

Oregon Addictions & Mental Health Division Evidence-Based Programs Tribal Practice Approval Form



1. Name of Tribal Practice

Basketball Against Alcohol and Drugs (B.A.A.D)

2. Brief Description

A community based basketball tournament held at the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) that attracts Tribal teams from the Pacific Northwest including: Oregon, Washington, and Idaho.

Age-appropriate prevention education in alcohol, drug, tobacco, suicide, and other prevention subject areas is an important component of the tournament.

3. Other Examples of this Tribal Practice

Most Tribes have all-Indian youth basketball tournaments that are alcohol and drug-free including: Siletz, Warm Springs, Klamath Tribes, Grand Ronde, and Chemawa

4. Evidence Basis for Validity of the Tribal Practice: Historical/Cultural Connections

Longevity of the Practice in Indian Country	❖ Indian Basketball formally started in the late 1800 to early 1900s.
Teachings on which Practice is based	❖ Medicine Wheel; Mental, Physical, Emotional, Spiritual Health, sportsmanship, teamwork.
Values incorporated in Practice	❖ Respect, patience, personal responsibility, generosity (see GONA curriculum)
Principles incorporated in Practice	❖ Our choices affect our lives negatively or positively.
Elder’s approval of Practice	❖ Yes, Elders in community have supported this tournament for years.
Community feedback/ evaluation of Practice	❖ This practice receives very positive reviews and is well attended each year

5. Goal Addressed by this Tribal Practice

Reduce Youth and or Adult criminal behavior, substance abuse, suicide attempts and school failure

6. Target Populations

a. Institute of Medicine Strategy (check all that apply)

<input checked="" type="checkbox"/>	“Universal”
<input type="checkbox"/>	“Selective”
<input type="checkbox"/>	“Indicated”
<input type="checkbox"/>	“Treatment”

b. Socio-demographic or other characteristics

Age	6-18
Sex	Both
Occupation	Attending School
Living Conditions	Any
Other	

7. Risk and Protective Factors Addressed

Domain	Risk Factors	Protective Factors
Community	<ul style="list-style-type: none"> ❖ Availability of ATOD ❖ Community Laws and Norms Towards ATOD Misuse 	<ul style="list-style-type: none"> ❖ Bonding ❖ Healthy Beliefs and Clear Standards
Family	<ul style="list-style-type: none"> ❖ Family History of the Problem Behavior ❖ Favorable Parental Attitudes Towards ATOD Misuse ❖ Family conflict 	<ul style="list-style-type: none"> ❖ Health Beliefs and Clear Standards
Peer	<ul style="list-style-type: none"> ❖ Gang involvement ❖ Friends Who Engage in the Problem Behavior 	<ul style="list-style-type: none"> ❖ Bonding with Non-ATOD misusing peers
School	<ul style="list-style-type: none"> ❖ Lack of Commitment to School 	<ul style="list-style-type: none"> ❖ Healthy beliefs and Clear Standards for School Attendance and Performance
Individual	<ul style="list-style-type: none"> ❖ Substance Abuse ❖ Early and Persistent Antisocial Behavior ❖ Favorable Attitudes Towards Problem 	<ul style="list-style-type: none"> ❖ Individual Characteristics including respect, cooperativeness, self-assurance and aspiration

	Behavior	
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8. Tribal Practice—Personnel

This practice includes lengthy preparation, planning and execution. Highly desired to have multiple full time staff to coordinate.

9. Tribal Practice—Key Elements

- ❖ Infusion of ATOD prevention education throughout tournament
- ❖ Create agreements with schools, recreation center staff, etc.
- ❖ Select teams for tournament, set up game schedule
- ❖ Recruit referees, facility staff, adult supervisors, and overseers of events
- ❖ An honor ceremony with awards and gifts
- ❖ Safety procedures for all participants including medical staff
- ❖ Preparation of facility and clean up during and after event

10. Tribal Practice—Materials

Basketball court(s), equipment, officials, jerseys, teams, age brackets, and concessions.

11. Tribal Practice—Optional Elements

Elders teaching

12. Outcomes

Decrease	Increase	Specify
Avoidable death	Longevity	❖ Increase life expectancy through exercise
Disease-specific morbidity	Health	❖ Decrease obesity, increase exercise
Disability Handicap	Ability	❖
Pain and Suffering	Wellbeing	❖
Alienation/Isolation	Social/Community / Cultural Connectedness	❖ Increased connectivity to school, community, culture, etc.
Abuse, Dependency, and Addiction	Abstinence Non-harmful Use	❖ Abstinence and or reduced use of ATOD
Unemployment	Employment	❖ Prevocational skills, communication, work ethic
Educational failure	Educational Success	❖ Academic motivation
Dysfunctional family	Healthy Family	❖ Increase family pride and participation of

		parents/guardians in child's life
Delinquency/crime	Good Behavior	❖ Less probation violations, better citizenship, improved peer to peer relationships, increased academic success
Homelessness Instability	Stable Housing	❖ Increased access to resources
Unhealthy Attitude, Beliefs, Ignorance, Lack of Skills, Lifestyle	Healthy Attitudes, Beliefs, Skills, Lifestyle	❖ Feel better about self and life, responsibility, and cooperation.

13. Contact person for Agency Providing the Tribal Practice

Person	❖ Justin Quempts and Sarah Frank
Phone	❖ (541) 276-3165
e-mail	❖ justinquempts@ctuir.com

14. TBP Panel Approval and Date

Caroline Cruz, Lisa Leno, David Fullerton, John Spence, Ph.D., Jessie Ickes, Doug Bigelow, Ph.D., Julie Johnson, Michelle Singer, Ron Hudson, and Jason Yarmer.

Revised on August 22, 2011