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Cultural Identity Among Urban American Indian/Alaska Native Youth: Implications for Alcohol and Drug Use

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Abstract American Indian / Alaska Native (AI/AN) youth exhibit high rates of alcohol and other drug (AOD) use, which is often linked to the social and cultural upheaval experienced by AI/ANs during the colonization of North America. Urban AI/AN youth may face unique challenges, including increased acculturative stress due to lower concentrations of AI/AN populations in urban areas. Few existing studies have explored cultural identity among urban AI/AN youth and its association with AOD use. This study used systematic qualitative methods with AI/AN communities in two urban areas within California to shed light on how urban AI/AN youth construct cultural identity and how this relates to AOD use and risk behaviors. We conducted 10 focus groups with a total of 70 youth, parents, providers, and Community Advisory Board members and used team-based structured thematic analysis in the Dedoose software platform. We identified 12 themes: intergenerational stressors, cultural disconnection, AI/AN identity as protective, pan-tribal identity, mixed racial-ethnic identity, rural vs. urban environments, the importance of AI/AN institutions, stereotypes and harassment, cultural pride, developmental trajectories, risks of being AI/AN, and mainstream culture clash. Overall, youth voiced curiosity about their AI/AN roots and expressed interest in deepening their involvement in cultural activities. Adults described the myriad ways in which involvement in cultural activities provides therapeutic benefits for AI/AN youth. Interventions that provide urban AI/AN youth with an opportunity to engage in cultural activities and connect with positive and healthy constructs in AI/AN culture may provide added impact to existing interventions.

Keywords Acculturative stress · Qualitative methods · Native American · Cultural identity · Alcohol and drug use

American Indian / Alaska Native (AI/AN) youth often exhibit high rates of alcohol and other drug (AOD) use. In 2013, AI/ANs aged 12 or older had the 2nd highest rate of current illicit drug use in the USA, compared to other groups (Substance Abuse and Mental Health Services Administration 2014), and AI/ANs tend to initiate drinking at younger ages. For example, a recent report indicated that 8th graders living on or near reservations report much higher rates of "gotten drunk" and "binge drinking" (18.5 and 18.3 %, respectively) relative to national rates (4.9 and 7.1 %, respectively) (Stanley et al. 2014). Also, the burden of alcohol-attributable deaths is high, with AI/AN persons having had a substantially higher rate of alcohol-attributable death than Whites from 2005 to 2009 in counties covered by the Indian Health Service (Landen et al. 2014).

A number of studies show that the social and cultural upheaval experienced by AI/ANs during the colonization of North America—including forced removal from their tribal lands, placement of AI/AN children in boarding schools, and several broken treaties—has created lasting intergenerational effects that are strongly linked to AOD use and other

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psychosocial issues, such as poverty and poor mental health (Brave Heart 2003; Evans-Campbell 2008; James 1992). As a result of acculturative stress directly and indirectly associated with this historical trauma, AI/ANs tend to report high rates of AOD use (Lane and Simmons 2011; Myhra 2011; Whitesell et al. 2012).

The effects of historical trauma on AI/AN behavioral health may be particularly pronounced in urban areas. The Indian Relocation Act of 1956 financed the removal of AI/ANs families from tribal lands and their resettlement in urban centers (James 1992). Today, approximately 70 % of AI/AN youth reside in urban areas (Norris et al. 2012). This forced relocation has had detrimental effects that have persisted across generations, including homelessness, unemployment, poverty, poor mental health outcomes (Duran and Duran 1995; Sarche and Whitesell 2012), and a disconnection from culture and community (DeNavas-Walt and Proctor 2014; Williams 2013).

Similar to AI/AN youth overall, recent reports have revealed high rates of AOD use among urban AI/AN youth. For example, in Los Angeles County, at-risk AI/AN adults reported significantly younger age of first use of alcohol ($M = 12.1$ years) and marijuana ($M = 13.8$ years) compared to all other racial-ethnic groups; the next youngest group in terms of age of initiation was Whites, who initiated alcohol at a mean age of 14.2 years and marijuana at 15.7 years (Dickerson et al. 2012). Being in an urban area creates additional risk factors that may increase the chances that urban AI/AN youth use AODs. For instance, AI/AN youth often struggle to gain a sense of belonging within urban areas, which may drive these youth to seek other pathways of belonging, such as involvement in groups of youth with heavy AOD use (Dickerson and Johnson 2012; Native American Health Center 2012).

Prior research has shown that AI/AN youth have different ways of viewing the world compared to other racial/ethnic groups of youth. For example, Brown et al. (2009) discovered that Cherokee youth had much more flexible mental models for the relative timing of major life events compared to White youth living in the same areas, including narratives on how having children can decrease parental risk behaviors. Differences in cultural worldviews (including differences in conceptualizations of the community) may influence AI/AN youths' pathways into and out of AOD use; for example, Szlemko and colleagues argue that addiction and recovery among AI/AN youth is more deeply contingent upon community context than in other populations (Szlemko et al. 2006). Thus, while narratives of recovery from AOD use feature redemption as a theme across different racial-ethnic groups (Christensen and Elmeland 2015), AI/AN youth in particular seem to prioritize descriptions of the family and community context of addiction and recovery in their redemption narratives: starting with a disruption in social bonds, moving through near-death experiences, and ending with repairing the social fabric and personally recovering from AOD use simultaneously (Brown 2010; Spicer 1998; Watts 2001).

However, our understanding with regard to how urban AI/AN youth conceptualize their cultural identity and how this conceptualization may relate to AOD use is limited. Few existing studies explore AI/AN cultural identity in urban environments. Walters (1999) proposed a stage-based model of urban AI/AN cultural identity, in which individuals move from the internalization of victimhood and negative stereotypes to a sense of marginalization and being caught between two cultural worlds, then on to externalizing or rejecting the negative effects of colonization, and finally to a healthy, resilient AI/AN identity. A qualitative study with urban AI/AN adults showed that adults experienced different stages of cultural identity, often starting with rejection of AI/AN identity and ending with a healthy embrace of Native identity (Lucero 2010). Kulis et al. (2013) conducted a theoretically grounded, mixed methods study of AI/AN identity among urban youth. Their results showed that urban AI/AN youth with a strong and multifaceted sense of connection to their indigenous background were engaged in more traditional cultural practices. In a qualitative focus group study, House et al. (2006) found that urban AI/AN children and adults described urban–rural tension, pride in their culture, and intergenerational trauma from relocation, which affected how they conceptualized their identity.

Collectively, these studies suggest that negotiating AI/AN identity for urban populations is a fraught, conflicted, and often stressful process—particularly for youth—and seems to involve multiple stages ranging from rejection of AI/AN identity to healthy integration of multiple identities. However, we lack qualitative data that link these identity formation processes with AOD use or indicate how this link between urban AI/AN identity and AOD use can be addressed with interventions. Such an approach is necessary to posit plausible causal pathways between urban AI/AN identity and AOD use that are grounded in community understandings rather than imposed from a pre-existing theoretical angle, and to provide contextual grounding for quantitative analysis (Yoshikawa et al. 2008). Thus, our study fills a significant gap in the existing literature in that it approaches urban AI/AN cultural identity with a qualitative, community-based participatory research (CBPR) method (Hartmann et al. 2014; Jumper-Reeves et al. 2014)—a method that involves community stakeholders in the research process—that explicitly addresses links between cultural identity and AOD use among urban AI/AN youth, and explores implications for intervention development.

In order to help fill this information gap with qualitative, community-based knowledge, we conducted numerous focus groups with AI/AN youth, parents, providers, and Community Advisory Boards (CABs) in two urban settings in northern and southern California to obtain a variety of perspectives

on AI/AN youth identity and its association with AOD use. Our goal during the focus groups was to inform the development of a culturally relevant and developmentally appropriate AOD intervention for urban AI/AN youth. This paper focuses specifically on focus group discussions of AI/AN cultural identity; the details of intervention development are discussed elsewhere (Dickerson et al. 2015). The advantages of this CBPR approach to exploring AI/AN cultural identity (and its utility for intervention development) include discovering and leveraging common experience and building a platform for "deep" (as opposed to surface level) cultural adaptation of prevention and intervention efforts (Jumper-Reeves et al. 2014).

Methods

Sample and Recruitment

We conducted focus groups (FGs) in two large urban communities located in northern and southern California that provide services to the AI/AN community (Dickerson et al. 2015). We collaborated with community representatives to plan focus groups, including the sampling approach. Respondents were recruited through fliers posted at service provider locations and through the personal and professional networks of the authors and their colleagues. All recruitment, data collection, and analytic procedures were approved by the RAND Institutional Review Board. To obtain consent, we read aloud a consent form detailing the purpose of the study as well as any risks and benefits, and provided a printed copy of the consent form to all participants. Parental consent and then assent was obtained for youth under age 18, and consent for youth that were 18. An oral consent procedure was used for all focus groups per the RAND IRB as the consent form would have been the only identifiable data linking participants to the study. FG participants were given a $50 gift card for participation.

We conducted 10 FGs in total, with an equal number in northern and southern California. FG participants included AI/AN youth (four FGs), parents of AI/AN youth (two FGs), providers specializing in family, mental health, and cultural education services to the AI/AN community (two FGs), and two Community Advisory Boards (CABs) comprised of AI/AN elders and senior stakeholders (two FGs). Each FG included between 4 and 11 participants (average $n = 7$ per FG). In the adult (parent, provider, and CAB) FGs, women outnumbered men by about 3:1 ($n = 29$ female, $n = 11$ males). Youth focus groups were more gender balanced ($n = 17$ females, $n = 13$ males). Youth were age 14–18, with each youth focus group representing a range of ages. Tribal affiliation was varied and reflected the heterogeneity of tribal representation in the two large urban areas. We do not provide data with regard to tribal affiliation of FG respondents in order to protect tribal and individual confidentiality.

Data Collection

We designed the FGs to solicit community input and feedback in developing a culturally informed AOD intervention for AI/AN youth called Motivational Interviewing and Culture for Urban Native American Youth (MICUNAY) (Dickerson et al. 2015). Groups followed a semi-structured format and addressed the following two main topical domains: (1) challenges confronting urban AI/AN youth, such as community stressors, cultural identity, and AOD use; and (2) how best to design an intervention for youth that blends AI/AN cultural content with AOD topics. The youth FG guide is provided as an illustration of how facilitators interacted with the group (available online); parent, provider, and CAB FG guides followed a similar format. We began FG sessions with an icebreaker exercise, and we discussed the most sensitive and difficult topics (e.g., struggles faced by youth) in the middle of sessions. Groups lasted between 60 and 120 min, with an average of roughly 90 min per group. All FGs were audio recorded.

The three authors conducted all FGs (co-facilitating when possible) and were accompanied by trained note-takers. Thus, all focus groups were conducted by a facilitator with a PhD in Psychology or a related field; in addition, the second author is an Alaskan Native addiction psychiatrist and the third author has experience conducting AOD interventions across a wide variety of ethnic groups. We conducted all FG sessions at community centers in Northern and Southern California. Some of the providers and community stakeholders were known to the second author through prior professional relationships. Facilitators made sure to let focus group respondents guide the discussions, even if discussion topics sometimes strayed from the topical areas we originally anticipated.

Note-takers recorded all FG sessions with the Livescribe™ Smartpen, which allows written notes on specified themes to be directly linked with relevant portions of audio. This blended format of notes with audio recordings allows for the rapid production of detailed "debrief notes" from interviews, in which session leaders and note-takers can combine their overall impressions and summaries with verbatim quotations. This process of creating debrief notes represents an early stage of analysis. It helps combine relevant content and discussions from across the entire FG session into a single, clear, organized write-up. Moreover, debrief note write-ups allow for targeted extraction of content to serve a particular analytic purpose; in this case, information on conceptions of urban AI/AN cultural identity.

Data Analysis

We transcribed all FGs and entered both debrief notes and transcripts into the team-based qualitative and mixed methods analysis software platform, Dedoose. Dedoose allows multiple coders to work simultaneously through use of a shared, cloud-based analytic platform (SocioCultural Research Consultants 2014). It also allows for flexible, team-based construction of coding hierarchies and code definitions. Our project found these capabilities particularly useful, especially as the analytic team was geographically dispersed.

We used rigorous, team-based qualitative coding of transcripts to ensure thorough coverage of both majority opinions and less common narratives from the groups. We coded debrief notes and transcripts using a mixture of deductive coding according to the pre-identified domain of cultural identity combined with inductive, exploratory coding (Bernard and Ryan 2010). The first step of coding involved the first two authors identifying all FG content having to do with cultural identity, which was our deductively defined entry point into the data. This involved using a formal, coding definition of AI/AN cultural identity: "All discussions, descriptions, opinions, or thoughts having to do with how AI/ANs define, negotiate, construct, defend (or even reject) their Native identity. This includes content that is positive, negative, or neutral, and material can describe a personal opinion or experience, or that of a friend, acquaintance, or group."

After the first two authors coded material from all FG transcripts regarding cultural identity independently, the lead author identified all substantive discrepancies in coded excerpts between the two coders. The lead and second author then resolved any substantive differences through discussions on an online electronic collaboration platform (Yammer), as well as occasional phone meetings involving the third author. This approach allowed our team to discuss all excerpts that either coder considered to hold content relevant to cultural identity.

This process of dual coding and discussion led to a final set of excerpts concerning cultural identity. After this final set was identified, both coders began noting patterns within the cultural identity content and created tentative categories to "sub-code" this content in a more fine-grained manner (Ryan and Bernard 2003). The lead and second author created sub-codes independently and merged their ideas using the Yammer platform and occasional phone meetings. The lead author managed this process and presented periodic updates to co-authors with definitions and example content from these sub-codes; these updates allowed the other authors to question and help correct any code definitions or coded content that did not seem consistent or justified. The second and third authors also provided suggestions for how to combine some sub-codes, split others, and edit the sub-codes and coding rules to best capture and describe the cultural identity content in the FG data. This process resulted in a final set of 12 sub-codes, described in the "Results" section.

Results

The coding team identified 139 excerpts pertaining to cultural identity from the FG data; coders identified 35 excerpts in the four youth FG transcripts, 45 excerpts in the two parent FG transcripts, 24 excerpts in the two provider FG transcripts, and 35 excerpts in the two CAB FGs. Excerpts ranged in size from single-line or single-sentence comments to longer interchanges involving multiple participants stretching over a page or more of transcript text. The team did not use codes in a mutually exclusive way; that is, coders were allowed to tag excerpts with multiple sub-codes if participants covered multiple topics within a single excerpt. Coders applied the sub-codes a total of 232 times across the 139 excerpts. We describe results for the 12 sub-codes below, starting with the most prevalent sub-code in the data and ending with the least prevalent. Table 1 (available online) provides additional example quotations, and Table 2 (available online) shows the number of excerpts for each sub-code, as well as number of excerpts from youth, parents, providers, and CAB members.

Intergenerational Stressors

Across all of the FGs, "intergenerational stressors" was the most prevalent theme, and was discussed by all types of respondents. These discussions concerned two primary types of thematic content. The first type was acculturative stress within families, including negotiating different generational attachments to AI/AN culture and identity. For example, one provider explicitly linked disrupted family connections with youth risk behavior and disconnection from AI/AN identity; "the ones [AI/AN youth] that I've worked with. . .are having gangs, broken families, the loss of a biological parent. So they're being raised by their grandparents. And in their communities, they're not really recognized as Native American but being another ethnicity." The other type of content described how historical trauma linked to the displacement and persecution of Native Americans continues to have an effect on youth AOD use. For example, the following excerpt from a parent FG illustrates a typical discussion regarding historical trauma and its role in youth behavior:

> *Parent A*: I kind of want to say alcoholism is like a historical trauma. And I want to say when it was brought to us or whatever and traded to us for whatever they traded it for, and then generations upon generations being passed down, I think it's yeah, basically a historical trauma also.
> *Moderator*: When you say historical trauma, can you define that?
> *Parent A*: Just affecting the family. I mean, for example, my grandfather died of his alcoholism, my father died of

his alcoholism, my brother died of alcoholism. . . .I feel like part of it—this is still like an ongoing, like…
Parent B: War?
Parent A: War, because I feel like part of it is a gene, you know, passed down from whenever it started, and then part of it is just…
Parent B: An energy curse.
Parent A: Like maybe learned behavior too, you know? Because my brother wasn't alive when my grandfather was alive. My brother was not even born yet. And he didn't even know my grandfather.

Cultural Disconnection

The next most prevalent theme was "disconnectedness from AI/AN culture," and was also discussed by all respondent types. Many youth described a lack of knowledge of their culture and a few expressed a lack of interest in their AI/AN roots. Others described how difficult it is find information or knowledge to establish a tribally specific AI/AN identity or an identity that felt authentic and historically accurate. Parents, providers, and CAB members also described challenges with helping youth establish or solidify their AI/AN identity and negative consequences associated with urban AI/AN youths' disconnection from their culture. For example, one parent stated: ". . .like my son, he's going to court—he's so deep into the [drug] society now, it's like when I bring him to cultural [events], he hasn't had enough of it in his life because of my struggles. Even if I try to bring him in the circle now, it's like, God, I have to line up tow trucks."

AI/AN Identity as Protective

Many adult respondents discussed the protective effects of AI/AN identity. This discussion only occurred within the adult groups, where it was a very common theme. Adult respondents discussed how AI/AN identity could be protective not only against AOD use but could also lead to better health overall. For example, one parent said, "We all are getting healthy, all of us [entire family]. And now it's a part of our life, the spiritual part and the cultural part. And it's actually really blossomed, and they [children] do identify." Similarly, one provider stated, "Something about the spiritual component just really soothes their spirits." Another provider described how spiritual and creative processes involved in AI/AN cultural activities leads to healing; ". . .the spirituality stuff comes for healing with that trauma and not knowing because you really internalize things, to help the person have insight. So I think singing is very deep too, because it's like a form of a poem and it's coming from their heart."

Pan-Tribal Identity

All types of respondent groups discussed struggles around pan-tribal vs. tribally specific identity quite frequently. Respondents described how difficult it could be for youth—particularly urban youth with mixed tribal or mixed ethnic identity—to find information on their specific tribal roots. Respondents generally endorsed a pan-tribal native identity, acknowledging that for many urban youth this was the most practical option. Pan-tribal identity and tribally specific identities were seen as compatible and interconnected. For example, one provider stated, ". . .in my own personal time I volunteer to teach kids how to sing and drum at a different community center. So those types of things, I think, definitely are a segue into learning more about their particular culture, being part of a pan-indigenous identity or a general indigenous identity. But. . .as far as specific tribal practices and customs, we have so many different tribal representations and people—even like myself, who's mixed tribes. . .it's just hard at times."

Mixed Identity

Directly related to this discussion of tribal identity, youth, parents, and providers described the struggles of AI/AN youth around having mixed identities; that is, AI/AN as well as other racial-ethnic backgrounds. Youth described being misidentified because of the low percentage of Native Americans in the population. They also described the difficulties around negotiating their own attachments to different racial-ethnic identities. One youth described the issue as follows: "Since I'm mixed with Black and Mexican, it's different because a lot of people usually think I'm Black and that's it, or they think I'm Black and Mexican or something. But they don't understand."

Rural Vs. Urban Environments

Youth and all adult respondents also discussed the differences between living in urban areas versus a reservation, as well as the disruption and stress it can cause to move from one environment to the other. Respondents described reservations as being closer to nature and having more rootedness in culture, but some participants noted that life on the reservation can also be depressing, stressful, and even pathogenic due to the level of poverty and high prevalence of AOD use on some reservations. Respondents described urban environments as busy, confusing, and disconnected from both the natural and cultural AI/AN context. For example:

Youth: I kind of feel very…not as connected as I would like, to the heritage and the tradition and the culture, simply because there really isn't a large amount of Native Americans in the area where I live, and my

parents have made it like available to find ways that we can learn more about it, but out of simple convenience, there hasn't been many opportunities for that. So I feel like I want to be more [connected], but I'm not.
Moderator: Do you find that being in the city. . .has something to do with that?
Youth: Yeah, I kind of feel like it does. They seem almost like two different worlds, and like you can't really be in both of them at the same time. . .when I go visit my grandma and it's really quiet out there and when you go outside you can see the stars and everything and you just feel more connected to nature and everything, and then when you're out there doing ceremonies and stuff, you just feel like you're into everything, but I feel like if you do a ceremony out here [in an urban area]. . .it won't be the same because distractions and whatnot.

Importance of Institutions for AI/AN Identity

With respect to urban areas, all groups noted that cultural institutions, such as Native American cultural centers, pan-tribal pow-wows, and other forums were essential for establishing and maintaining AI/AN identity in an urban context. Youth frequently described such institutions and organized activities as their sole link to AI/AN culture and identity. For example, one youth said, "Since I grew up, I learned nothing about my culture but since I started being more active about the [local cultural] centers, then that's how I started learning more and more." Youth described becoming connected with cultural centers through their parents or through AI/AN peers, but some indicated that the lack of AI/AN peers in school delayed their involvement in cultural centers until later in life.

Stereotypes and Harassment

Both youth and adult respondents discussed the negative stereotypes about AI/AN populations that youth have to face. They described incidents of direct mockery or bullying, as well as more subtle forms of discrimination such as being asked to be the "token Indian." For example, one parent commented, ". . .when I was growing up, you always got bullied and picked on; 'Oh, you're a Pocahontas'. . . . So it was kind of like I was in these two worlds and I was ashamed of being Native American because of all the things that I had read in the books."

AI/AN Cultural Pride

Youth, parent, and CAB groups spent a good amount of time discussing pride around AI/AN identity—either through personal narratives from youth of feeling proud and strongly identifying as AI/AN or in general discussions of how important taking pride in one's roots was for a healthy life and for the community. For example, one youth respondent said, "I think it's not just like a sense of pride, but like also a good feeling to know like in a country where culture's not so—where culture's dying—it's good to know that we still have our own [culture], we can still be ourselves in our own different way."

AI/AN Identity and Developmental Trajectories

Provider and CAB groups discussed the developmental trajectories of AI/AN youth, noting that AI/AN identity could be appealing (or less appealing) to youth in different ways at different stages of life. In particular, respondents discussed how adolescents and young adults often rejected AI/AN identity in an effort to "fit in" with non-AI/AN peer groups, but then revisited their cultural roots at later stages in life. For example, one CAB member stated, ". . .that is where developmentally young teens are, is learning about themselves, and then ultimately as they're older, breaking away from their family and asserting their independence and asserting themselves. I mean, some kids naturally have that [interest in culture] no matter what age they are. . . .But other kids are looking for that—looking for that kind of strength [as they get older]."

AI/AN Identity as a Double-Edged Sword

Provider and CAB groups also highlighted the potentially stressful and perceived pathogenic effects of attachment to AI/AN identity. For example, some respondents described specific instances in which they had seen the AI/AN community (or even attachment to AI/AN identity) lead individuals to AOD use or make it more difficult for these individuals to quit. This concerned the effects of social networks involved in AOD use, and also the hopelessness and self-doubt that can come from buying into negative stereotypes about Native Americans. One parent described this in the following way: ". . . I grew up in the [urban area] where there was a huge Native American community, so there was easy identification and there were huge groups. But what happened was that there was this huge anger around kind of historical trauma and vicarious trauma. And so instead of being able to move beyond it and be positive, there was all this negativity. . . .There was all this sadness, but then they were doing drugs and drinking to kind of suppress that anger. So it was almost like—I don't know—like they would all clump together and then were just very angry all the time."

Mainstream Culture "Clash"

Finally, a few parent and provider groups spent time discussing specific "culture clashes" between AI/AN belief

sets or cultural practices and behaviors or beliefs expressed in schools or other institutions. For example, respondents discussed AI/AN beliefs that disallow animal dissection or that may allow only for specific burial practices, and how living in an urban area could expose youth to direct violations of these principles. For example, one parent described cultural differences in burial practices; "We're afraid of dead people. When you bury somebody, you walk away and you never go back. We're not like white people where you take flowers on whatever day and visiting the grave."

Discussion

Prior qualitative research on cultural identity among urban AI/ANs has primarily focused on the developmental process of identity development in this population. This study builds on previous research by providing a qualitative, community-based look at how the urban Native American community views cultural identity with respect to youth AOD use. We collaborated with AI/AN youth, parents, providers, and community advisory board members to better understand the struggles that AI/AN youth face with respect to negotiating their identity in urban environments and how this is related to AOD use. Findings have assisted our team with valuable information that helped us in the design and implementation of developmentally and culturally appropriate AOD use prevention and treatment programs targeting urban AI/AN youth (Dickerson et al. 2015).

Results from this study emphasize the important role that cultural identity plays in the psychosocial development of AI/AN youth and whether youth engage in risk behaviors such as AOD use. All the adult and youth focus groups discussed acculturative stress and cultural disconnection, and these were the most prevalent themes overall. Conversations about intergenerational stressors described the effects of historical trauma experienced by AI/ANs and the ways these experiences have contributed to ongoing AOD use and other psychosocial problems within this population. Due to the unique, complex, varied, and traumatic history of AI/ANs over the past few hundred years, AI/AN youth face numerous challenges with cultural identity in the urban landscape. Disruption of communities and families among urban AI/ANs has resulted from a history rooted in genocide and forced relocation (Evans-Campbell 2008), and is further complicated by the inherent difficulties of establishing a cohesive and well-defined AI/AN community within urban settings (Dickerson et al. 2015). Thus, it is perhaps no surprise that urban AI/AN described the many struggles that they face in the urban environment and feeling culturally disconnected.

Both youth and adults described how the urban environments they live in lack sufficient opportunities for AI/AN youth to participate in cultural activities and to learn about the health-promoting worldview that is a core aspect of AI/AN culture. Thus, FG participants emphasized how important it is to support institutions that provide AI/AN services and to promote access to AI/AN cultural events. The importance of integrating culture into AOD interventions with this population is certainly anticipated in the existing literature (Szlemko et al. 2006). In our study, adult respondents clearly detailed how AI/AN youth who engage in such events and services can experience therapeutic and health-enhancing effects, and how this engagement can decrease participation in more harmful or self-destructive behaviors like AOD use. This adds to an emerging body of evidence detailing positive effects of culturally based practices (Dickerson et al. 2014; Stone et al. 2006).

Echoing existing accounts from researchers and community members familiar with the urban AI/AN community (Hartmann et al. 2014), respondents also talked at length about how much diversity exists within AI/AN identity. They described different tribal affiliations, other (sometimes competing) racial-ethnic identification, or different degrees of identifying as AI/AN depending on one's stage or experiences in life. Respondents (including youth) noted how difficult it could be to negotiate and integrate multiple identities on a daily basis. At the same time, FG respondents endorsed a holistic, pan-tribal and pan-ethnic identity, suggesting that providing opportunities to participate in activities to support culture could counteract the damage wrought by colonization and marginalization of AI/AN communities. For providers, this offers a useful entry point to identify common health-promoting beliefs in the Native community and to emphasize these in prevention and intervention efforts for AI/AN youth.

FG respondents described multiple challenges to AI/AN identity. For example, both youth and adults described stereotypes and harassment, and adult FG respondents described exposure to individuals engaging in negative behaviors on reservations. Furthermore, adults discussed how one could become "trapped" by buying into negative stereotypes or accepting that the victimization experienced by AI/AN populations made life hopeless. Given portrayals of AI/ANs in the media (Leavitt et al. 2015), this is perhaps not a surprising finding. However, respondents also suggested pathways to combat these challenges, emphasizing that this cultural history could be re-framed in positive ways. For instance, opportunities that allow for engagement in AI/AN cultural activities that emphasize sobriety and a healthy lifestyle can be a form of resistance against cultural dominance and oppression.

Despite discussion of challenges due to acculturative stress and historical trauma, most youth and adults described AI/AN identity in hopeful and positive ways. The majority of conversations about how AI/AN identity affects AOD use and other risk behaviors concerned how protective AI/AN identity could be and the healing properties of AI/AN practices and worldviews. This is also supported by existing studies that show

protective effects of AI/AN identity on behavioral health outcomes (Gfellner and Armstrong 2012; Tyser et al. 2014).

Furthermore, the overwhelming majority of youth in our FGs expressed openness to learning about Native identity and practices if the material was presented in ways that were tailored to urban contexts and urban youth, including youth with multiple ethnic identities. This suggests that AOD use interventions targeting AI/AN culture should provide multiple entry points for youth at different stages of identity development and with different types of attachment to AI/AN identity (Dickerson et al. 2015). Previous studies have identified developmental stages of AI/AN identity (Lucero 2010; Walters 1999) and have emphasized how important it can be to develop a healthy multicultural or bicultural (AI/AN mixed with other identities) AI/AN identity (Moran et al. 1999; Urban Indian Health Institute (UIHU), Urban Indian Health Institute UIHU, Seattle Indian Health Board 2014). Findings highlight the importance of flexible interventions with appeal to a broad range of AI/AN ethnic identification among urban youth.

Finally, respondents discussed how fragmented AI/AN communities can be in urban areas—and how this affects youth identity and resilience. Clearly, interventions that help strengthen communities as well as individuals are essential to help reduce and prevent unhealthy substance use. Youth and adults in the FGs described how crucial existing AI/AN community centers are for their own sense of cultural attachment. Such centers and associated events are critical for establishing culturally rooted resilience among AI/AN youth. In urban areas, these centers and their activities are often the only place for youth and adults to meet other AI/ANs, and to learn about and share cultural practices. Many urban AI/ANs may not be aware of the existence of AI/AN community centers within urban areas. This is due, in part, to the small proportion of the urban population that is AI/AN. Further outreach and advertising efforts from AI/AN-based community centers within urban areas can help to create a more cohesive and less fragmented AI/AN community within urban centers by outreach to the more culturally disconnected AI/ANs in urban areas. In fact, our current work has shown that intervening at both the individual and community level is crucial in creating a more cohesive community that is focused on positive change (Dickerson et al. 2015).

Limitations and Conclusion

Although this study contributes to this understudied area, data are based on qualitative research with 10 FGs and should not be assumed to be representative of urban areas in California or in the USA overall. This was also not a random sample of respondents, and we sampled only two urban areas for the study. However, our FG sample had 70 participants, and therefore represents a relatively large sample size for a qualitative study. In addition, team-based, structured qualitative analysis helped ensure that the coding team was not unduly subject to any individual's prior biases or attention to some types of content or respondents over others while making inferences based on the qualitative data.

All FG moderators were experienced in conducting FGs with a wide variety of populations, and made efforts to facilitate equal participation of all respondents. However, focus groups can still be vulnerable to particularly loud, vocal, or socially dominant voices in the group who strive to dominate the conversation and sometimes stifle disagreement or minority opinions. It is difficult to know whether we would have obtained a different or broader range of opinions on cultural identity if all respondents were interviewed separately.

This study joins a developing field of qualitative investigation of urban AI/AN cultural identity (Jumper-Reeves et al. 2014; Lucero 2010; Kulis et al. 2013). Our understanding of how urban AI/AN youth formulate and negotiate cultural identity—as well as how this relates to AOD use—is still emerging. We are actively testing an intervention based on this research (Dickerson et al. 2015), which will allow us to begin to quantitatively test some of the inferences made in this report regarding cultural dynamics and AOD use. This research combines a CBPR approach with a clinical trial to assess the effectiveness of blending culture with current evidence-based approaches. We suggest that future research take a mixed methods approach to exploring AI/AN identity and its relationship with AOD use, including both cultural consensus and social network approaches (Bang et al. 2007; Kennedy et al. 2013). Testing for patterns of agreement with cultural beliefs (cultural consensus) combined with social network interviews could yield additional insights and precision regarding how cultural identity and other factors combine to affect AOD use among AI/AN youth.

Overall, FG data uncovered important lessons for the design of preventive efforts and interventions that aim to incorporate AI/AN culture into AOD interventions. First, interventions that provide urban AI/AN youth with an opportunity to engage in cultural activities and connect with positive and healthy constructs in AI/AN culture may provide added impact to existing interventions (Dickerson et al. 2015). Second, due to limited opportunities for cultural connection in urban areas, mixed identity issues, and experiences with stereotypes and outright harassment, urban AI/AN programs should provide positive avenues to combat stereotypes and reframe a sense of victimization with a sense of proud resistance through healthy behaviors. Finally, given the diverse ways in which urban AI/AN youth negotiate their AI/AN identity, programs that emphasize AI/AN cultural ideals of wellness need to provide youth with a variety of ways to connect with their AI/AN culture, as well as a variety of ways to motivate AI/AN youth to acquire life skills for making healthier life choices.

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Compliance with Ethical Standards

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Conflict of Interest The authors declare that they have no conflict of interest.

Research Involving Human Participants and/or Animals All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

References

Bang, M., Medin, D. L., & Atran, S. (2007). Cultural mosaics and mental models of nature. *Proceedings of the National Academy of Sciences, 104*, 13868–13874. doi:10.1073/pnas.0706627104.

Bernard, H. R., & Ryan, G. W. (2010). *Analyzing qualitative data: Systematic approaches*. Thousand Oaks, CA: Corwin.

Brave Heart, M. Y. H. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs, 35*, 7–13. doi:10.1080/02791072.2003.10399988.

Brown, R. A. (2010). Crystal methamphetamine use among American Indian and White youth in Appalachia: Social context, masculinity, and desistance. *Addiction Research & Theory, 18*, 250–269.

Brown, R. A., Hruschka, D. J., & Worthman, C. M. (2009). Cultural models and fertility timing among Cherokee and White youth: Beyond the mode. *American Anthropologist, 111*, 420–431.

Christensen, A.-S., & Elmeland, K. (2015). Former heavy drinkers' multiple narratives of recovery. *Nordic Studies on Alcohol and Drugs, 32*, 245–257. doi:10.1515/nsad-2015-0024.

DeNavas-Walt, C., & Proctor, B. D. (2014). *U.S. Census Bureau, Current population reports: Income, poverty, and health insurance coverage in the United States: 2013*. Washington, D.C: U.S. Government Printing Office.

Dickerson, D. L., & Johnson, C. L. (2012). Mental health and substance abuse characteristics among a clinical sample of urban American Indian/Alaska Native youths in a large California metropolitan area: A descriptive study. *Community Mental Health Journal, 48*, 56–62.

Dickerson, D. L., Fisher, D. G., Reynolds, G. L., Baig, S., Napper, L. E., & Anglin, M. D. (2012). Substance use patterns among high-risk American Indians/Alaska Natives in Los Angeles County. *American Journal on Addictions, 21*, 445–452.

Dickerson, D. L., Venner, K. L., Duran, B., Annon, J. J., Hale, B., & Funmaker, G. (2014). Drum-assisted recovery therapy for Native Americans (DARTNA): Results from a pretest and focus groups. *American Indian Alaska Native Mental Health Research, 21*, 35–58. doi:10.5820/aian.2101.2014.35.

Dickerson, D. L., Brown, R. A., Johnson, C. L., Schweigman, K., & D'Amico, E. J. (2015). Integrating motivational interviewing and traditional practices to address alcohol and drug use among urban American Indian/Alaska Native youth. *Journal of Substance Abuse Treatment, 65*, 25–35. doi:10.1016/j.jsat.2015.06.023.

Duran, E., & Duran, B. (1995). *Native American post-colonial psychology*. New York, NY: SUNY Press.

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence, 23*, 316–338. doi:10.1177/0886260507312290.

Gfellner, B. M., & Armstrong, H. D. (2012). Ego development, ego strengths, and ethnic identity among first nation adolescents. *Journal of Research on Adolescence, 22*, 225–234. doi:10.1111/j.1532-7795.2011.00769.x.

Hartmann, W. E., Wendt, D. C., Saftner, M. A., Marcus, J., & Momper, S. L. (2014). Advancing community-based research with urban American Indian populations: Multidisciplinary perspectives. *American Journal of Community Psychology, 54*, 72–80. doi:10.1007/s10464-014-9643-5.

House, L. E., Stiffman, A. R., & Brown, E. (2006). Unraveling cultural threads: A qualitative study of culture and ethnic identity among urban southwestern American Indian youth parents and elders. *Journal of Child and Family Studies, 15*, 393–407.

James, M. A. (1992). *The state of Native America: Genocide, colonization, and resistance*. Cambridge, MA: South End Press.

Jumper-Reeves, L., Dustman, P. A., Harthun, M. L., Kulis, S., & Brown, E. F. (2014). American Indian cultures: How CBPR illuminated intertribal cultural elements fundamental to an adaptation effort. *Prevention Science, 15*, 547–556. doi:10.1007/s11121-012-0361-7.

Kennedy, D. P., Brown, R. A., Golinelli, D., Wenzel, S. L., Tucker, J. S., & Wertheimer, S. R. (2013). Masculinity and HIV risk among homeless men in Los Angeles. *Psychology of Men & Masculinity, 14*, 156–167. doi:10.1037/a0027570.

Kulis, S., Wagaman, M. A., Tso, C., & Brown, E. F. (2013). Exploring indigenous identities of urban American Indian youth of the southwest. *Journal of Adolescent Research, 28*, 271–298. doi:10.1177/0743558413477195.

Landen, M., Roeber, J., Naimi, T., Nielsen, L., & Sewell, M. (2014). Alcohol-attributable mortality among American Indians and Alaska Natives in the United States, 1999–2009. *American Journal of Public Health, 104*, S343–S349. doi:10.2105/AJPH.2013.301648.

Lane, D. C., & Simmons, J. (2011). American Indian youth substance abuse: Community-driven interventions. *Mount Sinai Journal of Medicine, 78*, 362–372. doi:10.1002/msj.20262.

Leavitt, P. A., Covarrubias, R., Perez, Y. A., & Fryberg, S. A. (2015). "Frozen in time": The impact of Native American media representations on identity and self-understanding. *Journal of Social Issues, 71*, 39–53. doi:10.1111/josi.12095.

Lucero, N. M. (2010). Making meaning of urban American Indian identity: A multistage integrative process. *Social Work, 55*, 327–336. doi:10.1093/sw/55.4.327.

Moran, J. R., Fleming, C. M., Somervell, P., & Manson, S. M. (1999). Measuring bicultural ethnic identity among American Indian adolescents: A factor analytic study. *Journal of Adolescent Research, 14*, 405–426. doi:10.1177/0743558499144002.

Myhra, L. L. (2011). "It runs in the family": Intergenerational transmission of historical trauma among urban American Indians and Alaska Natives in culturally specific sobriety maintenance programs. *American Indian Alaska Native Mental Health Research., 18*, 17–40.

Native American Health Center. (2012). *Native vision: A focus on improving behavioral health wellness for California Native*

Americans—California Reducing Disparities Project Native American population report. Oakland, CA: Native American Health Center.

Norris, T., Vines, P. L., & Hoeffel, E. M. (2012). *The American Indian and Alaska Native population: 2010 census briefs*. Available at: http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf.

Ryan, G. W., & Bernard, H. R. (2003). Techniques to identify themes. *Field Methods, 15*, 85–109. doi:10.1177/1525822x02239569.

Sarche, M. C., & Whitesell, N. R. (2012). Child development research in North American native communities—Looking back and moving forward: Introduction. *Child Development Perspectives, 6*, 42–48. doi:10.1111/j.1750-8606.2011.00218.x.

SocioCultural Research Consultants, L. (2014). Dedoose version 5.0.11: Web application for managing, analyzing, and presenting qualitative and mixed method research data. Los Angeles, Calif.: SocioCultural Research Consultants, LLC. Retrieved from www.dedoose.com.

Spicer, P. (1998). Narrativity and the representation of experience in American Indian discourses about drinking. *Culture, Medicine and Psychiatry, 22*, 139–169.

Stanley, L. R., Harness, S. D., Swaim, R. C., & Beauvais, F. (2014). Rates of substance use of American Indian students in 8th, 10th, and 12th grades living on or near reservations: update, 2009–2012. *Public Health Reports, 129*, 156–163.

Stone, R. A. T., Whitbeck, L. B., Chen, X., Johnson, K., & Olson, D. M. (2006). Traditional practices, traditional spirituality, and alcohol cessation among American Indians. *Journal of Studies on Alcohol, 67*, 236–244.

Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Szlemko, W. J., Wood, J. W., & Thurman, P. J. (2006). Native Americans and alcohol: Past, present, and future. *The Journal of General Psychology, 133*, 435–451. doi:10.3200/GENP.133.4.435-451.

Tyser, J., Scott, W. D., Readdy, T., & McCrea, S. M. (2014). The role of goal representations, cultural identity, and dispositional optimism in the depressive experiences of American Indian youth from a Northern Plains tribe. *Journal of Youth and Adolescence, 43*, 329–342. doi:10.1007/s10964-013-0042-2.

Urban Indian Health Institute (UIHU), Seattle Indian Health Board. (2014). *Supporting sobriety among American Indians and Alaska Natives: A literature review*. Seattle, WA: Urban Indian Health Institute.

Walters, K. L. (1999). Urban American Indian identity attitudes and acculturation styles. *Journal of Human Behavior in the Social Environment, 2*, 163–178.

Watts, L. K. (2001). Applying a cultural models approach to American Indian substance dependency research. *American Indian and Alaska Native Mental Health Research, 10*, 34–50.

Whitesell, N. R., Beals, J., Crow, C. B., Mitchell, C. M., & Novins, D. K. (2012). Epidemiology and etiology of substance use among American Indians and Alaska Natives: Risk, protection, and implications for prevention. *The American Journal of Drug and Alcohol Abuse, 38*, 376–382.

Williams, T. (2013). Quietly American Indians reshape cities and reservations. *New York Times*, (April 13, 2013). Available at: http://www.nytimes.com/2013/04/14/us/as-american-indians-move-to-cities-old-and-new-challenges-follow.html?_r=0.

Yoshikawa, H., Kalil, A., Weisner, T. S., & Way, N. (2008). Mixing qualitative and quantitative research in developmental science: Uses and methodological choices. *Developmental Psychology, 44*, 344–354. doi:10.1037/0012-1649.44.2.344.