

## Commentary on sustainability of an intervention for the prevention of substance use within Native American communities: extension, updates, and analysis

John Lowe<sup>1,\*</sup>, Melessa Kelley<sup>1</sup>, Rose Wimbish-Tompkins<sup>1</sup>

<sup>1</sup>University of Texas at Austin, Texas, USA

\*Author for correspondence:  
Email: john.lowe@austin.utexas.edu

Received date: November 11, 2025  
Accepted date: December 19, 2025

Copyright: © 2025 Lowe J, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Introduction

Substance use within Native American communities remains a major public health concern, deeply rooted in colonization, historical trauma, and inequitable access to culturally relevant health services [1]. The authors build on more than two decades of Indigenous-led research aimed at improving prevention outcomes through cultural strength and identity. Using the Intertribal Talking Circle (ITC) intervention grounded in the Native-Reliance theoretical framework, the study emphasizes cultural sustainability and capacity building among tribal community members. This commentary reviews the study, connects it to recent developments in the field, and analyzes its broader implications for Indigenous prevention science and community wellness.

### Overview of the Intervention and Study

The ITC is a manualized, 10-session intervention developed to address early substance use and associated behavioral risks among Native youth through storytelling, reflection, and cultural teachings [2]. It is rooted in *Native-Reliance*, a theoretical framework emphasizing the holistic worldview and the beliefs and values of seeking truth and making connections, being responsible, being disciplined, and being confident as pathways to well-being [3]. The authors evaluated an Adult Facilitator Training Program across three tribal regions. Seventy-five Native American educators, parents, counselors, and health workers completed pre- and post-training measures of Native-Reliance and Counseling Self-Efficacy and participated in qualitative interviews. Quantitative results revealed significant increases in both Native-Reliance and self-efficacy. Qualitative findings yielded five themes: skills learned, knowledge gained, skill implementation, training value, and recommendations for improvement. Collectively, results highlighted cultural identity and facilitator empowerment as key outcomes that support the sustainability of the ITC intervention.

### Extension and Recent Developments

The study is an important **extension** of prior work on the Talking Circle for youth [4] and young adults [5]. It expands the focus from program efficacy to community sustainability, a critical step in the translational research continuum. Rather than relying on external researchers, the program trained local facilitators to independently implement the ITC model, thus strengthening community ownership and continuity. Recent research continues to support this approach [5,6]. The authors also report that young adult participants in a Talking Circle intervention exhibited improved mental

health and decreased substance use, confirming the intervention's adaptability beyond early adolescence [5]. Culturally informed, community-led programs significantly reduce substance misuse and enhance resilience among Native American populations. These findings collectively position the ITC as a sustainable, evidence-based practice when coupled with Indigenous leadership and institutional support.

## **Analysis of Key Issues**

### **Cultural identity and protection**

Cultural identity is the cornerstone of prevention in Indigenous contexts. The ITC's grounding in Native-Reliance underscores the importance of self-knowledge, relationality, and belonging as protective factors [3]. The adult trainees' growth in cultural identity mirrored similar trends seen in youth participants [7]. Studies indicate that strengthening Indigenous identity can buffer the effects of discrimination and trauma, reducing risk behaviors and promoting mental wellness [8]. By embedding Native-Reliance principles, the ITC intervention transforms prevention into cultural reclamation and healing.

### **Capacity building and sustainability**

A major strength of the 2024 study lies in capacity building. Training community members to facilitate ITC sessions aligns with best practices in Indigenous health, emphasizing local leadership and self-determination. Trainees' increased self-efficacy reflects confidence in both cultural and professional domains, which research shows predicts program fidelity and persistence [7]. The teach-back model employed in the training promotes experiential learning and skill retention [9]. However, true sustainability also requires institutionalization with ongoing funding, booster trainings, and integration into tribal health or school systems. The authors note trainees' desire for continued mentorship, a finding echoed in other community-based programs where ongoing supervision enhances sustainability [10]. Future research should test whether trained facilitators continue to implement ITC sessions years after initial training and whether youth outcomes persist across generations.

### **Trauma, healing, and structural determinants**

The article situates substance use within the larger context of historical and intergenerational trauma, consistent with [11]. The Talking Circle, as a ceremonial and communal space, addresses not only behavioral risk but collective healing. This trauma-informed lens aligns with current models emphasizing resilience through cultural reconnection [1]. As the authors note, Native facilitators possess deep insight into community histories, language, and pain, making them uniquely positioned to guide healing conversations. This reflects a paradigm shift from pathology to strength-based prevention.

### **Methodological and practical considerations**

The study's mixed-methods design, quantitative measurement and qualitative interviews, enhances credibility and depth. The Native-Reliance Questionnaire ( $\alpha=.90$ ) provides a culturally valid measure of identity integration [3]. Nonetheless, the design lacks a comparison group and long-term follow-up, limiting causal inference. Additionally, while participants represented three tribes, findings may not generalize across all Indigenous populations, given diversity in culture, language, and governance. Future studies should incorporate longitudinal community-based participatory research

(CBPR) designs and implement science frameworks to evaluate fidelity, adaptation, and outcomes over time.

### **Integration and future directions**

The Talking Circle's adaptability offers potential integration with other Indigenous health priorities. Recent extensions link the ITC intervention to mental and emotional health promotion among Native youth and young adults [5]. Integrating these domains may yield comprehensive, culturally grounded health promotion strategies. Moreover, partnerships between tribal colleges, health departments, and schools could embed the ITC within institutional curricula, ensuring intergenerational continuity.

## **Conclusion**

The authors advance the field of Indigenous prevention by addressing the *sustainability* of culturally grounded interventions. Their Adult Facilitator Training Program demonstrates that embedding Indigenous knowledge and leadership within intervention design fosters both empowerment and continuity. By linking cultural identity (Native-Reliance) with self-efficacy, the study validates that culture itself is a form of intervention. Future work should examine long-term outcomes, scalability, and integration with broader health initiatives. Equally important is ensuring that tribal communities retain intellectual and operational ownership of their tailored ITC intervention. As the evidence grows, the Talking Circle emerges not only as a culturally resonant method but as a sustainable system of community healing, bridging tradition and science in the ongoing work of Native well-being.

## **References**

1. Gameon JA, Skewes MC. Historical trauma and substance use among American Indian people with current substance use problems. *Psychol Addict Behav*. 2021 May;35(3):295–309.
2. Lowe J, Liang H, Henson J, Riggs C. Preventing substance use among Native American early adolescents. *Journal of Community Psychology*. 2016 Nov;44(8):997–1010.
3. Lowe J, Wagner E, Morris SL, Thompson M, Sawant M, Kelley M, et al. Utility of the Native-Reliance Theoretical Framework, Model, and Questionnaire. *Journal of Cultural Diversity*. 2019 Jun 1;26(2):61.
4. Baldwin JA, Lowe J, Brooks J, Charbonneau-Dahlen BK, Lawrence G, Johnson-Jennings M, et al. Formative Research and Cultural Tailoring of a Substance Abuse Prevention Program for American Indian Youth: Findings From the Intertribal Talking Circle Intervention. *Health Promot Pract*. 2021 Nov;22(6):778–85.
5. Lowe J, Millender E, Best O. Talking Circle For Young Adults (TC4YA) intervention: a culturally safe research exemplar. *Contemp Nurse*. 2022 Feb;58(1):95–107.
6. Wimbish-Tompkins R, Lowe JR, Kelley M, Millender E. Talking Circle Intervention Among Urban Native American Youth: A Cultural Safety Research Exemplar. *Journal of Indigenous Research*. 2023;11(1):3.
7. Lowe J, Kelley M, Wimbish-Tompkins R. Sustainability of an intervention for the prevention of substance use within Native American communities. *Arch Psychiatr Nurs*. 2024 Aug;51:287–92.
8. Masotti P, Dennem J, Bañuelos K, Seneca C, Valerio-Leonce G, Inong CT, et al. The Culture is Prevention Project: measuring cultural connectedness and providing evidence that culture is a social determinant of health for Native Americans. *BMC Public Health*. 2023 Apr 21;23(1):741.

9. Sleiman AA, Gravina NE, Portillo D. An evaluation of the teach-back method for training new skills. *J Appl Behav Anal*. 2023 Jan;56(1):117-30.
10. Mohadjer A, Randall M, Ahmed MM. From Mentor to MENTOR: What we've learned about advising trainees. *Am Heart J Plus*. 2021 Jul 22;7:100034.
11. Spillane NS, Schick MR, Kirk-Provencher KT, Nalven T, Goldstein SC, Crawford MC, et al. Trauma and Substance Use among Indigenous Peoples of the United States and Canada: A Scoping Review. *Trauma Violence Abuse*. 2023 Dec;24(5):3297-312.