategic National Stockpile with supply to tribes

Dedicated funding to support creation of a pilot program to expand peer recovery services/community navigator services to connect persons to care

Stafford Act Emergency Declaration related to fentanyl overdoses for tribes

Dedicated funding to purchase and provide comprehensive harm reduction services including naloxone, syphilis contact tracing and treatment, and treatment of secondary complications of substance use.

Funding to support a pilot program for transitional housing/supportive housing ($10 million)
How IHS is Supporting HOPE
for Patients Affected by Heroin, Opioids and Chronic Pain

The Indian Health Service National Committee on Heroin, Opioids and Pain Efforts, or HOPE Committee, works with tribal stakeholders to ensure American Indians and Alaska Natives have access to safe and effective long-term chronic pain treatments, to improve access to culturally appropriate care and to reduce overdose deaths from heroin and prescription opioid misuse.

The IHS Opioid Strategy promotes an appropriate, sensitive and understanding message among health systems and the communities we serve to improve perceptions and beliefs associated with substance use.

We are working to eliminate stigma and encourage positive patient outcomes through appropriate and effective pain management, reducing overdose deaths from heroin and prescription opioid misuse, and improving access to culturally appropriate treatment. The IHS ensures a coordinated and collaborative response through active participation in listening sessions, formal consultation, and community roundtables to ensure relevance of HOPE Committee work to tribal communities.

Strategy 1: Expand access to culturally relevant Substance Use Disorder (SUD) prevention, treatment and recovery services.

OBJECTIVE
Increase access to Medication Assisted Treatment (MAT) through policy and workforce development initiatives, to expand health system capacity and to support integrated MAT models in communities where needed.

- Chronic Pain and Opioid Management ECHO Trainings
- Providers Clinical Support System MAT Trainings
- University of California, San Francisco, National Substance Use Warmline
- American Society of Addiction Medicine (ASAM) Treatment of Opioid Use Disorder Course

KEY OUTPUT
From 2013 to 2018, Opioid Use Disorder treatment with prescribed buprenorphine among AI/AN patients served by IHS increased 95% across all genders and ages, as follows:

- Women: 18 – 34: 0.97% (2013) to 5.23% (2018)
- Men: 35 – 54: 0.42% (2013) to 2.21% (2018)
- Men: 55+: 0.42% (2013) to 2.21% (2018)
Strategy 2: Expand harm reduction interventions to include enhancing education and improving access to opioid overdose reversal medications.

**OBJECTIVES**
1. Increase education and trainings for the administration and distribution of naloxone for law enforcement and other first responders and collaborate with stakeholders to develop community naloxone trainings and distribution models.
   - Naloxone Toolkit
   - Training Video
2. Support prescribing naloxone for patients and families of individuals at risk for opioid overdose, including those using opioids for chronic pain management. Develop models for IHS pharmacists to co-prescribe and dispense naloxone when patients meet criteria.
   - IHS Opioids Best Practices
   - Naloxone Information

**KEY OUTPUT**
- Naloxone Procurement by Month, FY2015 – Q2 FY2019

![Graph showing naloxone procurement by month from FY2015 to Q2 FY2019]

Note: Each unit of naloxone purchased represents a potential life saved.

For more information visit ihs.gov/opioids.

Strategy 3: Develop comprehensive and interdisciplinary approaches to improve the management of acute and chronic pain.

**OBJECTIVE**
Increase training opportunities, resources specific to AI/AN populations and collaboration among health providers to support better pain management strategies including setting realistic treatment goals and incorporating nonpharmacologic and complementary therapies for symptom management.

- IHS Essential and Refresher Trainings on Pain and Addiction
- IHS ECHO Programs

**KEY OUTPUT**
- From 2013 to 2018, total daily Morphine Milligram Equivalents (MMEs) prescribed per 100 prescriptions decreased by 40% in IHS facilities.
Strategy 4: Reduce the impact of perinatal substance exposure on future generations.

OBJECTIVES
1. Evaluate and increase resources to support enhanced access to integrated traditional/cultural care models and systems of care that include MAT for pregnant women. Increase screening for SUD among pregnant women and women of childbearing age to link them to care.
   - Maternal Health
   - American College of Obstetricians and Gynecologists (ACOG) Recommendations
   - Initiating Buprenorphine for Pregnant Women Webinar

2. Increase educational and training resources available for providers, paraprofessionals and patients on the impact of fetal substance exposure. Expand access to high-quality home visiting services for families affected by SUDs.
   - Child Health and Wellness
   - American Academy of Pediatrics (AAP) Neonatal Opioid Withdrawal Syndrome Recommendations

KEY OUTPUT
Implementation of a workforce development strategy and two clinical practice recommendations to provide standards of care surrounding screening, diagnosing and treatment of pregnant mothers and infants affected by opioid exposure.

Strategy 5: Better data-extraction methods and metrics to support informed decision making surrounding pain management and Opioid Use Disorders.

OBJECTIVE
Improve availability, monitoring and use of clinical opioid prescribing and Opioid Use Disorder data to inform IRIS policy and practices and improve safety and quality surrounding treatment of chronic pain syndromes and Opioid Use Disorders.

KEY OUTPUT
Creation of an opioid surveillance dashboard to provide near real-time data on opioid prescribing across IRIS at the local (Tribal) and Area level.
Nothing about us without us.
I see a time of Seven Generations when all the colors of mankind will gather under the Sacred Tree of Life and the whole Earth will become one circle again.

-Crazy Horse
Ahe’hee’
Thank you!
Welcome!

WIFI PASSWORD: AMERSA2023

HASHTAG: #AMERSA2023

SCAN FOR ONLINE CONFERENCE PROGRAM
Advocating for Culturally Centered Evidence-based Treatments with Native Americans

Kamilla L. Venner, Ph.D.
Ahtna Athabascan
Associate Professor
CONFLICT OF INTEREST DISCLOSURE

• Kamilla Venner has conflict of interest management plan at the University of New Mexico due to conducting research on evidence-based treatments (EBTs) and also providing consultation for fee on those same EBTs
OVERVIEW

Work done before first session
First Session
- Introductions
- Cultural identity assessment
Case conceptualization
- Address etiological models of addiction within holistic model of wellbeing
Key factors to consider for cultural adaptations
Cultural adaptation examples
Conclusions
PRIOR TO SESSION & ONGOING
KNOW THYSELF

- Know your own culture and everybody has a culture and has grown up within a culture (recommend a cultural self-study)
- Learn about racial identity models (e.g., white racial identity models) and where you are and where you would like to be
- Know your own biases and everybody has them – it is how our brain works to organize vast amounts of information and make quick decisions
- Learn about discrimination and microaggressions towards AI/AN people
- Practice responding openly and nondefensively when you have committed a microaggression
- Be willing to make mistakes and correct them the best you can
- Also know that you likely represent a University or Institution that has power & participation in past and current discriminatory practices
LEARN ABOUT AI/AN PEOPLE

- Sovereign Nations
- Have always been scientists
- Culture
- Language
- Spirituality
- Health and well-being models (beware of deficit models)
- U.S.A. history with Tribes
FIRST SESSION
CULTURAL ADAPTATIONS

Introductions

• Greet the spirit in each person
• Introduce self in terms of heritage, clans
• Call client by the relative term (e.g., auntie, brother, son)
CULTURAL IDENTITY
Assessment of salience

• Cultural/racial identity development models
  • Conformity;
  • Dissonance & Appreciation;
  • Resistance & Immersion;
  • Introspection;
  • Integrative Awareness

• Acculturation Strategies
  • Integration
  • Separation
  • Assimilation
  • Marginalization

• Avoid stereotyping
• Dimensions: attitudinal, behavioral, language, values
• Measures
  https://www.ncbi.nlm.nih.gov/books/NBK248425/
**4 OPTIONS FOR CULTURALLY APPROPRIATE TREATMENT**  
(Eap & Hall, 2007; Venner & Bogenschutz, 2008)

<table>
<thead>
<tr>
<th>Deliver evidence based treatment (EBT)</th>
<th>Acculturated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver culturally based intervention (CBI)</td>
<td>Traditional</td>
</tr>
<tr>
<td>Integrate EBT and CBI</td>
<td>Bicultural or Multicultural</td>
</tr>
<tr>
<td>Develop new intervention</td>
<td>Bicultural, Multicultural, Traditional</td>
</tr>
</tbody>
</table>
CASE CONCEPTUALIZATION

Determines choice of treatment and treatment goals
EVIDENCE-BASED TREATMENT (EBT)

- One way to address substance related health inequities is to use EBTs
- Funding agencies require EBTs
- Bridging: Western Science & Indigenous Science
ARGUMENT AGAINST Evidence-based treatments (EBTs)

<table>
<thead>
<tr>
<th>EBTs</th>
<th>Traditional Healing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyadic</td>
<td>Communal</td>
</tr>
<tr>
<td>Stigmatized</td>
<td>Admired</td>
</tr>
<tr>
<td>Secular</td>
<td>Sacred</td>
</tr>
<tr>
<td>No AI/AN culture</td>
<td>Preserves culture</td>
</tr>
</tbody>
</table>

Gone, 2008
INDIGENOUS HOLISTIC PERSPECTIVE

• What about your identity, values, worldview would be important for us to include during our work together?
• What do you think caused this problem?
• What is the best way to improve/heal?
• How might stressors such as poverty or discrimination affect your health?
• How important is spirituality to you?
• How might spirituality help you with this problem?
When therapists only look at the individual client level to understand mental health, “…it can have the unintentional effect of blaming clients for problems that originate in the social environment.” (Sue, Sue, Neville, & Smith, 2022)
REASONS FOR HEALTH INEQUITIES

• Biology?
  • No evidence of differing rates of metabolizing alcohol
  • Genetics for developing alcohol use disorder similar to mainstream

• Social Determinants of Health
  • Poverty
  • Lower quality of education
  • Neighborhood factors
  • Social context
  • Access to Health Care
  • Historical Trauma
CULTURAL ADAPTATIONS EXAMPLES
DIMENSIONS FOR CULTURAL ADAPTATIONS

(Bernal et al., 1997)

1. Language
2. Persons: client and therapist (e.g. ethnic matching)
3. Metaphors: symbols and concepts (e.g., sayings, stories)
4. Content: cultural knowledge, values, traditions
5. Concepts: treatment (e.g. independence vs interdependence)
6. Goals: related to positive and adaptive cultural values
7. Methods: (e.g. modeling, cultural reframing, formality)
8. Context: (e.g. acculturative stress, systemic oppression)

Venner et al, 2022 Review of Latinx Cultural Adaptations of Treatment
CULTURALLY ADAPTING TREATMENTS

• Hall, 2001 encouraged the consideration of factors such as:
  • Religion and spirituality,
  • Cultural values and acculturation, and
  • Racism & discrimination

• Avruch & Shaia (2022) MACRO MI
  • Expand beyond individual presenting problems such as alcohol use disorder
  • “The SHARP framework represents a desire to understand individual problems through the lens of relevant systemic factors and to envision solutions that include changing problematic systems.” (p. 184)
## CULTURALLY ADAPTED RULERS

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not important to make a change</td>
<td>It is extremely important to make changes</td>
</tr>
<tr>
<td>You are unsure about making a change</td>
<td>Your plant just broke through the soil</td>
</tr>
<tr>
<td>It is important to make changes</td>
<td>Your plant is ready to be harvested</td>
</tr>
<tr>
<td>You haven’t prepared the ground for planting</td>
<td>A seed is in the soil but hasn’t been watered</td>
</tr>
</tbody>
</table>

### Scale

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tbody>
<tr>
<td>Not at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extremely</td>
</tr>
</tbody>
</table>

### Interpretation

- **0**: Not at all
- **10**: Extremely
- **1-9**: Scale to assess readiness for change
CONCLUSIONS

• Prior to session, do your own work and homework
• Cultural adaptations may be more important for those who are more enculturated and less acculturated
• Important to use models for adaptation (content or process)
• Crucial to involve the community in adaptations
• Introductions, Cultural identity assessment, Case conceptualization, and cultural adaptations
• Listening for aspects of spirituality, extended family, collectivism, and social forces like discrimination may hold key aspects of motivation, functioning, and well-being
TSIN’AEN (THANK YOU) QUESTIONS?
Welcome!

WIFI PASSWORD: AMERSA2023

HASHTAG: #AMERSA2023

47TH ANNUAL CONFERENCE
November 2 - 4, 2023 | Washington, D.C.

ADVOCACY FOR EQUITY AROUND EVIDENCE-BASED TREATMENTS

SCAN FOR ONLINE CONFERENCE PROGRAM