

## May Signpost

### for the GOOD RED ROAD



St. Tekakwitha

Opening prayer:

God of all nations and peoples. You have filled Your Creation with Your mighty presence. Through Your handiwork You speak to our heard words that satisfy our every desire.

You called Your servant the Mohawk maiden Saint Kateri Tekakwitha to embrace the Gospel of your Son Jesus Christ to do Your will and to serve others with the gifts You gave her.

May she who held tight to the cross of Your Son through her short life marred by sickness suffering and persecution, be our intercessor during our own trials. May her embrace of the Catholic faith and her openness to sharing Jesus with others inspire us to be new evangelizers to all cultures and peoples. May she who sought out Jesus in the Blessed Sacrament lead us

**Direction**

**Spring**

**East**

**Yellow**

**Sin/ Apathy, Sloth**

**Fruits of the Holy Spirit/  
Faith/ Goodness /Modesty**

**Gifts of the Holy Spirit/  
Understanding/ Piety**



Who do we need to bring in the circle?

Who do we need to pray for:

Family members who are sick.

Family members who have died.

Struggles that we are facing?

Let us bring our joys and sufferings  
onto this circle.

From Dr. Rick Froyd  
Substance Abuse

Walking in love Framework

Addictions

Mental Illness

Despair

Poverty

Actions versus speaking

Indian time

Gaining knowledge of history

Moving back to walking in love

Assisting where assistance is needed and desired

Patience

*Greetings,*

I want to thank Fr. Mike Carson for allowing me this privilege to contribute to this wonderful newsletter. I believe this outreach to our Native American / Alaskan Indian (NA/AI) relatives is a crucial part of the outreach ministry for the Catholic Church. I will be contributing to this newsletter over a series of three articles in which I will explore the following important and urgent problems facing the NA/AI community: (a) Substance Use Disorders (SUDS); (b) Historical trauma; and (c) Mental Illness. After exploring the enormity of these issues, I want to offer a guidepost for action.

I hope these articles will be useful to you in your work in fulfilling the Commission of Christ. I hope to write this article using accessible language for everyone, and I will include references at the end of each article for those scholarly folks that wish to conduct further study or verify my data analyses.

**Article one in this series of three: The ravages of substance use disorders (SUDS) for Native Americans - a social justice issue.**

*Introduction:*

To begin this section, I would like to explain how I came to be in the position of working with the NA/AI population. I am an independently licensed marriage and family therapist and I hold other national counseling certifications. I have been a mental health provider for over 27 years. I gained most of my training and experience in south and central California. I began in the substance abuse treatment field, moved to treating individuals with chronic mental illnesses, and then began treating families and teaching as adjunct faculty in universities. During all that time, I had little experience working in mental health with NA/AIs.



After those 27 years, God called me and my wife of 36 years to Northern New Mexico in the Four Corners Region. Upon arriving in this area, I noted that on any given day, my client load was anywhere from 60 – 90 % NA/AI. Perhaps even more notable was that during those years from 2016 – 2019 I was providing treatment to persons in the criminal justice system. In other words, compulsory treatment – this will be a social justice issue I will address throughout this series of articles.

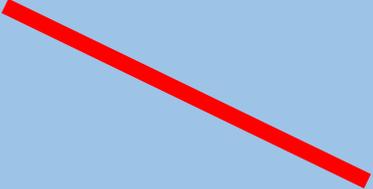
### *Counseling, Mental Health Treatment, and Appreciating World Views*

In the mental health field, we teach our counseling students that they must research the many different approaches to counseling to be an effective counselor, and through experimentation, choose an approach that is ethical and effective. This is no small task as many forms of therapy are directive or non-directive and have a different understanding of how various mental illnesses come to take root in a person (the etiology of the illness).

One approach to therapy was developed by Dr. Carl Rogers that I have chosen for my work: the humanistic approach. Dr. Rogers stated that he approached each human being with unconditional positive regard – a concept he no doubt developed while attending seminary. As well, this type of therapy believes that everyone has the innate desire to grow and develop into all that they can be. They also believe that counseling, or therapy, (I use these interchangeably) is collaborative and democratic geared toward problem-solving – but the key is that the therapist acts as a guide only. He or she does not direct the client. I have come to understand that this approach fits nicely with the NA/AI cultural norms. (I also believe that God never forces Himself on anyone; therefore, this approach seems more aligned with my God).

A few years ago, I had the honor of co-authoring an article with a colleague of Dr. Rogers, Dr. David Cain of Alliant University. We offered a humanistic model of child custody mediation for contested child custody cases in which parents could not agree on a parenting plan (Froyd & Cain, 2014). At that time, those parents were compelled (forced by the court) to attend mediation.

A problem with forcing people to attend mediation to arrive at a child custody plan that is in the best interest of the child is that a highly directive therapist will essentially make this decision for the parents through unconscious or conscious manipulation during the mediation. Depending upon the character, knowledge, biases (both conscious and unconscious), of the therapist or mediator, this can have a dramatic effect on the child. What if the mediator has strong biases against fathers, or mothers?





I take this same view of the criminal justice system forcing NA/AIs to substance abuse treatment or mental health treatment. What if the worldview of the person working with the NA/AI client does not understand the indigenous worldview? What if a White or other non-Native counselor does not honor or value the Native worldview? It is likely then that the conscious and unconscious biases of the person will have a negative effect on the client through this forced treatment.

One of the first things I learned in treating NA/AIs for substance abuse disorders and mental illnesses is that they have a very different world view than I do. Perhaps it is best to explain worldview in this framework. I am white, of European descent, and I tend to view the world from an individualistic (western) perspective. I reflexively think of myself, my family, and then my community. If there is a conflict between my individual views and my community views, I tend to give my own views more weight in decision making.

Whereas, many NA/AIs hold a more collectivist view and reflexively view themselves in terms of their family, community, and tribe (Indigenous worldview). Given a conflict between an individual desire and a community desire, oftentimes, the community will be given more weight in decision making. This was such a dramatic difference for me that understanding these differences in worldview became my top priority as, I believe that failing to account for these differing world views during mental health treatment can result in harm to my clients. As a mental health practitioner, I took the Hippocratic oath (do no harm) and stand by that oath solidly. Perhaps even more confusing, some NA/AIs have been raised in boarding schools or away from family, in which case they may not be “traditional” in their thinking. They may struggle with their cultural identify and heritage. This is an essential element for mental health providers to understand, and probably one of the first questions to ask an NA/AI client.

#### **Facts for this article:**

In my current research project with the Navajo Nation, I have discovered the following facts:

Despite being a very small population overall, NA/AIs have the highest representation in having substance use disorder problems (Dickerson et al., 2014; Greenfield & Venner, 2012).

NA/AIs have urgent issues that affect their physical health, and many are substance abuse related (Substance Abuse and Mental Health Agency [SAMHSA] CBHSQ Data Review, 2018).

Many NA/AI researchers believe that substance abuse issues and mental health issues are directly related to historical trauma, intergenerational PTSD, and disenfranchised grief (Brave Heart, 2003).

NA/AIs living on the reservation were more likely to meet substance abuse disorder criteria but were less likely to have received formal substance abuse treatment (SAMHSA CBHSQ Data Review, 2018).



*Social Justice Issue:*

Did you know that NA/AIs are more likely than Hispanics or Whites to be sentenced to mandatory substance abuse treatment (Kunitz et al. 2002) in New Mexico? There are many factors for this – however, my focus in this article is to highlight this fact in order to ensure we are providing effective treatment.

Since the NA/AI population have significant issues with substance abuse, mental health, and physical problems associated with these issues, and they also have a very different way of understanding their own world, then treatment should necessarily integrate the NA/AI worldview so as not to cause emotional harm during the treatment.

I have also come to understand that the NA/AI population are a very spiritual people. In other words, the common NA/AI worldview holds that everything in the world is interconnected to a spiritual paradigm. All things happen in a spiritual context. Everything has a spiritual component.

As Catholics, we have come to believe in a certain set of beliefs that are common to our universal church.

These teachings are found in our Catechesis. In line with our Catechesis, one thing that I have come to find exceedingly important in my work with non-Catholics and Catholics alike, is Christ's teaching of walking in love.

He said, "I give you a new commandment: love one another. As I have loved you, so you should love one another. This is how I will know if you are my disciples, if you have love for one another." (John 14: 34-35).

In my work with the NA/AI population over the past few years, it has become apparent that they prefer a humanistic approach to mental health and substance abuse treatment. Additionally, using techniques such as Motivational Interviewing fits nicely within their cultural norms (Venner & Verney, 2015).

As Catholics seeking to follow Jesus' teachings, walking in love and loving one another is a key element. If you are Native, the chances that you have a close relative with alcohol or drug issues is very high. As well, the chances you or they have been negatively affected by emotional, physical, and sexual abuse is high as well. If this is true of you and/or your family members, there is hope in seeking help.

I recommend you ask your medical doctor for a referral for you or your loved one to an agency that employs staff trained in working with the Native American / Alaskan Indian population. If you are unsure of what this means, please contact Fr. Mike Carson or Dr. Rick Froyd for assistance with connecting to a local Indian Health Services Agency.

My next article will explore mental health issues. Please let me know your comments on the usefulness of this information!

Your Brother in Christ

Dr. Rick Froyd



## References:

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**Social Justice Topic**  
**Inadequate Housing**

- 1) About 40% of on-reservation housing is considered inadequate (2003, U.S. Commission on Civil Rights).
- 2) The waiting list for tribal housing is often three years or more,
- 3) overcrowding
- 4) absence of utilities.
- 5) Living in unhealthy conditions.

There are many reasons why these housing conditions exist, such as inadequate funding, the inability of Native families to apply for loans and the extended bureaucracies involved in housing construction and allocation.

In what ways can I become more informed about this concern?

In what ways can I educate my parish/ (Arch) Diocese about this concern?

In what ways can I make my voice heard with my Native /State/ Federal elected leaders?

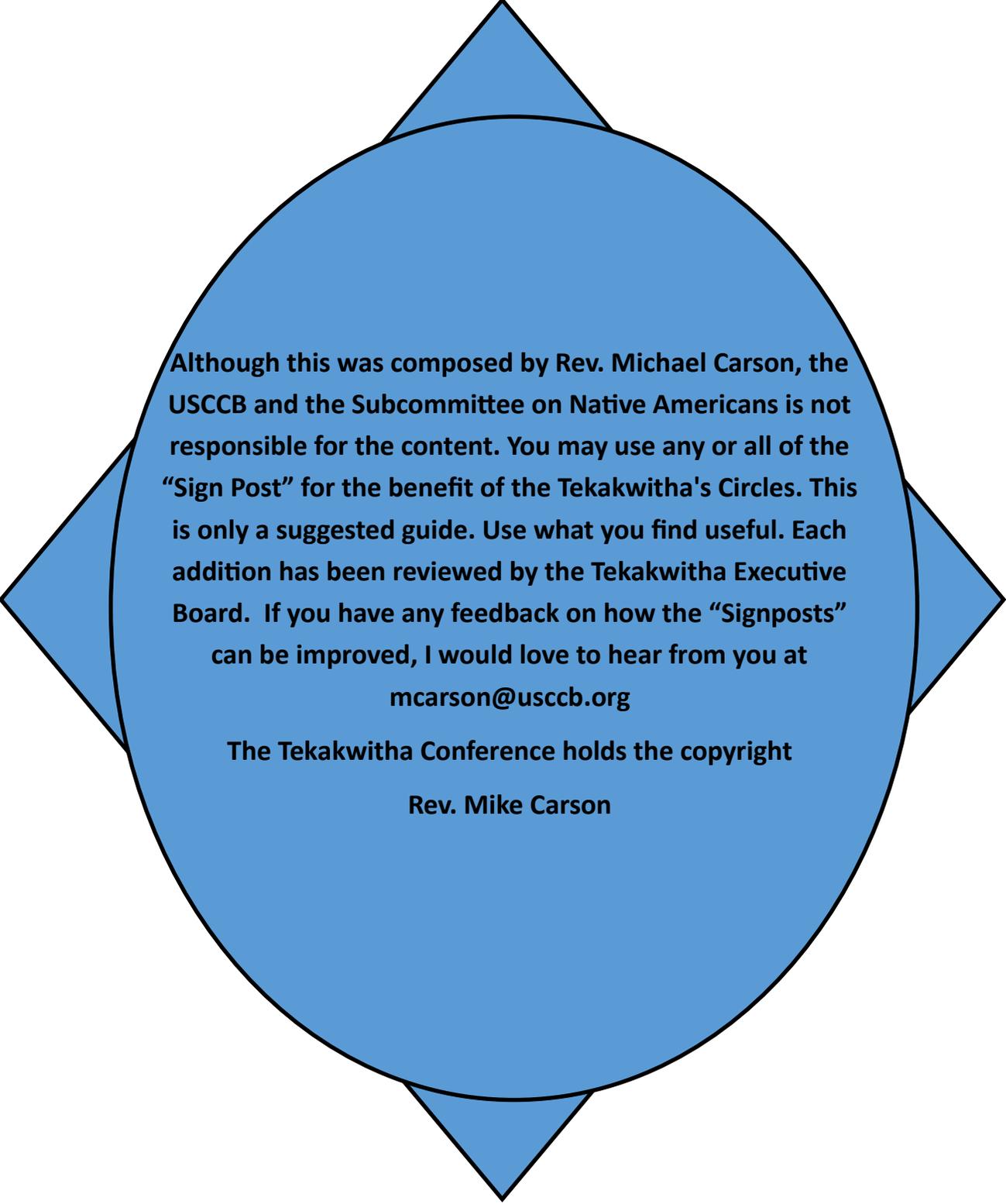


Closing prayer from the Black and Indian Mission Office:

God of all nations and peoples. You have filled your creation with Your mighty presence. Through Your handiwork You speak to our hearts words that satisfy our every desire.

You called Your servant, the Mohawk maiden Saint Kateri Tekakwitha to embrace the Gospel of your Son Jesus Christ, to do Your will and to serve others with the gifts You gave her.

May she who held tight to the cross of Your Son throughout her short life marked by sickness, suffering, and persecution, be our intercessor during our own trials. May her embrace of the Catholic faith and her openness to sharing Jesus with others inspire us to be new evangelizers to all cultures and peoples. May she who sought our Jesus in the Blessed Sacrament lead up to similar reverences for the Eucharist so that, like Saint Kateri, our last words may be, "Jesus, I love You." Amen.



**Although this was composed by Rev. Michael Carson, the USCCB and the Subcommittee on Native Americans is not responsible for the content. You may use any or all of the “Sign Post” for the benefit of the Tekakwitha's Circles. This is only a suggested guide. Use what you find useful. Each addition has been reviewed by the Tekakwitha Executive Board. If you have any feedback on how the “Signposts” can be improved, I would love to hear from you at [mcarson@usccb.org](mailto:mcarson@usccb.org)**

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**Rev. Mike Carson**