Final Report for

HEALTHY SPIRIT CONFERENCE:
SUCCESSFUL MODELS TO EMBRACE CHILDREN AND
FAMILIES

Park City, UT
May 11-13, 2005

Submitted to:

SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION

(SAMHSA)

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Healthy Spirit Conference: Successful Models to Embrace Children and Families

Park City, UT
May 11-13, 2005

Conference Report
Submitted November 27, 2005

Introduction:

The following report is to document the proceedings of the Healthy Spirit Conference, held in Park City, Utah and sponsored by the Substance Abuse Mental Health Services Administration (SAMHSA) with contributions from McNeil Pharmaceuticals, the Circles of Care Technical Assistance Center (CoCTAC) at the University of Colorado, The National Indian Child Welfare Association (NICWA), Utah State University-Uintah Basin (USU-UB) and hosted by the Northern Ute Tribe.

The report will include documentation describing the planning process, program development and implementation, a description of keynote speakers, a summary of the discussions provided, and a description of the evaluation and satisfaction surveys administered during the conference. All documents developed for the conference are included in this report in the Appendix.

Planning Process:

In August of 2004, we were informed that we received funding to support the Healthy Spirit Conference. Planning for the conference was integrated into the final activities of the second round of the Circles of Care program to assist in disseminating information. A list of volunteers was created during the final meeting in Washington, D.C. to participate in a planning committee. The team responsible for the successful outcome of the conference included the Principal Investigator, Susan Talley, the
conference director, Alisha Gowen, and a group of professionals all serving the Circles of Care second round grantees. These professionals included Susan Kunz, evaluator for the Pasqui-Yacqui Tribe in Arizona, Douglas Novins and Candace Fleming (CoCTAC), Ethleen Iron-Cloud Two-Dogs of the Lakota Tribe, Racquel Aviles of the Pasqui-Yacqui tribe, and Allen Nelson and Phoebe Mills of NICWA. Most of the administrative team participated in monthly conference calls as their role in planning the conference. From the time of writing the grant for the conference, there was a small staffing change: Ms. Gowen took another position and Ms. Cheryl Faust became her replacement. Ms. Faust came well prepared to serve the role of Conference Director after having just finished her Master’s Degree at USU-UB. Her major project involved developing a culturally sensitive parenting program with the Northern Ute Tribe. The program has been well-received by tribal members.

Once we received notification that we received the award, we hired the USU Conference Services department to manage the technical aspects of the conference. They were responsible for finding the venue, arranging for the contract with the hotel, managing registration, printing materials etc. Ms. Angie Griffeth and Ms. Shinobu Kennedy were the primary contacts for the project. Key responsibilities of the planning committee were:

1) Participate in weekly conference calls
2) Provide direction in the development of the program
3) Help with advertising and recruitment
4) Participate in selecting presenters
5) Participate in the decision-making process of all aspects of the conference
A total of 16 tribes participated in Rounds I and II of the Circles of Care project at the time of the Conference. All participating tribes were invited to submit a proposal to disseminate their findings.

In order to promote the most participation, Utah State University-Uintah Basin established a toll-free number through the a website “Free Conference Call.Com” but it soon came to our attention that many of the participants were paying for the connection to the conference call out of their own pockets. We determined that to maximize participation in the planning process, we should establish an 800 number through Conference Services Division of The Utah State University. We planned the event for late Spring or early Summer in hopes that our hotel costs would be minimized. The Canyons Resort in Park City was the venue for the event.

Possible Conference Attendees

The conference planning committee developed a plan to advertise and invite people who had been participating in the Circles of Care program; however, it became clear that a larger number of people involved in providing mental health for tribal members would be interested in a conference such as this. We developed a mailing list based through Conference Services. There was some concern that some of our mailing lists were proprietary and would not be willing to be added to the mailing list through conference services, thus, those mailing lists were kept separate. Our contacts through the planning committee assumed responsibility for ensuring that those individuals would be properly informed of the conference. Some of these organizations included NICWA, and the Child Trauma Treatment Network sponsored by the Primary Children’s Medical Center in Salt Lake City.
Cultural Competence

We decided that there needed to be tribal representation during the planning phase to ensure that the conference was culturally appropriate and sensitive to the many tribal members that would be attending. To do this, we invited one of the Circles of Care participants from the Northern Ute Tribe to develop the cultural component of the conference. Felecita FoolBear, Program Coordinator of the Peemchenenum project assembled tribal members from the Northern Ute Tribe to set the tone of the conference. The Tribal workgroup met several times between September 2004 and May of 2005 and arranged for local entertainment and prayers for the meetings. They were also responsible for arranging for traditional gift-giving and other culturally appropriate activities to be held during the course of the conference.

One of the best aspects of the conference developed by the tribal workgroup was to arrange a Ceremonial room that would be available for the conference attendees. Ms. FoolBear came to the Hotel prior to the conference and demonstrated to the conference planning services and security staff what was to occur in the Ceremonial room. With prior hotel approval, we arranged a room separate from the rest of the conference with plenty of seating available for discussion and/or meditation. A cultural leader from NICWA made sure that the room was safe and used appropriately during the course of the conference. The planning committee met each morning and began the conference with discussion and plans for the day, prayer, and a blessing on the conference leadership. This planning effort helped to ensure that the conference itself ran smoothly.
Announcing the Conference

The first priority was to have “Save the Date” cards printed and sent to everyone involved in the Circles of Care program (see appendix A). In addition, cards were sent to mailing lists of the Child Trauma Treatment Network and personal contacts of the planning committee.

To facilitate communication, we worked with Conference Services to develop a website for the conference. The webpage was up and functioning by January of 2005. (See http://sail2.ext.usu.edu/HealthySpirit/Home.CFM). The Call for Presentations (see Appendix B) went out in December to our listserv described earlier, and was posted on the website in January. The Call for Presentations went out to each of these people and organizations in order to ensure that we were recruiting a wide range of providers, tribal members, families, and any others interested in developing better models of mental health for tribal families. Further, each of the committee members sent email advertisements to those people who might be interested in this type of program as well as everyone on the original mailing list for the Save the Date Cards.

Program Development and Implementation

There were two primary roles for the program development. First, we wanted to ensure that the goals of the conference were met. The five goals established at the outset were:

1. Provide a venue for existing AI/AN CMHS-funded Circles of Care and Systems of Care grantees to share their experiences with broader Indian Country.
2. Provide a forum for the discussion of evidence-based and traditional practices for helping SEBD children and youth, as well as replication within indigenous and tribal cultures.

3. Provide an opportunity for non-tribal entities, such as local, state and federal governments, to learn more about these effective approaches to A/AN children’s wellness.

4. Provide an opportunity for consumers (youth and families) to share their experiences with Indian and non-Indian program providers.

5. Capture conference highlights and findings in order to promote improvement of systems of care within AI/AN communities, as well as contribute to knowledge in the field of children’s mental health in terms of planning, service delivery, evaluation and workforce development.

Call for Presentations

To meet each of the five goals of the conference, we determined that we should invite all participants of the Circles of Care program including both planning and services grantees. The Call for Presentations was sent out in December of 2004, and then posted on the website in January of 2005. The deadline for proposals was set at March 25th. Further, the committee determined that we should also include people we had been working with whom we knew were interested and already working toward better mental health for tribal members. These contacts included the Intermountain Child Trauma Treatment Network through the Primary Children’s Medical Center in Salt Lake City, NICWA, and many faculty and students at Utah State University in various departments.
Healthy Spirits Conference

(psychology, social work, family studies, etc.), and other personal contacts. All were sent copies of the call for proposals.

We developed a rating form and several members of the conference planning committee volunteered to serve as reviewers for the proposals (See appendix X). The primary concerns were: 1) relevance; 2) sensitivity to target audience; and 3) clarity. The rating committee included Cheryl Faust, Candace Fleming, Susan Kunz, Susan Talley, and Phoebe Mills. Each rater filled out a form for every proposal submitted. Consensus was determined by a conference call with the rating committee. Those who received the highest scores were notified that they would be presenting. We also included invitations for those whose proposals could use a little work, but whose relevance and cultural sensitivity was important to the goals of the conference. We excluded three proposals from the conference due to time limitations.

Scholarships

We set aside a limited number of funds to support tribal members and students in coming to the conference. We determined that there should be three major factors that would determine eligibility for scholarship funds: 1) the individual is a student or family member of one of the participants; 2) they are not sponsored by work; and 3) scholarships will be processed on a first come first served basis. When the money runs out, then our scholarship program will also. Scholarship applications were processed through Conference Services.

As the conference progressed, it was clear that there were insufficient funds for many of the conference presenters to attend unless we could find more scholarship funds. We initially budgeted almost $7,000 for scholarship and travel funds, but since our
keynote speakers were willing to either donate their time or were able to find support from other sources, we were able to free up the money set aside for honoraria to use for scholarship funds. Further, Dr. Doug Novins established a contact with McNeil Pharmaceuticals who was willing to support the conference and provided an additional $15,000 in funds that allowed us to pay the hotel costs for an additional group of applicants. Thus, because of in-kind contributions and extra support, the conference was able to support a total of 19 individuals to come to the conference who wouldn’t otherwise have had the chance (see budget attachment in Appendix A).

Invited Speakers

Once we started the process of advertising, we began to work on program. We invited several leaders from the University of Colorado, SAMHSA and the Department of Health and Human Services. Unfortunately, these speakers were not available. Other speakers we invited were willing and anxious to participate. A description of these speakers follows under the “Keynote Speakers” section.

Keynote Speakers

Forrest Cuch, Director of Indian Affairs, State of Utah. Forrest is an enrolled member of the Northern Ute Indian Tribe. In 1973, he received a Bachelor’s of Art Degree in the Behavioral Sciences from Westminster College in Salt Lake City, Utah. From 1973 to 1988, Forrest served as education director for the Ute Indian Tribe where he developed many educational programs, which greatly benefited the Ute people. He is currently serving as executive director of the Utah Division of Indian Affairs and served as a trustee, representing American Indians on the Salt Lake Organizing Committee for the 2002 Winter Olympic Games. Forrest gives many presentations on Ute History, Utah
Indian History, American Indian History, Indian Education, Economic Development on Utah Reservations, and other related subjects.

_Holly Echo-Hawk, Echo-Hawk and Associates._ Holly Echo-Hawk is a member of the Pawnee Tribe from Oklahoma and received her education at the University of Oklahoma, the University of Texas at Austin, and the California School of Professional Psychology in Berkeley, California. Holly is the owner of Echo-Hawk and Associates, an organizational behavior and management company specializing in children’s mental health transformation work that works closely with the National Indian Child Welfare Association on several collaborative projects, including technical assistance to the Center for Mental Health Services tribal system of care communities throughout the United States and Alaska since 1999. Holly has co-authored two monographs on the implementation of systems of care within American Indian and Alaska Native communities.

_Ethleen Iron-Cloud Two-Dogs, Project Director: Nago Kicopi (Calling the Spirit Back)._ Ethleen Iron Cloud-Two Dogs resides in Porcupine, South Dakota on the Pine Ridge Indian Reservation. She received a Bush Foundation Fellowship to complete a Master’s degree in Counseling and Human Resource Development in 1997. She is currently Project Director of the Nagi Kicopi (Calling the Spirit Back), a system of care project for children’s mental health administered by Wakanyeja Pawicayapi, Inc. (The Children First), a non-profit corporation in Porcupine, SD. Ethleen consults on developing a system of care in the child welfare system and the Indegenous mental health system. She also helped with the cultural competency work under the President’s New
Healthy Spirits Conference


Herminia Frias, Chairwoman, Pascua Yacqui Tribe. On June 10, 2004, history was made for the Pascua Yaqui Tribe when the selected Herminia Frias as the first Tribal Chairwoman, breaking the long tradition of patriarchal tribal government. At age 31, she is the youngest elected official to lead the Pascua Yacqui Tribe. Ms. Frias is the first of her family to earn a college degree graduating from the University of Arizona with a Bachelor’s of Science in Biochemistry. Currently, she is a graduate student at the University of Arizona’s Master of Public Health program. In 2002, she was one of three Native Americans selected nationwide to participate in the Kaiser Family Foundation’s Native American Health Policy Fellowship Program in Washington, D.C. Ms. Frias is committed to her community, believes in her people, and is optimistic about the future for the Pascua Yacqui Tribe.

Summary of the Proceedings

Holly Echo-Hawk provided the closing address. Her summary of the conference proceedings is included in this discussion. Finally, during the final meeting of the conference, Holly solicited discussion from the attendees that suggest directions for future consideration directed toward those who are interested in working with the Tribal populations. This discussion is also included.

Themes We Heard

One of the recurring discussions was that family and youth involvement is fundamental and that it is important for those working with tribal populations to consider carefully not to build “for” the tribal members, but to create “with” the community.
Further, it is critical that those in the helping professions work to respect the community’s pace and cycle and protocol. If we are to work toward building programs in the community, it is important to also consider building the community’s traditional values. Specifically, traditional healing and values must be the core of services. Successful programs recognize that tribal members understand that their ancestors live through the tribal members of today, and that the sacrifice of their ancestors was great. There is a need to recognize that dreams have meaning and are realized in the lives of the tribal members.

Power of Language

An important theme that emerged during the course of the conference was the importance of recognizing the impact of words when we talk of mental health related to the Tribal Community. For example, instead of using degrading term such as “serious emotional and behavioral disturbance” terms such as “Children of a Different Way” could be adopted. In this way, we can acknowledge the lasting power and influence words have on our children when we label them.

Another theme relating to language was the fact that many tribes are losing their native language. Some presentations discussed the importance of using the individual’s native language whenever possible since it’s believed that even if your mind doesn’t understand, your spirit does.

Other Kinds of Culture

Identity issues are of primary importance when working with tribal members. Some of the discussion during the conference included ways in which providers can work with youth who don’t know their culture, and how to help parents get involved when they
may not want to, or may not trust the provider. Because the Circles of Care program is focused toward being more culturally sensitive, it is a paradigm shift away from traditional “helping” programs. It was suggested that some tribal members may not know how to deal with the opportunity to have a voice in their own healing practices. Ways were discussed related to the concept that some communities may not know what they want and may not be used to being asked. Further, there was some discussion related to ways in which we can facilitate more involvement from tribal members.

Children and Youth

The purpose of the conference was to focus on the issues related to tribal children and youth. To this end, we recognized and discussed how many children are often mis-identified. The families talked of how their children were brilliant and resilient, but their spiritual self is not addressed by systems. Many of the models of parenting and behavior management may conflict with tribal systems.

Staffing

The experts we need to be looking to for help are the local people. Often times, the local leader is overwhelmed with the amount of work needed to be done…the key term “other duties as assigned” is more than the leader can manage. One of the reasons for this is the challenge of recruiting good, competent staff who are committed to the mental health of the tribal member, and who is able to keep a balance in life without fear.

Acknowledge Community

The community is often overlooked as a resource for the tribal member. We should be able to create feedback loops and show gratitude to participating families who are supporting our efforts. We also need to make sure we let them know how their input
will build better services - especially with a “planning” grant. It is important for health care providers to find no-cost or little-cost ways to provide “service” within a “planning” grant.

**Influence of Education**

Forrest Cuch, keynote speaker and opening speaker for the conference discussed how many American Indian children feel left out of the educational process. It is important to help the school systems create a more appropriate system for educating tribal children, particularly since their scores on standardized intelligence tests may not reflect their actual intelligence. It is clear that for the American Indian learner, the system does not fit. The school system is where many behavior problems are identified, but without attending to some of the underlying causes relating to why the education system does not match the learner, then we are again, misidentifying the root cause of some of the problems faced by American Indian children. An investigation of intuitive learning may be a possible avenue to pursue.

**Influence of Justice**

We had a few presentations relating to the justice system as it affects our efforts at providing mental health programs for Tribal families. There are differences in the Native and Western definitions of justice, and part of the issues faced by tribal members is that these need to be resolved. For example, Sentencing by tribal members in the Circle may be more appropriate, especially since the mental health needs of the incarcerated are not always met. Further, tribal courts sometimes have tribal code barriers. It was suggested that tribal politics need to be separated from tribal courts in order to improve the system.
Tribal Traditional Beliefs & Western Clinical Approaches

Traditionalists say we need both traditional and Western culture practices involved in supporting American Indian’s tribal health as both are experts in their field. Some gratefulness was expressed that there were competent partners in helping Tribal members to accomplish this goal (FAS, ADHD, Wrap-Around). Furthermore, there are growing adaptations that were demonstrated throughout the conference including Cultural assessment tools like the Story Teller and the Sacred Stones board game.

Preferred Ways to Learn

During the course of the conference, many attendees discussed some of the more preferred ways to learn better paths to mental health. These included the importance of including Elders and traditionalists as well as valuing the Youth’s perspective. Further, through the Circles of Care program, many tribal members indicated that there was a great deal of information from peer sites that was an important source. Another source of support was the CoCTAC that helped Tribal organizations keep track of the big picture and provided critical feedback.

Summary

Some key points from the conference were summarized by Ms. Echo-Hawk. These points include the important knowledge that *tribal members live in two worlds*. This was a clear discussion during the conference that participants felt needed to be stressed. Furthermore, it is important for us to know both worlds in order to facilitate change. We need advocates in all arenas and all systems. Finally, this knowledge requires a new meaning for cross-cultural communication.
Response

At the close of Ms. Echo-Hawk’s presentation, we asked the participants to provide us with feedback on their perspective about where future policy should be focused in order to provide a more comprehensive program for tribal families. A summary from the discussion follows. We introduced the discussion with the following leader:

The purpose of the conference was to share what we had learned with a broader audience, and we hope to keep looking for ways to get information out to tribal communities about the philosophy.

- Support for more sessions similar to Park City, Conference.
- Possibly dovetail onto NAEI, NIHB, NCAI.
- Possibly tap into some of the faith based initiatives?
- Reach out more to the National Council on Urban Indian Health (NCUAIH)
- Providing services to kids that are not “traditional”
- Pay attention to the statistic that there are more boys needing services; gender balance with providers.
- Ways to support school districts in assisting tribal children.

Evaluation Process

The stated purpose of the evaluation was to make sure that three primary aspects of the conference were successful: 1) Were the conference goals met? This includes the conference planning team’s goals and were the requirements of the granting agency; 2) did the conference do what we promised and were the expectations met? This included assessing whether the attendees’ expectations were met and that our planning efforts and
workshops were effective; and 3) we wanted to ensure that the knowledge gained during the conference was valuable. For example, did the participants believe the conference was useful? Did they learn anything they didn’t know before? We decided to collect data in a qualitative and quantitative manner. Dr. David Law, evaluator for the Northern Ute Tribe was responsible for collecting data and ensuring that all data was collected in a manner that met with the requirements of The Utah State University’s Institutional Review Board (IRB).

**Evaluation Results**

To evaluate the conference, Dr. Law and Susan Talley worked together to develop a method that would gather data at several different points during the conference. One data point was for members of the conference planning committee to sit in on each presentation and provide an overview of the contents as well as some type of rating system for each presentation. This person was also responsible for collecting feedback from each participant at the end of every presentation. The results of this effort were presented to the participants through Ms. Echo-Hawk’s presentation (see page 10 of this report).

At the end of the conference, the Customer Satisfaction Survey (OMB 0930-0197) was administered to all individuals still in attendance at the conference. Unfortunately, because of flight and transportation problems, many grantees left the conference without turning in their final survey, thus our data reflects approximately 30% response rate.
Table 1.

Results of Customer Satisfaction Survey.

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How satisfied are you with the overall quality of this conference?</td>
<td>73</td>
<td>27</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>2. How satisfied are you with the quality of the information/instruction from this conference?</td>
<td>67</td>
<td>33</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>3. How satisfied are you with the quality of the Conference Materials?</td>
<td>27</td>
<td>40</td>
<td>20</td>
<td>13</td>
<td>NA</td>
</tr>
<tr>
<td>4. Overall, how satisfied are you with your conference experience?</td>
<td>60</td>
<td>40</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>5. The conference was well organized</td>
<td>47</td>
<td>47</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>6. The material presented in this conference will be useful to me in dealing with mental health issues</td>
<td>47</td>
<td>33</td>
<td>20</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>7. I expect to use the information gathered from this conference</td>
<td>67</td>
<td>33</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>8. I expect this conference to ultimately benefit people with emotional and/or behavioral disorders</td>
<td>40</td>
<td>53</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>-------</td>
<td>---------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>9. This conference was relevant to mental health treatment</td>
<td>53</td>
<td>40</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>10. I would recommend this conference to others</td>
<td>53</td>
<td>40</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Percent Very Useful</th>
<th>Percent Useful</th>
<th>Percent Neutral</th>
<th>Percent Useless</th>
<th>Percent NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. How useful was the information you received?</td>
<td>60</td>
<td>33</td>
<td>7</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Demographic Information of Respondents:**

The roles stated for individuals who responded to the survey included physicians (1), Pharmacists (2), Clinical Administrator/manager (2), psychologists (1), counselor (1), social workers (1), state or government official (1), and other (6).

The Agency or affiliation of each respondent was federal government (1), state government (1), mental health/substance abuse treatment (3), university or other higher education institution (2), local government (1), other (5).

Twenty-seven percent of the respondents were male and 60 percent were female (2 did not respond to the gender question). The racial demographics of the participants were Asian (2), White (6), Alaska Native (2), American Indian (2), combination (3).

**Survey Cards**

Survey cards were developed to determine individual impact based on conference presenters. A member of the conference planning committee was present at every session to introduce the speakers, to ensure they had all the equipment necessary for their presentation, and to distribute survey cards that were designed to document change in
thinking as a result of the presentation. Thus, questions asked included 1) How useful is this presentation to you in your current situation? 2) Did the description of the presentation meet your expectations?. Participants could rate their responses on a scale of 1-5 with 1 being “not at all;” 3 being “neutral,” and 5 being “very much.” For the next two questions we asked: 3) On the scale to your right, rate your knowledge of this topic now that the workshop is over; and 4) Now, think back to BEFORE the workshop began and rate your knowledge of the topic. Participants could rate their responses on a scale of 1-5 with 1 being “none;” 3 being “some;” and 5 being “a lot.”

One of the reasons for the last two questions is to determine a “pre then post” type of response. This method has been shown previously to be of some use in determining levels of change in knowledge as a result of an intervention (see First, & Way, 1995, Family Relations, 44, 104-109). We decided to use it to help us determine how helpful the conference was for the participants. Unfortunately, the procedure wasn’t well described for many of the participants, so some of their responses are questionable. For example, if the proceedings were effective, and the participant learned a great deal during the course of the presentation, then they would score their thoughts on question #3 by rating their knowledge of the topic after the presentation fairly high. If they learned anything during the course of the presentation, then their response for question #4 (“Now, think back to BEFORE the workshop and rate your knowledge of the topic”) would be somewhat lower. Some of the respondents did the opposite and rated their knowledge before the workshop as higher than their knowledge after the presentation; thus, our attempt to determine whether or not the participants felt they learned something may not be as valid as we had hoped. Of all 175 responses, approximately 5 may have answered
incorrectly (assuming their response is inaccurate), thus, many reported learning something of value during the course of the individual workshops. An analysis of the responses included doing a descriptive analysis using SPSS.

Table 2.

Response to Survey Cards for Each Presentation.

<table>
<thead>
<tr>
<th>Question</th>
<th># Responses</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How useful is this presentation to you in your current situation?</td>
<td>173</td>
<td>3-5</td>
<td>4.4</td>
<td>.74</td>
</tr>
<tr>
<td>2. Did the description of the presentation meet your expectations?</td>
<td>174</td>
<td>1-5</td>
<td>4.3</td>
<td>.79</td>
</tr>
<tr>
<td>3. On the scale to your right, rate your knowledge of this topic now that the workshop is over.</td>
<td>174</td>
<td>1-5</td>
<td>4.2</td>
<td>.90</td>
</tr>
<tr>
<td>4. Now think back to BEFORE the workshop began and rate your knowledge of the topic.</td>
<td>172</td>
<td>1-5</td>
<td>3.5</td>
<td>1.3</td>
</tr>
</tbody>
</table>

A bar chart clearly represents the findings and illustrates the differences in the responses. For example, if we were to compare the responses for the first two questions: “How useful is this presentation to you in your current situation,” and “did the description of the presentation meet your expectations?” we see slightly more variation in the responses.
Figure 1.

Usefulness of the Presentation

When we compare the tables for the last two questions, we see a much larger variation in the responses. This may suggest that participants felt that their participation in the conference was valuable, and that they learned a great deal as a result of the conference.
However, these results don’t give us sufficient information about how useful was each individual presentation. A description of the responses for the first question on the survey cards by presentation helps us to determine the quality of the individual presentations. The presenters are listed in order of the highest scores, as well as those presentations that attracted more participants.
Table 3.

Rank Order of Individual Presentations.

<table>
<thead>
<tr>
<th>Title of Presentation</th>
<th>N</th>
<th>Neutral</th>
<th>Neutral/Very Much</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Community Engagement</td>
<td>27</td>
<td>2</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Creating a Healthy Plan for Urban Children</td>
<td>19</td>
<td>2</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Attention Deficit Hyperactivity Disorder</td>
<td>15</td>
<td>1</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Growing Community Coalition</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Tribal Courts and Therapeutic Justice</td>
<td>12</td>
<td>0</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>AI Strengthening Families Program</td>
<td>18</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Changing the Relationship between Juvenile Justice and Native Country</td>
<td>15</td>
<td>0</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Creating Systems of Care: The Role of Culture</td>
<td>10</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Love, Limits and Latitude</td>
<td>17</td>
<td>5</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Traditional Healing Model for Long-Term Aftercare</td>
<td>18</td>
<td>8</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Development of a System of Care</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Allocation of Personnel and Resources</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Finally, we hoped to determine whether or not there was a significant difference between the last two questions in order to understand if participants felt like they learned something as a result of their participation, we conducted a paired samples t-test between the means of the overall conference presentations. The mean score for the participant’s knowledge of the topic once the presentation was over is 4.2 (n=172); the mean score representing the participant’s perception of their knowledge BEFORE the presentation was 3.5 (n=172). A t-test analysis of the two scores indicates that there was a significant change from what the participants knew about the conference topics before they attended and after the presentations (t = 8.3; p < .000; df 171). From these results, we might be able to conclude that their participation in the conference represents a significant impact on their knowledge of providing services for American Indian families, and that the
conference, overall, was successful. This is particularly meaningful in light of the comment during the final presentation that the participants felt a need for more conferences like this.

**Conclusions**

It appears that the “Healthy Spirit Conference: Successful Models to Embrace Children and Families” sponsored by SAMHSA, McNeil Pharmaceuticals, Utah State University-Uintah Basin, NICWA, and the University of Colorado was a resounding success! Many of the participants reported enjoying the conference and wished that there could be more like it. Furthermore, statistical data indicates that the conference introduced new topics from which the participants learned a great deal. In fact, some of the comments from the individuals participating were: “Great to hear about services from an advocate’s perspective,” “Excellent,” “I really liked that so many shared their experiences” “I’ve learned a great deal!” “Very moving.” And for the most popular presentation, their report of services for AI families and children: “What you have created through this program is inspirational. I was impressed with your respectful bond.” Further, “Hearing stories of Care Coordinators about children they have worked with was excellent and helpful for me in program development.” Our sincere thanks go to the sponsors, volunteers, individuals, and organizations that worked so hard to make the conference a success.
APPENDIX A

Proposed Budget
Actual Budget