

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

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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.

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