

TWO-EYED SEEING
AND SUBSTANCE USE DISORDER
LEWIS MEHL-MADRONA
BARBARA MAINGUY
PATRICK MCFARLANE, MA, LCSW, PMH-
NP, FNP, MSN

Wabanaki Public Health and Wellness, Bangor, Maine
University of New England;
University of Vermont;
Coyote Institute, Orono, Maine;
Northern Light Health Family Medicine Residency,
Bangor
University of Maine at Orono

Details

To reach us:

P.O. Box 39
Orono, ME 04473
808-772-1099
Fax: 207-406-5354

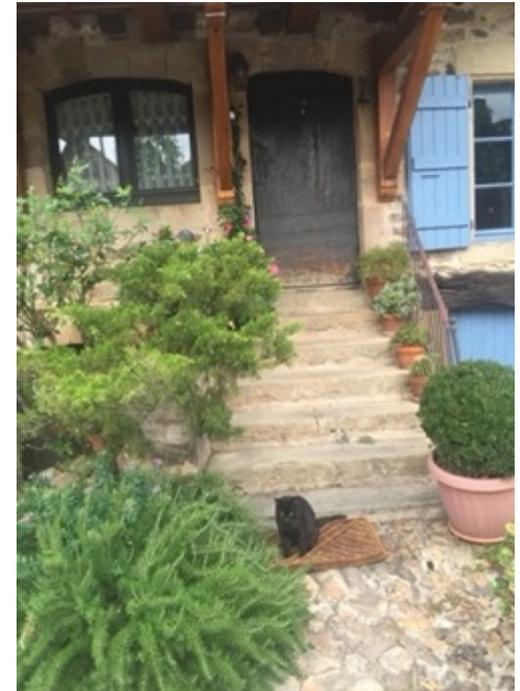


Email: lewis.mehlmadrone@maine.edu

We have nothing to disclose.

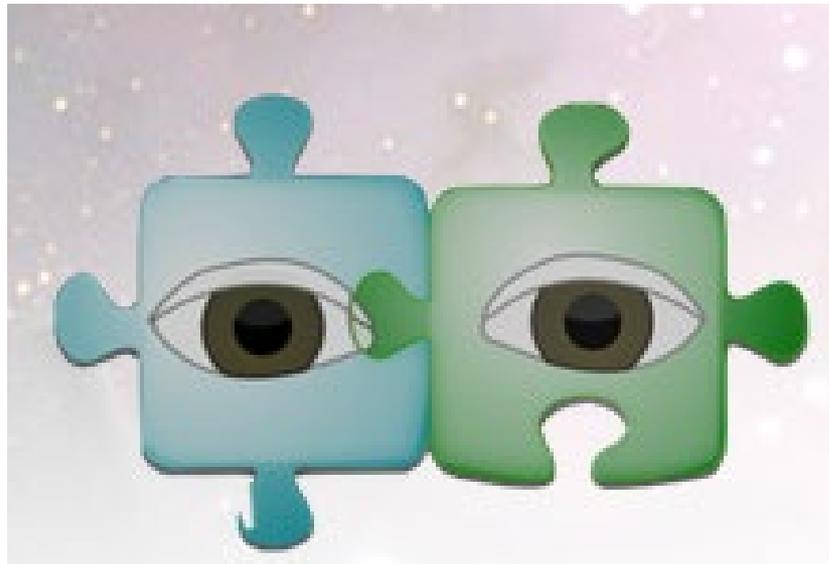
Gratitude

1. To Albert Marshall for originating the idea of “two-eyed seeing”
2. To the Original People of the land from where I speak, the Wabanaki, the people of the dawn.
3. To CFHA for permitting me to speak.



Etuaptmumk in Mi'kmaw.

- Two-Eyed Seeing
- Guiding Principle that creates Integrative Science
[M'iqmaq Elder Albert Marshall](#) in Fall 2004.



The Basic Story:

- Two-eyed seeing is emerging as a way to **integrate indigenous knowledge** with other knowledge systems.
- Two-eyed seeing is not just for aboriginal people but applies equally well to any marginalized population (voice hearers, immigrants, the homeless, etc.).



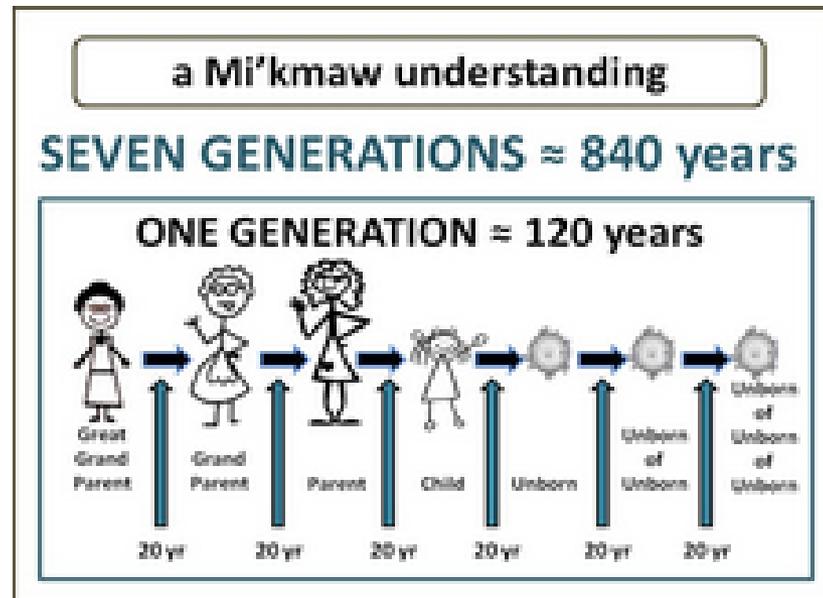
Two-Eyed Seeing

- 1. A new terminology that **helps us appreciate the wisdom of the indigenous world** and other epistemologies to complement the contemporary scientific approach.
- 2. We may need the wisdom of indigenous people for the **survival of humanistic approach**, and perhaps even for human survival.



Etuaptmumk

- Asks that we bring together our different ways of knowing to motivate people to **leave the world a better place** and not comprise the opportunities for our youth.



Netukulimk

- Human two-leggeds are **interdependent and interconnected** with the natural and the spiritual world.
- Key concepts:
 - **co-existence,**
 - **interrelatedness,**
 - **interconnectedness, and**
 - **community spirit.**

Albert Marshall



Two-Eyed Seeing

- “...does not fit any one subject area or discipline.
- “...it is about ... **how you should live while on Earth** ... i.e., a guiding principle that covers all aspects of our lives: social, economic, environmental, etc.
- “The advantage of Two-Eyed Seeing is that you ... **are always looking for another perspective and better way of doing things.**”
 - <http://www.integrativescience.ca/Principles/>

The Current Home of Two-Eyed Seeing

The image is a screenshot of a web browser displaying the Cape Breton University website. The browser's address bar shows the URL www.cbu.ca/indigenous-affairs/unamaki-college/. The page features a navigation menu with links such as "Apply Now", "Indigenous Affairs", "International Students", "Research", "News & Events", "Alumni", "Supporting CBU", "About", and "Contact". A secondary menu includes "Come to CBU", "Student Services", "Academic Programs", "Faculty & Staff", "Campus", "Life @ CBU", "Library", and "CBU Alert". The main content area is dominated by a large photograph of three people standing in front of a traditional Indigenous tent. A dark banner at the bottom of the photo reads "Unama'ki College". In the bottom left corner, a breadcrumb trail shows "Home > Indigenous Affairs > Unama'ki College". The footer contains the Cape Breton University logo with the tagline "Learning and Growing Together", and a button for "UNAMA'KI COLLEGE Apply Now".

Journal of Lesbian Studies x Guiding Principles (Exchange of... x Unama'ki College | Cape Br... x Microsoft Word - ER Penult... x

www.cbu.ca/indigenous-affairs/unamaki-college/

Most Visited Getting Started Google Apple Facebook iCloud Twitter Wikipedia Yahoo! News Popular AmazonSmile

Twitter Facebook Instagram LinkedIn YouTube Snapchat Login Students Employees

Apply Now Indigenous Affairs International Students Research News & Events Alumni Supporting CBU About Contact

Come to CBU Student Services Academic Programs Faculty & Staff Campus Life @ CBU Library CBU Alert

Cape Breton University Happen.

Unama'ki College

Home > Indigenous Affairs > Unama'ki College

CAPE BRETON UNIVERSITY
UNAMA'KI

Learning and Growing Together

UNAMA'KI COLLEGE
Apply Now



Bringing together Indigenous ways of knowing and Western scientific knowledge



The acquisition of scientific knowledge is essential to human survival – it is a practical engagement with the real world – and the scientific pursuit of knowledge must, therefore, be as old as the consciousness of our human species.

The team at the Institute for Integrative Science & Health (IISH) defines "Integrative Science" as bringing together Indigenous and Western scientific knowledges and ways of knowing. And, we view science in a broadened and culturally inclusive way which is: science = dynamic, pattern-based knowledge shared through stories about our interactions with and within nature.

The Guiding Principle for our co-learning journey of different knowledges and cultures working together is **Two-Eyed Seeing**. Lots of other people across Canada and internationally have heard about Two-Eyed Seeing and are using it!

Read about **who we are**, **how we got started**, and what **themes** and other **guiding principles** we use in our work. Explore our numerous **presentations** in which understandings about Integrative Science and Two-Eyed Seeing are outlined and visualized. Find out about our published articles, other printed materials, videos, outreach

Activities

Two-Eyed Seeing



Two-Eyed Seeing is the main Guiding Principle for Integrative Science. It was brought forward by Mi'kmaw Elder *Albert Marshall*. *Read more about Two-Eyed Seeing and our other Guiding Principles.*

Our Vision



Our vision for Integrative Science is depicted in a painting by artist *Basma Kavanagh*. *Read more about our vision and Basma's painting.*

Validity of Indigenous Knowledge Systems

- Indigenous Knowledge comes from **consensus-driven, systematic observations** of how things work, resulting in explanations that are useful and appealing.
- Two-Eyed Seeing: these explanations **need not make sense to the dominant paradigm** to be effective and practical.

It is the opposite of positivism:

- There is one cause and science will find it.
- **Explanations exclude each other** such that a full explanation of an event precludes any other full explanation of that event.

http://www.elanortaylor.org/uploads/9/1/8/2/91822306/er_penultimate_draft.pdf

The Opposite of Reductionism:

All gross phenomena can be described and predicted by fundamental microstructural theories.



Psychotherapy and Molecules

- Knowledge of the neural circuitry involved in depression and the related neurochemicals will not explain why relationship and talking together within that relationship makes people feel better.
- Knowledge of the brain circuitry involved in meditation does not explain meditation or the beneficial effects of meditation.

Explanatory Pluralism

Explanations can exist at multiple levels and an explanation on one level need not be compatible or explainable by an explanation on another level.



Explanatory Pluralism

- We **choose** explanations **based upon** their **utility** and aesthetics, recognizing that different explanations exist for different contexts.
- **More than one explanation is often required** to account for a given phenomenon.

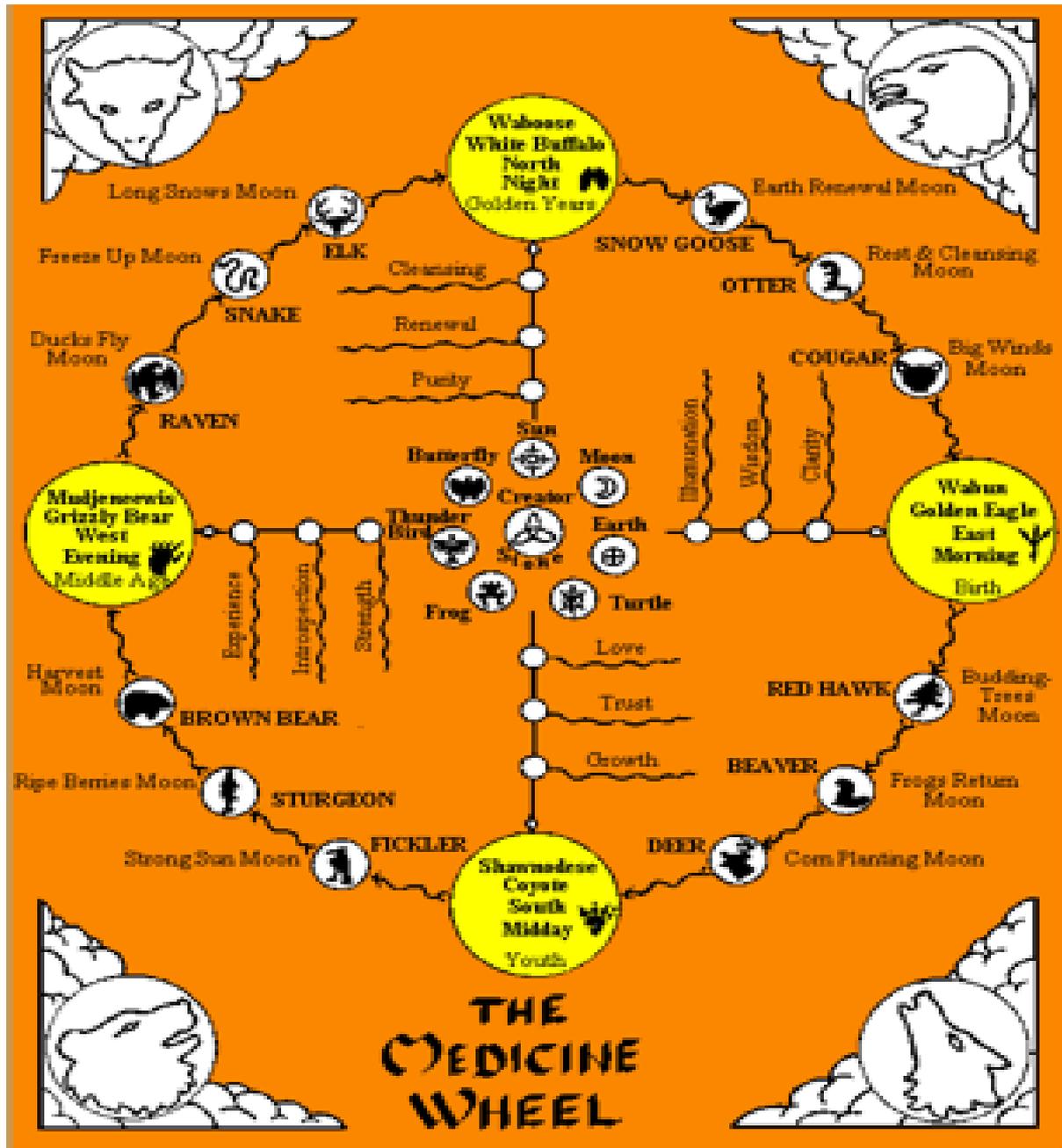


Elders versus Experts

Vern Harper

Circular knowledge represented by the four directions:





I will tell you something about stories ...
They aren't just entertainment.
Don't be fooled.
They are all we have, you see,
all we have to fight off
illness and death.

You don't have anything
if you don't have the stories.

in: Ceremony (1997)

by: Leslie Marmon Silko

Storyteller with mixed ancestry,

by her own description:

Laguna Pueblo, Mexican, and white



<http://web.ics.purdue.edu/~njp/Silko.html>

American Indian/Alaska Native (AI/AN): numerous health disparities, high rates of substance use, poor mental and physical health (Grant et al., 2017; Mack, Jones, & Ballesteros, 2017; Trout, Kramer, & Fischer, 2018; Warne & Frizzell, 2014).

These health disparities are historically rooted in European contact, forced relocation, and cultural genocide, leading to widespread traumatic experiences and unresolved grief across generations (Brave Heart & DeBruyn, 1998).



Brave Heart and DeBruyn (1998) describe events and policies that have contributed to historical trauma, including residential schools and federal policies of assimilation and destruction of AI/AN culture.

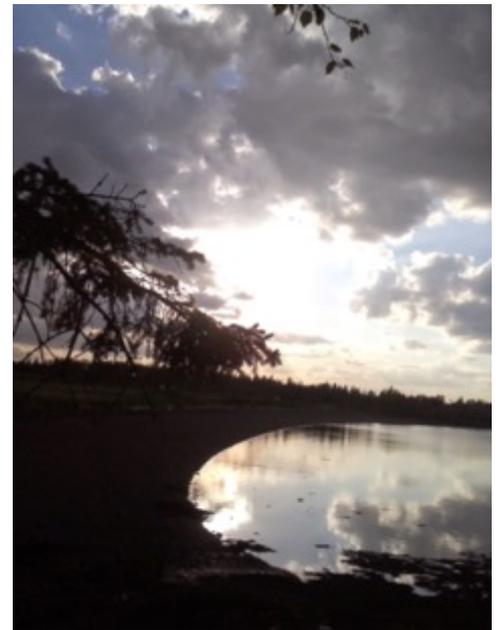
e.g., The Relocation Act of 1956 (Burt, 1986).

- Financed the relocation of individual AIs and AI families to job training centers in designated U.S. cities.
- Instead of creating greater economic stability, large numbers of AIs who moved to urban areas became unemployed, homeless, and disconnected from their community-based support networks
- (Myhra, 2011; Myhra & Wieling, 2014).



Programming that incorporates traditional practices, promotes community involvement, and encourages healthy notions of AI/AN identity increases well-being and healthy behaviors by ameliorating stress linked to cultural identity and stigma, as well as increasing community connections

(Brown et al., 2016; Dickerson, Brown, Johnson, Schweigman, & D'Amico, 2015; Jernigan, D'Amico, & Kaholokula, 2018; Venner et al., 2018).

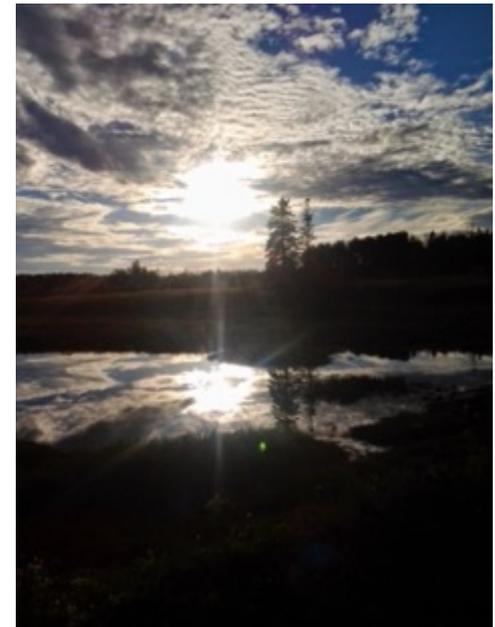


Work with AI/AN communities has also shown the value of traditional healing and practices, as well as ensuring that programming is culturally centered (

Dickerson & Johnson, 2011; Freeman et al., 2016; Jernigan, D'Amico, Duran, & Buchwald, 2018; Jernigan, D'Amico, & Kaholokula, 2018; Kaholokula, Ing, Look, Delafield, & Sinclair, 2018; Moghaddam, Momper, & Fong, 2015; National Center of Urban Indian Health, 2015; Novins et al., 2012; Raghupathy & Forth, 2012; Walters et al., 2018).

Utilizing CBPR methodologies can also create sustainable interventions that can be more easily disseminated and ultimately help to decrease health disparities among urban AI/Ans.

(Gittelsohn et al., 2018; Jernigan, D'Amico, & Kaholokula, 2018).



The U.S. is experiencing an alarming opioid epidemic, and although American Indians and Alaska Natives (AI/AN) are especially hard hit, there is a paucity of opioid-related treatment research with these communities.

AI/ANs are second only to Whites in the U.S. for overdose mortality.



In 2018, the National Institute on Drug Abuse convened a meeting of key stakeholders to elicit feedback on the acceptability and uptake of medication assisted treatment (MAT) for opioid use disorders (OUDs) among AI/ANs.

Five themes from this one-day meeting emerged:

- (1) the mismatch between Western secular and reductionistic medicine and the AI/AN holistic healing tradition;
- (2) the need to integrate MAT into AI/AN traditional healing;

Venner KL, Donovan DM, Campbell ANC, et al. Future directions for medication assisted treatment for opioid use disorder with American Indian/Alaska Natives. *Addictive behaviors*. 2018;86:111-117.

(3) the conflict between standardized MAT delivery and the traditional AI/AN desire for healing to include being medicine free;

(4) systemic barriers; and

(5) the need to improve research with AI/ANs using culturally relevant methods.



Key implementation strategies informed by these themes and necessary for the successful adoption of MAT in AI/AN communities:

- (1) type of medication;
- (2) educational interventions;
- (3) coordination of care; and
- (4) adjunctive psychosocial counseling.



Using a community-based participatory research approach is consistent with a “two eyed seeing” approach that integrates Western and Indigenous worldviews.

Such an approach is needed to develop impactful research in collaboration with AI/AN communities to address OUD health disparities.



MAT in Native American Communities

Representatives of 192 substance abuse treatment programs completed a survey about their use of MAT.

Of the 192 programs, 28% reported implementing MAT. Multivariate logistic regression models indicated that programs with staff that perceived MAT to be consistent with their program's treatment approach and philosophy and programs reporting that MAT fit with staff expertise and training were more likely to implement MAT.

Rieckmann T, Moore L, Croy C, Aarons GA, Novins DK. National Overview of Medication-Assisted Treatment for American Indians and Alaska Natives With Substance Use Disorders. *Psychiatric Services*. 2017;68:1136-1143.



MAT in Native American Communities

Programs with nurses on staff and those reporting a perceived gap in the use of evidence-based treatments (EBTs) were less likely to implement MAT.

Low rates of MAT implementation suggest racial disparities in access to MAT among AI/ANs, a population with historically high rates of substance use disorders.

Study findings also highlight the important role of treatment culture and organizational fit in the implementation of MAT in treatment programs serving AI/AN populations.

Results also speak to the importance of adapting existing EBTs in a culturally competent way to best serve the needs of the AI/AN community.

Background



- Native Americans in Maine are quite rural and remote.
 - Substance abuse is a problem for them as it is for all the populations of Rural Maine
 - Medication-Assisted Treatment (MAT) for Opiate Use Disorder has only been available in Maine's cities, often 2-4 hours driving distance from Reservations.
- 

Our MAKWI Program



- The goal of MAKWI (from a Penobscot word meaning together) was to support Maine's tribes and tribal-related agencies to implement MAT
 - MAKWI provided consultation regarding the barriers to implementing MAT
 - MAKWI provided physician consultants to several tribal MAT programs.
 - MAKWI provided training in SBIRT, Motivational Interviewing, Indigenous Approaches to Counseling with special relevance to substance use, and education regarding co-occurring disorders, including concomitant methamphetamine use.
- 

What did MAKWI provide?

- Site specific consultation regarding needs for implementing and maintaining medication-assisted treatment (MAT)
- Training in Motivational Interviewing
- Training in SBIRT (Screening, Brief Intervention, and Referral to Treatment)
- Community Meetings and Talking Circles regarding MAT, naloxone, stigma, community relations and sentiment.

What did MAKWI provide?

- Naloxone training.
- Training in co-occurring disorders: other addictions (methamphetamine, etc.), other mental health disorders (psychotic disorders, etc.)
- Training in indigenous approaches to counseling for promoting social and emotional wellbeing.
- Narrative Medicine and Suicide Prevention Training.
- Ongoing consultation to sites' MAT program by faculty physicians in the Family Medicine Residency

What's next?

On October 19, 2021,
Wabanaki Public Health and
Wellness cut the ribbon on its
new Treatment Center for
Maine's 5 Tribes.

There we will integrate culture
and indigenous knowledge
with best practices addiction
treatment.

More research to follow!



Details

To reach me:

P.O. Box 39
Orono, ME 04473
808-772-1099
Fax: 207-866-1218



Email: mehlmadrona@gmail.com