

Oregon Addictions & Mental Health Division

Evidence-Based Programs

Tribal Practice Approval Form

1. Name of Tribal Practice

Horse Program

2. Brief Description

In partnership with horses, tribal youth, and families, this program improves attitudes, behavior, mood management, sense of responsibility, communication and relationship skills. Regular individually mentored and small group sessions include equine care, ground work, and riding training sessions.
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3. Other Examples of this Tribal Practice

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| ❖ Equine Assisted Psychotherapy (EAP) at Cedar Bough (EAGALA website: http://www.eagala.org/) |
| ❖ Mustangs and MOHR (Mustangs Offering Hope and Renewal) (MOHR website: http://www.charityblossom.org/nonprofit/mustangs-and-mohr-mustangs-offering-hope-and-renewal-dallas-or-97338-270117335) |
| ❖ Emerging tribal horse programs in Oregon (Grand Ronde; Umatilla; Warm Springs; Oregon State Hospital; etc.) |

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

Longevity of the Practice in Indian Country	❖ Tribal stories; old pictures of Native Americans & horses (Curtis)
Teachings on which Practice is based	❖ Native Americans learned many things from animals (e.g., Coyote and other animal stories)
Values incorporated in Practice	❖ Respect, patience, personal responsibility, generosity (see GONA curriculum) http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm
Principles incorporated in Practice	❖ Mentoring, relating with natural world, commitment to others, leadership skills and being compassionate
Elder’s approval of Practice	❖ Informal approval by Oregon tribal elders; Dr Spence is, himself, and Elder
Community feedback/ evaluation of Practice	❖ Individual stories of youth and family growth; tribes requesting program; emerging data and evaluation process; feedback from referring agent. Example: 100% of referrals from Polk County Juvenile Department

	document positive outcomes
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5. Goal Addressed by this Tribal Practice

❖ Youth and/or adult criminal behaviors and substance abuse, mental health issues including suicide ideation and attempts, and school failure.
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6. Target Populations

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

X	“Universal”
X	“Selective”
X	“Indicated”
X	“Treatment”

b. Socio-demographic or other characteristics

Age	❖ All
Sex	❖ Both
Occupation	❖
Living Conditions	❖
Other	❖

7. Risk and Protective Factors Addressed

Domain	Risk Factors	Protective Factors
Community	❖ Availability of ATOD	❖ Drug-free activity
	❖ Loss of cultural practice	❖ Restoration of cultural practice
Family	❖ Lack of pro-social activity	❖ Bonding
	❖ Lack of parental involvement	❖ Re-uniting with family
	❖ Parental criminal activity	❖ Opportunity; skill; recognition
Peer	❖ Family conflict	❖
	❖ Gang involvement	❖ Healthy behavior with peers
	❖ Peer criminal behavior	❖ Pro-social leisure activity
School	❖ School failure	❖ Teaching patience, respect and personal responsibility
	❖	❖ Healthy beliefs and clear standards
	❖	❖ Academic achievement

Individual	❖ Substance abuse	❖ Drug-free activity
	❖ Mental health issues	❖ Mentoring; developing positive relationships
	❖	❖ Attachment
	❖	❖ Opportunity; recognition; commitment; skills

8. Tribal Practice—Personnel

Staff is needed for transportation and monitoring of participants in the program.

9. Tribal Practice—Key Elements

❖ Tribal buy-in for a horse program
❖ Tribal staff referring youths, families, adults to the horse program
❖ Tribal youth and families learning horsemanship activities
❖ As part of summer tribal cultural camps
❖ Ceremonies providing recognition and announcing commitment to a changed life
❖ Teaching Modules: a curriculum is available
❖ Communication including use of non-verbal cues
❖ Foot-care (which requires inspiring trust)
❖ Achieving desired outcomes by changing approaches
❖ Mastering physical aspects of riding
❖ Learning to care about a living being

10. Tribal Practice—Materials

❖ Horses, water, feed, and grain
❖ Corrals, tack, and equipment
❖ Covered arena (preferred) and round pen

11. Tribal Practice—Optional Elements

❖ Elder teaching
❖ Written materials, program descriptions, manuals (to be developed)
❖ EAGALA

12. Outcomes

Decrease	Increase	Specify
Avoidable death	Longevity	❖
Disease-specific morbidity	Health	❖
Disability Handicap	Ability	❖ Skill acquisition; leadership; relationship; responsibility; and cooperation
Pain and Suffering	Wellbeing	❖ Feel better about self and life
Alienation/	Social/Community/	❖ Involved in cultural activity (regalia), bonded

Isolation	Cultural Connectedness	to role models
Abuse Dependency Addiction	Abstinence Non-harmful Use	❖ Reduced use of ATOD
Unemployment	Employment	❖ Prevocational skills; communication; work ethic; marketable skills in horsemanship and grounds-keeping
Educational failure	Educational Success	❖ Practical arithmetic, academic motivation
Dysfunctional family	Healthy Family	❖ Family re-unification de-stressed family
Delinquency/crime	Good Behavior	❖ Doing better in school; not violating probation; better citizenship; improved peer-to-peer relations
Homelessness Instability	Stable Housing	❖
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	❖ Debbie Driesner—Mustangs and MOHR; Mona Cochran, Warm Springs
Phone	❖ (503) 623-8430 and (541) 553-3205
e-mail	❖ ddriesner@oda.state.or.us

14. TBP Panel Approval and Date

<p>Caroline Cruz, John Spence, Ph.D., Doug Bigelow, Ph.D., Lisa Leno, Jason Yarmer, Ron Hudson, Michelle Singer approved on May 5, 2011.</p>
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