

Appendix A

Cross-cultural Research Issues Regarding Alcohol and Other Drug Program Evaluations in American Indian and Alaska Native Settings

by
Bradley C. Kehoe

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Introduction

Beauvais and Trimble (1992) define well the cross-cultural research problem that this paper addresses:

Considering the wealth of information generated by ethnographers, epidemiologists, psychiatrists, and social workers, many Indian communities have been the target of a great deal of research, yet for many American Indians, the goals, methods, and procedures of science--and therefore of good program evaluation research--are unimportant, obscure, and unclear (Trimble, 1977).
(p. 17)

In the view of these authors, past research efforts conducted in Indian communities have often not worked out well. With that insight as a starting point, this paper will explore possible sources of this problem by (1) examining relevant research and Indian worlds, beliefs, values and cultures; (2) tracing the history of Indian interaction with research efforts, especially in the area of alcohol and other drug (AOD) programs; and (3) exploring what remedies, lessons and insights current sources offer to today's evaluation researchers to guide and assist them in conducting effective cross-cultural program evaluations of AOD programs in American Indian and Alaskan Native communities and settings.

Before examining specific cross-cultural evaluation research issues, one needs to gain an understanding of the historical experiences and traditions of the Indian and research "cultures" and how they have interacted in the past.

Scientific Research as a Culture

Evaluators and their efforts emerge from the Western, scientific research tradition. This tradition's goals have been to advance academic knowledge and evaluate services. Its positivist methods have depended on deductive inquiry, standardized measurement that is quantifiable, experimental design and the ability to replicate the research program. Research issues are usually determined ahead of time and seek to demonstrate effectiveness. Granting agencies control the funding. And the researcher tends to control the process, maintaining distance from the community in order to arrive at objectivity, retain rights to the data, and publish findings in scientific journals (Langton and Taylor, 1995).

In addition to these basic beliefs, values, and behaviors, the culture of research science maintains its own rituals, "as evidenced by dissertation defenses, group behavior at conferences, study sections, requirements of professional publications and the like" (Beauvais, 1995, p. 106). While these descriptions tend to be stereotypical, they describe an academic-supported, research tradition and training regimen that virtually all social scientists who perform evaluations have learned and, often, continue to foster.

Philosophically, the Western scientific research tradition has its roots in Francis Bacon's position that with knowledge one acquires power to control or manipulate nature, and thus one can use knowledge to improve the human condition. One gains this knowledge through observation, reasoning, and application of the scientific method. By excluding any personal or intuitive thought, objectivity is maintained -- free of value or personal bias. Knowledge and understanding are acquired as building blocks toward constructing an improved human condition.

The temptation in this reasoning is implicitly believing that this technique of acquiring knowledge is value free (Guilmet, 1989). Tie this with the many technological advances and successes of science, and the researcher steeped in this research tradition can become culture bound and lose sight of the fact that knowledge can be accumulated in a number of alternative ways (Beauvais, 1995; Berry, 1980; and Goodenough, 1990). For example, within

its own cultural milieu and discipline, the introduction of alternative ways and methodologies of research, such as qualitative methodology and post-positivist research models, has evoked ongoing debate and controversy that has often become adversarial (Mohatt, 1989; Dennis et al., 1994; Patton, 1987; Guilmet, 1989). These debates are rooted in alternative ways of viewing, understanding, and experiencing the world. How these differences are resolved, integrated, and transcended by researchers will have direct impact on how they professionally interact and serve their “client” groups and other cultures. One area of social science research that has uniquely evolved in response to this country’s emerging social programming needs is evaluation research.

Evaluation research, as a sub-set of the research world, emerged as a uniquely American development “traced to the widespread social experiments of the late 1960s and 1970s” (Rutman and Mayne, 1985, p. 62; also Patton, 1985). Born out of this context, evaluation research used complex research designs to measure and prepare government reports on what did and didn't work. Those early enthusiasts who conducted evaluation research brought with them many of the same views of the traditional research culture described above. Jones (1996) offered this characterized summary:

They went into the field with a pure science image of a mechanical universe, governed by fixed laws and made of identical units. All that had to be done was to implement the program (manipulate) and assess the results (measure), with appropriate controls, of course. But what looked clean and simple on the drawing board was often a mess in the streets. Had they not been so bound by the ‘dominant Newtonian paradigm of social science’, they might have been ready for a few of the problems that they eventually had to face. (p. 275)

Since those early days, evaluation research has evolved as a branch of research science that directly touches people’s lives and well-being more than any other form of research. Unlike the hierarchy within universities and among scholars that give little status to evaluation researchers, this “is reversed in the real-world settings, where people with problems attribute the greatest significance to action and formative evaluation research that can help them solve their problems in a timely way” (Patton, 1990, p. 158).

Today, evaluation research, in Jones’s (1996) words, has been characterized as “a heterogeneous assortment of techniques, procedures, and methods for systematically ‘assessing the conceptualization, design, implementation, and utility of social intervention programs’ (Rossi and Freeman, 1993)” (p. 274). Unique to this branch of the research culture, the researcher must relinquish some autonomy by working with problems and contexts that have been selected by others. Further, all research methods and techniques are relevant and needed “to match the nuances of particular evaluation questions and the idiosyncrasies of specific stakeholder needs” (Patton, 1987, p. 21). Ideally, Patton went on to say, “an evaluator is committed to research designs that are relevant, meaningful, understandable, and able to produce useful results that are valid, reliable, and believable” (pp. 21-22).

The application of program evaluation research has expanded along with social service funding to other cultures and countries and has given rise to a cross-cultural evaluation discipline. Much like the culture shock experienced by those first evaluation researchers in the 1960s who moved from the lab into domestic, social programming arenas, cross-cultural program evaluators have had to radically adjust their research agendas, attempting to discover how and if two dramatically distinct cultures can effectively interact around the topic of program evaluation (Merryfield, 1985). From this perspective, Patton (1985) suggested that each “evaluation is a culturally bound activity” requiring the researcher to be situationally responsive in light of two or more views of the world needing to interact. How evaluation research “blends or conflicts with any other cultural perspective, domestic or international, will depend on the nature and extent of the intercultural contact” (p. 94).

To summarize, the notion of culture, when applied to the world of scientific research, defines the scientific research community's origins, evolving beliefs, values and traditions. To the degree that researchers' work takes them outside of their own cultural milieu when interacting with other world views or perspectives, they should remain vigilant and cognizant of their discipline's limitations and boundaries. They should also avoid assuming that host communities share their scientific view or that this view can be universally applied in a research setting (Patton, 1985; Conner, 1985). Having described the world out of which evaluation research has evolved and its place in the research world today, the next step is to review the history and culture of the American Indian and Alaska Native populations. And then, one has the basis from which to examine how the interaction of these two cultural perspectives has been described.

The Cultural World of the American Indian and Alaska Native

In the United States, the terms *American Indian* and *Alaska Native* are used and preferred over *Native American* which can logically include Natives of Hawaii and descendants of immigrants from other nations. While the preferred form of "American Indian and Alaska Native" is more precise, including American Indians, Eskimos/Inupiat, Aleuts, and other Alaska Native groups, it is somewhat unwieldy. This paper will use the terms *Indians* and *Native* interchangeably to refer to American Indians, Eskimos/Inupiat, Aleuts, and other Alaska Native groups.

The 1990 Census reported that there were 1,959,873 American Indian and Alaska Natives with Alaska Natives comprising 86,000 or 4.3% of the total. The Census included over 870 federally or locally recognized tribes and Native entities that comprised 17 distinct cultural areas and more than 200 currently spoken Indian languages (May, 1995). Typically, most in this country tend to view American Indians and Alaska Natives as a homogeneous group with common customs, beliefs and values. However, this group of people, is strikingly heterogeneous and diverse, not only statistically but tribally as well, as Thurman (1992) illustrated:

For example, differences exist in appearance, clothing, customs and ceremonies, traditional practices, family roles, child rearing practices, beliefs, and attitudes. Each tribe, band or Native village maintains a unique perception of the world both inside and outside of their particular area. Even within the same tribe, differences exist. Some Indians or Natives are very traditional in their beliefs, maintaining tribal languages, ceremonies and customs, while others may be more contemporary, holding to some Indian traditions while maintaining a successful orientation to non-Indian society as well. (p.246)

Geographically, Native populations tend to cluster in the Western states, but almost two-thirds reside in urban or suburban areas throughout the country. And, as of the 1990 Census, with their birth rate twice the national average, the current age of the Native population is young -- with their median age 24.2 compared to 34.4 years for U. S. whites (May & Moran, 1995).

History

Historically, these numbers have greatly fluctuated from an estimated 2.5 million before European contact to 220,000 at the turn of the last century. Since contact with European immigrants from the Atlantic to the Aleutians to the beginning of this century, Native communities have suffered great losses due in large part to disease, malnutrition, war, and murder (Fleming, 1992). While an in-depth study of the history of Native people in this country

goes beyond the scope of this paper, a brief overview can further illustrate the tragic fluctuation of these statistics, major causes, and what today's Native communities have historically inherited.

With the coming of the European immigrants, there was an initial period of friendship and tolerance. As the immigrant numbers swelled, there was competition for the land and its resources. Tribes residing in the Eastern states were forced to leave their homelands seeking new lands to sustain their subsistence ways of life. By 1700, most tribes in search of furs, game and land had moved east of the Appalachians. While the official attempts to resolve the competition was through negotiated treaties, the end result was conflict and, ultimately, the extermination of many tribes (Fleming, 1992; Trimble, 1988).

By the late 1800s, the Federal government turned to policies of relocation and isolation establishing Indian reservations west of the Mississippi. By the turn of the century, additional policies of assimilation were installed as a way to solve the "Indian problem". Despite these efforts to encourage the blending of Indian peoples, many resisted and retained their identities. As Trimble (1988) stated:

Beneath the fabric of the Indian ethos was an enduring sense of dignity and reverence for traditional custom, legend, and spiritualism. This ethos somehow transcended all efforts to control and regulate it, and it managed to bring the Indian into the twentieth century amidst paternalism, poverty, fear, hatred, and frustration. (p. 184)

In 1926, the Federal government finally granted full U.S. citizenship rights to all Indian peoples, not to be fully realized until ratification by Arizona and New Mexico in 1946.

Alaska Native groups experienced contact from non-Natives much later than Indian groups on the mainland. In the late 1700s, Russian trappers and colonists were drawn by the richness of sea otters in the Aleutians and the southeastern coast of Alaska. During that same period, American whalers established contact with both Southern and Northern Eskimo (Inupiat) communities. It wasn't until the 20th century, with the discovery of gold and the influx of teachers and missionaries, that mainland Eskimos/Inupiat and Indians were heavily influenced by non-Natives (Mohatt et al., 1988). Not unlike American Indians on the mainland, Alaska Natives, in their 300 years of contact with non-Natives have experienced severe population disruption through disease, attempted assimilation, and dependency. By 1910, various epidemics had reduced the estimated Native population prior to European contact by two-thirds to 25,331 (Irwin, 1992). The final and abrupt impact for Alaska Natives came in the 1960s, with the Prudhoe Bay discovery of oil and the passage of the Alaska Native Claims Settlement Act which created Alaska Native corporations locally and regionally.

Historically, then, both American Indian and Alaska Native peoples have inherited a stormy and checkered relationship with European and U.S. governments and their immigrant populations over the last 400 years. This history is not forgotten. Today, it remains a source of wariness, skepticism, and caution. As Beauvais and Trimble (1992) concluded, "there is little doubt that a fully trusting relationship has yet to develop" (p. 179).

Lifeways and Values

In addition to contrasting histories, there are rich cultural heritages as locally diverse as each of the 870 recognized tribes and Native entities. American Indian and Alaska Native cultural traditions remain local, dynamic, evolving systems sustaining in varying degrees both "traditional" and "modern" perspectives (Moran, 1995). This reality runs counter to the long-held, linear concept of acculturation that assumes "traditional" cultures disappear as "modern" cultural practices are embraced. This theory posited that cultures are in competition with one another leading to tension, stress, and conflict as this transition occurs. However, this theory

has been challenged by the research of Oetting and Beauvais(1990), “who have noted that the degree of acculturation is not a significant predictor of alcohol and other drug use behaviors or of other behaviors it has tried to explain” (Orlandi, 1992. p. 6). They have developed the theory of orthogonal cultural identification. The basis of the theory is that people are able to identify independently with more than one culture. For researchers working in cross-cultural settings, this bicultural view reduces the focus on cultural conflict and establishes parameters for a more proactive approach promoting equal treatment and co-existence of cultures within a community (Beauvais, 1995; Moran, 1995).

What, then, does the concept of culture include? Above, when describing the research community, Beauvais’s (1995) description of culture identified specific beliefs, values, and behaviors. Other descriptions summarize culture as the social heritage of humans, or the way of life of society, or the sum total of life patterns passed on from generation to generation within a group (Lum, 1986). Orlandi, in an Office of Substance Abuse monograph, offered this description formulated by a working of group of cross-cultural researchers, “Culture is the shared values, norms, traditions, customs, arts, history, folklore, and institutions of a group of people” (1992, page vi.).

Specifically, what are some examples of cultural values, ways of knowing and communicating that arise among American Indian and Alaska Native cultures? While these examples may be common to many Indian communities, those experts who are cited offer a caution about creating stereotypes and over-simplifications. Rather, these examples can serve to illustrate differences when compared to Western Anglo cultural perspectives.

First, regarding value systems, Fleming (1992) offered some commonly espoused values across tribes as “the importance of sharing and generosity, allegiance to one’s family and community, respect for elders, noninterference, orientation to present time, and harmony with nature” (p. 161). Second, ways of knowing and learning have depended on the principle of observation. Watching and listening, and trial and error remain central learning practices among Indian and Native children. And today, in many tribes, the oral tradition of legend and story telling remains the primary vehicle to pass on time-honored norms, values, and attitudes (Fleming, 1992; Beauvais, 1995; Moran, 1995). Fleming further commented:

The use of symbolism, anthropomorphism (giving human characteristics to animals, gods, and objects), animism (giving life and soul to natural phenomena such as rocks, trees, and wind), and metaphors appears to have been extremely effective methods of teaching very complex concepts (More, 1987). (p. 161)

Third, cultural differences appear in the way communication occurs. Cross-cultural communication research has identified the various components that can be sources of difference. For instance, communication is composed of both verbal and non-verbal components that are overt and subliminal. The words of language are overt and obvious. However, subliminal parts of communication include the rhythm or speed of conversation, the length of a pause between sentences, the volume of speech, and the distance of one person from another during conversation (Oleska, 1994; Scollon & Scollon, 1980).

The content of communication can also be low-context where a person assumes nothing about a topic in conversation to high-context where much is assumed about a topic. In low-context communication, like American English speakers, one greets another with, “Hello, how are you,” and ends with “Goodbye. I’ll see you.” In high-context communication, like a traditional Yup’ik or Inupiat Eskimo speaker, there is often no verbal greeting or ending of a conversation. In cultures that use high-context communication, where fewer words are needed, the spoken word takes on greater significance (Hild, 1987; Oleska, 1994). This is common among Indian and Native communication where words tend to be honored and not wasted. For instance,

Conversation is seldom idle in Indian homes and gatherings because words have power. An emphasis on observant, reflective, and integrative skills leads to communication patterns that give virtue to silence, listening, nonverbal cues, and learning by example. However, because asking direct questions is not part of the repertoire of communication skills, Indian people are often seen as passive, uninvolved, and uninterested (Fleming, 1992). (p. 162)

While these cultural examples illustrate just a few of the unique perspectives among American Indian and Alaska Native communities, they speak to important differences that need to be explored locally by those desiring or invited to serve as evaluators in a Native setting.

History of Research in Indian Communities

With decades of research having been conducted in Native settings by social scientists and volumes of their findings in print, how has this contact and interaction in the last few decades been characterized? More specifically, how has alcohol and other drug (AOD) research historically contributed to local American Indian and Alaska Native communities? Today, what legacy do AOD researchers inherit from past research efforts?

A review of the Indian AOD research literature over the last two decades is aptly summarized by Thurman (1995) as she commented, "In reviewing an article by Joe Trimble (1977), it was realized how little the issues have really changed in 15 years" (251). Trimble, summarizing in 1977 the state of cross-cultural research in Indian communities, spoke to the major research problems at that time. Those included: (1) little tribal participation in any research activities other than data collection; (2) research findings that contributed to controversy; (3) the suspicion with which many Indian communities viewed research; (4) intrusion into their culture; (5) the lack of tribal policies regarding research activities; (6) results that offered little help in solving local problems; and (7) findings that were reported in non-Native theoretical frameworks. He concluded by stating "that research literature currently tends to be ethnocentric, narrow in focus, and full of misinterpretations" (p. 162).

Another research process that had negative impact was the Barrow, Alaska Alcohol Study of 1979. Briefly, the Barrow Department of Public Safety contracted with a Seattle consulting firm to conduct a study on alcohol use among the Inupiat of Barrow, Alaska. A Philadelphia research team headed by Edward Foulks was sub-contracted to conduct the study. After three months of research in Barrow and three months of analyzing data, Foulks, along with the other two contractors, prematurely released their findings in a press conference in Philadelphia. In the words of Foulks, "the results generated considerable reaction on the part of the scientific community, the popular press, and the local population" (Foulks, 1989, p. 7).

To summarize the criticisms that followed, the research group (1) overlooked several segments of the "complex and multifaceted" Barrow community, (2) incorrectly assumed they were getting a complete picture of the Barrow community from locally consulted committees and leaders, and (3) agreed to release their preliminary findings to the national media prior to completing local feedback and professional scrutiny.

While the Barrow Study again demonstrated major cross-cultural research problems, it stimulated additional national attention by the research community. Ten year later in 1989 an entire volume of American Indian and Alaska Native Mental Health Research (Manson, 1989) was dedicated to this reflection including 13 authors and their critiques and recommendations for future research. While a reading of these authors revealed a variety of comments, concerns and approaches, common themes emerged including: (1) the need for researcher knowledge and sensitivity of the host's local history and culture; (2) ongoing consultation and

collaboration with all segments of the host community; (3) emerging local and regional research review committees, policies and procedures; and (4) clarity of purpose from the funder or research sponsor.

May (1989), as one of the contributors, offered his views of the progress stating “that change in this area has been slow and localized, but very decided and obvious” (p. 71). The relationship between the research and Indian communities had gone from “combat” to “debate”. Since the late 1960s, many American Indians and Alaska Natives had received advanced degrees, achieved positions of authority in social service and education programs, and increased their appreciation and understanding of the research process. More researchers had established longer term, more credible relationships with local Indian communities, and new Federal initiatives were mandating research and evaluation. So there was financial motivation for local Indian tribes and communities to establish working relationships with researchers (May, 1989).

Since 1992, the U.S. Department of Health and Human Service's Office for Substance Abuse Program (OSAP) has sponsored a Cultural Competence Series “designed to advance scientific study and evaluation of community alcohol and AOD abuse prevention approaches within the multi-cultural context of the United States” (Orlandi, M., Weston, R., & Epstein, L., 1992, p. iii). This unprecedented series is providing an opportunity for experienced, cross-cultural researchers such as May, Beauvais, Trimble, Fleming, Thurman, Schinke, and Moran to “analyze and synthesize the complex array of issues that arise when AOD abuse prevention programs are implemented and evaluated in settings that are ethnically and racially diverse” (Orlandi, 1992(a), p. 1). It is hoped that these efforts will enhance the knowledge base and skills of professionals in these disciplines. Some of the central goals of this series are to develop and promote a consensus regarding terminology and pursue functional integration of two competencies: (1) program implementation and evaluation competencies and (2) cultural competency.

Historically, then, non-Native social science researchers faced many major challenges in approaching American Indian and Alaska Native communities to conduct AOD program and evaluation research. Recommendations and guidelines are emerging, however, to can guide and promote success. Thurman (1995) summarizes progress in this way:

Although it is disheartening that we still face the same research problems that we did in 1977, we have made gains--more minorities are trained and practicing in research, Federal programs are focused on special populations, and researchers such as Oetting, Beauvias, Trimble, May, and Manson are serving as excellent mentors. (p. 257)

Current Approaches to AOD Program Evaluations in Indian Communities

What, then, is the current thinking on how to successfully enter into a research and evaluation process regarding AOD abuse and prevention programs in an American Indian and/or Native Alaskan setting? What current barriers may exist, and what sensitivities, and approaches are required to overcome these barriers and successfully conduct an evaluation in these settings?

While there are a small but growing number of Indian- and Alaska Native- experienced social scientists who can be engaged as evaluators, the overwhelming majority are not (Thurman, 1995; May, 1989). Additionally, whoever enters the field usually inherits the culture of Western research tradition complete with its strengths and limitations. One of these limitations involves a lack of “any detailed approach to conducting evaluation research that springs exclusively from Indian cultural values” (Beauvais and Trimble, 1992, p. 176). There is no established blueprint on how to acquire, in the words of Orlandi, “cultural competency” in a cross-cultural evaluation setting (Orlandi, 1992b).

Given the evolving, dynamic knowledge base regarding conducting program evaluations in an Indian and Alaska Native setting, current literature does offer many insights and examples that illustrate important, if not necessary, components that can increase a researcher's cultural sensitivity and competence.

Competencies

What general competencies are required? There are two areas that appear necessary: (1) program evaluation knowledge, ability, and experience and (2) cultural knowledge and experience of Indian and/or Alaska Native settings. Orlandi (1992a) speaks to these two areas as cultural competence and evaluation competence. With few researchers in command of both competencies, he suggests a third component is required: an interactive process that can integrate and equally link these two competencies. This necessarily requires a collaboration with each expertise "accorded equal significance" (p. 17). And to the degree that collaboration does not occur, the result may significantly diminish the overall effectiveness of the evaluation process for both the host community and the evaluator (Orlandi, 1992a; Mansbergh et al., 1996).

Steps Toward Cultural Competency

How might this collaboration or linkage begin? For the social scientist who is serving as the evaluator, each of these competencies need to be examined in light of the particular ethnic setting where the evaluation will occur. Several sources suggest a three step process as a starting point for this examination: (1) acquiring knowledge of the host culture and being able to recognize and appreciate the differences; (2) conducting a self-assessment of one's own cultural values, structures, predilections, and biases; and (3) understanding the dynamics of interaction as different cultural perspectives begin collaborating (Moran, 1995; Beauvais and Trimble, 1992). While this process has been suggested for the social scientist, as collaboration unfolds, it might equally apply to the host group as well. And finally, as Trimble suggested, if these steps are ignored, dismissed, or not carefully followed, "it is doubtful that the researchers' approach will be tolerated" (1977, p. 172).

Step One: Acquiring Knowledge of the Host Culture

As a researcher begins to develop a knowledge base of the Native host culture with a desire to identify and appreciate differences from his/her own personal and professional cultural background, what key areas and processes do current sources suggest pursuing? What potential barriers do they identify and what possible strategies do they suggest to overcome these barriers? Several cultural qualities and differences have already been introduced. Some require closer examination and additional observations and suggestions from current sources.

To overcome initial impressions or stereotypes, the evaluator needs to consider the heterogeneity of Indian and Native tribes and communities. "Acculturative status, degree of identity, residential status, physiognomic characteristics, language preferences, and lifestyle preferences vary considerably between and among Indian and Alaska Native people" (Beauvais and Trimble, 1992, p. 176). How do these qualities emerge in the local, host community? What has been the historical experience of this Indian or Native tribe, village, or community? What are the recent histories and stories residing in those people of the host community? What of past and present AOD intervention and prevention efforts? In the last few decades, numerous government or university sponsored initiatives and programs have been enthusiastically introduced and operated for a few years in local communities, only to

fade away as interest and/or finances have disappeared. Often these new initiatives have ignored or minimally considered existing, local programs and service workers, and they thus have contributed little to the local community. Consequently, a new entrant often finds wariness, skepticism, and resentment. Couple these kind of modern experiences with the 400-year checkered relationship with the European and U. S. governments, and there is little doubt as to why initial reactions of mistrust exist among tribal leaders and can be anticipated by the researcher not sharing this history (Beauvais and Trimble, 1992; Beauvais, 1995).

One must consider the cultural heritage of the host community. How does it differ from the researcher's personal and professional cultural perspectives? How does the researcher react to these differences? For the evaluator, another critical notion to consider is one's understanding of how cultures interact and affect one another. To what degree might a researcher tend to diminish the value of the host culture and assume the eventual acculturation of the host culture into the larger culture? As mentioned in a previous section, other theories of cultural identification need to be considered, such as the orthogonal approach by Oetting and Beauvais (1990) "which maintains that an individual's cultural identification can best be described along a number of different dimensions that are independent of one another" (Orlandi, 1992a:6). Orlandi and others have pointed out, as noted above, how this approach has important implications on how knowledge can be generated, especially in cross-cultural research and evaluation processes, in that it reduces the focus on cultural conflict and promotes the validation of differing world views (Beauvais, 1995; Moran, 1995; Beauvais and Trimble, 1992).

While cultural awareness and sensitivity begin with self-study, the bulk of meaningful knowledge about culture will occur as the evaluator gets involved with the community, viewing this as a necessary part of the research and evaluation process. As Moran pointed out, "Since the culture of each ethnic group and perhaps each community varies, there is no substitute for direct and extended involvement with the community of interest" (Moran, 1995, p. 51).

This raises the additional issue of the evaluator's time required to complete his/her work in a cross-cultural setting. Physically, many communities are rural and remote requiring additional travel time. Conceptually, as researchers enter into the Indian and Alaska Native worlds, so do they enter into a different temporal orientation which, in most instances, operates at a slower, less "clock-oriented" pace. Trimble (1977) put it this way, "Things happen when they are ready; traditional custom seemingly defies a scheduled event" (p. 173).

Step Two: Assessing One's Cultural Values

The next major step in moving toward cultural competency asks researchers to assess their own cultural heritage and values. What personal and professional cultural values, structures, predilections and biases does the evaluator bring to the process? By recognizing one's own "cultural lens," a person can begin to develop a sensitivity to other cultures (Moran, 1995). While the primary focus of this analysis is on those professional values, i.e., of the research culture, the researcher's personal culture also comes into play.

Each person has acquired his or her own view of the world, values, and traditions from family, education and community. For instance, Randall-David (1989), in her study of comparative cultural values, showed that Anglos value mastery over nature, doing activity, and individualism. While these cultural descriptions tend to be stereotypical, they illustrate specific values that may arise out of an individual's personal cultural heritage, in this case Anglo. In a more practical vein, a researcher's food and hygiene habits might be considered. How might a person living in a California suburb doing field research in a coastal, Yup'ik Eskimo village react to being served a bowl of cooked seal intestines he had just seen an hour ago gutted on the kitchen floor? There are a variety of ways, especially while working in a cross-cultural setting, in which a researcher can become aware of personal values.

From a professional perspective, an examination of current literature suggest a review of three areas: (1) historical experiences, (2) researchers' attitudes as they approach the evaluation process, and (3) methodological issues.

Assessing the History of Research

As the historical review above illustrated, the past efforts of the researchers in Indian communities, has, repeating Trimble's words, "tended to be ethnocentric, narrow in focus, and full of misinterpretations" (Trimble, 1977, p. 162). Other sources add that research in general has tended to concentrate on weaknesses rather than strengths of American Indian and Alaska Native communities. The majority of funded research has concentrated on topics of deviance such as alcoholism, suicide, violence and mental illness. Too often there was minimal involvement by local members, and the results yielded little useful feedback to the host communities (Lujan, 1989; Thurman, 1995). Lujan (1989) bluntly summarized the resulting effects: "This paternalistic utilization of knowledge has been exploitive and detrimental to Indian people, especially since it feeds into the negative stereotype of Indians" (p. 75). While these generalizations may over-simplify and overlook the good research of the past in Native communities, these impressions are not isolated among Native professionals or in a few Indian and Native communities. While most sources agreed that there is a growing cultural sensitivity on the part of researchers who work with Native communities, the historical examples speak for themselves and leave a legacy that today's researchers need to acknowledge.

Another point of initial resistance is inherent in the idea of 'being evaluated.' In general, the goal of an evaluation process involves the notion of judging merit (Weiss, 1972; Beauvais and Trimble, 1992). In the case of AOD program evaluation, the researchers' role is to determine program effectiveness and report the resulting positive or negative findings. In any AOD program setting, evaluation is initially perceived as imposed, i.e., as done not "for" the community, but rather "to" the community. Add to this general perception the fact that funding and evaluators are usually from outside the host community, and the "insider-outsider" notion is compounded often forming significant pre-existing barriers (Moran, 1995; Jones, 1996). Given these pre-existing perceptions about "being evaluated", Beauvais (1995) offered these guidelines, "The researcher must be aware of these feeling before a community is approached and must recognize their legitimacy. Without this sensitivity to history, the researcher will likely misread the mood of the community and encounter roadblocks in gaining access" (p. 115).

Assessing the Researcher's Attitudes

The second area of self-assessment that authors have commented on involves a review of the researcher's professional attitudes as he or she approaches an evaluation process of an AOD program in the culturally distinct host community. In the past, these attitudes have often reflected cultural biases that under-valued the culture of the people where AOD research was to occur (Beauvais, 1989). These biases appeared along a spectrum where attitudes ranged from what was perceived as "professional arrogance" to ignorance and naivete regarding the host community's values, norms and practices. On the one end of the spectrum, researchers assumed falsely that their expertise and knowledge were sufficiently informed and that their professional view of the world applied to any evaluation situation. May (1995) commented that this attitude has even led researchers going into an American Indian community, a view that everything is wrong and nobody is doing anything about it. On the other end of the spectrum, if researchers failed to recognize and establish ways to address their ignorance of local values, norms and practices, the evaluation process

will be unable to establish an accurate design, leading to inaccurate data and findings (Stubben, 1995). It appears that a careful review of professional attitudes and how they may translate in a cross-cultural setting is advised. Central to this assessment is recognizing one's own "cultural lens" and a willingness to consider respectfully other world views and how they may challenge and alter a researcher's professional view of the world.

Assessing Methodological Issues: "What," "Where," "When"

The third stage where self-assessment critical in developing a researcher's cultural competence is examining the array of evaluation methods and protocols and the underlying assumptions that may create barriers and may bias the evaluation. As the researcher begins to examine the traditional research design questions of "what," "where," and "when," to what degree may approaches based on Western, scientific discipline be biased if applied in a culturally distinct setting? As Orlandi (1992a) stated, "the decisions that are made in establishing an evaluation protocol are far from unbiased and are necessarily subjective in several important respects" (p. 13). He went on to identify several areas that need to be examined and clarified to arrive at an accurate design, avoiding biases and misunderstandings in the evaluation process. While many of these questions apply to any evaluation research setting, a cross-cultural examination may raise new and unexpected concerns and challenge the researcher's analytic perspectives in establishing an evaluation protocol (Orlandi, 1992a).

First, is the purpose of the evaluation "formative" or "summative"? Is the evaluation attempting to interpret the developmental stages of a program or summarize the overall program effectiveness to assist decision makers regarding the future funding and continuation of the program? Has the intent of the evaluation been clearly identified?

Second, is the evaluation being conducted at the "process," "program," or "research" level? At the "process" level, the evaluation is formative, assessing ongoing operating procedures. A "program" level evaluation examines the whether the program has achieved the intended goals in a particular setting utilizing both formative and summative approaches. The "research" level of evaluation uses rigorous experimental designs and research techniques of data gathering and analyses, emphasizing hypothesis testing over formative or summative program statements (see Windsor et al., 1984).

Third, does the evaluation call for a narrow or wide focus? Should the study focus only on a particular organization and/or its individuals, or should broader, community-wide indicators be included? As the focus questions are considered, existing tendencies of the researcher and host community may need to be kept in mind. In many instances local Indian communities have been saturated with research and evaluation activities. And the research perspective of the evaluator tends to seek out the maximum amount of information. As Beauvais and Trimble (1992) pointed out, "keep the amount of evaluation assessment to a minimum, and . . . done in a way that creates the least intrusion on the system" (p. 191).

Next, what data collection methods are appropriate: qualitative or quantitative? Many evaluation protocols have tended to assume and rely primarily on quantitative approaches. However, these strategies and their methods of data collection and analysis can become barriers, in and of themselves, in many American Indian and Alaska Native communities, as they assume a view of the world and set of values that may conflict with those cognitive approaches and values of the host community (Beauvais, 1995). In many cases, qualitative approaches that include key informant interviews, participant observations, existing records analysis, and focus group studies may prove to be more appropriate. Ultimately, as Orlandi (1992a) summarized, "what determines the appropriate data collection procedure is the type of question being asked and the type of answer desired" (p. 14).

A fifth area to assess relates to the level of involvement and collaboration by the evaluator and host community in the AOD evaluation process. Orlandi (1992a) described this

area as social marketing versus community ownership. While both approaches often involve individual and community feedback in the form of focus groups and community meetings, in the first instance these approaches are techniques employed by the evaluator. In the second instance, these techniques are joint ventures often intended to transfer program ownership to the community. Regardless of which approach is taken, the evaluator's intent and the level of community involvement needs to be discussed, clearly understood and stated.

Assessing Methodological Issues: "Who," "Why"

As the researcher begins to assess the "what," "where," and "when" questions in light of the above dimensions, many methodological questions that often lead to confusion, frustration and doubt regarding evaluation protocol can be anticipated and possibly avoided. However, there remain two critical question areas to address: "who" is involved and "why" the evaluation is being conducted. In Orlandi's (1992a) opinion, these remained the potentially most challenging and difficult areas to address. He again identifies four areas where each of these questions can be reviewed by the evaluator.

The first dimension involves how the evaluator with his or her orientation toward research and generating more knowledge responds to the service delivery perspective of local practitioners and program operators who are looking for practical solutions to immediate problems. In any evaluation setting, these two agendas can often be a source of tension. In Indian and Alaska Native communities, where the researcher is minimally sensitive to cultural values and preoccupied with a research agenda, this tension, as many authors have noted, has gone unresolved and been a longstanding source in host communities of feelings of distrust, anger, and exploitation (Trimble, 1977; Beauvais, 1995; Schinke and Cole, 1995; Stubben, 1995; Thurman, 1995). As Schinke and Cole asserted, "Clinging to a research idea when it means disregarding community needs is often unproductive. The culturally competent investigator will consider community needs and perspectives before adopting a research agenda" (pp. 134-5).

A second area, also addressing the purpose or "why" of the evaluation, asks whether AOD program success means "working hard" and showing the number of service contacts versus evaluating overall progress on the program's goals and objectives. While an evaluator may assume that both areas are important, it remains another issue to consider and clarify with the appropriate stakeholders.

A third area where an assessment is vital is gaining awareness of the wide variety of interest groups that are invested in the AOD program and its evaluation. Are there potential conflicts of motives among stakeholders? These groups can include Federal, State, and local program staff; local leaders, both formal and informal; and other local and regional stakeholders.

The next area of self-assessment involves the intended use of the evaluation: implementation versus dissemination. For instance, if the evaluation's primary purpose is formative, i.e., seeking to establish internal validity and program accomplishments, to what degree is it appropriate to disseminate the findings, if at all? Who and what criteria are used to determine appropriateness of dissemination? Related to this issue is, who retains ownership of the evaluation findings?

The fifth and final dimension is whether the evaluator is part of the system being evaluated, i.e., internal to the system, or external or outside the system. Presuming that, in almost all cases, the evaluator is from outside the system or host community, this potential barrier raises the question of how to identify and resolve philosophical and value differences. Beauvais and Trimble (1992) offered suggestions that may guide this process. They referred to Berry's (1980) concepts of conceptual, functional, and metric equivalence as useful distinctions that "can help the evaluator to gain congruence between and among assessment

approaches in the early stages of planning” (pp. 181-2). While a thorough process of establishing equivalence across cultures is probably beyond the scope of the evaluator, Beauvais and Trimble urged that “the philosophy, goals, and methods of the evaluation need to be thoroughly examined from both cultural perspectives to see if there are conflicts and adjust the evaluation process to address the conflicts, if any exist” (pp. 183-4).

These ten methodological areas, identified by Orlandi (1992a), suggest one way the researcher might assess and anticipate potential differences and problems prior to and during the initial planning stages of the evaluation. Combined with the a review of cultural histories and the evaluator’s personal and professional attitudes, these three self-assessment components complete the second stage of acquiring cultural competence.

Step Three: Interaction of Cultures

The third and final stage that the evaluator needs to address is understanding the dynamics of interaction as different cultural perspectives begin collaborating (Moran, 1995). The importance of this stage is highlighted by Langton and Taylor (1995) as they assert, “It is in the interaction process where the prevention of alcohol-related problems can be found. It is in the interaction and negotiation processes where the hazards lie” (p. 16). As the area of interaction, then, is examined, the first question to ask is at what level should interaction occur between the evaluator and the host community? As noted above by several authors (Trimble, 1977; May, 1989; Beauvais, 1995; Thurman, 1995), the level of interaction has often been one way. Beauvais (1995) summarized in this way, “A great deal of prior research in ethnic communities has been almost exclusively directed by researchers, with community members expected to play a passive, or at most, supportive role” (124). This level of interaction, he says, has often resulted in poorly defined problems and incomplete and/or erroneous conclusions. What has been omitted by operating at this level of interaction was the inclusion of the community context, and, in an ethnic setting, the cultural context.

Mohatt (1989) argued from a methodological perspective stating that “all research is value-laden and most particularly social research. Without continual involvement of the community in which the study occurs, the research is more likely to develop a methodology which is ill-suited to its context” (p. 65). To develop research with an accurate and informed context, the people of the community must be involved in all phases.

Orlandi’s (1992a) approach, as noted above, stated that evaluation in an ethnic setting requires the interaction or linking of two competencies: evaluative and cultural. Since there are few individuals who have acquired both types of expertise, the two different groups need to interact in order to evaluate effectively AOD programs. Linkage of these two groups needs to occur in a collaborative process “where each area of expertise is accorded equal significance. . . and is dependent on equal input and representation from each area” (p. 17).

If these opinions are representative of current thinking, then it appears that evaluations conducted in an ethnic setting, to be effective, need to (1) include the community context, (2) integrate cultural expertise, and (3) increase involvement of the host community. These assertions, if accurate, have significant implications for how the researcher, the host community, and other stakeholders interact regarding the evaluation process. Each would be asked to support and commit to a more active participation in all evaluation phases.

Interaction: The Evaluator’s Perspective

For the evaluator, this level of interaction ideally points to an ongoing, collaborative process as one of the partners where “the emphasis is on flexibility, strategic planning, and the practical use of available resources” (Orlandi, 1992a). If there is one area identified in the current literature as the key to successful evaluation research, it is in the initial planning phase

(Beauvais and Trimble, 1992; Moran, 1995; Schinke and Cole, 1995; Saylor, 1996). As Beauvais and Trimble (1992) concluded:

The ability to conduct program evaluation in a cross-cultural setting largely hinges on the nature of the agreements that are made in the beginning regarding the conduct of the evaluation. If the community people are made to feel they are an integral part of the process and if issues they feel are sensitive are dealt with appropriately, the evaluation will proceed smoothly. (p. 181)

A second area where this level of interaction impacts the evaluator is the amount of time required to establish and maintain a collaborative approach. In addition to what has been stated, allowing sufficient time for planning and acquiring first hand knowledge of the host community is essential to understanding the local context and culture, and establishing sound working relationships and trust levels with key local leaders vital to the success of the evaluation (Gilbert, 1995; Beauvais, 1995).

As initial local discussions occur, a third area regarding interaction is who to consult and how to gain local approval and acceptance? In most cases, local American Indian and Alaska Native communities are sovereign political entities locally directed by tribal or village councils. In addition, there are usually informal gatekeepers -- often the tribal elders -- whose approval is equally essential. As Beauvais and Trimble (1992) comment, "a thorough knowledge of the local political and power structure" (p. 180) is essential to acquire the needed formal and informal approval and acceptance. They caution, however, that local political issues regarding the evaluation need to be solved by and through the local community and their process. Any attempt to intervene is "usually counterproductive, if not presumptuous" (p. 181). Then, if the evaluator is clear on his or her boundaries and limitations of expertise and has established a good working relationship with local contacts, deference to his or her direction and guidance becomes a critical component early on in the planning and approval process.

Interaction: The Host Community's Perspective

For the host community, the collaborative approach to interaction equally affects their involvement in the evaluation process. Just as the researcher's limited knowledge of the local community context and culture depends on input from local collaborators, so must the local partners recognize their need to understand, appreciate and support the specific requirements of the research process. Through their initial understanding, local participants can assist in community wide understanding and be in a position to "suggest ways in which the research can be altered to provide an even better design or methodology" (Beauvais, 1995, p. 125).

Interaction: Other Stakeholders

Finally, a collaborative approach to interaction will affect other stakeholders including funders and other public and private educational and service organizations who have some level of vested interest with the local AOD program to be evaluated. For example, funding agencies who support AOD programs and evaluations in American Indian and Alaska Native populations ideally need to play an active role in the collaboration process, especially in the formative stages of the evaluation. Given this approach, funding agencies may need to clarify their expectations as preliminary questions arise in the local planning process. For example, is there sufficient funding for staff time? What are the best methods to use, e.g. quantitative and/or qualitative? What local assurances are needed from the host community? A lack of involvement and clarity of the funding sponsor in such areas could allow false or unclear

assumptions to influence expectations from the beginning, thus jeopardizing the validity of the evaluation planning process (Orlandi, 1992b).

As the evaluator considers the level of local involvement and interaction to entertain, collaboration with the local community, its formal and informal leaders, with funders and other involved stakeholders is not only recommended but is seen as essential. Moran (1995) put it this way, "It is this commitment to working in partnership that is the measure of culturally sensitive research" (p. 55).

The Evaluation Process

Assuming that there is a commitment to collaboration and the initial goal to integrate both evaluation and cultural competencies, how might these commitments impact the evaluation process as it unfolds from planning to dissemination of the results. What potential barriers and pitfalls might occur along the way? And what options emerge to sustain the above guiding principles? While the evaluation process can be one component of a researcher's effort or internal to a program, the following examination will assume the evaluation is being conducted by an individual or organization outside the program and its ethnic setting.

Planning

The first step of the evaluation process is planning. As mentioned above, these initial discussions are vital, setting the tone for the entire evaluation process. Following preliminary discussions and information sharing, an appropriate planning team should be assembled early on and include local, knowledgeable people who are a part of the local culture (Beauvais and Trimble, 1992). Moran (1995), suggested a planning group include "the technical researchers, a broadly constituted steering committee, and local research colleagues" (p. 182). Several sources recommended whenever possible and early in the process, to employ community members as staff and include them in all phases of the process including the planning team (Mohatt, 1989; Moran, 1995; Stubben, 1995; Rolf, 1995; Beauvais and Trimble, 1992). However a planning team evolves, the evaluator needs to model a collaborative approach assuming a role of facilitator, partner, and consultant as a listener and problem solver encouraging consensus building and decision-making.

As initial planning begins, what core concepts need to be addressed? How might these concepts be culturally expressed and operationalized? Saylor (1996), Richards (1989), and Mohatt (1989) suggested focusing on values-identification--eliciting and identifying the values embraced by the AOD program as described by local representatives. What values drive the program's operational goals and objectives? The values generated at that time may be different and in addition to those written down in a contract or grant proposal (Saylor, 1996). For instance, the stated goals of an AOD program in a local village may be to prevent AOD use among junior high school students. Some segments of the village, however, expect the program to foster a return to more tribally specific, traditional values which they believe will automatically reduce AOD use. To this group, measurement may appear to be unnecessary and possibly inappropriate, if these expectations relate to moral and spiritual issues (Beauvais and Trimble, 1992).

Second, the community context of the program needs to be identified and included in the evaluation design and process. The social, cultural, geographical value setting or context needs to be considered to avoid "context stripping". Failure to closely examine and integrate contextual issues will yield a generic evaluation design that strips the program and its evaluation from its overall context, jeopardizing the evaluation's validity (Mohatt, 1989; Saylor, 1996; Guba and Lincoln, 1989).

A third fundamental issue to address is how the evaluation is being perceived: positive or punitive. Saylor (1996) and others (Jones, 1996, Beauvais and Trimble, 1992) have asserted the need to clarify that the goal of the evaluation is program focused. Its results should enlighten and furnish knowledge that identifies current AOD program performance and promotes quality improvement. The variety of constituencies of the program may need clarification in this regard. How is the evaluation, whether formative or summative, being perceived by the local community? And how can its positive focus and intent be promoted and sustained?

And finally, as potential barriers and biases are identified or arise during the planning process, how does the evaluator approach these differences? In a collaborative process, attempting to find a mutual agreement that sustains the integrity of both the science and context of the evaluation, key communication approaches mentioned are consensus building, compromise, and flexibility (Mohatt, 1989; Beauvais, 1995). The group process might include identifying what is agreed on by way of process and methodology, focusing on the areas of disagreement or resistance, and searching for causes and solutions. Taking this approach sustains the importance of all perspectives and potentially can overcome initial barriers to trust and cooperation (Saylor, 1996).

While the planning group becomes the primary source of forging agreements and reviewing approaches with each step, many sources identify other groups that need to be consulted. These could include both formal and informal meetings with other key individuals and groups to listen, share information, address resistance, and broaden the support and trust level in the community regarding the evaluation (Rolf, 1995; Gilbert, 1995; Beauvais, 1995; Stubben, 1995).

Designing an Instrument

After establishing an initial, general agreement and understanding of the major goals and objectives and critical contextual and cultural features that need to be considered, the evaluation design and instrumentation needs to be constructed. At this point of the process, Jones (1996) encouraged evaluators to be open to a variety of methods and remember, “the primary concern is with the utility of the information you obtain, not the method by which you obtain it” (p. 298).

How does the evaluator establish a scientifically sound, useful, and culturally appropriate design? While it is beyond the scope of this paper to review the detailed merits, cross-culturally, of various evaluation measurement tools, there are some common conceptual problems and questions that can be addressed. Both the content and process of an evaluation instrument require careful scrutiny to establish, in the words of Berry (1980), metric equivalence, i.e., “must demonstrate that the selected instrument is both valid and reliable for the population on which it will be used” (Beauvais and Trimble, 1992, p. 188).

Regarding the content of the instrument(s), certain questions need to be addressed and answered. For instance, what steps are required to generate reliable and accurate evaluation data in the particular cultural context? How are language differences accommodated? Does the content of the instruments translate conceptually? And does a particular instrument generate accurate and reliable data from which to draw desired conclusions? Beauvais and Trimble (1992) stated it simply, “the items or scales that measure constructs often operate differently across cultures” (p. 187). Depending on the instrument used, different forms of pilot testing may be required to verify reliability. More will be said about this below.

Regarding the process of administering the instrument, two of the most common problem areas mentioned by various sources are the random selection of participants and the need for control groups (Beauvais, 1995; Schinke and Cole, 1995; Beauvais and Trimble,

1992). Implied in each of these technical processes is the potential exclusion of some and exclusive participation of others. While these techniques are scientifically central to the testing process, they exemplify technical notions that often require local education, discussion, and creative problem-solving to sustain the integrity of both the evaluation and cultural values. Additionally, the evaluator and local representatives, by maintaining these integrities and their balance, remain responsive to the research expectations of other stakeholders, in particular program funders who are vested partners (Beauvais, 1995).

The final step in designing an evaluation instrument is using pilot testing to verify. Beauvais and Trimble (1992) asserted this process “is an absolute requirement and should involve a debriefing procedure in which potential subjects can talk about their interpretations of the items” (189). Some sources mentioned the use of focus groups as one testing technique that is proving useful “in refining and adding precision to each measurement instrument and scale” (Schinke and Cole, 1995:140; also Rolf, 1995; Saylor, et. al, 1996; Krueger, 1994). Rolf (1995) further noted how focus group use, in a cross-cultural research setting, increased local trust levels and credibility in the process by portraying the research team as “good listeners’ and people who could be trusted to seek local input, to value it, and to keep seeking more of it” (p, 168).

Collecting and Analyzing Data

The next step in the evaluation process is data collection. Major concerns and potential barriers regarding this phase can be avoided if this area is addressed and anticipated in the planning phase (Beauvais and Trimble, 1992). Suggested guiding principles included: (1) minimizing intrusion on the local systems; (2) keeping the instruments simple and focused; (3) allowing sufficient time for local review of the assessment tools; and (4) using a site visit to verify the workability of the data collection plan (Beauvais and Trimble, 1992; Beauvais, 1995). Evaluators, then, must balance their research needs with those of the local community as data collection processes are designed.

After the evaluation data has been gathered and is assembled into a first draft, Beauvais and Trimble (1992) recommended including “knowledgeable local people even in the early phases of the analysis” (193). They go on to point out how the local perspective can shed additional light on the analysis. A suggested way to approach this analysis, as noted above by Saylor (1996), is to identify points of agreement, then focus on where disagreement occurs and look for the causes. He suggested reviewing three questions to help identify the sources of the disagreement: (1) is this a conclusion that “people don’t want to hear”? (2) are the findings wrong? and/or (3) were the wrong values measured? This kind of exploratory, consensus-building approach continues to reinforce the collaborative process, honoring both the scientific and cultural perspective, and takes another step in local investment and ownership in the evaluation results.

Writing and Disseminating the Report

As the evaluator approaches report writing and dissemination, again, prior planning early in the process helps avoid potential problems. Starting with a collaborative approach of integrating both evaluative and cultural values and needs, often the process has developed two purposes: (1) to determine the cultural congruency of the program in the host community and (2) to support, technically, the conclusions of the evaluations. These two purposes often require two reports: the first, in non-technical language, that provides the host community with a tool to share results locally, and apply to present and future program needs and directions, and secondly, the technical report that provides the details of data and analysis that supports the narrative summary and report (Trimble, 1977; Beauvais and Trimble, 1992).

The history and concerns surrounding the reporting and dissemination of AOD related research has received much attention in light of past problems as shown above in the 1979 Barrow Alcohol Study. While this history has often intensified potential research barriers in Native American and Alaska Native communities, it appears to have equally generated greater awareness, sensitivity and clarity often resulting in research ethics, policies and protocols from local tribes and villages to universities and international research organizations (Attneave, 1989; Krause, 1989).

Central to this issue is the question of data ownership. As Beauvais and Trimble (1992) stated, "Strictly speaking, the report is a part of the intervention program, which, in turn, is an extension of the community agency sponsoring it" (p. 195). In their opinion, the community or its representatives retains the final decision about how evaluation results are disseminated. If, however, the evaluation has accomplished its goals and generated insightful information, the dissemination of the report may prove useful in other communities. What principles and steps might facilitate this decision-making process?

As stated above, AOD evaluation research in American Indian and Alaska Native communities often deals with sensitive information. Anticipating the nature of the information and the concerns and desires of both the evaluator and the host community, "negotiations should occur early in the evaluation process and some general agreement should be reached" (Beauvais and Trimble, 1992, p. 195). This decision needs review as results become available to make a final determination on what can be appropriately reported. Are there certain issues that should not be publicly released? If a report needs modification, how can that happen to maintain the integrity of the report? Are the confidentiality of individuals and the community respected? To answer these questions to the satisfaction of all, local review and feedback, prior to publication, and joint release of the information is advised (Beauvais, 1995; Beauvais and Trimble, 1992).

If the collaboration has been sustained throughout the process, the "partnership will produce useful products and growth experience for both the research team and community participants" (Rolf, 1995, pp. 176-7). For the host community it should yield improved program service, and a sense of empowerment and accomplishment. For the evaluator there should be the satisfaction of producing scientifically sound data and of applying his or her skills creatively in a cross-cultural setting.

Summary and Conclusions

The purpose of this paper was to examine the area of AOD evaluation research as conducted in American Indian and Alaska Native communities, to identify problems and barriers and to highlight solutions and options experts have offered as ways to respond in a culturally appropriate way. Past research efforts in these communities were seen as ethnocentric, narrowly focused, and filled with inaccuracies.

This cross-cultural challenge was examined by reviewing both the traditions of the research world and the nature of Indian worlds from a cultural and historical perspective and how these worlds have interacted. Against this background, current expert sources identified three necessary components for effective cross-cultural evaluation research to occur: (1) evaluation research competency, (2) cultural competency, and (3) the appropriate processes to link these two competencies. As an outsider in almost all cases, the evaluation researcher needs to focus on acquiring cultural competency.

Several authors identified three critical stages to acquire cultural competency. This process included: (1) acquiring knowledge of the host culture and appreciation of its differences, (2) assessing one's own personal and professional cultural worlds including histories, attitudes, and research methods, and (3) understanding the dynamics of interaction as the evaluator, host community, and other stakeholders begin to collaborate.

Central to this self-assessment is an ongoing recognition of boundaries and limitations and a commitment to ongoing collaboration. These insights became the framework of reviewing each step of the evaluation process from planning to dissemination of results.

Finally, what emerges from both the self-assessment and process analysis can be summarized as critical skills and abilities required of a researcher in conducting cross-cultural evaluations in an Indian or Native setting. Beauvais (1995) provided a useful summary by identifying seven areas where skills and abilities are needed.

(1) The first and possibly the most important quality he mentioned was "the ability to continually monitor one's own cultural boundaries and to see how these may be obscuring a full understanding of the community perspective" (p. 125). This long term process includes pursuing an in-depth understanding of the local community's values, beliefs, and traditions.

(2) Second, as collaboration emerges as the preferred form of interaction in cross-cultural research, the evaluator's skills of negotiation and compromise will be called upon often. (3) Along with these problem-solving skills, the researcher's flexibility and openness to contextual and cultural differences will avoid many past barriers that have often arisen due to ethnocentric rigidity.

(4) Next, since local conditions tend to be highly fluid, researchers need to monitor the evaluation process personally from start to finish. Their on-going personal, hands-on attention will often be required. (5) With this additional time investment in the face of highly fluid conditions, the endurance and long term commitment of the researcher may be tested. Persistence is essential, both to both build local trust levels and to complete the evaluation research project successfully. (6) Along with persistence, the researcher will often need patience, tolerance for ambiguity, and a willingness to trust the local decision-making processes as he or she becomes more deeply invested in the evaluation process. For example, the researcher is often not aware of the local political process and will appropriately rely on the guidance and direction of local partners.

(7) And finally Beauvais (1995) concluded that there is "no substitute for experience when working cross-culturally" (p. 127). Lacking personal experience, the researcher is advised seek out working partnerships or, at least, regular consultation with those experienced in cross-cultural research and, if available, with those who are locally knowledgeable and experienced.

Reflecting on this list of skills and abilities, the cross-cultural researcher is asked to be more than a technician. As Beauvais (1995) concluded, "Effective cross-cultural research is as much as philosophy and frame of mind as it is a series of techniques" (p. 127).

References

- Attneave, C. 1989. Who has the responsibility? An evolving model to resolve ethical problems in intercultural research. American Indian and Alaska Native Mental Health Research: 2(3)18-24.
- Beauvais, F. 1995. Ethnic communities and research: building a new alliance. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (pp. 105-128). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Beauvais, F. 1992. The need for community consensus as a condition of policy implementation in the reduction of alcohol abuse on Indian reservations. American Indian and Alaska Native Mental Health Research: 4(3)77-81
- Beauvais, F. 1989. Limited notions of culture ensure research failure. American Indian and Alaska Native Mental Health Research: 2(3)25-28.

- Beauvais, F., Trimble, J. 1992. The role of the researcher in evaluating American Indian alcohol and other drug abuse prevention programs. In Orlandi, M., Weston, R., & Epstein, L. (ed..) Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners working with Ethnic/Racial Communities (pp. 173-201). Rockville, Maryland: Office for Substance Abuse Prevention, U.S. Department of Health and Human Services.
- Berry, J. 1980. Introduction to methodology. In Triandi, H. & Berry, J. (ed..). Handbook of Cross-Cultural Psychology, Vol. 2 (1-27). Boston: Allyn and Bacon, Inc.
- Connor, R. 1985. International and domestic evaluation: comparisons and insights. In Patton, M.(ed.) Culture and Evaluation (19-28). San Francisco: Jossey-Bass Inc., Publishers.
- Dennis, M. 1994. Integrating qualitative and quantitative evaluation methods in substance abuse research. Evaluation and Program Planning: 17(4)419-427.
- Fleming, C. 1992. The next twenty years of prevention in Indian country: visionary, complex, and practical. American Indian and Alaska Native Mental Health Research: 4(3)85-88.
- Fleming, C. 1992. American Indians and Alaska Natives: changing societies past and present. In Orlandi, M., Weston, R., & Epstein, L. (ed..) Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners working with Ethnic/Racial Communities (147-171). Rockville, Maryland: Office for Substance Abuse Prevention, U.S. Department of Health and Human Services.
- Foulks, E. 1989(a). Misalliances in the Barrow Alcohol Study. American Indian and Alaska Native Mental Health Research: 2(3)7-17.
- Foulks, E. 1989(b). Rejoinder. American Indian and Alaska Native Mental Health Research: 2(3)88-90.
- Gilbert, M. 1995. Conducting culturally competent alcohol prevention research in ethnic communities. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (21-42). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Goodenough, W. 1990. Ethnographic field techniques. In Triandis, H. & Berry, J. (ed..) Handbook of Cross-Cultural Psychology, Vol. 2 (1-28). Boston: Allyn and Bacon.
- Guba, E. and Lincoln, Y. 1989. Fourth Generation Evaluation. Newbury Park, California: Sage Publications.
- Guilmet, G. 1989. Miscontinenence and the Barrow alcohol study. American Indian and Alaska Native Mental Health Research: 2(3)29-34.
- Heath, D. 1989. A case study of how cross-cultural misunderstandings can negate research. American Indian and Alaska Native Mental Health Research: 2(3)82-87.
- Hild, C. 1987. Which way to turn? Inuit culture, alcohol, and change. Alaska Medicine, 83-94.
- Howard, J. 1995. Alcohol prevention research in ethnic/racial communities: framing the research agenda. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (439-458). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Irwin, M. ed. 1994. "Alaska Natives' loss of social and cultural integrity." Alaska Natives Commission's Final Report, Volume 1:1-16. Anchorage: Joint Federal-State Commission on Policies and Programs Affecting Alaska Natives.
- Jones, R. 1996. Research Methods in the Social Behavioral Sciences (2nd ed.). Sunderland, Massachusetts: Sinauer Associates, Inc., Publishers.
- Krause, R. 1989. Health and social science research in the Arctic: guidelines and pitfalls. American Indian and Alaska Native Mental Health Research: 2(3)77-81.

- Krueger, R. 1994. Focus Groups: A Practical Guide for Applied Research (2nd ed.). Thousand Oaks, California: Sage Publications.
- Langton, P. Taylor, E. 1995. Applying a participatory research model to alcohol prevention research in ethnic communities. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (pp. 1-19). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Lujan, C. 1989. Educating the researchers. American Indian and Alaska Native Mental Health Research: 2(3)75-76.
- Lum, D. 1986. Social Work Practice and People of Color. Monterey, California: Brooks/Cole Publishing Company.
- Mansergh, G., Rohrbach, L., Montgomery, S., Pentz, M., & Johnson, C.A. 1996. Process evaluation of community coalitions for alcohol and other drug abuse prevention: a case study comparison of research- and community-initiated models. Journal of Community Psychology: 24(2)118-135.
- Manson, S. (editor). 1989. American Indian and Alaska Native Mental Health Research: 2(3), entire issue.
- Marshall, C., Rossman, G. 1989. Designing Qualitative Research. Newbury Park, California: Sage Publications.
- May, P. 1995. The prevention of alcohol and other drug abuse among American Indian: a review and analysis of the literature. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (pp. 183-244). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- May, P. 1989. That was yesterday, and (hopefully) yesterday is gone. American Indian and Alaska Native Mental Health Research: 2(3)71-74.
- May, P. 1986. Alcohol and drug misuse prevention programs for American Indians: needs and opportunities. Journal of Studies on Alcohol: 47(3)187-195.
- Merryfield, M. 1985. The challenge of cross-cultural evaluation: some views from the field. In Patton, M.(ed.) Culture and Evaluation (3-17). San Francisco: Jossey-Bass Inc., Publishers.
- Mohatt, G. 1989. The community as informant or collaborator? American Indian and Alaska Native Mental Health Research: 2(3)64-70.
- Moran, J. 1995. Culturally sensitive alcohol prevention research in ethnic communities. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (43-56). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- More, A. 1987. Native Indian learning styles: a review for researchers and teachers. Journal of American Indian Education 26:17-29.
- Oetting, E. and Beauvais, F. 1990. Orthogonal cultural identification theory: the cultural identification of minority adolescents. International Journal of the Addictions: 25(5A & 6A)665-685.
- Oleska, M. 1994. The universe of communication. Communicating Across Cultures (a four part video series). Juneau: Capital Community Broadcasting, Inc.
- Orlandi, M. 1992(a). The challenge of evaluating community-based prevention programs: a cross-cultural perspective. In Orlandi, M., Weston, R., & Epstein, L. (ed..) Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners working with Ethnic/Racial Communities. Office for Substance Abuse Prevention, U.S. Department of Health and Human Services. Rockville, Maryland. pp. 1-22.

- Orlandi, M. 1992(b). Defining cultural competence: an organizing framework. In Orlandi, M., Weston, R., & Epstein, L. (ed.) Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners working with Ethnic/Racial Communities (pp. 293-299). Rockville, Maryland: Office for Substance Abuse Prevention, U.S. Department of Health and Human Services.
- Orlandi, M., Weston, R., & Epstein, L. (ed.). 1992. Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners working with Ethnic/Racial Communities. Rockville, Maryland: Office for Substance Abuse Prevention, U.S. Department of Health and Human Services.
- Parker, L, Jamous, M., Marek, R., & Camacho, C. 1991. Traditions and innovations: a community-based approach to substance abuse prevention. Rhode Island Medical Journal: 74(June)281-286.
- Patton, M. 1990. Qualitative Evaluation and Research Methods, (2 ed.). Newbury Park, California: Sage Publications
- Patton, M. 1985. Cross-cultural nongeneralizations. In Patton, M.(ed.) Culture and Evaluation (pp.93-96). San Francisco: Jossey-Bass Inc. Publishers
- Patton, M. 1980. Qualitative Evaluation Methods. Beverly Hills: Sage Publications.
- Richards, W. 1989. A community systems approach to research strategies. American Indian and Alaska Native Mental Health Research: 2(3)51-57.
- Rolf, J. 1995. Methods to create and sustain cross-cultural prevention research partnerships: the NAPPASA project's American Indian-Anglo American example. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (pp. 149-181). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Rossi, P. and Freeman, H. 1993. Evaluation: A Systematic Approach (5th ed.). Newbury Park, California: Sage Publications.
- Rutman, L. and Mayne, J. 1985. Institutionalization of program evaluation in Canada: the federal level. In Patton, M.(ed.) Culture and Evaluation (61-68). San Francisco: Jossey-Bass Inc. Publishers
- Saylor, B. 1996. Personal communication.
- Saylor, B., Booker, J., Hamilton, J. Klose, K. 1996(May). Methodological issues in evaluating a culture-based substance abuse treatment program in the Kuskokwim Delta, Alaska. Paper presented at the Tenth International Congress on Circumpolar Health. Anchorage, Alaska.
- Schinke, S. & Cole, K. 1995. Methodological issues in conducting alcohol abuse prevention research in ethnic communities. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (pp. 129-148). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Scollon, R. and Scollon, S. 1980. Interethnic Communication (10th Printing). Fairbanks: Alaska Native Language Center, University of Alaska, Fairbanks.
- Segal, B. 1992. Ethnicity and drug-taking behavior. In Trimble, J., Bolek, C., & Niemcryk, S. (ed.). Ethnic and Multicultural Drug Abuse: Perspectives on Current Research (269-312). New York: Harrington Park Press.
- Shore, J. 1989. Trans-cultural research run amok or Arctic hysteria? American Indian and Alaska Native Mental Health Research: 2(3)46-50.
- Stubben, J. 1995. Discussion paper: American Indian alcohol prevention research: a community advocate's perspective. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (pp. 259-278). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.

- Thurman, P. 1995. Native American community alcohol prevention research. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities (245-258). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Trimble, J. 1989. Malfeasance and foibles of the research sponsor. American Indian and Alaska Native Mental Health Research: 2(3)112-119.
- Trimble, J. 1988. Stereotypical images, American Indians, and prejudice. In Katz, P, & Taylor, D., ed., Eliminating Racism: Profiles in Controversy (181-202). New York: Plenum Press.
- Trimble, J. 1984. Drug abuse prevention research needs among American Indians and Alaska Natives. White Cloud Journal: 3(3)22-34.
- Trimble, J. 1977. The sojourner in the American Indian community: methodological issues and concerns. Journal of Social Issues: 33(4)159-174.
- Trimble, J., Bagwell, W. (ed.). 1995. North American Indians and Alaska Natives, Abstracts of the Psychological and Behavioral Literature, 1967-1994. Washington, D.C.: American Psychological Association.
- Trimble, J., Bolek, C., & Niemcryk, S. (ed.). 1992. Ethnic and Multicultural Drug Abuse: Perspectives on Current Research. Harrington Park Press. New York.
- Westermeyer, J. 1989. The Barrow studies: an Alaskan perspective. American Indian and Alaska Native Mental Health Research: 4(3)71-76.
- Wolf, A. 1989. The Barrow studies: an Alaskan perspective. American Indian and Alaska Native Mental Health Research: 2(3)35-40.
- Wolk, J., Hartmann, D., Sullivan, W. 1994. Defining success: the politics of evaluation in alcohol and drug abuse treatment programs. Journal of Sociology and Social Welfare: 21(4)133-145.
- Weiss, C. 1972. Evaluation Research: Methods for Assessing Program Effectiveness. Englewood Cliffs, New Jersey: Prentice Hall.
- Windsor, R., Baranowski, T., Clark, N., and Cutter, G. 1984. Evaluation of Health Promotion and Education Programs. Mountain View, California: Mayfield Publishing, 1984.

Other Sources

- Ben, L. 1991. Wellness circles: the Alkali Lake Model in community recovery processes. Thesis (Ed.D.). Flagstaff: Northern Arizona University.
- Bolek, C., Debro, J. & Trimble, J. 1992. In Trimble, J., Bolek, C., & Niemcryk, S. (ed.) Ethnic and Multicultural Drug Abuse: Perspectives on Current Research (pp. 345-376). New York: Harrington Park Press.
- Bopp, M., Bopp, J. (ed.). 1985. Taking Time to Listen: Using Community Based Research to Build Programs. Lethbridge: Four Worlds Development Press.
- Bopp, M., Bopp, J., Lane, P., Metric, J. & Tamas, A. 1984. Holistic Educational Evaluation for Community Transformation, a Preventive Approach. Lethbridge: Four Worlds Development Press.
- Dorpat, N. 1992. Community development as context for alcohol policy. American Indian and Alaska Native Mental Health Research: 4(3)82-84.
- Gilbert, M. 1990. The anthropologist as alcoholologist: qualitative perspectives and methods in alcohol research. The International Journal of the Addictions. 25(2A)127-148.
- Guilmet, G., Whited, D. 1989. The people who give more: health and mental health among the contemporary Puyallup Indian tribal community. American Indian and Alaska Native Mental Health Research, 2(2), Monograph.

- Gunn, W. Orenstein, D. et al (ed.). 1981. An Evaluation Handbook for Health Education Programs in Alcohol and Substance Abuse. Atlanta: The Center for Health Promotion and Education Centers for Disease Control.
- Gregory, D. 1992. Much remains to be done. American Indian and Alaska Native Mental Health Research: 4(3)89-94.
- Heath, D. 1992. Alcohol policy considerations in American Indian communities: an alternative view. American Indian and Alaska Native Mental Health Research: 4(2)64-70.
- Health, wellness, and substance abuse prevention. 1990. INAR/NACIE Joint Issues Session Summary Report, NIEA 22nd Annual Conference. San Diego.
- Krause, D. 1996. Effective Program Evaluation. Nelson-Hall Publishers. Chicago.
- LaFromboise, T., Rowe, W. 1983. Skills training for bicultural competence: rationale and application. Journal of counseling Psychology: 30,589-595.
- Levy, J. 1992. Commentary. American Indian and Alaska Native Mental Health Research: 4(3)95-100.
- Loos, G. 1995. A blended qualitative-quantitative assessment model for identifying and rank-ordering service needs of indigenous people. Evaluation and Program Planning: 18(3)237-244.
- Lujan, C. 1992. An emphasis on solutions rather than problems. American Indian and Alaska Native Mental Health Research: 4(3)101-104.
- Mail, P. 1992. Do we care enough to attempt change in American Indian alcohol policy? American Indian and Alaska Native Mental Health Research: 4(3)105-111.
- Mail, P., Wright, L. 1989. Point of view: Indian sobriety must come from Indian solutions. Health Education: 20(5)19-22.
- May, P., Moran, J. 1995. Prevention of alcohol misuse: a review of health promotion efforts among American Indians. American Journal of Health Promotion: 9(4)288-299.
- May, P. 1992. Alcohol policy considerations for Indian reservations and bordertown communities. American Indian and Alaska Native Mental Health Research: 4(3)55-59.
- May, P. 1992. Let the debate, study, and action continue: a response to twelve critiques. American Indian and Alaska Native Mental Health Research: 4(3)126-132.
- May, P., Smith, M. 1988. Some Navaho Indian opinions about alcohol abuse and prohibition: a survey and recommendations for policy. Journal of Studies on Alcohol: 49(4)324-334.
- McRae, L. 1994. Cultural sensitivity in rehabilitation related to Native clients. Canadian Journal of Rehabilitation: 7(4)251-256.
- McShane, D. 1987. Mental health and North American Indian/Native communities: cultural transactions, education, and regulation. American Journal of Community Psychology, 15(1), 95-116.
- Mohatt, G., McDiarmid, G. & Montoya, V. 1988. Societies, families, and change: the Alaskan example. In: Manson, S. & Dinges, N., ed.. Behavioral Health Issues Among American Indians and Alaska Natives: Exploration on the Frontiers of the Biobehavioral Sciences (pp. 325-352). Denver: National Center for American Indian and Alaska Native Mental Health Research.
- National Native Alcohol Abuse Program. 1980. Evaluation of the National Native Alcohol Abuse Program. Evaluation Core Group. Ottawa.
- Neligh, G. 1990. Mental health programs for American Indians: their logic, structure and function. American Indian and Alaska Native Mental Health Research, 3(3), Monograph.
- Peters, R. 1992. Native alcohol policy options. You've been given a map: blazing a trail is up to you. American Indian and Alaska Native Mental Health Research: 4(3)60-63.
- Powers, S., Reynolds, A. 1992. Quantitative and qualitative methods in the evaluation of an alcohol and other drug abuse prevention program for high risk families with pre-school children. U.S. Department of Education document. Washington, D.C.: Educational Resources Information Center.

- Randall-David, E. 1989. Strategies for Working With Culturally Diverse communities and Clients. Washington, D.C.: Association for the Care of Children's Health.
- Rebach, Howard. 1992. Alcohol and drug use among American minorities. In Trimble, J., Bolek, C., & Niemcryk, S. (ed.). Ethnic and Multicultural Drug Abuse: Perspectives on Current Research (pp. 23-58). New York: Harrington Park Press.
- Rhoades, E., Mason, R., Eddy, P., Smith, E., & Burns, T. 1988. The Indian Health Service approach to alcoholism among American Indians and Alaska Natives. Public Health Reports, 103 (6), 621-627.
- Schinke, S., Gilchrist, L., Schilling, R., Walker, D., Locklear, V., Bobo, J., Maswell, J., Trimble, J. & Cvetkovich, G. 1986. Preventing substance abuse among American Indian and Alaska Native youth: research issues and strategies. Journal of Social Service Research: 9(4)53-57.
- Shafer, J. 1995. Alcohol: What Do Native Americans Think? A Dissertation. Lincoln: University of Nebraska.
- Shawanda, B. 1990. Developing Our Community and Family--A Healthy System, Not a Perfect System. A training manual from Human Resource Development, Calgary, Alberta, Canada.
- Sutter, V. 1995. American Indian Mental Health Program Implementation Issues: An Exploratory Study. A Dissertation. Norman: University of Oklahoma.
- Swaim, R., Oetting, E., Thurman, P., Beauvais, F., Edwards, R. 1993. American Indian adolescent drug use and socialization characteristics: a cross-cultural comparison. Journal of Cross-Cultural Psychology: 24(1)53-70.
- Thomason, T. 1991. Counseling Native American: an introduction for non-Native American counselors. Journal of Counseling & Development: 69,321-327.
- Thompson, J. 1992. Alcohol policy considerations for Indian people. American Indian and Alaska Native Mental Health Research: 4(3)112-119.
- Trimble, J. 1981. Value differentials and their importance in counseling American Indians. In P. Pedersen et al., ed., Counseling Across Cultures(rev. ed.) (203-226). Honolulu: University Press of Hawaii.
- Trimble, J. 1976. Value differences among American Indians: Concerns for the concerned counselor. In P. Pedersen, J. Draguns, W. Lonner, & J. Trimble, ed., Counseling Across Cultures (65-81). Honolulu: University Press of Hawaii.
- Van Norman, M. 1992. Alcohol beverage control policy: implementation on a Northern plains Indian reservations. American Indian and Alaska Native Mental Health Research: 4(3)120-125.
- Wolf, A. 1992. Commentary on alcohol policy considerations for Indian reservations and bordertown communities. American Indian and Alaska Native Mental Health Research: 4(3)71-76.

Appendix B

The Evolution of Alcohol Policy in Alaska

Introduction: This paper traces the evolution of alcohol policy in Alaska, with particular attention to alcohol policy with respect to Alaska Natives. The term policy is used to describe a definable course or method of action selected from an array of alternatives in light of a given set of conditions. Policies are designed to guide present and future decisions. Policies are not necessarily codified in law or regulation. In less formal forms of government, such as committees or traditional forms of government, policies were not written down. This may be due to either the lack of importance placed on written policies or the inability of officials to commit them to paper. Unwritten policies may have reflected the prevailing attitude or posture regarding a certain subject. In other cases, policies may have followed the predispositions and peccadilloes of the local leadership.

Unwritten policies were far more common during early Alaskan history. As Alaskan government matured written policies became the norm. Today, Alaska's public policy apparatus is far more sophisticated. It memorializes preferred courses of action in law, regulations and policy and procedure manuals. These policies are periodically updated as situations change. Like most other policy topics, alcohol policies have evolved from unwritten guidelines for responding to a certain array of circumstances or conditions. In more recent times, alcohol policy has become codified in federal, state, and local law and regulation.

The chapter is organized into four sections. The first summarizes historical, largely unwritten, alcohol policies, particularly those affecting Alaska Natives. This period also includes a brief review of alcohol use before Alaska Native peoples had contact with Western or European explorers, traders, and colonists. The second section describes the period between the late 1800's and the passage of the Uniform Alcohol Intoxication Act in 1972, which resulted in a major shift in policy. This period also includes the rise in prohibitions against alcohol, largely promoted by traders and early missionaries. The third section describes the implications of the Uniform Alcoholism and Intoxication Treatment Act (from here on called the Uniform Act) adopted in Alaska in 1972. This act has had profound implications on the availability of alcohol treatment services in Alaska and on the responsibility for the provision of services. The last section uses the material in the first three to project alternative futures for alcohol policy in Alaska.

A Historical Perspective: Early Contact with Europeans¹: Before contact with the Europeans in the early 1700's, alcohol played a minor role in the lives of Alaska Native people. Alcoholic beverages were available throughout Alaska as the natural consequence of yeast from berries and other foods acting on fermentable material such as sugars and starches. However, Aleuts, Eskimos, and Athabascan peoples did not commonly consume beverage alcohol and may have avoided it. Although beverages containing alcohol were relatively easy to produce, many indigenous people did not trust its affects on their ability to think and reason. Some believed that it would make them susceptible to exploitation by other tribes or traders. When it was used at all, alcohol was often considered a "prestige" item and was used by Elders and community leaders in special circumstances. The regulation of when to consume

¹ Much of the material for this section has been taken from Andersen, T.I., Alaska Hooch: The History of Alcohol in Early Alaska, Hoo-che-noon Press, Fairbanks, Alaska, 1988.

alcoholic beverages by Elders and community leaders may be considered an early example of the community's efforts to regulate the production and consumption of alcoholic beverages.

Early European contacts contributed to an increase in the use of alcohol among Alaska Native people. Traders often used alcohol to express a spirit of hospitality in their interactions with Alaska Native people. This practice of non-community members assuming responsibility for the appropriate use of alcohol can be viewed as the beginnings of the erosion of local control over the production, distribution, and consumption of alcoholic beverages.

The negative effects of this change were quickly realized. These negative effects included the ability of some Alaska Native to control their behavior (their initial reservation about alcohol), and their susceptibility to exploitation by traders. For example, traders used alcohol to induce Native women to come aboard trading ships, resulting in a stereotyping of Native women by these sexually predatory seamen as being highly accessible when intoxicated. Fur traders believed that the shrewdest traders among them, those who made the most profit, refused to trade with sober Indians. These two examples are evidence of the decreased capacity of Alaska Native people caused by alcohol consumption. The diminished capacity of some Alaska Native people fulfilled the expectations about alcohol held by Elders and community leaders.

The negative effects of alcohol intoxication on Alaska Native people were also feared by European traders. For example, Lord Baranof did not trust Alaska Natives with alcoholic beverages and urged their prohibition in Russian-America. As a result, during the late 1700's, alcohol rationing was encouraged in Russian-America to maintain a sober and dependable workforce. There was also a concern about the potentially violent behavior of intoxicated Alaska Native people.² The policy of local management by the Alaska Native communities of the production, distribution and consumption of alcoholic beverages was beginning to erode.

This erosion in the ability of Alaska Native Elders and community leaders to manage alcohol in their communities continued when the Chinese who came to the fish packing plants in the late 1800's promoted more efficient brewing techniques. This caused increased concern in the U.S. Congress about the use of liquor in trading, but very little was done to restrict or better manage the production, distribution or consumption of alcoholic beverages by Alaska Native people. This meant that there may have been little control over the production, distribution and consumption of alcoholic beverages – neither the traditional community nor the Western governments were actively controlling the effects of alcohol.

Alaska Native people learned to drink from hard drinking miners and traders. In the late 1800's and early 1900's miners brought large quantities of alcoholic beverages to Alaska. By example, they taught many Alaska Natives how to drink. The Aleut people were thought to have adopted the hard drinking habits of Russian traders. These drinking patterns may have had an even greater impact because they were modeled after the often-exaggerated drinking behaviors of Russian traders and working men of lower socioeconomic status. As early as the 1870's the Aleut people had a home brew that they called "quass" or "piva," which was a malt beer, a form of malt beverage that has a higher alcohol content and therefore is more

² Despite the reports of many early European traders about the violent behavior of intoxicated Alaska Natives, it must be remembered that all of the material is from a non-Native point of view. Therefore, although violence was reported as high in historical literature, it may have been no greater than violence among any other group of intoxicated people.

intoxicating than a regular brewed beer. This quass was not prohibited in the same manner as whiskey was treated.

Alcohol consumption was legitimized even more through the practice of holding functions and ceremonies in drinking establishments. Courts were held in saloons, thereby affecting the conduct of the judicial process because it was carried out in a setting devoted to the distribution of alcoholic beverages. Ministers and Priests also held church services in saloons. These examples certainly did not quell the growing availability and consumption of alcoholic beverages by Alaska Native people.

This early exposure to beverage alcohol saw the early decline in traditional policy which located the control of the production, distribution and consumption with community leaders and Elders. It also set the stage for hard drinking behaviors by Alaska Native people emulating the behaviors of those around them.

The Missionary Period and The Pre-Uniform Act: Alaska came under U.S. jurisdiction in 1867. In becoming a territory, the activities of Alaska Native people were subject to the same laws that applied to American Indians. Alcohol was prohibited throughout Alaska as an extension of the U.S. Indian policy, dating from as early as 1834. This Act, which prohibited American Indians and Alaska Natives from drinking intoxicating beverages, was passed because indigenous peoples were thought to become dangerous while drinking. These paternalistic policies further eroded the ability of community leaders and Elders to exert their authority over the behavior of community members in producing or consuming alcohol.

Paternalistic policies from the federal government and religious institutions regarding the production, distribution and consumption increased in the late part of the 1800s. The United States military provided some of the best-documented examples of the role of alcohol in the interactions between Alaska Natives and non-native peoples. At that time the U.S. Army was the only group allowed access to alcohol despite the fact that there were many drunkards within the U.S. military. The Kake War in Southeast Alaska (1868) was thought to be related to alcohol intoxication among Alaska Natives. The army serving under General Jefferson C. Davis was stationed in Wrangell. Alaska Native people bombarded the Army fortifications in the settlement. While many acknowledge that alcohol was involved it was not the cause of the Kake War.

In addition to the fear of “violent” behavior exhibited by intoxicated Alaska Natives, the government was also concerned about “demoralizing” Alaska Native people. Although what this meant is not defined in historical literature, it is assumed to reflect a concern for a lack of initiative as defined through the eyes of Western historians and bureaucrats. The concern for “demoralizing” Alaska Natives is shown in the changing penalty for the sale of alcohol to Alaska Native people in 1905. Sale of alcohol was increased from a misdemeanor to a felony. Missionaries saw alcohol as a serious threat to the spread of Christianity. Their attitudes tend to mirror the prevailing attitudes regarding temperance of missionaries throughout the world. Although the missionaries objected to the expanded use of alcoholic beverages and surely objected to alcohol intoxication, it was common knowledge that many Russian Priests were very liberal in their use of alcoholic beverages.

In the 1850's, the temperance movement swept through certain parts of Alaska particularly Southeast Alaska. It was during that period that Reverend William Duncan helped relocate the Tshimian Indians from Canada to Metlakatla. This move was an effort to further restrict the

production, distribution, and consumption of alcoholic beverages among an indigenous group of people, resulting in Alaska's first "dry" town.

This period also had some positive efforts to return some control over alcohol policy. An example of an Alaskan Native effort to control the consumption of alcohol was the Temperance clubs organized by the Alaska Native peoples themselves. Toward the end of the 1800's the Alaska Native Brotherhood charter contained a provision that members should not drink.

Notwithstanding these minor efforts, consumption of alcoholic beverages continued and the production of homebrew expanded in Alaska. These events are similar to those experienced during this era elsewhere in the United States.

Despite their concern for controlling the production, distribution and consumption of alcoholic beverages, the military and religious communities did not choose to include the Alaska Native Elders and community leaders in their enforcement efforts. Alaska Natives were not allowed to sit on juries and therefore there were no juries composed of one's peers in the adjudication of alcohol related offences. This may have worked in some instances to the advantage of the Alaska Native people. Not being permitted to sit on juries, Alaska Natives were suspicious of the ability of the court system to render just verdicts. Therefore, they often preferred their own system of law enforcement. This situation may have allowed Alaska Native alcohol issues to be resolved by traditional or tribal courts without the intervention of troublesome customs officers whose methods of resolution were unfamiliar and inaccessible to Alaska Natives.

The military in Alaska was the primary enforcer of laws governing the distribution and consumption of alcohol by Alaska Natives. An 1868 Act prohibiting the introduction of intoxicating liquor. and the expansion of the Indian Intercourse Act of 1834, which kept alcohol away from Natives (an extension of Indian country), were enforced by the military. Again, to some extent, the responsibility for setting appropriate bounds for social behavior and managing the production, distribution and consumption of alcohol were transferred from the Alaska Native tribal governments to other enforcement and adjudication agencies.

The territorial government also played a major role in policy development and enforcement. Territorial Alaska government workers were typically white males who swore to uphold the law of the land, which insofar as it applied to the Alaska Native people were those laws that applied to "Indian Country." This put them in the clear position of working for the white dominant culture rather than for all Alaskans, including Alaska Natives. It also encouraged selective enforcement during the period of prohibition.

Alaska, during the Prohibition Era, at the turn of the century, was dry. Part of the selective enforcement of this policy is seen in the permitting of illegal saloons and drug stores, which were permitted to sell alcohol for medicinal, mechanical, or scientific purposes. White people were not prosecuted for buying or selling liquor as long as they did not sell to Indians, Eskimos or Aleuts. Drug stores were also allowed to sell liquor as a prescription or non-prescription medication. They turned out to be one of the principal liquor outlets during this period.

In rural Alaska, the homebrewed kavass was still common, but local jurisdictions were attempting to reduce the prevalence of the homebrewed beverage by restricting the sale of essential ingredients such as sugar, candied candy dried fruit, and sweet crackers, all required for the production of homebrew. The prevailing opinion among the dominant white transient culture was that intoxicating beverages were "demoralizing" the Alaska Native population and

should be restricted. At the same time enforcement of prohibitions against the production, sale or distribution of alcohol gradually migrated from traditional forms of government to a government of the dominant culture, which had little regard for the Alaska Native people.

The Uniform Alcoholism and Intoxication Treatment Act³: With the repeal of prohibition in 1933, the Federal government ended its control over the manufacture, sale, and distribution of alcohol and thrust these matters back on the states. As a result it became the duty of the various state legislatures to decide whether or not alcoholic beverages were to be sold and what control measures would be best to protect the public health and safety.

By this time the government had started to rely on revenues generated by the sale and distribution of alcoholic beverages. For example, there was a license fee required for saloons to dispense alcohol. Even today many local governments rely on licensing fees and alcohol tax revenues to support their operation. The state alcohol tax is an extension of this practice.

The lifting of prohibition allowed more licensing and taxation revenues to flow into public coffers, thus making the control of the sale of alcoholic beverages far more problematic; any effort to reduce the number of liquor outlets or the volume of alcohol sold would have a potentially detrimental effect on government revenues. This may be one of the reasons the Uniform Act shifted the focus of alcohol problem from the bottle to the man.⁴

One of the early laws that was enacted was the 'drunk in public' statutes. Under these statutes public drunkenness was considered a misdemeanor. Reports from the police officers working in Anchorage before the passage of the Uniform Act suggests that many people, including Alaska Native, would request to be assigned to the potato farms at Point Waranzof when they felt they had lost control of their drinking.⁵ This arrangement was considered to be very workable. The individual was still responsible for his/her own behavior. Enforcement costs were low and treatment consisted largely of abstinence, while the offender was working in the fields at Point Waranzof.

The drunk in public laws changed with the passage of the statute establishing the office of alcohol and drug abuse in the Uniform and Alcoholism and Intoxication Treatment Act of 1972 (AS-47-.37) The Act stated:

It is the policy of the state that alcoholics and intoxicated persons would not be criminally prosecuted for their consumption of alcoholic beverages and that they should be continuum of treatment so they may lead normal lives as productive members of society" (Section I; chapter 207 SLA 1972)

This Alaska Statute was modeled after the "Uniform Alcoholism and Intoxication Treatment Act passed by the 93rd Congress in 1970. This landmark legislation was adopted by 37 states

³ Much of the material from this section is taken from Kelso, D Descriptive Analysis of the Impact of Alcoholism and Alcohol Abuse in Alaska 1975, Vol. II: An Analysis of State legislation pertaining to regulation and control of beverage Alcoholism and Alcohol Abuse, Alaska, 1975., Final Report January 1977

⁴ Alcohol, Society, and the State: A comparative study of alcohol control Alcohol Research Foundation, Toronto, Canada 1981 p 67-92

⁵ Comments of Captain Ted Carlson; Mayor's Taskforce on the Public Inebriate Municipality of Anchorage, Department of Health and Human Services, 1990

during the 1970s; it required governments to respond to addictions through the health care system rather than the criminal justice system.⁶

The Act created what Kelso (1975) characterized as a “schizophrenic” policy. On the one hand the dangerous effects of alcohol were recognized in the Uniform Act, but few control measures limiting the availability of alcohol were put in place, despite the control over the powers of the legislature to restrict alcohol sales and manufacture.

A comprehensive treatment system envisioned by the Uniform Act has emerged over the last 25 years. Much of the funds for this treatment system (controlling the man not the bottle) is funded through state revenues and managed by Alaska’s State Division of Alcohol and Drug Abuse. Most of these services are provided through state funded non-profit treatment providers. As non-profit agencies these treatment providers are required to have boards of directors made up of the local citizenry. The expectation is that this will help programs be more responsive to local need.

Many communities however, are not an integral part of the governance of the prevention and treatment of people afflicted by alcohol and other substance abuse. The non-profit board of directors may, but is not required to, interact with units of local government. In addition, many units of local government do not contribute to the costs of treatment and therefore may have a marginal interest in the organization and governance of treatment services. In Anchorage, for example, the municipal government withdrew its funding and management responsibilities for alcohol treatment in Anchorage.

This Act has further disenfranchised many units of local government from involvement with the resolution of alcohol related problems. Many provider agencies are more accountable to funding authorities in the state capitol than they are to their own communities. Traditional units of government including traditional councils, tribal governments, or Elders councils, have been increasingly removed from the process and are only now beginning to reengage (Saylor et al., 1997)

⁶ State of Alaska Alcoholism and Drug Abuse Plan 1990-1992 Department of Health and Social Services, Division of Alcoholism and Drug Abuse

Appendix C

Chevak Policy Steering Committee

Available at ICHS

Appendix D

CMTRS Traditional Treatment Modalities

Culturally Specific Activities

Pissuryaq (Hunting)

Provides for the strengthening of families and interpersonal relationships, communication skills development, skill building, relapse prevention, self-esteem development, grief therapy - privacy allows for processing grief and an opportunity for trust building during early stages of treatment.

Component - Outpatient, Continuing Care (Aftercare)

Aqevyigsuq/At'sasuq (Berry Picking)

Provides for social interaction, strengthening of the family unit, interpersonal relationship development, informal/ motivational counseling, social/recreational therapy, stress reduction, enhances feelings of self worth by assisting in provision of food, and skill building. *

Component - Outpatient, Continuing Care (Aftercare)

Neqsuq-Kuvyiluuni (Fishing)

Provides for skill building, relapse prevention, stress reduction, recreational therapy, "time out," interpersonal relationship development, feelings of self-worth, by assisting with provision of food, and the building of trust between client and counselor during early stages of treatment process.*

Component - Outpatient, Continuing Care (Aftercare)

Kaluukaq (To hold a feast, potlatch, ceremony)

Activity provides for community bonding, social/recreational therapy, crisis intervention, and grief and loss.

Component - Outpatient, Continuing Care (Aftercare), Outreach

Qugtaq (Gathering wood)

Provides for social/recreational therapy, relapse prevention, strengthening of family unit, feelings of self worth when done for Elders of village and exercise for physical and mental health.

Component - Outpatient, Continuing Care (Aftercare)

Eqiurtuq (Chopping wood)

This activity may provide for relapse prevention, stress reduction, self-esteem development when done for Elders of village and exercise for physical and mental health.

Component - Outpatient, Continuing Care (Aftercare)

Cuilqerluni (Tundra Walk)

A directed or a self-imposed walk into the tundra. Time spent to relieve stress or become "centered"; time spent for reflection. A scheduled walk can be done alone or with another person. The walk is a way of demonstrating to a person that he/she is capable of gaining control of himself/ herself. Tundra walk with a counselor, Elder, or another person can be time for improvement of interpersonal communication, enhancement of individual growth, bonding, and education. A good way to build trust between counselor and client in beginning stages of treatment. Can also be utilized for relapse prevention.

Component - Outpatient, Continuing Care (Aftercare)

Makiiraq (Gathering edible and medicinal plants)

Means of bonding, time spent by Elders or counselors in educating youth regarding cultural traditions and way of life. Can be used as social/recreational therapy, informal motivational counseling, relapse prevention, family unit counseling and therapy. *

Component - Outpatient, Continuing Care (Aftercare)

Maqiq (Steambath)

Traditionally a men's social group activity. Women are currently utilizing activity. Can be used as social/recreational therapy and relapse prevention. Provides physical relaxation which promotes mental health, provides social interaction for the socially isolated individual and an avenue for informal motivational counseling.

Component - Outpatient, Continuing Care (Aftercare), Outreach

Caliinguaq (Traditional arts and crafts)

Usually done in groups and can provide for social/recreational therapy as well as relapse prevention. Activity validates culture, builds self-esteem and provides for a means for social interaction, bonding and informal counseling. Can be used with support groups.

Component - Outpatient, Continuing Care (Aftercare)

Taluyaq (Making traps for hunting and fishing)

Traditional activity that validates culture and builds self-esteem. Can promote family bonds and positive interpersonal relationships. Utilized for informal motivational counseling and relapse prevention.

Component - Outpatient, Continuing Care (Aftercare)

Qulirat (The telling of legendary stories handed down for entertainment. Usually includes a model for behavior or has a moral to the story) and Qanenciq (The re-telling of real life events, i.e. history of people)

Can be social/recreational therapy, grief and loss therapy, community bonding, means of learning about culture and building self-esteem, informal/motivational counseling and relapse prevention.

Component - Outpatient, Continuing Care (Aftercare), Outreach

Ilaariuq (Mending nets)

This activity is usually done with two or more people. Provides skill building, social interaction, interpersonal relationship skills, community bonding, motivational counseling and relapse prevention.

Component - Outpatient, Continuing Care (Aftercare), Outreach

Unglusuq (Going to the shoreline to gather clams)

Utilized for community and family bonding, interpersonal relationship building, social/recreational therapy, group therapy, "time out," informal/motivational counseling, means of building trust between counselor and client at beginning of treatment experience.

Component - Outpatient, Continuing Care (Aftercare), Group activity.

Tegganeq Cinirluku (time spent with Elders)

Interaction with Elders who can often sense when a person may need help in appreciation of life and positive thinking. Informal/motivational counseling, relapse prevention, social interaction, interpersonal relationship building, self-esteem development, community and

individual bonding, life-skills development and crisis intervention. Intergenerational transfer of information takes place.

Component - Outpatient, Continuing Care (Aftercare) Outreach

Yuraq (Yup'ik/Cup'ik dance)

Traditional activity that is an intrinsic part of ceremonies. Provides for connection to culture and building self-esteem. Can be utilized for social/recreational therapy, community bonding, life-skills development and provides for mental/ physical exercise and tells stories through dancing.

Component - Outpatient, Continuing Care (Aftercare), Outreach

Neqkiuryaraq (Preparation of food)

Provides for interpersonal relationship development skills, family bonding and life-skill development.*

Component - Outpatient, Continuing Care (Aftercare)

Amiiriq (Teaching the skinning of animals)

Elders and family members teach young people and young couples how to skin animals. Provides means for skill building, self-esteem development, bonding with partner, family and community, interpersonal relationship development and motivational counseling. Teaches respect for life (suicide prevention), relapse prevention.

Component - Outpatient, Continuing Care (Aftercare)

Neqlivik (Summer fish camp)

Time for families and community to work together during the summer. Fathers or older male relatives fish with sons while the mothers or female relatives teach young girls how to cut and prepare fish. Provides for opportunity for family bonding and communication skill building. Can also provide for life skill development and promotion of positive self-esteem, respect of life/self. Way to learn delayed gratification (cut fish for long periods of time). *

Component - Outpatient, Continuing Care (Aftercare)

Uksuuyaq (Winter camp for hunting mink, setting traps, black fish, setting nets)

Only the men of the village go to winter camp because of school for the boys. This is a time to form bonds, interpersonal skill building, communication skill building, social interaction, self esteem development, relapse prevention. Change in environment may be beneficial if client is depressed. *

Component - Outpatient, Continuing Care (Aftercare), Outreach.

Upnerkiaq (Spring camp for all family members to hunt muskrats, birds, seals, herring)

Provides for interpersonal relationship development, family bonding, life skills development, self-esteem development and relapse prevention. *

Component - Outpatient, Continuing Care (Aftercare)

Pinirtaryaraq (Yup'ik/Cup'ik sports during summer and winter)

Provides for interpersonal relationship building, skill building and bonding. A means for relapse prevention, informal/ motivational counseling, self-esteem development, team building, social/recreational therapy.

Component - Outpatient, Continuing Care (Aftercare)

Mingqiiyaraq (Sewing)

Group activity which provides for support group activities, skill building, informal/motivational counseling, social/recreational therapy, community bonding, interpersonal relationship building, communication skill building and opportunity for expressing self in group.
Component - Outpatient, Continuing Care (Aftercare)

Ikayurcitalria (To help; to bless; those in the community who help others)

Activity provides for opportunity to assist others in the community who may need help. Interpersonal relationship development, community bonding, informal/motivational counseling and crisis intervention may take place.
Component - Outpatient, Continuing Care (Aftercare), Outreach

Yuuyaraq/Cuuyaraq (Native Way)

A means of validating cultural heritage, self-esteem development and a return to traditional ways of healing. Used with individuals, families and community groups.
Component - Outpatient, Continuing Care (Aftercare)

Kevgaq (To help the community by providing community service)

Provides for bonding, motivational counseling, crisis intervention and self-esteem development by helping others.
Component - Outpatient, Continuing Care (Aftercare), Outreach

Ellangcaq (Community members/Elders approaching someone who is doing contrary behavior, Helper)

Elders will go to someone who may be drinking and point out the wrongdoing. The person may be instructed to do a tundra walk or go to counseling. Activity provides for crisis intervention.
Component - Outpatient, Continuing care (Aftercare) Outreach

Appendix E

Original CMTRS Goals and Objectives

GOAL 1: THE PROGRAM'S EVALUATION EFFORTS SHALL IDENTIFY BARRIERS FOR VILLAGE RESIDENTS AND THEIR FAMILIES TO ENTER AND ACCEPT SUBSTANCE ABUSE TREATMENT.

Objective 1: Management Information System (MIS) data will report a **50% increase above baseline, in the number of admissions to treatment** from the target villages. This data shall be analyzed to identify barriers to treatment, and the impact of the program on this targeted increase. It shall be reported twice annually beginning 9/1/95.

Objective 2: MIS data will report that **an average of 21 patients, 42 contacts and 2,000 participants annually** will have utilized services of the program in the three targeted villages. Progress on this targeted level of program activity shall be reported twice annually beginning 9/1/95.

Objective 3: MIS data will report that **patients will have received at least an average of 30 hours of program services during treatment.** At least 40% of patients will be listed in the MIS as having treatment plan outcomes complete at discharge. Data shall be analyzed to identify factors that ensure treatment completion and the elimination of barriers to treatment, and progress on these targeted levels of service shall be reported twice annually beginning 9/1/95.

GOAL 2: THE PROGRAM'S EVALUATION SHALL IDENTIFY EFFECTIVE CULTURALLY APPROPRIATE PROGRAM COMPONENTS.

Objective 1: Cultural components shall be identified by CMTRS staff and integrated into the MIS by ADA staff by 9/1/95. Twice annual evaluation reports beginning 4/1/96, shall reflect that **at least 25% of hours of services to patients will be these cultural activities.**

Objective 2: In the Patient Program Evaluation, **patients will report at least a 3.5 score on a scale of 5 regarding the level of satisfaction with these cultural components,** and their relevancy to their recovery while in treatment.

Objective 3: **Gender sensitive components** shall be identified by CMTRS staff and integrated into the MIS by ADA staff by 9/1/95. Twice annual evaluation reports beginning 4/1/96, shall reflect that at least 10% of hours of services to patients will be these gender sensitive activities.

Objective 4: In the Patient Program Evaluation, patients will report at least a 3.5 score on a scale of 5 regarding the level of satisfaction with these gender sensitive components, and their relevancy to their recovery while in treatment.

Objective 5: **Twice annual evaluation** reports beginning 9/1/95, shall **identify successes and difficulties encountered in establishing and operating the project.** This data shall be gathered via structured interviews with all CMTRS staff, key Policy Steering Committee (PSC) members, and key YKHC staff and Board members. The feasibility of replication of successful components of the program shall be an important point of analysis.

GOAL 3: THE PROJECT EVALUATION SHALL PROVIDE PROGRAM GUIDANCE INFORMATION, THAT WILL AID IN INCREASING PROGRAM EFFECTIVENESS, AND MEASURE THE IMPACT OF THE PROGRAM ON THE PATIENTS AND COMMUNITIES.

Objective 1: MIS data will report that **an increase of an average of at least 2.0 points in level of patient functioning over the duration of treatment** as measured on the IHS Staging Tool. Progress on this targeted level of functioning shall be analyzed to identify key factors to patient progress and will be reported twice annually beginning 4/1/96.

Objective 2: As reported in continuing care contact with patients, at 6, 12 and 24 months, **patient shall identify at least two major areas of improvement in the level of functioning** of the patient's family. Progress on this targeted improvement shall be analyzed to identify key causal factors and will be reported twice annually beginning 4/1/96.

Objective 3: Respondents to the **community survey and key informant questionnaire**, conducted every other year, **will report reductions in perceived drug/alcohol use and abuse** over the project period. Progress on this targeted improvement shall be analyzed to identify key causal factors and a baseline report will be generated by 4/1/96.

Objective 4: Village Community Health Aide (**CHA**) reports over the life of the project will **identify a reduction in the number of alcohol/drug related illnesses and injuries**. Progress on this targeted improvement shall be analyzed and a baseline report will be generated by 4/1/96.

Objective 5: Village Public Safety Officer reports gathered over the life of the project will **identify a reduction in the number of alcohol/drug related illnesses and injuries**. Progress on this targeted improvement shall be analyzed and a baseline report will be generated by 4/1/96.

Objective 6: Data from **medical, safety, criminal justice and social services sources** will be tracked during the life of the project and analyzed for correlation with the impact of the CMTRS program. This analysis will be included in the twice yearly report beginning 9/1/95.

GOAL 4: THE PROJECT EVALUATION WILL BE INDEPENDENT AND THOROUGH.

Objective 1: To ensure an independent, unbiased and thorough evaluative effort, ADA will **establish a contract with the University of Alaska** by 9/1/95, for oversight of the finalization and implementation of the evaluation plan, twice yearly evaluation reports, and final report.

Appendix F

Traditional Yup'ik / Cup'ik and Western Treatment Modality

TRADITIONAL MODALITY	WESTERN MODALITY					
	Rehabilitation Treatment Services	Intensive Outpatient Services	Care Coordination	Individual Counseling	Family Counseling	Group Counseling
Telling of legendary stories (<i>Qulirat</i>) or real life events (<i>Qanenciq</i>) that include a moral or model for behavior	●	●	●	●	●	●
Spending time with Elders (<i>Tegganeq Cinirluku</i>)	●	●	●	●	●	
Spring camps for family to hunt for muskrats, birds, seals, or fish for herring (<i>Upnerkiaq</i>)	●	●	●	●	●	
Participating in Yup'ik/Cup'ik sports during the summer and winter (<i>Pinirtaryaraq</i>)	●	●	●	●		●
Participating in Yup'ik/Cup'ik dance (<i>Yuraq</i>)	●	●	●		●	●
Help the community by providing community service (<i>Kevgaq</i>)	●	●	●	●		
Attending a steambath (<i>Maqiq</i>)	●	●	●	●		
Making traps for hunting and fishing (<i>Taluyaq</i>)	●	●	●	●		
Hunting (<i>Pissuryaq</i>)	●	●		●		
Fishing (<i>Neqsuq-Kuvyiluuni</i>)	●	●		●		
Living the native way (<i>Yuuyaraq/Cuuyaraq</i>)	●	●		●	●	

Winter camp for hunting mink, setting traps, black fish, setting nets <i>(Uksuuyaq)</i>	●	●		●	●	
Going to the shoreline to gather clams <i>(Unglusug)</i>	●	●		●		●
Village members or Elders approaching and discussing contrary behavior with a village member <i>(Ellangcaq)</i>	●	●		●		●
Teaching the skinning of animals <i>(Amiiriq)</i>		●	●	●		●
Gathering wood for the winter <i>(Qugtaq)</i>	●	●		●		
Tundra walks <i>(Cuilqerluni)</i>	●	●		●		
To help or bless those in the community who help others <i>(Ikayurcitalria)</i>	●	●	●		●	
Preparation of food <i>(Neqkiuryaraq)</i>	●	●	●		●	
Summer fish camp <i>(Neqlivik)</i>		●	●		●	
Sewing <i>(Mingqiiyaraq)</i>	●	●				●
Traditional arts & crafts <i>(Caliinguaq)</i>	●	●				●
To hold a feast, “potlatch” ceremony <i>(Kaluukaq)</i>					●	●
Gathering edible and medicinal plants <i>(Makiiraq)</i>			●		●	
Berry Picking <i>(Aqevyigsug/ At’sasug)</i>						●
Chopping wood <i>(Eqiurtuq)</i>					●	
Mending nets <i>(Ilaariuq)</i>						

* This comparison was developed by Phoebe Mills, MSW, Clinician, YKHC Behavioral Health Programs , January, 2000.

Appendix G

Focus Group Interview Schedule

All focus groups were conducted using a consistent interview schedule, except for the provider focus group in Bethel, which was slightly modified. The basic interview schedule is shown below.

1. What might lead you to believe substance abuse is a problem in a community?

Probes

Do you see these issues in newspapers?

Do you see these problems in your home village?

Have problems like this come up in conversation?

Do you have any friends with personal experience with this issue?

Please tell us something about the situation.

2. How important do you think it is to address substance abuse in your community?
3. Do you think anything can be done about substance abuse in your community?
4. What do you feel are some of the strengths of the CMTRS program?

Probes

What do you know about the program?

How does the community find these services acceptable?

Does the program provide the services that people in this community want?

Do people use them?

Are CMTRS services of the quality that this community want?

Do programs work together for the benefit of the client?

Do community members actively participate in the program?

5. How has the extent of substance abuse in this community changed over the last year and half? How about since CMTRS began?
6. In what ways other than CMTRS could the community respond to the problem?
7. How could other people and organizations support and enhance local solutions?
8. What do you feel can be done to improve and strengthen substance abuse treatment and intervention services in your village?
9. Last year when CSAT visited the village, people talked about this community becoming a healthier village. What do you imagine a "healthy village" to be like?
10. If you were going to try to do something to prevent the problem of substance abuse, what would you do? When would you do it?

Appendix H

Video Use in Social Research Among Indigenous Peoples

Executive Summary

Pictures have long been used to record human activity. Cave drawings were used in prehistoric times. Early explorers and naturalists recorded their observations using etchings, paintings, and field drawings. Photography or “light paintings” simplified the accurate recording of human activities. In recent times, moving pictures allowed the observer to record human beings in motion, releasing them from the static “still picture.”

Now our modern video technology permits the observer even greater freedom and accuracy in recording the human condition. Today, video is widely available, even to people who live in rural, remote or “frontier” locations. It is easy to use, and requires only minimal understanding of technology to produce a record of acceptable quality.

This report provides the theoretical foundation for the use of film and video in social science research done in cultural distinct and frontier settings. It traces the history of media use in anthropology and policy studies research from its earliest days to the present. Eight models of film and video use were developed based on this historical analysis of a century of experience recording human activity. One of these models, the evaluation research model, is illustrated by reviewing the use of video as a reporting methodology applied to an ongoing, government contracted, program evaluation study of a Yup'ik Eskimo substance abuse treatment program employing traditional healing methods in Western Alaska.

The first section of this paper traces the early years of filmmaking which began in the colonialist world of the late nineteenth century where social scientists used film to document the “exotic” and, in the word of Regnault, an early French anthropologist “preserve forever all human behaviors for the needs of our studies” (1931:306)

The next section reviews the transitional years following World War II marked by the erosion of colonial dominance, a growing self-determination by indigenous peoples, and the rapid, global expansion of media technologies. Armed with new portable, sound cameras, researchers pursued contemporary issues in urban ghettos and frontier villages alike through innovative uses of the recorded interview.

The third section traces how the advent and sharing of video and camcorder technology worldwide created new, collaborative opportunities empowering indigenous peoples to tell their own stories, and advocate on their own behalf via modern video and satellite broadcasting capabilities.

The next section examines the recent trends in video applications arising out of policy studies research. With bureaucracies now virtually worldwide, policy study researchers have applied video to collaboratively advocate and represent to decision makers the views of indigenous peoples regarding government policy and program impact on their local cultures.

This historical review of one hundred years of research use of film and video is then summarized by developing eight models that identify and encompass past and present uses. These models, reflecting the historical progression, present a clear and simple view of this progression and how they are currently applied.

The final section, illustrating one of these models, presents a policy study example that describes an innovative application of video to evaluation research of a substance abuse treatment program in a remote and culturally distinct setting of Western Alaska. A step by step analysis traces how focus group and key informant video reporting methodologies were applied to the qualitative part of this program evaluation process.

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I. Introduction

As this paper begins to examine the question of how video has been used by social scientists among indigenous peoples, there is a classic conversation in ethnographic filmmaking that aptly poses a fundamental question underlying this topic. In 1966, John Adair and Sol Worth, visual anthropologists, were negotiating to train eight Navaho students in how to make films about their own culture. They related a conversation early in this process as they were negotiating with Sam Yazzie, a leading medicine man and elder:

Adair explained that he wanted to teach some Navaho to make movies. . . . When Adair finished, Sam thought for awhile and then. . . . asked a lengthy question which was interpreted as, "Will making movies do sheep any harm?" Worth was happy to explain that as far as he knew, there was no chance that making movies would harm the sheep.

Sam thought this over and then asked, "Will making movies do the sheep good? Worth was forced to reply that as far as he knew making movies wouldn't do the sheep any good.

Sam thought this over, then, looking around at us he said, "Then why make movies?" (Worth and Adair, 1972:5)

By asking "why?" of Worth and Adair, Sam Yazzie marked a turning point in the way social scientists would approach film and video making with indigenous people. Historically, prior to Sam asking the question, there had been no dialogue, only monologue by the filmmaker with indigenous people.

While the use of video will become the primary focus of this paper, what media tradition did video inherit? And why, in the past, was there only monologue by filmmakers with indigenous people? When and why did the transition occur? And what examples today illustrate not only the use of video in a culturally distinct research setting, but the nature of the dialogue that is critical for its effective use? While this study has identified little documentation of current video use, the final section will describe in detail a current, innovative use of video in a culturally distinct setting in Western Alaska.

II. The Early Years of Filmmaking

Before beginning a brief history of film use, what thinking dominated the world in which film use was born? What were the prevailing world conditions and views affecting scientists and culturally distinct peoples in the late 19th and early 20th century? What was occurring that illustrated their preoccupations? And how did these world views affect the early use of film?

Through the later part of the 19th century Europe and America were at the zenith of their expansionist and colonial efforts. The United States was claiming its territories in the Far North and the Pacific, and removing its indigenous peoples to make room in the West for continental expansion. European nations were completing their fourth century of colonizing Africa, Central and South America, Australia and the South Pacific dislocating and decimating millions of indigenous peoples throughout these continents (Burger, 1990).

An historical revival and consciousness pervaded every day life. "There was the growth of museums, of architectural and artistic revivals, and of the invention of archeology and anthropology" (Rony, 1996:9). Rony summarized the era with an intriguing comparison:

If the nineteenth century is the century of history, however, the twentieth century is the century of the image, of cinema. The twentieth century is characterized by the accessibility,

circulation, and popularization of mechanically reproduced images. If the nineteenth century was obsessed with the past, the twentieth century is, in the words of Walter Benjamin, characterized by “the desire . . . to bring things ‘closer’ spatially and humanly . . . overcoming the uniqueness of every reality by accepting its reproduction.” (223).

With the expansion of the Western nations into foreign lands and their indigenous populations, came also an intense scientific and popular desire and interest to learn of these new peoples and cultures. Those who ventured and explored brought back home the fruits of their travels and contacts with other cultures and peoples. Again, Rony illustrates:

There was a tremendous proliferation of new popular science entertainments visualizing the ‘ethnographic,’ such as the dioramas and bone collections of the natural history museum, the exhibited ‘native villages’ of the world’s fair and the zoo, printed representations such as the postcard and stereograph, popular science journals such as National Geographic, and of course photography and cinema (10).

These other cultures, however, were not seen or welcomed as neighbors, but rather, were popularly referred to as “primitives,” “noble savages,” “natives,” and “the vanishing and colored races (black, red, and yellow)” (Rony, 1996; Willis, 1969). These commonly used descriptors reflected current ideologies that perceived these conquered peoples and cultures as inferior. Spawned from four centuries of Western colonial domination, current theories held that non-Western, indigenous groups as biologically or culturally less evolved--depending on which theory you espoused. Willis, an anthropologist, summarized in this way:

In the nineteenth century, anthropologists used an explicit racist ideology to make colored peoples into different human beings than white people. Later, when scientific racism became less popular, anthropologists achieved almost the same result with the concepts of culture and of cultural relativism (1969:126).

These ideologies and how social scientists translated them into their research were key determinants in film’s initial use among indigenous peoples.

Shortly after its invention in 1895, Felix-Louis Regnault, a French physician and anthropologist, pioneered the use of film as a research tool. While at the West Africa Exposition in Paris, he filmed a Wolof woman making a ceramic pot. This film assisted Regnault’s research on the historical evolution of pottery methods that he would publish later that year. He continued to promote the systematic use of film in anthropology into the 1930s seeing it as a way to “preserve forever all human behaviors for the needs of our studies” (Regnault 1931:306; de Brigard, 1975). With his initial efforts came the infancy of ethnographic filmmaking and the discipline of visual anthropology with its primary intent to salvage the “vanishing races” (Weinberger, 1994; de Brigard, 1975) .

Paralleling Regnault’s research orientation, was the use of film to document and inform the public of life’s activities and events. Just five years after the first motion picture, Dickson’s Record of a Sneeze (1894), projected on a screen, “living pictures” were lengthen to five minutes and included such titles as New York in a Blizzard, The Spanish Coronation and The Kaiser Reviews His Troops. In Jacobs words, “the film of fact advanced from random observation to selective aspects of reality, vividly acquainting movie goers with national and international figures and events” (1979:3).

The next major breakthrough came In 1903, with the invention of film editing. This capability revolutionized film-making allowing: control and manipulation of time, the speed of events, and

screen continuity or order. Now scenes “could be staged” for both narrative and dramatic purposes. In 1910 decade a motion picture industry emerged producing both fiction and non-fiction feature films running an hour or more. Weekly “newsreel” services were initiated and began to show regularly in the many, newly constructed movie theaters around the world.

By 1920 both fiction and non-fiction film genres were established. Whether for scientific, academic or popular audiences, both genres were attracted to capturing the exotic--studying, documenting, and dramatizing indigenous people’s in foreign lands (Weinberger, 1994). In the non-fiction genre, this “capturing” process, as summarized by Ruby, “assumed that filmmakers were able to discover and report the truth about other people. Documentaries were understood as uncontested statements of facts--the official version of someone else’s reality. The people portrayed were regarded as not capable of speaking for themselves” (1991:53).

In striking contrast to the above prevailing approach, was the work of Robert Flaherty, a mining explorer in the Canadian north who turned ethnographer. Most notable was his first film Nanook of the North, a Story of Life and Love in the Actual Arctic (1922), the first feature-length documentary that portrayed an Eskimo’s family’s annual struggle for food and shelter. Upon completion and distribution, Nanook captured worldwide attention from both viewers and critics and established a new level of achievement for documentary and ethnographic filmmaking (Jacobs, 1979).

There were three distinguishing features of his unique approach to filming indigenous peoples. First of all, he spent several years living and working with the Inuit in the Arctic prior to filming. He was ten years in the eastern, Canadian Arctic prior to shooting Nanook. Secondly, he took not only camera and film, but developing, printing, and projecting equipment so he could review his progress on location. And thirdly, he involved the local Inuit directly in the filmmaking and reviewing process--employing them as technicians, inviting their ongoing feedback of developed footage, and planning for future filming. Flaherty himself explained, “Another reason for developing the film in the north was to project it to the Eskimos so that they would accept and understand what I was doing and work together with me as partners” (1950:13-14). This participatory approach to ethnographic filmmaking would not be duplicated until the 1950's when the visual anthropologist Jean Rouch initiated similar partnerships (Weinberger, 1994).

Jacobs describes Flaherty’s film as “a landmark in film history. . . a classic progenitor of the documentary idiom and certainly the most influential in that form” (1979,8). Others, more recently, have described it as a romantic, lyrical ethnography portraying an ideology of the “vanishing races” (Rony, 1996; Weinberger, 1994). While Nanook has evoked its own history of criticisms and opinions, historically this work initiated a participatory effort attempting a partnership of filmmaker and subjects. His approach was unique and unconventional given the colonialist perceptions of indigenous peoples and how filmmakers normally assumed total control over their process to capture reality.

By 1930 the non-fiction filming of indigenous cultures was taking its place among the array of cinema. With the addition of sound to film in 1927, the expense and size of the equipment forced many industry sponsored, cinema projects to return from exotic, on location settings to controlled sets of studio back lots (Weinberger, 1994). Museums and universities became primary sponsors of visual field studies. These were conducted usually by anthropologists. Generally, film served as either (1) a note-taking tool for events too complex to be recorded in written form; (2) a way of salvaging quickly disappearing cultural events; or (3) a way to compare two or more cultures or longitudinal, cultural change (DeBrigand, 1975). In its final

form, films were used as archival footage for research, as university training films, and as public education tools.

During these first thirty years of cinema, in the other social sciences of psychology and psychiatry, film use was restricted primarily to laboratories (Michaelis, 1955). And although a few sociologists effectively used photographs in their research, after 1915 the discipline began stressing the use of written and statistical analysis--eliminating the research use of film or photographs until their revival in the 1960's (Harper, 1988; Henny, 1986; Curry, 1984). Furthermore, during this period, these social sciences only incidentally done research with indigenous cultures. Anthropology had assumed primary responsibility for this field of study.

While there was ongoing film research, field work was greatly diminished in the late 1930's and 1940's as a result of World War II. The technology improved as camera equipment became more compact and easier to transport. However, the ideologies that spawned from the dominant Euro-American colonialist mentalities maintained their hold on those social scientists' research with indigenous peoples into the 1950's. In Rony's words, "the conception of ethnographic film as a scientific tool for anthropologists studying the lives of 'disappearing,' 'primitive,' 'uncontaminated' tribes survived after World War II" (1996:196).

III. Post World War II Developments

Following World War II, the next twenty years were transitional regarding the use of film among indigenous peoples. There were significant technical advances. With the advent of television during the war years, the early 1950's saw rapid urban growth of commercial, network television in America and Europe. By the end of the decade most homes in the U.S. would own a television set. And by the end of the 1960's the first portable video recorders would appear on the retail market. New cinema technology produced light weight, battery powered motion picture cameras with a miniature, synchronized tape recorder that enabled one or two people filming mobility and flexibility.

Politically, there were major changes occurring throughout the world. With the conclusion of the war in 1945, many countries previously under colonial rule began pressing for their independence, and indigenous groups and people of color began pursuing courses of self-determination (Ginsberg, 1995; Rony, 1996). Not only did these actions mark the end of the colonial era, but raised fundamental questions about positivist approaches to scientific inquiry. In Ruby's words, "positivist models of knowledge were challenged by more interpretive and politically self-conscious approaches--a reflexive stance where producers of knowledge, be it a treatise on sub-atomic particles or a documentary film about the peace movement, are responsible for the knowledge they construct" (1991:53).

As indigenous peoples and social scientists were redefining their worlds, a more critical view was taken regarding film representation. "Indigenous peoples and other marginalized peoples of color were criticizing the history of their representation by Euro-Americans, and were attempting to counteract Western media exploitation by obtaining greater access to television and film production" (Rony, 1995:197). Filmmakers, on the other hand, began to reevaluate and question past approaches. Visual anthropologist, Jay Ruby picks up on Nichols earlier observations: "Some documentarians have questioned their ability to 'speak for' anyone and began looking for ways to 'speak about' or 'speak with' [Nichols, 1983]" (1991:53).

One of the earliest attempts to "speak with" filmed participants was direct cinema and *cinéma vérité*. Through the use of portable, sound synchronized film systems, it promoted "the

possibility of empowerment to subjects through the use of on-camera interviews” (Ruby, 1991:54). Filmmakers like France’s Jean Rouch, Edgar Morin, and The Drew Associates in the U.S., used this interview method to explore and often expose politically charged issues. While this approach tended to overemphasize the veracity of the interview, it “demanded renegotiation of the existing conventions governing the roles of filmmaker, subject, and audience” (DeBrigard, 1975:37).

These conventions would be further tested by Sol Worth and John Adair in the 1960's when they would place the camera in native hands. This project, reported in the authors’ book Through Navaho Eyes (1972), “attempted to teach film technology to Navajos. . . to see if their films would be based on a different film ‘grammar’ based on the Navajo world view” (Ginsburg, 1995:262). While the local Navaho filmmakers were quick studies and in a matter of months completed films, the project was short-lived. It was later judged as failing to seriously consider the potential differences culturally and what specific usefulness would result to the Navaho. This was revealed in the initial negotiations the authors conducted with Sam Yazzie, a leading medicine man and elder that was quoted in the introduction (see above), where Sam’s question, “Will it do the sheep any good?” (Worth and Adair, 1972:5) has remained a pivotal inquiry quoted often by filmmakers working with indigenous peoples (e.g., Ginsberg, 1995; Fairs, 1992, Prins, 1989). It raised the central issues of how and to what degree the filmed subjects and their culture benefited from the making of a film--questions that social scientists had rarely considered or valued until post-colonial, post-modernist, post-positivist thinking aroused a new sense of worldwide, social consciousness regarding race, class and sex (Kuehnast, 1992).

At this same time, in the late 1960's, Colin Low would use film as a community organizing tool with the residents of Fogo Island, Labrador who were facing possible relocation by the regional government. Low, however, used film as a facilitating tool to assist the Fogo Islanders with their impending relocation problems. Consequently, he conducted the filming process only after consulting and gaining permission from the residents--from topic selection, to who and what would be filmed, to approval of the final edit and distribution. Several films were produced and became catalysts for the community to unify, develop action plans, and present their case to the regional government. As a result of this process residents were able to retain their island homes, win government support to establish fishing and shipbuilding cooperatives, and establish a consolidated high school. Both the filming process and products (films) demonstrated the use of a participatory method and how it could facilitate and empower local communities to represent their needs, issues, and solutions visually to wider audiences. The “Fogo Process,” as it would come to be called, would serve as a model for other community efforts sponsored by Canada’s Challenge for Change Project and many other village based projects in other countries (Hénaut, 1991; Lansing, 1989; Young, 1988; Kennedy, 1982).

By the 1970's the roles, relationship, and levels of involvement of filmmakers with indigenous peoples had changed significantly since the end of World War II. Ginsburg summarizes these changes:

Indigenous groups and some ethnographic filmmakers were questioning not only how conventions of representation are culture-bound; they also concerned themselves with central issues of power regarding who controls the production and distribution of imagery. Indigenous peoples who had been the exotic objects of many films were concerned increasingly with producing their own images, either by working with accomplished and sympathetic filmmakers or entering into film and video production themselves. . . “ (1995: 262).

By this time indigenous peoples had participated in the filmmaking process on a variety of levels. Richard Chalfen writing about "Native participation in visual studies" offered the following categories of participation. They included: (1) assisted in processing film footage; (2) edited film; (3) selected topics of films and invited filmmakers to produce films; (4) involved in post production review and discussion; (5) locally assumed ownership of film as community property; and (6) provided participant reactions to recently produced film. In addition to the above collaborations as participants, locals have also assumed the role of filmmaker from (7) making a movie on anything; to (8) focusing on a specific topic; to (9) co-authoring a film with an outside filmmaker (1989).

Underlying these new opportunities and changing roles was the rapidly increasing penetration, democratization, and decentralization of media due to the growth of new technologies impacting both local and global fronts. Locally inexpensive portable video cameras and cable channels magnified local production capabilities. Whereas, globally, "the broad marketing of VCRs and the launching of communications satellites. . . suddenly brought the possibility or menace, depending on one's point of view, of a mixture of minority/indigenous and mainstream Western programming entering into the daily lives of people living in remote settlements. . ." (Ginsberg, 1995:263).

IV. The Introduction of Video

While there were significant technical advances of cinema film and cameras which were still widely used by social scientists in the field, the introduction of the portable video recorder in the late 1960's along with the rapidly expanding media technologies of television, VCRs, and soon to appear, satellite transmission marked the beginning of video use by the social sciences working with indigenous populations. How did this new video technology differ from the cinema? What advantages did it introduce in field research? And how did indigenous peoples respond to its use? What examples were illustrative?

The first generations of portable video recorders used reel-to-reel, 1/2" tape yielding a black and white picture. These portapak video recorders proved successful in many community organizing projects similar to the Fogo Island process (see above) in both urban and rural communities. In Canada, during the 1970's, the National Film Board's Challenge for Change Project trained residents of local neighborhoods and small towns in the use of video in organizing around local needs like health care and housing, basic sewer, water, and gas service (Hénaut, 1991). In a rural Alaskan village, the Skyriver Project used video as a facilitating tool to assist local Yup'ik Eskimos to secure a local high school and initiate a statewide legal process that would establish local secondary education throughout rural Alaska (Kennedy, 1982). Other communities in Australia, Nepal, and several European countries initiated similar processes incorporating video use to organize locally and demonstrate cultural, social, and political concerns (Henney, 1983; Lansing, 1989; Hénaut, 1991).

Even though the video equipment in those first few years would be considered primitive by today's standards, immediate advantages quickly emerged. Because the camera was portable and simple to operate, with minimum instruction and practice anyone could learn how to use the equipment. Local citizens in all the above examples were taught to record much of footage used. Secondly, playback of the synchronized audio/video signal could occur immediately after recording. Interviews recorded in a local town meeting could immediately be replayed for additional review and comment. The equipment and tape was economical

compared to cinema equipment and film. And with two compatible video recorders, copying and editing capabilities were readily available (Hénaut, 1991; Lokker, 1985; Casswell, 1983).

During the 1980's video technology advanced significantly becoming more user-friendly producing a color image adjustable to a variety of light levels. Equipment, video tape, and production costs became significantly cheaper than film. Camcorders, which included both on-board sound and containerized cassette tape, replaced the old portapak system, where camera, reel-to-reel tape deck and microphone were separate. Portability, quality, and ease of operation was significantly increased, as camcorder technology had consolidated three pieces of equipment and significantly improved the visual quality.

At this same time, many indigenous communities were discovering the potential of video-- especially when the more user-friendly, color producing, cassette camcorders replaced the black and white imaged, reel-to-reel portapaks. The Kayapo of Brazil, who were subjects of films done in the 1950's and had observed the use of short-wave radios, tape recorders, video and film cameras, decided to pursue the use of video when it was introduced to their communities in the mid-80s (Ruby, 1991). This occurred, in Turner's words, because video "by-passed the cumbersome and complex requirements of developing film, which made photography and movie filmmaking effectively inaccessible to small, relatively isolated indigenous communities" (1991:68-69). Seeing the potential of video, local leaders successfully gained government support to acquire training in video use and production. As a result of this training, video became a regularly used tool to both document their own culture and visually advocate against outside issues and policies threatening to Kayapo village life (Turner, 1991).

During this same time, several Aboriginal communities in Central Australia went through similar learning curves regarding the use of video. With government supported "self-determination" policies in the early 1970s, many remote Aborigine communities were producing their own radio programming. And in the early 80's with the possibility of nationwide, satellite broadcasting about to be realized, the Australian Institute of Aboriginal Studies hired Eric Michaels, to study the impact of television on remote Aboriginal communities. Michaels chose, instead, to initiate video training with the Warlpiri Aborigines of Yuendumu (Michaels, 1987). In 1985 after three years of producing dozens of culturally based, educational videos, they "established their own low-power TV station via a homemade transmitter, which pulled in the signal of the state television channel, the Australian Broadcasting Corporation(ABC) and also provided a broadcast outlet for locally produced tapes" (Ginsberg, 1995:269). While these efforts are much larger in scale to the Kayapo of Brazil, Ginsberg's concluding remarks appear to equally apply to both group's use of video and the media as "expressive of transformations in indigenous consciousness rooted in social movements for. . . empowerment, cultural autonomy, and claims to land" (284).

In addition to indigenous peoples using video to record and archive their own life ways and to visually advocate political issues to their federal and state governments, video has been used as a communication tool among indigenous communities. In 1981 The Village Video Network promoted "the use of video in development by supporting existing groups, promoting the exchange of tapes, experiences, and people, helping to start new groups and projects, and acting as a resource for the developed world to learn more" (Hobson, 1986:76). Participants of these exchanges were from China, Egypt, Mali, Antigua, Zimbabwe, Nigeria, Indonesia, India, the Inuit Communities, Jamaica, Guyana and the United States (Zeigler and Dickerson, 1993).

V. Trends in the 1990s Affecting Use of Video

As the above examples illustrate, since the 1960's filmmakers were beginning to shed their long standing motivation to "salvage" indigenous cultures as they, more and more, were redirecting their efforts into local collaborative efforts addressing contemporary issues. While traditional practices were still being documented--although increasingly by local residents with the advent of camcorders--video's versatility has led to productions that were effectively used both as a facilitative tool within traditional communities and as visual statements advocating community views to outside interests.

These outside interests reflected the changes occurring economically and politically around the globe. With the global growth of industry and technology, the search and competition for new and additional resources has been constant. As governments and multi-national corporations searched for new resources, such as oil, minerals, or hydroelectric power, even the most remote communities were not immune to the encroachment of external government desires and proposals for development (Burger, 1990). While the camcorder had been placed in the hands of indigenous people, it also was looking down from satellites capable of measuring every square inch of surface resource on the globe.

What observations have emerged from these recent, evolving applications of video by social scientists with indigenous groups? How has recent thinking characterized these last 20 years of change? Thorsett (1989) and others, provide an excellent starting point as they focus on the area of policy studies. Their ideas bring some clarifying order, context and direction to the application of visual studies with indigenous groups, or in this context, policy recipients.

As the world headed into the 1990's the population of our world, whether remote and indigenous or urban and industrial, had come to live within one social system and the name of that system was Bureaucracy (Belshaw, 1976). And although governments represented a variety of ideologies, all depended on bureaucrats to design and implement social policies and programs. Generally to accomplish this process, appropriate research specialists in policy studies have been used to inform and guide this policy making effort (Thorsett, 1989). These social scientists faced the challenge of blending both their own academic disciplines with the pragmatic world of policy makers (Cochrane, 1980). As policy ethnographers, they have been called to serve multiple roles of researcher, consultant, and communication bridge assisting in the planning, implementation, and evaluation of activities serving and affecting the public (Chambers, 1977).

However, as social scientists have conducted policy research, communication breakdowns often have occurred with policy makers. These breakdowns, as described by Agar, occurred as a result of the "encounter among different traditions" (1983:53). "The traditions--that is, the values, norms and expectation--of policy making are different from those of science: each have contrasting and often conflicting ways of making sense of their worlds; they categorize and assign values differently" (Thorsett, 1989:93) In the tradition of each of their disciplines, the researcher has needed to describe the complexity and indeterminacy of their research topic, whereas administrators were looking for unambiguous information to assist decision-making (Weaver, 1985).

One approach that has bridged this communication gap was described by Thorsett where he stated that:

. . . visual ethnographers, especially when using video, possess the means for building very effective cultural bridges between groups with differing, sometime conflicting, world views like

government agencies, community groups, and corporations. . . When watching a videotaped report, policy makers are better able to appreciate the complexity of a social problem or an issue as inherent in the situation”(1989:93).

Media presentations, then, have successfully bridged potential communication gaps and breakdowns with policy makers.

Secondly, visual ethnography has shown the ability to represent the needs of the policy recipients (Geihufe, 1979). By preparing visual ethnographic studies collaboratively with those who stand to benefit from social policies, the study provides a way these participants can “tell their own stories from their own point of view” (Thorsett, 1989,94).

Thirdly, visual studies have empowered and legitimized the recipients’ views. As ‘their own stories are told’, these visual statements in turn, can bring clarity and dispel negative and erroneous stereotypes. And as a reporting tool video can provide direct access to policy makers bypassing and avoiding any potential bureaucratic barriers as can happen with the printed word.

Lastly, visual ethnographic productions have provided additional public attention to policy issues deliberation through their airing on cable and broadcast television. This wider publicity can, in turn, influence policy makers toward responsible decision and policy making (Lazarsfeld, Merton, 1948).

Thorsett, next, identified three ways in which visual policy research has been conducted. These included: (1) advocacy production, (2) collaborative production, and (3) contracted policy research for government agencies (1989).

“Advocacy production” by visual ethnographers is probably the most familiar. As its name implies, the production addressed one or more contemporary policy issues facing the local participant group or community. These efforts were usually not restricted by a government contract and evolved out of a more traditional ethnographic film project. While advocacy productions usually required significant collaborative activity, the filmmaker tended to “speak for a traditional cultural group” (Thorsett, 1989:95). When this occurred, local, long term self-sufficiency suffered--leaving a community ill-prepared to carry on after social scientists left.

Of the several examples since the 1950s Rouch and the *cinéma vérité* movement in the late 1950's were early examples of advocacy film use. Several other examples would follow. Of particular note, the Fogo Island process (see above) has become the classic example and model of advocacy process and production (Thorsett, 1989). While Colin Low and his team assumed film production responsibilities, they were equally attentive to promoting local leadership and self-sufficiency empowering the Fogo Islanders to carry on after Low's team moved on (Hénaut, 1991)

In the second area of visual policy practice, “collaborative production,” the visual ethnographer has contracted with a local community or organization as a researcher/consultant effectively serving as a ‘culture broker’ (Wolf, 1956). The local group sets its own agenda and “the researcher facilitates community dialogue and eventual consensus on an issue, often utilizing the reflexive potential of the video medium, and then produces visible representation of community views to positively affect the design and evaluation of policies and programs which affect its members” (Thorsett, 1989:96). One version of collaborative practice is found in media centers, alliances, or collectives where the video ethnographer serves as a consultant

directly with the community and their video production needs. While there are few examples of these centers in the U.S., many European countries, Japan, and Canada have successfully established and supported several urban based centers (Henny, 1983, Hénaut, 1991).

In addition to the media centers, other examples among indigenous peoples (see above) include the Kayapo in Brazil (Turner, 1989) and the Aboriginal Australian media processes. In both cases, through locally adapted, collaborative efforts, each group has mastered video technology for self use and expression. And in Australia, the Aborigine communities have established their own radio and television broadcasting and production centers (Ginsberg, 1995).

The third approach, "contracted policy research for government agencies," has focused on the design, implementation or evaluation phases of local, region, or federal government programs and policies. In the design phase the visual ethnographer has served as a team member in a needs assessment process. Implementation efforts have included visual presentations produced in culturally appropriate ways to promote a new or possibly under-utilized social program or service. Often this visual information sharing process can be dialogic with local communities and a catalyst for program improvement. And finally, evaluation research, that employs video, can "give the community a chance to respond in a direct way to organizations that often perceive as unresponsive to their needs. . . and stimulates community cohesion and consensus on important issues" (Thorsett, 1989:95).

Successful policy studies in this area have most often occurred with small, local agencies and communities who tend to be more responsive and open to innovation (Chambers, 1977). One example was the Skyriver Project (see above), a federally sponsored community development effort, where Kennedy worked with a Yup'ik Eskimo village on the lower Yukon River using video to facilitate communication processes among villagers, the BIA and the State Education Board to renegotiate how education policy and funding could better serve local needs. While Kennedy's effort addressed multiple issues, the final, culturally based production presented a visual critique in the words of local residents that addressed the inadequacies of the current, local education process (Kennedy, 1982).

The use of video by social scientists with indigenous communities, then, has emerged in many exemplary ways through ethnographic film productions. But the focus of many of these productions have moved beyond academic knowledge toward issue-oriented concerns facing, and often threatening, the cultural traditions and life ways of local, indigenous communities. As dominant private interests compete for the world's resources, their pursuits must gain policy clearance through various levels of government. Policy studies then, becomes a critical step in the decision making process. And as the above brief analysis illustrates, visual ethnographic presentations can serve a valuable role in representing local perspectives to decision-makers and promoting their case to the public through use of cable and broadcast media.

While the sources cited in this paper have introduced a context and direction of video use in policy studies with indigenous peoples, there appears to be little or no recent documented research. This is most noticeable regarding government contracted studies where video has been applied to design, implementation, or evaluation of program and policies affecting indigenous groups.

VI. Models in Using Film and Video

The purpose of this paper was to examine how video has been applied in social science research among culturally distinct peoples. While video has developed its own history since its introductory use in the late 1960s, it is part of a larger media tradition that has included film or cinema. The medium of film set the stage and provided the momentum of how video would be used by social scientists working with indigenous peoples.

As this history was traced, various models of use have emerged. These are summarized in the "Models of Film and Video Use" table at the end of this section. Most are still viable and used today. Some have probably become obsolete. While some may overlap, each encompass its own particular genre of intention, use, and effect as it is applied to indigenous peoples as described above. The eight models that follow provide a useful summary of how video--and film before it--has evolved to its current use by social scientists among indigenous peoples.

The first, and maybe the earliest use of the film media, in social science research with indigenous people, is the "museum model." In this model, researchers like Regnault and other early filmmakers, often saw their filming of indigenous people as a visual artifact that discovered, captured, packaged, and exhibited indigenous peoples as "primitives," and "noble salvages" (Rony, 1996; Willis, 1969). Albeit these films were for intellectual study of indigenous people, they were often products of racial and cultural ideologies of this colonial imperialist period (Willis, 1969).

At almost the same time, the "salvage model" emerged which can be described as a desire to capture on film indigenous peoples before they and their culture disappeared. This model of film use has had a long standing history with visual anthropologists and a term that has often described the discipline's traditional purpose (Mead, 1975; de Brigard, 1975). While this use of film continues today, this modern version of salvaging has often occurred by indigenous peoples themselves using video (e.g., Ginsberg, 1995, Turner, 1991, Weatherford, 1990). Where this kind of cultural self-portrayal has occurred, it can be characterized as the "self-preservation model"--the third way of describing media use among culturally distinct populations.

In these first three models of film use, the filmmaker's focus has been on the past--bent on preserving indigenous events, people, and processes. Historically, in the first two models, filmmakers have tended to control the filming process, often with the indigenous subject "not capable of speaking for themselves" (Ruby, 1991:53). However, in the third process, this condition is eliminated.

In contrast, the remaining models have been rooted in the present and have incorporated varying degrees of local collaboration by an indigenous community. The intent of each of the following models has been explanatory, responding to some current or impending issue, policy, or program. Each of these models are born out of, what Belshaw (1976) and Thorsett (1989) have described, a social structure commonly shared by all indigenous communities--that of the bureaucracy. And finally, each of these models have arisen uniquely as more portable, user-friendly, media equipment became available, in particular, the video camcorder.

In the late 1950's, as described above, with the advent of portable equipment came *cinéma vérité* or direct cinema which can be described as the "interview model" which utilized issue oriented, spontaneous dialogue as its focus. Although this model was launched by interviews

often addressing politically controversial issues, it introduced a way film or video could become a tool of empowerment for the voiceless (Ruby, 1991).

As the use of portable, sound-synchronized media equipment spread in early 1970's and interview applications expanded, many minority groups of color, race, and culture found a new tool of empowerment in video and film as they addressed issues of equality and self-determination. As demonstrated by projects like Fogo Island (Hénaut, 1991) and Skyriver (Kennedy, 1982), this movement gave rise to the use of media as an “advocacy model.” In addition to local project use of video, community-based video production teams and centers promoted the use of a “collaborative model” in facilitating issue-oriented community consensus and advocacy.

And finally, videographers and visual anthropologists, as members of a contracted team, have developed visual studies of policy and program impact on local communities. This “policy study research model” has helped citizens directly represent to policy makers their views on how programs are working. A specific example and variation of this applied use of video was the CMTRS Program in Western Alaska that has developed a new “evaluation research model” using focus group and key informant interviews to develop a video evaluation report.

Models of Film and Video Use	
MODEL	DESCRIPTION
Museum Model	Early approaches by researchers to visually exhibit “primitive” cultures as artifacts.
Salvage Model	Traditional anthropological use of film to preserve “disappearing” indigenous culture.
Self-preservation Model	Video use by indigenous peoples themselves to preserve information about their own cultures.
Interview Model	Early use of spontaneous interviews to address social and political issues, often empowering the voiceless.
Advocacy Model	How film and video presented visual arguments about current issues often on behalf of indigenous communities.
Collaborative Model	Production teams and centers facilitated community-produced videos addressing local concerns.
Policy Study Research Model	Policy and program-focused video presentations that represent recipient views and feedback to decision-makers.
Evaluation Research Model	Videotaped program evaluation reports include key informant interviews and focus groups.

VII. A Policy Study Example: the Use of Video in Evaluation Research

In this last section, a review of a current, government contracted, program evaluation study of a Yup'ik Eskimo substance abuse treatment program in Western Alaska will demonstrate how

the use of video has been integrated into the qualitative portion of the evaluation. This review will not only add new knowledge of a current example of video use in the policy studies field, but it will also introduce a new application of video to the field of evaluation research which shows no previous literature of media application (Saylor et al., 1996).

A. Project Summary

In 1993 The Yukon Kuskokwim Health Corporation (YKHC) in Bethel, in a cooperative agreement with Federal, State, and village tribal organizations, received a five year demonstration grant from the U.S. Department of Health and Human Services' (HHS) Center for Substance Abuse Treatment (CSAT) establishing the Chemical Misuse Treatment and Recovery Services (CMTRS) program. As a federal demonstration project "for the outpatient treatment of chemical dependency in a rural, remote, linguistically and culturally distinct population setting" (Hamilton, 1995:1), the grant required a detailed evaluation to both examine the process and outcomes, and (contribute to the knowledge development) become an integral part in generating new knowledge in this specialized area of substance abuse treatment.

The CMTRS program was established to serve approximately 2,000 Alaskan Natives living in the coastal villages of Scammon Bay, Hooper Bay and Chevak which are over 500 air miles west of Anchorage and the road system. Most villagers still speak their indigenous languages of Yup'ik and Cup'ik, and rely on subsistent fishing and hunting for most of their food. They travel either by air (year round), boat (summer), or snowmachine (winter) to leave the village, and subscribe to their traditional, seasonal life cycles. The climate extremes dictate the peaks and valleys of this seasonal cycle with the long, mild days of summer being the busiest with travel to summer camps for fishing and berry picking, while hunting and ice fishing occur during fall, winter and early spring months before "breakup" of lakes and rivers (Hamilton, 1995).

Substance abuse is a major problem in many Alaskan villages. While 15% of the state's population is Alaskan Native, 46% of all Alaskans receiving alcohol and other drug treatment come from this group (ADA, 1994, cited in Herman, 1995). Although substance abuse remains a major problem in villages, there are few, village-based prevention, treatment or aftercare services. Villagers who have received services must travel by air to a regional or urban based program away from home and family, or work with itinerant providers who often have only limited knowledge and experience of the local village. In the CMTRS villages, prior to its startup, most outpatient services were provided in Bethel, 150 air miles from the villages (Hamilton, 1995)

In response to these conditions and problems, CMTRS, a village-based and culturally responsive treatment model, was implemented. Key components of this program included: (1) establishing a Policy Steering Committee (PSC) in each of the three villages composed of elders, leaders and service providers who provide primary guidance and direction to both the program and local staff; (2) hiring two, local, full time counselors who received training to be state certified Level I Substance Abuse Counselors; (3) in consultation with the PSC and other village elders the counselors provide local treatment services using both traditional and Western methods; (4) identifying and using culturally based treatment modalities that include traditional activities such as hunting, story telling, berry picking, etc. as part of the treatment plan; and (5) promoting village wide awareness, support, and involvement in locally based treatment and prevention activities (Hamilton, 1995).

Simply put, by providing the financial and technical resources and support, a village could locally guide, hire and run a cost-effective and culturally appropriate substance abuse treatment program for its own residents.

B. The Evaluation Process

From the program's beginning in 1993, the evaluation study evolved significantly during its first four years. Initially during the startup phase, evaluation of program progress were internally conducted until 1994 when an outside evaluator was hired by the State of Alaska to begin to develop a more detailed evaluation plan.

To understand how the use of video was integrated as a qualitative evaluation technique, the follow section will trace the steps that led to its inclusion. Initially the funding agency, CSAT, had requested the use of quantitative measures as the primary method to determine program outcomes with qualitative evaluation techniques used in a supporting role.

The original evaluation plan, developed by the outside evaluator, attempted to follow the CSAT recommendations. The quantitative evaluation would rely on the number of individuals completing treatment and data generated from the State alcohol and drug abuse management information system (MIS) to generate outcomes. The qualitative evaluation included the use of written community surveys and key informant interviews (Saylor, Booker, et. al, 1996).

By the end of the second year of program operation several changes were made to the evaluation plan. First, there was a change of evaluators as The Institute for Circumpolar Health Studies (ICHS) with the University of Alaska, Anchorage was contracted to conduct the evaluation. Upon review of the original evaluation plan and progress, ICHS, CMTRS staff, and village PSCs recommended some major changes in the evaluation plan.

Regarding the quantitative study, most of the first years were spent developing the infrastructure of the program in the villages and adapting the State MIS to accept the traditional services offered by the program. And it appeared that the Yup'ik and Cup'ik perspectives placed less emphasis on the need for detailed recording of quantitative data. It was recommended that in order to gain an in-depth assessment and understanding of the program's successes and weaknesses, the evaluation should shift its emphasis to qualitative evaluation techniques. Additionally, this approach would be more culturally responsive and generate better information in the early stages of the program (Saylor, Booker, et. al, 1996).

The qualitative evaluation plan also was changed. The first evaluator had designed and pilot tested a community survey prior to leaving. A final review was not done until ICHS had assumed the evaluator responsibilities. Their review identified several problems. Many questions were too broad and unrelated to program goals and objectives. The survey was too long and complex and difficult to translate for Yup'ik and Cup'ik speakers. The evaluator and CMTRS staff determined that more culturally suitable evaluation techniques that valued the oral and communal character of the Yup'ik and Cup'ik cultures were needed (Saylor, Booker, et. al, 1996). A new qualitative evaluation plan was designed to respond to the above concerns. A flow chart describing this process is shown in Evaluation Design section of the main report.

The plan included a two step approach. The first step employed the use of focus groups "to obtain major 'themes' or ideas common to all participating villages that address the strengths

and weaknesses of the new substance abuse treatment program approach” (Saylor, Kehoe and Smith, 1996:2). The second step was to produce a video using the major “themes” from the focus group feedback to build a “storyboard” or script that could “guide the video taping of key informant interviews” (Saylor, Booker, et. al, 1996:5). The two steps were interdependent evaluation techniques intended to elicit in depth program information and feedback using culturally compatible communication methods.

The use of focus groups is based on the premise that individual attitudes and perceptions are not developed in isolation, but through interaction with other people. For this reason, the data obtained in focus groups, while reflecting the views of the individual members, are very different from the participant’s narrative obtained through interviews (Morse and Field, 1995; Saylor, Booker, et al., 1996). And in a cross-cultural research setting, Rolf (1995) has noted how focus group use increased local trust levels and credibility in the process by portraying the research team as “good listeners’ and people who could be trusted to seek local impute, to value it, and to keep seeking more of it” (168).

The key informant interviews are often the source of most information in qualitative studies (Morse and Field, 1995). Specifically, the key informant, who is a member of the group in the research context, can speak to information that the interviewer cannot or has not experienced, plus can further explain events witnessed by the observer (Patton, 1990). While key informant interviews can provide valuable information in a qualitative program evaluation, the evaluator must guard against biases from both the informant and the evaluator/recorder of the interview. This concern is heightened when the evaluation, first, is studying a new and developing social service program where there is potentially divergent views and, secondly, is occurring in a culturally distinct setting where English is a second language for a majority of its participants (Saylor, Booker, et al, 1996).

Aware of these potential biases, program staff and village leaders, collaboratively, selected an age and gender-balanced mix of key informants in each community who would be articulate and candid in their opinions regarding the strengths and weaknesses of the program. And when needed, Yup’ik and Cup’ik translators were used in the interview process. Secondly, regarding potential interviewer/recorder bias, this was overcome through the use of videotape recording as the primary recording and reporting document. In the case of Yup’ik or Cup’ik responses, a team of local translators provided English voice over translations that were edited into the final version of the video report. By taking the above steps, potential biases were minimized and the final, forty-five minute version entitled From the Strength of our Elders (1996) became the final product of the key informal interviews.

C. The Video Process

Before describing the informant interview video process, there were conditions that predisposed the selection of this evaluation technique and working principles that were critical to its successful completion. First of all, the goal of the evaluation was to document the story of the CMTRS program and to do this in a culturally appropriate way. Secondly, as described above, there were poor responses and resistance in the villages to the use of written processes--whether they were surveys or program statistics. So evaluation techniques that used and relied on the spoken rather than written feedback appeared more suitable.

Third, the use and viewing of video by other educational, service, and religious programs in the region have been well received in the villages. Fourth, video technology was both available and used in each of the program sites. Hi-8 camcorders, VCRs, and televisions had

been purchased for each village program to use in documenting and viewing local applications of the traditional healing modalities and other therapy presentations (Saylor, 1998).

In addition to the above predisposing conditions, central to the process was a commitment to collaboration and consultation by all principal players throughout the evaluation process. Specifically, those players included the CMTRS administration and staff, the evaluation team, and each of the three, village-based Policy Steering Committees (PSCs). While each of these groups had their own perspectives, strengths, and weaknesses, regular consultation, information sharing, and problem-solving, as differences arose, sustained and promoted the level of trust and cooperation that was needed to successfully complete each step of the process. At the administrative level, it meant several revisions and exchanges of proposals over what key informant questions best responded to both content and cultural needs. Or at the village level, it led to the willingness of elders to candidly talk in front of the camcorder about how substance abuse had affected their families. While the predisposed conditions providing the opportunity, the collaborative efforts took the opportunity step by step to completion.

D. Planning, Instrument Design, and Execution

Shortly after ICBS took over the evaluation contract in 1996, they consulted with the CMTRS staff asking their opinions about what should be evaluated, and how it should be done. Staff was assured that a new plan was needed that would be more responsive to the program and community needs. It was suggested at that time to shift emphasis from quantitative to qualitative techniques and consider the use of focus groups and videotaping key informant interviews. While the evaluator was not aware of previous use of video in evaluation research, he had pursued its use in earlier projects, but was unsuccessful (Saylor, 1998).

A new evaluation plan was submitted to the CMTRS administration that would include a qualitative study by (1) conducting a series of focus groups with local residents in each of the three villages and service providers in the regional center of Bethel; (2) videotaping key informants interviews in each of the three villages and in Bethel; and (3) doing a comparative cost analysis. By late spring of 1996, the plan had been formally approved by CSAT, the federal funding agency.

Upon receiving approval of the plan, ICBS hired a field research assistant (filled by this paper's author) as the focus group recorder and videographer, and contracted for video editing services. Additionally, a focus group instrument (see Appendix D) was designed and approved by CMTRS staff and village PSCs; focus group members were selected; and a schedule finalized. By July, 1996 six focus groups had been completed in the villages and one in Bethel with regional service providers.

Within the next month, focus group reports were completed and an analysis begun to identify "themes" for the key informant interviews. The specific steps included: (1) the recorder submitted a summary of focus group responses for each focus group relying on written notes and an audio recording of each focus group; (2) following content approval by CMTRS staff and village PSCs, an analyst at ICBS consolidated each focus group report by "themes" grouping and summarizing similar responses; (3) after review and analysis of the focus group "themes," the evaluation team composed and submitted the key informant interview draft instrument (See Appendix F) to the CMTRS staff and village PSCs for review, revision and approval; (4) the evaluation team submitted a preliminary list of key informants to CMTRS staff and village PSCs for review, revision and approval; (5) the evaluation team together with the

CMTRS staff scheduled the selected key informant interviews and procured the necessary audio/video equipment.

These action steps illustrate how the focus group and interview components of the evaluation process interacted. Specifically, the focus group exercises facilitated the informant interviews in both content and process. By conducting a "thematic content analysis," the focus group data was synthesized into a series of summary statements. This summary was instrumental in generating, first, the topic areas and, secondly, the final questions used in the key informant interviews.

At the same time focus group exercises had an impact on the process. First of all, these exercises established local trust and credibility in the evaluation team and process itself. A similar result of focus group use, in a culturally distinct research setting, was noted by Rolf (1995) where the research team was seen as "good listeners' and people who could be trusted to seek local input, to value it, and to keep seeking more of it" (168). Secondly, the focus group exercises alerted the evaluation team to potential key informants and topic areas where they had made notable contributions. For instance, in every village there were elders who spoke insightfully of village history regarding substance use and abuse. These observations by the evaluation team contributed significantly to a purposeful and informed selection process of key informants and the specific questions they were asked in their interview. While other factors affected the selection of key informants, a majority of those interviewed were gleaned from their focus group participation. Lastly, as illustrated in the "Video Interview Questions" grid (see Appendix F), each key informant was associated with a specific cluster of questions as no one informant was expected to knowledgeably respond to all questions. It was also a useful guide and focus for the evaluation team member who later conducted the interview.

After the previously described planning steps were complete, the key informant interviews were conducted and videotaped. Of the thirty-four scheduled key informants, twenty-five were completed with a mix of nineteen village informants and six service providers in Bethel yielding approximately fourteen hours of videotaped interview material. An additional two hours of footage recorded a variety of indoor and outdoor scenes of local activity and surroundings of each village. Prior to each interview, the informant's written consent for videotaping and televising was obtained. All interviews were recorded using one Hi-8 camcorder and a cordless lapel microphone system for the audio.

The Bethel interviews, the first cluster completed, were conducted by two members of the evaluation team--one acting as the interviewer and other as videographer. All Bethel interviews occurred at the person's place of employment and were conducted in English. A week later, village interviews were conducted by one evaluator acting both as the interviewer and videographer. One or more CMTRS staff were available in each village to assist the evaluator with translation as needed. Of the nineteen village interviews, eight required a Yup'ik or Cup'ik translator during the interview process.

Upon completing the interview process, the videographer reviewed all footage and constructed a detailed, written log of each interview. This is a standard practice that assists in the editing process. The sixteen hours of footage were reduced to a fifty-five minute, first draft. The draft copies were extensively reviewed by CSAT staff and consultants, CMTRS staff, the Policy Steering Committees, and the evaluation team. After incorporating all suggestions, a forty-five minute video entitled From the Strength of Our Elders (1996) was submitted as the final report of the key informant interviews.

Some guiding principles in the filming and editing of the report are worth mentioning. One primary goal of this process was to provide an evaluation reporting methodology that would let those directly effected by the program “tell their own story from their own point of view” regarding the strengths and weaknesses of the CMTRS program. This goal was met in a variety of ways though out the process. First of all, a pre-production decision was made to use only the words of the key informants in the video. This was accomplished by not using any post-production narration, and by editing out all evaluator questions and dialogue recorded during each interview. Secondly, to assure an accurate translation of the Yup’ik and Cup’ik spoken by some informants, the English voice-over was produced and dubbed into the final version. And finally, by inviting careful review of the first draft by all stakeholders, the editing process had maximum feedback in developing the final version of the video report.

The final revision of the video report was distributed to all stakeholders locally, the State of Alaska, and CSAT. Additionally, the video has been aired on ARCS, the statewide, satellite television network. It has also been shared by CSAT with other federal officials in Washington, D.C.

In summary, the key reasons that this particular process was successful included, first of all, a genuine cooperation by all the stakeholders. There was a willingness to risk honest feedback as each step of the way was developed particularly in safeguarding the Yup’ik and Cup’ik cultural perspectives. In particular, the candor and honesty of the CMTRS staff with the evaluation team was critical in designing workable and culturally appropriate instruments used in the focus groups, key informant interviews, and the video report design. And thirdly, the CSAT program officers provided their support and encouragement for this new and innovative approach to evaluation research. And finally, the local cooperation, involvement, and honest feedback by staff and participants in each of the villages provided the content sought by the evaluation team.

Finally, as of this writing, the evaluation process is ongoing, with the demonstration grant in its fifth and final year. Currently, the evaluation team is continuing the qualitative piece of the evaluation by conducting a comparison study of the existing YKHC substance abuse program, the Village Alcoholism Education Counselors (VAEC) Program that serves thirty-seven villages in the Yukon-Kuskokwim Delta. This comparison study, using the same focus group and key informant video reporting methodology, is in progress in six selected villages where the VAEC Program is operating. The second video report is scheduled for completion by the end of Spring, 1998.

VIII. Conclusions

With the current user friendly video technology available today, even in remote settings, social scientists have a powerful tool to translate local policy study findings using the felt experiences of policy recipients. In addition to the technology, collaborative research methods are at hand (Kehoe, 1996; Saylor, Kehoe, Smith, 1996) to assist researchers and local indigenous communities effectively plan and develop strategies to implement video reporting in various policy studies areas.

While this research has identified many past examples of social science research use of video with indigenous peoples, there are few published studies describing current policy study uses of video. The one example described above demonstrates video use in the area of evaluation

research. There are, however, other areas of policy study such as program design and implementation that could benefit from similar detailed reports. And as studies involving video become available, there would arise the opportunity to not only publish, but utilize cable, satellite television, and computer Internet resources to publicize these efforts collectively into social service research film festivals.

References

- Agar, M. H. 1983. Inference and schema: an ethnographic view. Human Studies:6,53-66.
- Alaska Division of Alcohol and Drug Abuse(ADA) Reports. 1994. In Herman, W. 1995 (November). Evaluation of Chemical Misuse Treatment and Recovery Services (CMTRS). Bethel, AK: Yukon Kuskokwim Health Corporation.
- Belshaw, C. 1976. The sorcerer's apprentice: an anthropology of public policy. New York: Pergamon Press.
- Boonzajer-Flaes, R. 1989. Eyes Across the Water. Amsterdam: Het Spinhuis.
- Bryson, L. (ed.). 1948. The Communication of Idea. New York: Harper and Brothers.
- Burger, J. 1990. The Gaia Atlas of First Peoples. New York: Anchor Books.
- Casswell, S. 1983. Applications of recording human performance. In Dowrick, P.W. & Biggs, S.J. Using Video, Psychological and Social Applications, (13-21). New York: John Wiley & Sons, Inc.
- Chalfin, R. 1989. Native participation in visual studies: from Pine Springs to Philadelphia. In Boonzajer-Flaes, R. Eyes Across the Water, (71-79). Amsterdam: Het Spinhuis.
- Chambers, E. 1977. Policy research at the local level. Human Organization: 36(Winter), 418-421.
- Cochrane, G. Policy studies and anthropology. Current Anthropology: 21(4)445-458.
- Cohen, H. 1991. New challenges for visual anthropology. CVA Review: Spring, 18-20.
- Crawford, P. and Turton, D. (eds.). 1992. Film as Ethnography. Manchester: Manchester University Press.
- Curry, T. J. 1984. A rationale for visual sociology. International Journal of Visual Sociology: 2(31)13-24.
- DeBrigard, E. 1975. The history of ethnographic film. In Hockings, P. Principles of Visual Anthropology (13-44). The Hague: Mouton Publishers.
- Devereaux, L., Hillman, R. (eds.). 1995. Fields of Vision: Essays in Films Studies, Visual Anthropology and Photography. Berkeley: University of California Press.
- Dowrick, P.W. & Biggs, S.J. 1983. Using Video, Psychological and Social Applications. New York: John Wiley & Sons, Inc.
- Faris, J. 1992. Anthropological transparency: film, representation and politics. In Crawford, P. and Turton, D. (eds.). 1992. Film as Ethnography, (171-182). Manchester: Manchester University Press.
- Flaherty, R. 1950. Robert Flaherty talking. In Manvell, R. (ed.) Cinema1950. London: Pelican.
- Geilhufe, N. 1979. Anthropology and policy analysis. Current Anthropology 20(September)577-579.
- Ginsburg, F. 1995. Mediating culture: indigenous media, ethnographic film, and the production of identity. In Devereaux, L., Hillman, R. (eds.). Fields of Vision: Essays in Films Studies, Visual Anthropology and Photography, (256-291). Berkeley: University of California Press.
- Hamilton, J. 1995. Chemical Misuse Treatment and Recovery Services (CMTRS) Introduction, Background and Yup'ik/Cup'ik Treatment Modalities Report (July). Bethel, Alaska: Yukon-Kuskokwim Health Corporation

- Harper, D. 1989. Interpretive ethnography: from 'authentic voice' to 'interpretive eye'. In Boonzajer-Flaes, R. Eyes Across the Water, (33-45). Amsterdam: Het Spinhuis.
- Hénaut, D. 1991. Video stories from the dawn of time. Visual Anthropology Review: 7(2)85-101.
- Henny, L. 1983. Video and the community. In Dowrick, P.W. and Biggs, S.J. Using Video, Psychological and Social Applications, (167-177). New York: John Wiley & Sons, Inc.
- Herman, W. 1995. Evaluation of Chemical Misuse Treatment and Recovery Services (CMTRS) (November). Bethel, AK: Yukon Kuskokwim Health Corporation.
- Hobson, S. 1986. Empowering the village through video. Inquiry (July)76-77.
- Hockings, P. 1975. Principles of Visual Anthropology. The Hague: Mouton Publishers.
- Hockings, P., Omori, Y. (eds.). 1988. Cinematographic Theory and New Dimensions in Ethnographic Film. Osaka: National Museum of Ethnology.
- Hymes, D. (ed.). 1965. Reinventing Anthropology. New York: Vintage Books.
- Jacobs, L. (ed.). 1979. The Documentary Tradition (2nd ed.). New York: W.W. Norton & Co. Inc.
- Kehoe, B. 1996. Cross-cultural research issues regarding alcohol and other drug program evaluations in American Indian and Alaska Native settings. Unpublished paper: University of Alaska, Fairbanks.
- Kennedy, T. 1982. Beyond advocacy: a facilitative approach to public participation. Journal of the University Film and Video Association: 34(Summer)33-46.
- Kuehnast, K. 1992. Visual imperialism and the export of prejudice: an exploration of ethnographic film. In Crawford, P. and Turton, D. (eds.). 1992. Film as Ethnography, (183-195). Manchester: Manchester University Press.
- Langton, P., Epstein, L., Orlandi, M. (ed.). 1995. The Challenge of Participatory Research: Preventing Alcohol-Related Problems in Ethnic Communities. Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Lansing, J. S. 1989. The decolonization of ethnographic film. In Boonzajer-Flaes, R. Eyes Across the Water, (10-17). Amsterdam: Het Spinhuis.
- Lazarsfeld, P. and Merton, R. 1948. Mass communication, popular taste, and organized social action. In Bryson, L. (ed.). The Communication of Idea. New York: Harper and Brothers.
- Lokker, S.J. 1985. Video: a working definition. In Degen, C. (ed.). Understanding and Using Video. White Plains, N.Y.: Knowledge Industry Publications Inc.
- Mead, M. 1975. Visual anthropology in a discipline of words. In Hockings, P. Principles of Visual Anthropology (3-10). The Hague: Mouton Publishers.
- Michaelis, A. 1955. Research Films in Biology, Anthropology, Psychology and Medicine. New York: Academic Press.
- Michaels, E. 1987(a). For a cultural future: Frances Jupurrula makes TV at Yuendumu. Art and Criticism Series: Vol. 3. Sydney: Artspace.
- Morse, J. and Field, P. 1995. Qualitative Research Methods for the Health Professions (2nd ed.). Newbury Park, CA: Sage Publications.
- Nichols, B. 1983. The voice of the documentary. Film Quarterly: 36(3)17-29.
- Patton, M. 1990. Qualitative Evaluation and Research Methods, (2 ed.). Newbury Park, California: Sage Publications
- Prins, H. 1989. American Indians and the ethnocinematic complex: from native participation to production control. In Boonzajer-Flaes, R. Eyes Across the Water, (80-89). Amsterdam: Het Spinhuis.
- Regnault, F.-L. 1931. The role of cinema in ethnography. Nature 59:304-306.
- Rolf, J. 1995. Methods to create and sustain cross-cultural prevention research partnerships: the NAPPASA project's American Indian-Anglo American example. In Langton, P., Epstein, L., Orlandi, M. (ed.) The Challenge of Participatory Research: Preventing Alcohol-

- Related Problems in Ethnic Communities (pp. 149-181). Rockville, Maryland: Center for Substance Abuse Prevention, U. S. Department of Health and Human Services.
- Rony, F. T. 1996. The Third Eye, Race, Cinema, and Ethnographic Spectacle. Durham, N.C.: Duke University Press.
- Ruby, J. 1991. Speaking for, speaking about, speaking with, or speaking alongside--an anthropological and documentary dilemma. Visual Anthropology Review: 7(2)50-67.
- Saylor, B. 1996. Year end report, oversight and evaluation--YKHC federal demonstration project (CMTRS): Grant # 240361(October). Anchorage: Institute for Circumpolar Health Studies, University of Alaska, Anchorage.
- Saylor, B. 1998. Personal communication.
- Saylor, B., Booker, J., Hamilton, J. Klose, K. 1996. Methodological issues in evaluating a culture-based substance abuse treatment program in the Kuskokwim Delta, Alaska(May). Paper presented at the Tenth International Congress on Circumpolar Health. Anchorage, Alaska.
- Saylor, B., Kehoe, B., Smith, S. 1996. Project report: community perceptions of the culture - based Chemical Misuse Treatment and Recovery Services Program in the Yukon-Kuskokwim Delta, Alaska(September). Anchorage: Institute for Circumpolar Health Studies, University of Alaska, Anchorage.
- Taylor, L. (ed.). 1994. Visualizing Theory, Selected Essays from V.A.R., 1990-1994. New York: Routledge.
- Thorsett, E. 1989. Applying visual anthropology: ethnographic video and policy ethnography. In Boonzajer-Flaes, R. Eyes Across the Water, (91-98). Amsterdam: Het Spinhuis.
- Turner, T. 1991. The social dynamics of video media in an indigenous society. Visual Anthropology Review: 7(2)68-76.
- Weatherford, E. 1990. Native visions: the growth of indigenous media. Aperture: 119, 58-61.
- Weaver, T. 1985. Anthropology as a policy science: part I, a critique. Human Organization: 44(2)97-105.
- Weinberger, E. 1994. The camera people. In Taylor, L. (ed.). Visualizing Theory, Selected Essays from V.A.R., 1990-1994 (3-26). New York: Routledge.
- Weiner, A. B. 1978. Epistemology and ethnographic reality: a Trobriand Island case study. American Anthropologist: 80(3)752-757.
- Willis, W. S. 1969. Skeletons in the anthropological closet. In Hymes, D. (ed.) Reinventing Anthropology (121-152). New York: Vintage Books.
- Wolf, E. 1956. Aspects of group relations in a complex society: Mexico. American Anthropologist: 58,1065-1078.
- Worth, S. and Adair, J. 1972. Through Navaho Eyes: An Exploration in Film Communication and Anthropology. Bloomington: Indiana University Press.
- Young, C. 1988. Documentary and fiction, distortion and belief. In Hockings, P., Omori, Y. (eds.). Cinematographic Theory and New Dimensions in Ethnographic Film, (7-30). Osaka: National Museum of Ethnology.
- Ziegler, D. and Dickerson, B. 1993. Breaking through the barriers using video as a tool for intercultural communication. Journal of Black Studies: 24(2)159-177

Other Sources

- Agar, M. H., MacDonald, J. 1995. Focus groups and ethnography. Human Organization:54(1)78-86.
- Alasuutari, P. 1995. Research Culture, Qualitative Method and Cultural Studies. Thousand Oaks, CA: Sage Publications.
- Asch, T. 1988. Collaboration in ethnographic filmmaking. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and

- Video for General Public Audiences, (10-29). Chur, Switzerland: Harwood Academic Publishers.
- Asch, T. 1992. The ethics of ethnographic film-making. In Crawford, P. and Turton, D. (eds.). 1992. Film as Ethnography, (196-204). Manchester: Manchester University Press.
- Asch, T., Asch, P. 1988. Film in anthropological research. In Hockings, P., Omori, Y. (eds.). Cinematographic Theory and New Dimensions in Ethnographic Film, (165-190). Osaka: National Museum of Ethnology.
- Balikci, A. 1989. Anthropology, film and the Arctic peoples. Anthropology Today: 5(2)4-10.
- Balikci, A. 1988. Anthropologists and ethnographic filmmaking. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (31-45). Chur, Switzerland: Harwood Academic Publishers.
- Barbash, L. and Taylor L. 1996. Reframing ethnographic film: a "conversation" with David MacDougall and Judith MacDougall: a film review essay. American Anthropologist 98(2)371-387.
- Bauman, L., Adair, E. 1992. The use of ethnographic interviewing to inform questionnaire construction. Health Education Quarterly 19(1)9-23.
- Benson, T. and Anderson, C. 1987. Good films from bad rules: the ethics of naming in Frederick Wisman's "Welfare." In Ruby, J. & Taureg, M. (ed.). Visual Explorations of the World, (2-20). Aachen: Edition Herodot im Rader-Verlag.
- Berkaak, O.A. 1992. Narrative and deconstructive strategies in visualizing cultural processes. In Crawford P. & Simonsen, J.K. (eds.). Ethnographic Film Aesthetics and Narrative Traditions, Proceedings from NAFA 2, (203-222). Aarhus, Denmark: Forlaget Intervention Press.
- Bertrand, J.T., Brown, J., Ward, V.M. 1992. Techniques for analyzing focus group data. Evaluation Review: 16(2)198-209.
- Biggs, S. 1983. Choosing to change in video feedback: on common-sense and the empiricist error. In Dowrick, P.W. & Biggs, S.J. Using Video, Psychological and Social Applications, (211-226). New York: John Wiley & Sons, Inc.
- Breslin, F.C., Sobel, S., Sobell, L., & Sobell, M. 1997. Alcohol treatment outcome methodology: state of the art 1989-1993. Addictive Behaviors: 22(2)145-155.
- Briggs, C. 1986. Learning How To Ask, a Sociolinguistic Appraisal of the role of the Interview in Social Science Research. Cambridge: Cambridge University Press.
- Byers, P., Wilcox, J. 1991. Focus groups: a qualitative opportunity for researchers. The Journal of Business Communication 28(1)63-77.
- Caulfield, J. 1996. Reviews: sociology of culture. Contemporary Sociology: 25(3)403-406.
- Chelimsky, E., Shadish, W.R. (eds.). 1997. Evaluation for the 21st Century, a Handbook. Thousand Oaks, CA: Sage Publications.
- Cole, C. L. 1996. Bring together video technology, research, and practice: a review of practical guide to using video in the behavior science by Dowrick and Associates. Journal of Applied Behavior Analysis: 29(4)591-2.
- Collier, J. Jr. 1967. Visual Anthropology: Photography as a Research Method. New York: Holt, Rinehart and Winston.
- Collier, J. Jr. 1988. Visual anthropology and the future of ethnographic film. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (73-96). Chur, Switzerland: Harwood Academic Publishers.
- Connor, L. H. 1988. Third eye: some reflections on collaboration for ethnographic film. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (97-110). Chur, Switzerland: Harwood Academic Publishers.

- Dawson, S. 1994. Fieldwork among the Navajo: implications for social work research and practice. In Keys, P. (ed.). School Social Workers in the Multicultural Environment: New Roles, Responsibilities, and Educational Enrichment, (101-111). New York: The Haworth Press, Inc.
- Degen, C. (ed.). 1985. Understanding and Using Video, a Guide for the Organizational Communicator. White Plains, New York: Longman Inc.
- Devereaux, L. 1995. An introductory essay. In Devereaux, L., Hillman, R. (eds.). Fields of Vision: Essays in Films Studies, Visual Anthropology and Photography, (329-339). Berkeley: University of California Press.
- Devereaux, L. 1995. Cultures, disciplines, cinema. In Devereaux, L., Hillman, R. (eds.). Fields of Vision: Essays in Films Studies, Visual Anthropology and Photography, (329-339). Berkeley: University of California Press.
- Dowrick, P.W. et al. 1991. Practical Guide to Using Video in the Behavioral Sciences. New York: John Wiley & Sons, Inc.
- Dowrick, P.W. and Biggs, S.J. 1983. Using Video, Psychological and Social Applications. New York: John Wiley & Sons, Inc.
- Dranov, P., Moore, L., Hickey, A. 1980. Video in the 80's, Emerging Uses for Television in Business, Education, Medicine and Government. White Plains, New York: Knowledge Industry Publications, Inc.
- Elsass, P. 1991. Self-reflection or self-presentation: a study of the advocacy effect. Visual Anthropology: 4, 161-173.
- English, F. 1988. The utility of the camera in qualitative inquiry. Education Research: May, 8-15.
- Fetterman, D. 1994. Empowerment evaluation. Evaluation Practice: 15(1)1-15.
- Flores, J., Alonso, C. 1995. Using focus groups in educational research. Evaluation Review: 19(1)84-101.
- Freudenthal, S. 1988. What to tell and how to show it: issues in anthropological filmmaking. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (123-139). Chur, Switzerland: Harwood Academic Publishers.
- Fuks, V. 1989. Feedback interviews and reflexivity in the anthropological study of Waiapi festivals and musical performances. SVA Newsletter:5(1)24-28.
- Ginsburg, F. 1988. Ethnographies on the airwaves: the presentation of anthropology on American, British and Japanese television. In Hockings, P., Omori, Y. (eds.). Cinematographic Theory and New Dimensions in Ethnographic Film, (31-66). Osaka: National Museum of Ethnology.
- Ginsburg, F. 1991. Indigenous media: Faustian contract or global village? Cultural Anthropology: 92-113.
- Gold, S. 1986. Reading materials in visual sociology. Visual Sociology Review: 1(2)22-23.
- Grimshaw, A. 1997. Review of Paul Hockings' (ed.) Principles of Visual Anthropology (2nd edition). The Journal of the Royal Anthropological Institute 3(2)386.
- Gross, L. 1981. Introduction: Sol Worth and the study of visual communication. In Worth, S. 1981. Studying Visual Communication (1-35). Philadelphia: University of Pennsylvania Press.
- Guidry, J, van den Pol, R, Keeley, E. Neilsen, S. 1996. Augmenting traditional assessment and information: the videoshare model. Topics in Early Childhood Special Education 16(1)51-65.
- Haller, F. 1989. Visual studies of rural life: a review. In Boonzajer-Flaes, R. Eyes Across the Water, (113-116). Amsterdam: Het Spinhuis.
- Hecht, J. B. and Roberts, N. K. 1996. VTLOGANL: coding and analyzing videotaped data. Behavior Research Methods, Instruments, & Computers: 28(1)76-82.

- Heider, K. G. 1976. Ethnographic Film. Austin: University of Texas Press.
- Henderson, L. 1988. A selected annotated bibliography on image ethics. In Gross, L., Katz, J., Ruby, J. (eds.). Image Ethics, (273-379). New York: Oxford University Press.
- Henny, L. 1986. Trend report: theory and practice of visual sociology. Current Sociology: 34(3)1-76.
- Hesse-Biber, S., Dupuis, P., Kinder, T. 1997. New developments in video ethnography and visual sociology--analyzing multimedia data qualitatively. Social Science Computer Review: 15(1) 5-12.
- Hockings, P. 1988. Ethnographic filming and the development of anthropological theory. In Hockings, P., Omori, Y. (eds.). Cinematographic Theory and New Dimensions in Ethnographic Film, (205-224). Osaka: National Museum of Ethnology.
- Holstein, J. A., Gubrium, J.F. 1995. The Active Interview. Thousand Oaks, CA: Sage Publications.
- Holstein, J. A., Staples, W.G. 1992. Producing evaluative knowledge: the interactional bases of social science findings. Sociological Inquiry: 62(1)11-35.
- Hoppe, M., Wells, E., Morrison, K., Gillmore, M., Wilsdon, A. 1995. Using focus groups to discuss sensitive topics with children. Evaluation Review: 19(1)102-114.
- Hurworth, R. and Sweeney, M. 1995. The use of the visual image in a variety of Australian evaluations. Evaluation Practice: 16(2)153-164.
- Husmann, R. et al. 1992. A Bibliography of Ethnographic Films. Hamburg: Lit.
- Jablonko, A. 1988. New Guinea in Italy: an analysis of the making of an Italian television series from research footage of the Maring people of Papua New Guinea. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (169-196). Chur, Switzerland: Harwood Academic Publishers.
- Jell-Bahlsen, S. 1988. Eze Nwata--the small king. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (201-221). Chur, Switzerland: Harwood Academic Publishers.
- Johnson, A. 1996. 'It's good to talk': the focus group and the sociological imagination. The Sociological Review 44(August)517-38.
- Klima, G. 1988. Filmmaking as teleological process. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (222-236). Chur, Switzerland: Harwood Academic Publishers.
- Loizos, P. 1993. Innovation in Ethnographic Film, from innocence to self-consciousness, 1955-85. Chicago: University of Chicago Press.
- MacDougall, D. 1995. The subjective voice in ethnographic film. In Devereaux, L., Hillman, R. (eds.). Fields of Vision: Essays in Films Studies, Visual Anthropology and Photography, (329-339). Berkeley: University of California Press.
- MacDougall, D. 1995. Whose story is it? In Taylor, L. (ed.). Visualizing Theory, Selected Essays from V.A.R., 1990-1994 (27-36). New York: Routledge.
- Martinez, W. 1990. Critical studies and visual anthropology. CVA Review: Spring, 34-47.
- Matthews, T. J., Matthew, H. K. 1987. Problems and solutions in using the video camera for field work in organizational settings. Visual Sociology Review: 2(2)11-14.
- Michaels, E. 1987. The indigenous languages of video and television in central Australia. In Ruby, J. & Taureg, M. (ed.). Visual Explorations of the World, (267-282). Aachen: Edition Herodot im Rader-Verlag.
- Michaels, E. 1991. A primer of restrictions on picture-taking in traditional areas of Aboriginal Australia. Visual Anthropology: 3(3/4)259-276.
- Miles, M.B., Huberman, A. M. 1994. Qualitative Data Analysis. Thousand Oaks, CA: Sage Publications.

- Moore, R. 1994. Marketing alterity. In Taylor, L. (ed.). Visualizing Theory, Selected Essays from V.A.R., 1990-1994 (126-139). New York: Routledge.
- Moore-Free, M. 1991. Utilizing visual anthropology to do ethnography in-depth case studies of two elders in the U.S. CVA Review: (Spring)41-44.
- Morgan, D., Krueger, R. When to use focus groups and why. In Morgan, D. (ed.). Successful Focus Groups, (3-22). Newbury Park, CA: Sage Publications.
- Neal, L. 1989. The use of video in empirical research. SIGCHI Bulletin: 21(2)100-102.
- Nichols, B. 1991. The ethnographer's tale. Visual Anthropology Review: 7(2)31-47.
- Norton, I. M. and Manson, S.M. 1996. Research in American Indian and Alaska Native communities: navigating the cultural universe of values and process. Journal of Consulting and Clinical Psychology: 64(5)856-860.
- Olson, J. 1988. Filming the Fidencistas: the making of "We Believe in Nino Fidencio." In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (259-285). Chur, Switzerland: Harwood Academic Publishers.
- Omari, Y. 1988. Basic problems in developing film ethnography. In Hockings, P., Omori, Y. (eds.). Cinematographic Theory and New Dimensions in Ethnographic Film, (191-204). Osaka: National Museum of Ethnology.
- Packer, T., Race, K., Hotch, D. 1994. Focus groups: a tool for consumer-based program evaluation in rehabilitation agency settings. Journal of Rehabilitation: 60(July/September)30-33.
- Patton, M. 1997. Toward distinguishing empowerment evaluation and placing it in a larger context. Evaluation Practice 18(2)147-163.
- Piault, C. 1988. Filming in a Greek village. In Rollwagen, J. R. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences, (270-285). Chur, Switzerland: Harwood Academic Publishers.
- Rollwagen, J. 1988(a). The role of anthropological theory in "ethnographic" filming. In Rollwagen, J. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences (287-315). Chur, Switzerland: Harwood Academic Publishers.
- Rollwagen, J. 1988(b). Introduction. In Rollwagen, J. (ed.). Anthropological Filmmaking, Anthropological Perspectives on the Production of Film and Video for General Public Audiences (xi-xv). Chur, Switzerland: Harwood Academic Publishers.
- Rosenthal, A. 1988. Introduction to ethical issues. In Rosenthal, A. (ed.). New Challenges for Documentary, (245-254). Berkeley: University of California Press.
- Rosenthal, A. 1988. General introduction. In Rosenthal, A. (ed.). New Challenges for Documentary, (1-7). Berkeley: University of California Press.
- Rouch, J. 1988. Our totemic ancestors and crazed masters. In Hockings, P., Omori, Y. (eds.). Cinematographic Theory and New Dimensions in Ethnographic Film, (225-238). Osaka: National Museum of Ethnology.
- Ruby, J. 1988. The image mirrored: reflexivity and the documentary film. In Rosenthal, A. (ed.). New Challenges for Documentary, (64-77). Berkeley: University of California Press.
- Ruby, J. 1988. The ethics of imagemaking; or "They're going to put me in the movies. They're going to make a big star out of me. . . ." In Rosenthal, A. (ed.). New Challenges for Documentary, (308-318). Berkeley: University of California Press.
- Schneider, A. 1997. Visual anthropology: some additions to an essential source book. Current Anthropology 38(4)704.
- Seidman, I.E. 1991. Interviewing as Qualitative Research, a Guide for Researchers in Education and the Social Sciences. New York: Teachers College Press.
- Shoji, K. 1995. Development of video communications products for an expanding range of uses. NTT Review: 7(6)56-64.

- Tucker, S.A. and Dempsey, J.V. 1991. Photo-interviewing, a tool for evaluating technological innovations. Evaluation Review: 15(5)639-654.
- Vaughn, S., Schumm, J.S., Sinagub, J. 1996. Focus Group Interviews in Education and Psychology. Thousand Oaks, CA: Sage Publications.
- Wenzel, G. 1991. Hot technologies and Canadian Inuit, an ethnographic overview from Clyde River, NWT. CVA Review: (Spring, 1991)21-24.
- Wong, C. Hing-Yuk. 1996. Through many lenses: history and theory in visual anthropology. Anthropological Quarterly: 69(2)90-96.
- Worth, S. 1981. Studying Visual Communication. Philadelphia: University of Pennsylvania Press.

Appendix I

VIDEO INTERVIEW QUESTIONS

Village: *Scammon Bay*

Questions	Individuals						
	Local Elder	PSC Chair	PSC Member	Health Aide	I.C.W.A Worker	Trad. C. President	CMTRS Counselor
1. We learned from the Elders that, long ago, villages had ways of influencing the behavior people in their village. <ul style="list-style-type: none"> • What are some of those ways? • How have things changed over the years? 	X						
2. How does substance abuse affect the people in your village?	X	X	X	X	X	X	X
3. What changes have you seen since CMTRS started?			X		X		
4. What are the strengths of CMTRS?							
5. CMTRS uses Yup'ik / Cup'ik activities in substance abuse treatment. Tell me what you think of this? How is it different from other ways of treating substance abuse?		X					
6. How would you describe the relationship between the TC, PSC, and the counselors?						X	X
7. CMTRS involves Elders and traditional knowledge. What do you think of this? Has this been tried in other programs?	X	X	X	X	X	X	X
8. How could CMTRS be improved?		X			X		

Appendix J

ADA Management Information System Data

Since its inception, the ADA management information system has stored data from all state alcohol and drug abuse programs in a database using a COBOL (Common Business-Oriented Language) format. This relational database storage method has long since become outdated. The division has had limited capacity to extract and analyze this programmatic data and feed it back to program managers for daily program management, or in using it for policy analysis at the state level.

At the request of the Division of Alcohol and Drug Abuse, ICHS downloaded all ADA MIS records from the inception of the database until October, 1999. The purpose of this transfer of records was:

1. To complete a data quality analysis on records stored using COBOL relational databases;
2. To allow the preparation of an analytic database using more common and current analytic techniques;
3. To determine if complete admission and discharge records could be merged into a clinical profile for each client served;
4. To see if staff activity logs could be merged with admission and discharge data sets to develop a complete "episode of illness" file for each client seen; and
5. To attempt to track patients from one region to another as they were admitted and discharged to different alcohol treatment facilities or programs.

The procedural steps for data transfer formatting and mapping are shown below:

1. MIS data was read from the COBOL format to an ASCII flat file format for transport to ICHS.
2. Complete data sets, including admission, transfer, client demographic, and activity files, were sent to ICHS for variable mapping and file merging.
3. An ICHS analysts mapped the ADA MIS data by comparing the data transmission with the variable maps provided by ADA.
4. As a result of the mapping, it was determined that the admit history and component transfer files contained most of the data that we were looking for. At that point, it was determined that we would not use the demographic file, as it appeared to contain larger missing data issues.
5. Data cleaning was performed only on the resulting two files: the admissions history and the client transfer files.
6. Selected variables were read into an SPSS analytic file for subsequent merging.
7. Admissions history and client transfer files were merged.
8. Staff activity log data was analyzed for data quality and was found to be incomplete. For this reason, as well as the absence of many client identifiers, staff activity log data was not merged with the admission and client transfer files in order to arrive at the final "episode of illness file."

Subsequent Use of Data

Although merged files were of limited utility in this analysis, it is expected that future projects will require the use of statewide-merged client data. This will allow the State and its policy analysts to:

1. Compare regions across the state to determine the reasons for admission and the outcome of treatment.
2. To track clients as they work their way through the statewide alcohol treatment system.

Data Limitation

Although ICHS was successful in downloading historical ADA MIS data, the data sets still have numerous faults that make their reliability questionable. Among those are:

1. Clients receive numerous unique identifiers as they move throughout the system. This makes the development of a single client file from numerous statewide facilities difficult to construct.
2. Staff activity logs do not include unique client identifiers and, therefore, preclude an accurate “dose response” analysis.
3. The proportion of missing data is extremely high for some demographic and treatment variables.
4. There are numerous undefined or specific user-defined codes that are not available to the statewide system. This is a historical artifact and is a product of the state’s permission for individual programs to develop specific codes for their own use. This has made uniform coding a substantial problem.

Suggestions for Future Research

This project has shown that a specific research topic is a sufficient catalyst to test the viability of a data system in answering distinct research questions. As more projects require analytic data sets, ICHS strongly recommends that additional funds be put into formatting existing historical data and formulating an on-going assessment of its utility in evaluation and policy research.

Appendix K

CMTRS Close Out Planning Meeting Work Plan Status & Summary

Available at ICHS

Appendix L

Medical Costs Offsets and Alcohol Treatment

The Anatomy of Disease: Chronic diseases progress in a predictable pattern. First, there are pre-disposing factors, both host factors and environmental factors. When predisposing host and environmental factors interact for an indeterminate period of time, early symptoms of disease begin to appear. These early symptoms are usually discounted or denied. As disease awareness and acceptance proceeds, there is frequently victimization (someone else is at fault), bargaining (one more won't matter) until there is a breakdown of homeostasis and the affected person seeks help. Treatment seeking and intervention often leads to a restoration of homeostasis, but the disease process returns if treatment is discontinued. Delayed or intermittent treatment can result in a return of the disease process and /or permanent damage to the patient.

An example of this process is a typical heart attack. A high stress job and high fat diet can be environmental factors acting on a genetically predisposed host soon to be called a patient. Early warning signs (elevated cholesterol, blood pressure, body weight) are discounted or denied. Victimization (I have no choice) and bargaining (one more ice cream won't hurt) are frequently heard prior to a heart attack. If the person survives the heart attack, treatment is usually accepted and many people surviving a heart attack will make changes in their life style (diet, exercise, and medication) to accommodate their new status as heart patient. If they subsequently reverted to their former habits, increased disability is likely to result.

With this model of disease in mind, alcohol addiction begins to make sense. Research has shown that some people are genetically more likely to develop addictive behaviors than others. In the analogy with coronary artery disease, many of us eat a diet high in fat, but only those who are genetically susceptible develop coronary artery disease. Exposure to large amounts of alcohol over a prolonged period of time is the environmental factor acting on a genetic predisposition to addiction that may lead to alcoholism. Excess risk from alcohol is defined as 15 or more drinks per week. Alcohol abuse and binge drinking are the early warning signs. These are frequently discounted and denied. Insatiable drinking, increasing tolerance and withdrawal symptoms when drinking is stopped are evidence of alcohol dependence. Legal problems, work problems, and relationship problems from the behavioral effects of excessive alcohol contribute to such a breakdown in the social homeostasis that the person soon to be called a client seeks or is remanded to treatment. Sometimes the social problems are not sufficiently motivating and the person continues in the diseased state with accelerating alcohol use until physical problems such as cirrhosis, cardiomyopathy, or alcoholic psychosis develop. The only effective treatment for alcoholism is abstinence. Attaining abstinence becomes increasing more difficult as the disease of alcoholism progresses.

Medical Costs of Alcohol Addiction: The prevalence of DSM-IV alcohol abuse and /or dependence in the general population is 7.4%, of whom 10% obtain treatment per year (Grant, 1996). This estimate from a general population survey compares well with a study of the utilization of alcohol treatment programs by Federal employees and dependents with Aetna insurance (n=980,000). Only 1 % of these covered individuals were treated for alcoholism each year (Holder & Blose 1986). Alcohol abuse and dependence has a high cost to society. In 1987, Holder estimated \$79 billion per year including the medical diagnosis of alcoholism as well as treatment of illness related to chronic high alcohol ingestion (Holder, 1987). Of all

trauma hospitalizations, 30-50% involves alcohol use. Alcoholic psychosis, alcohol poisoning, cirrhosis of the liver, pancreatitis, carcinoma of mouth, tongue, pharynx, esophagus, gastritis, myopathy, cardiomyopathy, peripheral neuropathies, and fetal alcohol syndrome can be caused in part or wholly by alcohol (Jernigan et al 1989). Forty percent of accidents are poisonings due to drug overdoses and alcoholics receive more psychotropic drug prescriptions than controls (Putnam 1982). However, by way of offsetting costs, mild to moderate use of alcohol has been shown to reduce the risk of coronary artery disease.

Reduced productivity is also seen with excessive alcohol intake. Persons at high risk for alcohol problems (reporting 15 or more alcoholic drinks per week) had a significant increase in mean annual illness days from work (Bertera, 1991).

Alcoholics and their families also use more health care services. Alcoholics use more medical care because they are more likely to be physically or emotionally ill. (Putnam, 1982). Using claims data for Federal employees and dependents over a four-year period, Holder and Blose showed that the average per capita monthly health care costs of age and size adjusted control families without alcoholics was \$106.54. The average per capita monthly health care costs of families with alcoholics was \$209.60, with alcohol treatment costs excluded, \$180.88. Medical care costs gradually increase prior to alcohol treatment (Holder & Blose 1986).

Getting Treatment: The decision to seek treatment for disease is based on predisposing, enabling and need factors. Predisposing factors are sociodemographic characteristics that may define a propensity to seek treatment including education, gender, age, and previous experience with treatment. Enabling factors are available individual and community resources including income, insurance, and treatment clinics. Need factors are the severity of the disorder including comorbidities, physical or emotional distress from the illness, and the amount of alcohol being consumed.

Grant (1996) examined the predisposing, enabling and need factors for seeking treatment for alcoholism. Unemployment status and low educational achievement were barriers to receiving alcohol treatment, while high ethanol intake and major depression were significant predictors of obtaining treatment. Looking at persons receiving treatment, Bucholz et al (1992) determined that alcoholics generally experience a large number of problems, both social and medical, before they seek help for their illness. Men tend to seek help later in the disease than women do. Previous experience with treatment was a positive predisposing factor for patients with higher educational attainment levels, but not for those with low educational attainment. Consumer satisfaction with treatment may be an issue for patients with lower educational levels and gearing treatment to the person's educational attainment is important to success (Grant 1996). A single episode of treatment may not be sufficient to recovery.

Studies of Medical Cost Reductions: Because it is unethical not to treat alcoholics who request treatment it is impossible to do a randomized study of treated and untreated patients to determine medical cost reductions of treatment. It is possible to look at the outcomes of those who for whatever reason do not receive treatment and those who do receive treatment. Such a study was done in a California HMO. While no significant differences were found in the demographic characteristics of the treated and untreated alcoholics, a three year follow-up on their medical costs found that while treated alcoholics' inpatient expenditures decreased by \$107 per patient per year, untreated alcoholics' inpatient expenditures increased by \$390 per patient per year. Thus, the net inpatient differential between groups was \$497 per patient per year, a statistically and financially significant finding (Rieff et al, 1981).

Holder and Blose looked at insurance claims data for a larger group of enrollees over a longer period. For untreated patients the date of an alcohol diagnosis was the breakpoint for pre- and post-treatment costs. (See graph 1.) They found that the overall health care costs of treated alcoholics decreased 23%-55% below the cost that existed immediately prior to treatment. The untreated group continues a pattern of gradually increasing costs. "Taken as a whole this body of research has established the potential of alcoholism treatment to stimulate a reduction in the total cost of health care." (Holder and Blose, 1992).

However, studies based on health insurance data may be biased by the healthy worker effect, that is, those studied are the ones that have done well enough to be able to maintain insurance or marriage to a spouse with insurance. Therefore, these studies may not be generalized to the total population of alcoholics, including the poor and unemployed. A study of Veterans' Administration (VA) veterans, a low socioeconomic group with health care entitlement shows that completing alcoholism inpatient treatment did reduce inpatient medical services, but no cost savings were achieved because of increased use of inpatient substance abuse services. Thirty percent of the treated patients did have decreased total costs similar to that seen in private insurance studies, but 39% of patients had increased substance abuse and psychiatric costs. These services appear to replace medical services. Longitudinal studies may show that there is a positive trend from intensive substance abuse treatment over a longer period to reduced medical costs, but it was not found in this three year study (Booth et al 1997).

Both of these studies do not follow individuals who drop out of the system—for private insurance drop-outs might be the failures of treatment, for the VA study drop-outs might be the successes of treatment who gain employment and insurance. Without a medical system that serves employed and unemployed, both rich and poor, any study of medical costs related to treatment will suffer from this cost-shifting problem. Indian Health Service (IHS) has the potential for providing medical care for all eligible clients regardless of income, but no studies of treatment programs within IHS were found.

Diagnosis and Treatment Reduce Costs: Alcoholism is the only disease for which cost-offsets after diagnosis and treatment have been found. A review article that looked at alcohol treatment studies showed that medical costs increase prior to diagnosis and treatment of alcoholism, but patients experience a 26 -69% reduction in medical care utilization after alcohol treatment. Similar studies with other diseases have found a similar pattern of costs increasing sharply just prior to diagnosis of the disease. In no other disease, however, did the post-diagnosis health care costs of individuals decline to levels as low as those experienced one year pre-diagnosis as is shown with alcoholism treatment (Holder, 1987).

The Key to Cost Reductions is Recovery: Recovery status is an essential factor to consider in the determination of cost-offsets for medical care utilization after treatment for alcoholism (Hoffman et al, 1993). Abstinent alcoholics have normal health status levels, while non-abstinent alcoholics have significantly reduced health status correlated with the number of non-abstinent days. (McKenna et al, 1996). The success of treatment varies with different populations and treatment modalities. Total two-year abstinence after alcohol treatment was 58.8% for a young and employed middle class population (Hoffman et al, 1993), but the average treatment recovery rate is 30%. Clearly, the earlier intervention in the younger patient, and the motivation of employment, increase the rate of successful treatment.

Successful Treatment is Individualized to the Patient: Studies of medical costs compared treated individuals with untreated individuals regardless of recovery status. (As well they

should.) Within these studies, treatment modalities were quite varied, from 21 + days of hospitalization to once-a-week AA meetings. Since cost reductions are highly dependent on recovery status, treatment effectiveness must also be considered. Initial referral only to Alcoholics Anonymous (AA), although less costly than hospitalization, may not be sufficient for treatment success even for employed alcoholics.

In a randomized study of treatment modalities (Walsh et al, 1991), patients with alcoholism were randomized for treatment to three treatment scenarios; 1) as compulsory hospitalized inpatients, 2) compulsory AA meetings daily, or 3) the patient's choice of either inpatient hospitalization or AA meetings. The outcome measurement was the subsequent need for further inpatient hospitalization. A cumulative proportion of subjects required additional hospitalization for alcoholism, 23% of the hospitalized group were re-hospitalized, 38% of the choice group, 63% of the AA group (P=0.0001). When total costs of each group were compared initial compulsory hospitalization cost \$ 1200 more than choice or AA. While abstinence was not measured as an outcome, this study does indicate that hospitalization is required by a large proportion of patients to treat this disease. "Unmitigated use of outpatient treatment for alcohol and drug abuse may perpetuate the unfortunate and ultimately expensive consequences of continued substance use in a relatively large group of patients who present for treatment" (Pettinati et al 1996). However, the trend has been for increased outpatient treatment.

Abstinence is the Treatment Outcome Measurement of Importance: In fact, the greatest predictor of reduced medical costs from treatment is recovery. This report is limited to looking at medical cost offsets. However, looking at the post-treatment costs of alcohol treatment as the only outcome measure is comparable to looking at the post-treatment medical costs of heart attack as the only outcome measure. A measure of quality years of life is also essential. Alcoholism like heart disease is often resistant to treatment in its later stages. However, end-stage disease is often the first time that a patient with alcoholism will seek treatment. Prevention, early diagnosis, and early treatment are the most important factors in reducing medical costs. A predictive model showed that adolescent counseling about alcohol use is as cost-effective as other accepted medical interventions (nonionic radiographic contrast material, bone marrow transplantation) even if it has only a 5% efficacy. It would be cost saving if it had a 7% efficacy rate (Downs et al, 1995).

In assessing costs and cost-effectiveness, treatment successes and failures, natural remission, and the differential effects of specific modalities of treatment must be considered. In many of the studies regarding medical costs and alcohol treatment, no definition of alcohol treatment is given. There is a strong association between age at treatment and decline in post-treatment medical care costs. When patients seeking alcohol treatment are under 45-years old, they are more likely to have reduced subsequent medical costs (Holder & Blose 1986).

1. Alcoholism is a disease caused by excessive and prolonged alcohol exposure of genetically predisposed persons.
2. Reducing excessive exposure through education, regulations, and social policies can reduce the incidence of alcoholism.
3. Prevention and early intervention have the greatest potential in reducing the cost of alcoholism.
4. Successful treatment of alcoholism can restore normal health and reduce medical costs.
5. Effective treatment frequently requires hospitalization and continued long-term follow-up.
6. Treating alcoholism has the greatest potential for reducing subsequent medical costs.

Comparison of Studies

Author and location of study	Type of study
Booth et al, 1997, VA hospitals, indigent population (approx.85,000 males)	Compared different types of treatment against no treatment, measured 3 years post-treatment against pre treatment utilization.
Holder & Blose, 1992, private patients with 14 years of continuous enrollment.	Using claims data of insurance for large manufacturing company (3,729 identified alcoholics by claims data)
Hoffman et al, 1993, follow-up sample of 3,572 participants in a treatment program. Goodman, et al, 1997, insurance for 10 firms (15,617 identified alcoholics)	Looked at hospitalizations 1 year prior to treatment versus 2 years post-treatment Using econometric models to predict usage.
Rieff et al, 1981 149 patients in HMO enrolled at least 2 years pre and 2 years post treatment.	Compared costs between those referred for alcohol treatment who attended at least four treatments and those who did not attend.
Holder & Blose, 1986, Federal employees & families enrolled in Aetna over 4 yr. (1697 alcoholics)	Compared costs of medical care for families with alcoholics and families without alcoholics.

Changes after treatment	
Completed treatment = +7.9 days inpatient	No treatment = + 2.8 days inpatient
Completed treatment = +17.8 visits outpatient	No treatment = + 12.4 visits outpatient Treated alcoholics have 24% lower post--treatment costs then diagnosed but untreated alcoholics.
Hospital days decreased by 50% in the first year post-treatment and 40% in second year post-treatment.	
A 1% increase in alcohol treatment is related to a -0.2113% decrease in non-alcohol related care. Difference between pre and post treatment total medical costs for Participants = -\$68 Non-participants = +\$548.	
Alcoholic families = \$209.6 average/month Non-alcoholic families = \$106.54 average/mop. Cost -offsets of treatment depend on age.	

Bibliography

- Bertera RL. The effects of behavioral risks on absenteeism and health-care costs in the workplace. *J Occup Med.* 1991 Nov;33(11):1119-24.
- Blose JO, Holder HD. The utilization of medical care by treated alcoholics: longitudinal patterns by age, gender, and type of care. *J Subst Abuse* 1991;3(1):13-27
- Booth BM, Yates WR, Petty F, Brown K. Longitudinal characteristics of hospital use before and after alcoholism treatment. *Am J Drug Alcohol Abuse* 1990;16(1-2):161-70
- Booth BM, Blow FC, Cook CA, Bunn JY, Fortney JC. Relationship between inpatient alcoholism treatment and longitudinal changes in health care utilization. *J Stud Alcohol* 1997 Nov;58(6):625-37
- Bucholz KK, Homan SM, Helzer JE. When do alcoholics first discuss drinking problems? *J Stud Alcohol.* 1992 Nov;53(6):582-9.
- Downs SM, Klein JD. Clinical preventive services efficacy and adolescents' risky behaviors. *Arch Pediatr Adolesc Med.* 1995 Apr;149(4):374-9.
- Grant BF. Toward an alcohol treatment model: a comparison of treated and untreated respondents with DSM-IV alcohol use disorders in the general population. *Alcohol Clin Exp Res* 1996 Apr;20(2):372-8
- Hoffmann NG, DeHart SS, Fulkerson JA. Medical care utilization as a function of recovery status following chemical addictions treatment. *J Addict Dis* 1993;12(1):97-108
- Holder HD. The cost offsets of alcoholism treatment *Recent Dev Alcohol* 1998;14:361-75.
- Holder HD. Alcoholism treatment and potential health care cost saving. *Med Care* 1987 Jan;25(1):52-71
- Holder HD, Blose JO. The reduction of health care costs associated with alcoholism treatment: a 14-year longitudinal study. *J Stud Alcohol* 1992 Jul;53(4):293-302
- Holder HD, Blose JO. Alcoholism treatment and total health care utilization and costs. A four-year longitudinal analysis of federal employees. *JAMA* 1986 Sep 19;256(11):456-60
- Jernigan DH, Mosher JF, Reed DF. Alcohol-related problems and public hospitals: defining a new role in prevention. *J Public Health Policy.* 1989 Autumn;10(3):324-52.
- McKenna M, Chick J, Buxton M, Howlett H, Patience D, Ritson B. The SECCAT survey: I. The costs and consequences of alcoholism. *Alcohol* 1996 Nov;31(6):565-76
- Pettinati HM, Belden PP, Evans BD, Ruetsch CR, Meyers K, Jensen JM. The natural history of outpatient alcohol and drug abuse treatment in a private healthcare setting. *Alcohol Clin Exp Res.* 1996 Aug;20(5):847-52.
- Putnam SL. Alcoholism, morbidity and care-seeking. The inpatient and ambulatory service utilization and associated illness experience of alcoholics and matched controls in a health maintenance organization. *Med Care* 1982 Jan;20(1):97-121.
- Reiff S, Griffiths B, Forsythe AB, Sherman RM. Utilization of medical services by alcoholics participating in a health maintenance organization outpatient treatment program: three-year follow-up. *Alcohol Clin Exp Res* 1981 Fall;5(4):559-62
- Walsh DC, Hingson RW, Merrigan DM, Levenson SM, Cupples LA, Heeren T, Coffman GA, Becker CA, Barker TA, Hamilton SK, McGuire TG, Kelly CA. A randomized trial of treatment options for alcohol-abusing workers. *N Engl J Med.* 1991 Sep 12;325(11):775-82.

Appendix M

Protocols for the Automated Forms

Available at ICHS