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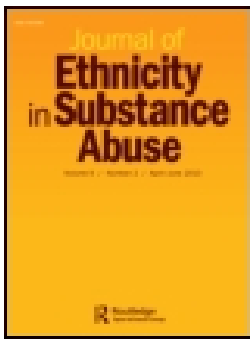
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## A review of tribal best practices in substance abuse prevention

Allyson Kelley<sup>a</sup> , Morgan Witzel<sup>b</sup>, and Bethany Fatupaito<sup>b</sup>

<sup>a</sup>Allyson Kelley & Associates PLLC, Sandia Park, New Mexico; <sup>b</sup>Rocky Mountain Tribal Leaders Council, Billings, Montana

### ABSTRACT

American Indian youth experience higher rates of substance use than non-American Indian youth. Researchers, clinicians, and treatment programs embrace evidence-based practices (EBPs) and practice based evidence (PBE) as a primary method for addressing substance abuse and advancing behavioral health. However, less is known about the use of tribal best practices (TBPs) and how they are implemented in American Indian substance use prevention contexts. Objective: The main objective of this systematic review was to determine how TBPs are implemented and shared in the context of tribal substance use prevention. The second objective was to document TBP examples from three tribal communities involved in a 5-year substance use prevention initiative. Methods: A systematic review of published and grey literature was conducted using funding agencies websites, EBSCO Host and national registries. Three tribal communities involved in the initiative documented current TBPs to highlight characteristics of TBPs, costs, and approval processes. Results: TBPs are very limited in the literature. Despite tribal use for thousands of years, TBPs are underrepresented and misunderstood. This review found that the terminology used to describe TBPs is not consistent across agencies, publications, websites, or reports. There is also variation in how TBPs originate in substance use prevention contexts and there is not a primary resource or protocol for sharing TBPs. Continued efforts are needed to support the use and dissemination of TBPs in substance use prevention.

### KEYWORDS

American Indian youth; evidence-based interventions and practices; substance use; tribal best practices

## Background

American Indian and Alaskan Native communities possess tremendous strengths and resilience. Despite widespread population-level efforts to assimilate American Indian populations, they remain. Prior to colonization, up to 50 million Northern American Indigenous peoples thrived in what is now North America (Taylor, 2000). Today, there are more than 8.1 million people who self-identify as American Indian and Alaska Native and the population continues to grow (Norris, Vines, & Hoeffel, 2012). Unique histories,

**CONTACT** Allyson Kelley, DrPH, MPH CHES  [kellyallyson@gmail.com](mailto:kellyallyson@gmail.com)  Senior Scientist, Allyson Kelley & Associates PLLC, PO BOX 1682, Sandia Park, NM 87047, USA.

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communities, and cultures make up more than 566 federally recognized American Indian and Alaska Native tribes in the United States (Census, 2010), totaling about 1.7% of the U.S. population. The growth of healthy American Indian populations is due, in part, to the rich cultural, traditional, and spiritual practices that have been passed down from many generations of elders. These tribal practices have been linked with health and resilience (LaFromboise, Hoyt, Oliver, & Whitbeck, 2006). Tribal practices are essential for addressing disparities in American Indian youth, including alcohol and substance use.

American Indian youth substance use is a major public health concern (Gone & Trimble, 2012). Numerous publications illuminate the high prevalence of substance use in American Indian youth (Beauvais, 1998; Friese, Grube, Seninger, Paschall, & Moore, 2011; Spear, Longshore, McCaffrey, & Ellickson, 2005). American Indian youth begin alcohol and drug use at an earlier age and use more frequently and in larger quantities than non-American Indian youth (Donovan et al., 2015). American Indian youth living on reservations report significantly higher rates of substance use than national rates and nonreservation locations. More than 50% of eighth-grade youth living on reservations reported lifetime marijuana use, binge drinking, and use of OxyContin; these rates were significantly higher for American Indian students than for non-American Indian students in the same schools (Stanley, Harness, Swaim, & Beauvais, 2013). Although American Indian youth substance use is higher, reservation-based American Indians consume alcohol less frequently than U.S. populations (O'Connell, Novins, Beals, & Spicer, 2005).

The main objective of this systematic review was to examine tribal best practices (TBPs) in the literature and document the ways TBPs are implemented and shared in the context of tribal youth substance use prevention. The second objective was to share TBP examples from three tribal communities that are part of a 5-year substance use prevention initiative facilitated by a tribal consortium in the Rocky Mountain Region of the United States. Using a community-based participatory research approach, the authors worked with tribal prevention coordinators in three communities to document TBPs used in current prevention efforts.

### ***Prevention initiative and team***

The prevention initiative is a 5-year substance use prevention program for youth ages 12–20 and their families. Developed using the Strategic Prevention Framework (Substance Abuse and Mental Health Services Administration [SAMHSA], ND), the purpose of the initiative is to expand prevention activities to reduce underage drinking while promoting a holistic wellness movement on six participation reservations. The initiative is facilitated by a tribal consortium, and team members include site coordinators in each community, a cultural

resource, coordinator, project director, evaluator, support staff, program consultants, and various tribal program partners.

Efforts to address substance use among American Indian populations are evident in national and tribal initiatives. For example, SAMHSA's first strategic initiative for advancing behavioral health aims to prevent substance abuse and mental illness with a focus on high-risk populations, including American Indians (SAMHSA, 2014). SAMHSA along with researchers, clinicians, and treatment programs embrace evidence-based practices (EBPs) (Cruz & Spence, 2005; SAMHSA, NDa; Hoagwood & Johnson, 2003) as a primary method for addressing substance abuse and advancing behavioral health. However, a limited number of EBPs have been implemented in American Indian substance use prevention contexts.

More than 20 years ago, the EBP movement took hold of policy and research agendas with the goal of improving outcomes for mental health and substance use among children (Lieberman et al., 2010). A major criticism of the EBP movement was that it was not responsive to the unique characteristics of the intervention population, for example the age, context, and community norms. To address this criticism, SAMHSA developed practice-based evidence (PBE) to broaden definitions of evidence. SAMHSA's goal was to look beyond empirical evidence and grow evidence that is defined by the persons involved in the intervention, including clinicians, youth, families, and program staff (SAMHSA, NDb). Following the development of the PBE movement, funding agencies asked tribes to produce outcomes, deliverables, and benchmarks as evidence that culturally based programs were legitimate and effective (Cruz, 2015). Tribal prevention advocates and indigenous researchers began to promote tribal best practices (TBPs) in place of EBPs because EBPs were not tested on American Indian populations and not the most effective tool for meeting the needs of American Indian people (Cruz & Spence, 2005; Echo-Hawk, 2011). TBPs are based on oral traditions, observations, intuition, and metaphysical realms. TBPs are value based with a subjective body of evidence that spans thousands of years. Elders and community members carry the knowledge and intellectual wisdom of a tribe that constitutes a TBP. For the purpose of this review, TBP is defined as a cultural and traditional American Indian teaching deemed to be effective in the prevention of substance abuse. Table 1 describes the origination of EBPs, PBEs, and TBPs and how they are typically evaluated.

Despite marked progress in developing more culturally responsive PBEs, many prevention advocates are calling for a shift in how European American researchers utilize EBPs and PBEs by creating cultural (tribal) best practices in American Indian communities (Whitbeck, Walls, & Welch, 2012).

If you cannot afford or do not have the capacity to do an intervention on the NREPP list, then set something up. (Caroline Cruz, May 2015)

**Table 1.** Description of evidence-based practices, practice-based evidence, and tribal best practices.

Term Used	Description	Evaluation	Origination
Evidence-based practice	Decisions based on available scientific evidence, using data and information systematically, applying program-planning frameworks, engaging the community, and disseminating what is learned (Brownson & Jones, 2009).	Programs, policies, or other strategies that have been evaluated by academic researchers, expert panels, or government agencies that have reviewed evidence about the program (Health Policy Institute of Ohio (HPIO), 2013).	Developed for commercial purposes. Developers of evidence-based practices (EBPs) become disseminators and have ownership of the EBP.
Practice-based evidence	Range of approaches that support the cultural attributes of local society and traditions. Approaches are based on field experiences and participatory research strategies. Emphasizes external validity based on community knowledge of why an intervention may or may not work (SAMHSA, NDd).	Communities and researchers work together to evaluate the validity of intervention using multiple forms of evidence (SAMHSA, NDd).	Researchers and or community members. Joint ownership is common.
Tribal best practices	Based on oral traditions, observations, histories, teachings, values, and metaphysical realms.	Elders and community members approve interventions using a subjective body of evidence.	Rooted in the history and teachings of a tribe. Often connected to the land, language, and ceremonies of a given tribe. Belongs to tribe.

### ***Tribal best practices in substance abuse prevention***

The term *tribal best practice* (TBP) is relatively new. Prior to colonization, tribes had practices, ceremonies, and teachings that provided a harmonious environment that supported holistic health. Tribal best practices or grassroots programs are common throughout American Indian communities. Examples of these programs include equine-assisted wellness programs in the Great Plains region, horseback rides to sacred sites, summer cultural camps, and school-based curricula that incorporate traditions, values, and spirituality of a given tribe. Previous authors have reviewed culturally based prevention and treatment programs to explore the use of cultural interventions to address substance use.

The history of substance use disorder (SUD) treatment research in American Indian populations contributes to what is known about the evolution of TBPs in prevention contexts. Rowan and colleagues (2014) conducted a scoping study to describe culture-based programs and addiction-treatment

outcomes. They found 19 studies from the United States that used cultural interventions. Examples of these interventions include land-based activities, equine therapy, sweat lodge, traditional teachings, singing, talking circles, art, elders, drum group, natural foods and medicines, and traditional healers. Most interventions reported in the published literature included sweat lodge, ceremonial practice, socialcultural, and traditional teachings. These interventions involved quasi-experimental designs and comparison of client data before and after treatment (Rowan et al., 2014).

Greenfield and Venner (2012) conducted a review of SUD literature from 1965 to 2011 and found that the use of traditional healing components in treatment studies emerged in 2000. They found nine studies published from 2000 to 2011 that incorporated culturally adapted treatment, including talking circles, family involvement, healing from historical trauma, sweat lodge, and drumming. Results from these studies indicated that American Indian youth involved in cultural practices reported more positive outcomes than did youth who were not involved in cultural practices.

Although most published literature focuses on culture-based treatment (Greenfield & Venner, 2012; Rowan et al., 2014) as opposed to prevention, there is limited literature on substance use prevention programs that include culture. In 2012, Les Whitbeck and colleagues (Whitbeck, Walls, & Welch, 2012) published a review of American Indian substance abuse prevention programs including empirical trials, promising programs, and grassroots programs. This review included four American Indian substance abuse prevention trials, the Life Skills Intervention (Johnson, Shamblen, Ogilvie, Collins, & Saylor, 2009), Think Smart (Johnson et al., 2007), Seventh Generation Program (Moran, 1998), and the Alaska People Awakening Intervention (Allen et al., 2009). These empirically validated EBPs provide evidence that blending Western science and theories with traditional knowledge and cultural values can be effective in addressing substance use in American Indian populations.

Despite progress toward the integration of culture into prevention and treatment, there remains a significant tension among researchers, providers, and community members about the evidence required to validate cultural practices (Gone & Calf Looking, 2011; Greenfield & Venner, 2012). Ongoing differences in how funding agencies and programs define and support TBPs has led to inconsistencies, challenges, and confusion about what constitutes a TBP. Accessing TBPs is difficult because most are not published and there is limited information about how TBPs are used to prevent substance use in American Indian youth.

### ***Examples of tribal best practices***

To address the gap in prevention literature and to support the use of TBPs in the prevention of American Indian youth substance use, the authors worked

with three Northern Plains tribes. First, the team attended a two-day training in May 2015 offered by Caroline Cruz, an expert in the field, to document TBPs used to prevent substance use in American Indian youth. Using a TBP template developed by Cruz (ND) and the State of Oregon, the authors worked collaboratively with tribal prevention coordinators to identify TBPs they were using in substance abuse prevention efforts. These TBPs are as follows: (a) The Creator's Game is a reservation-based TBP that supports sober, positive, and culturally centered activities on a reservation. Approval of the Creator's Game is through elders and a tribal planning committee. (b) Basketball is a reservation-based TBP that supports physical health, life skills, cultural connections, and healthy coping strategies. Approved by a tribal advisory board and elders, basketball is a prevention activity that promotes health, teamwork, and respect while addressing risk factors of peer pressure, substance use, and low-self-esteem. (c) Drumming targets intertribal youth because the tribe is in an urban center as opposed to a reservation. Drumming increases cultural connectedness and family/peer communication and requires youth to be sober if they touch the drum. Rooted in prayer, respect, and history, drumming is approved by the tribal cultural resource and elders to ensure that knowledge, teachings, and songs are appropriate. [Table 2](#) provides a description of TBPs and how tribes implement TBPs to reduce American Indian youth substance use.

These TBPs are evidence that communities have practices in place to address substance use and build resilience among American Indian youth. Other TBPs that are being implemented by tribes involved in the prevention initiative include horseback and healing rides, run/walk events, traditional sweat lodge, Sundance, talking circles, powwows, community "block party" gatherings, beading, sewing, and preparation of traditional foods. Empirical evidence was not the goal of these TBPs; tribes know these practices work. However, to meet funding agency demands, evaluations were developed and administered by the tribe with assistance from the evaluation team. Even though these TBPs have never been documented in this manner ([Table 2](#)), they have been used for thousands of years.

## Methods

To further explore TBPs, the authors conducted a comprehensive search of the literature to examine TBPs that address substance use prevention among American Indian youth. To ensure an exhaustive search of relevant literature, a three-step process was used. TBP publications were initially identified via a computerized search of EBSCO host, an electronic database, using the following keywords in various combinations: American Indian, substance use, tribal best practice, youth, and ages 12–17 or 18–25, substance use prevention, 6–12 (childhood), 13–17 (adolescent), mental health, substance abuse, wellness,



**Table 2.** Descriptive components of northern plains tribal best practices.

Tribal best practice components	“Creator’s Game” reservation	“Basketball Clinic” reservation	“Drumming” urban Indian tribe
Activities	Lacrosse, horseback riding, traditional dancing, swimming, campouts, storytelling, drumming, sweat lodge, arts, crafts, teepees	Coaches build skills in youth; games encourage healthy competition and venue for socialization during the winter months	Drumming is used for healing, celebrations, ceremonies, feasts, social events, and prayer; weekly sessions were offered to youth and their families
Recruitment	Local schools and youth-serving programs; inclusive of all community members, programs, and ages.	Traditional caller drives through reservation districts with speaker and amp; all youth and families invited	Local schools and tribal office/enrollment records; only sober people can touch the drum, encouraging youth to stay clean
Target population	Community with focus on youth ages 12–20 and their families	Youth ages 12–20 living on the reservation	Intertribal youth ages 7–20 living in an urban location
Risk factors addressed	Substance use, limited access to cultural activities and elders, isolation, and family conflict	Poor school attendance, peer pressure, low self-esteem, and substance use	Limited prosocial activities in urban setting for AI youth; limited access to cultural teachings; traditional songs, language, and drumming
Protective factors addressed	Sober, positive, culturally centered, family-centered environment; opportunities for prosocial relationships	Teaches life skills, improves physical health, increases cultural connections, and promotes healthy coping strategies	Sober activity that revives an important cultural practice; increases family and peer communication; increases cultural connections
Desired outcomes	Decreases substance use; increases family communication and cultural connectedness and reduces family conflict and violence	Decreases substance use; increases self-esteem and healthy coping	Decreases substance use; increases cultural connectedness, social support, and self-esteem
Values	Kinship systems, traditions, mental, physical, emotional, and spiritual health	Health, competition, teamwork, and respect.	Respect, prayer, history, cooperation, teamwork, and sobriety
Tribal approval	Tribal site coordinator worked with elders and tribal planning committee to approve practice; elders were involved in planning and various traditional activities.	Tribal site coordinator worked with tribal advisory board and elders to approve practice; elders attend games and link competition and social gatherings to culture	Tribal site coordinator worked with tribal cultural resource and elders to ensure traditional teachings and knowledge were appropriate; elders participated in drumming classes
Participant cost	150 youth @ \$233.00	40 youth @ \$125	15 youth @ \$200
Total cost <sup>1</sup>	\$35,000	\$5,000	\$3,000

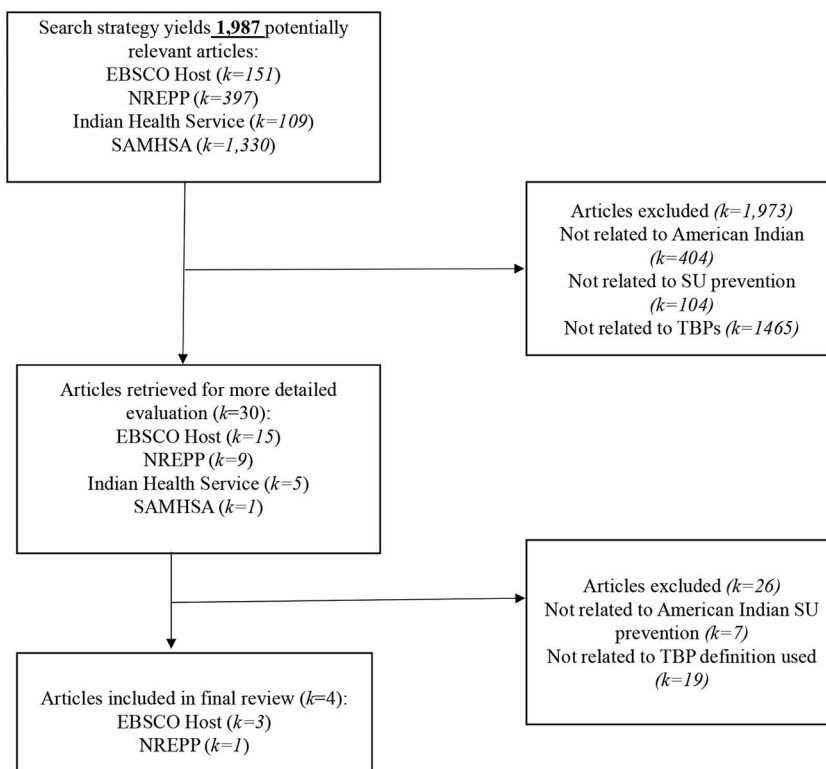
<sup>1</sup>Cost varies depending on number of youth served and existing resources available.

American Indian or Alaska Native, tribal or American Indian or Alaska Native, Tribal and no year limitation. Next, using the same keyword combinations, the National Registry of Evidence-based Programs and Practices, SAMHSA, and Indian Health Service (IHS, 2016) were searched to include published and unpublished literature. The following criteria were used for inclusion and exclusion in this review: (a) literature was included if practice (TBP) includes American Indian substance use prevention in the United States; (b) literature was excluded if practices were not in the United States or not specific to American Indian populations; (c) literature was excluded if the focus was on treatment of SUD rather than prevention (Figure 1).

## Results

### EBSCO host

The EBSCO review resulted in 151 publications; of these only 15 were interventions that used tribal knowledge, traditions, and teachings to address substance use. Most results were excluded because they were EBPs grounded in Western biomedical approaches with a cultural adaptation. For example, the Zuni Life Skills Curriculum is a school-based adolescent suicide



**Figure 1.** Literature review results and exclusion process.

skills-training approach based on Western psychological theories with tribal community feedback and cultural adaptations (LaFromboise & Lewis, 2008).

EBSCO Host results that met the inclusion criteria were the Wellbriety Movement, a cultural immersion camp, and the Healing of the Canoe project. Wellbriety is placed in the traditions of Alcoholics Anonymous and a TBP that supports community-based recovery approaches grounded in culture, healing, and spirituality (Coyhis & Simonelli, 2008). Unlike EBPs, the Wellbriety Movement uses tribal community recovery approaches based in the strengths and traditions of a tribe. The second TBP was a seasonal cultural immersion camp developed for adults and clients in residential treatment on the Blackfeet Indian reservation (Gone & Calf Looking, 2011). The last TBP was the Healing of the Canoe project based on tribal customs, traditions, and values to reduce substance use and promote health on the Suquamish Indian reservation (Thomas et al., 2011).

### ***NREPP and SAMHSA***

SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) is a clearinghouse for evidence-based substance abuse and mental health interventions. Of the 397 interventions listed on NREPP's website, nine were retrieved for more detailed evaluation. Of these nine, only one met the inclusion criteria. Project Venture is an outdoor experiential youth development program for fifth to eighth graders aimed at developing social and emotional competence to reduce alcohol, tobacco, and other drug use (Carter, Straits, & Hall, 2007; SAMHSA, ND). The only TBP resulting from the SAMHSA website search was under grantee success stories; the Red Lake Nation published a protective factors newsletter in 2013 that highlighted culture as prevention stories (SAMHSA, 2016). This success story did not meet the inclusion criteria and was excluded from the review.

### ***Indian health service***

The IHS query was limited to TBPs only (<https://www.ihs.gov/>). This resulted in five TBPs: Brief Strategic Family Therapy, Coordinated Approach to Child Health, Family Effectiveness Training, Community's Systematic Review of Effective Population-Based Interventions for Physical Activity, and the CDC Community Guide for Vaccinations. The ages and sites varied, and best practice locations were nationwide as opposed to tribal specific or community specific. These TBPs were excluded from this review because they did not focus on substance use prevention in American Indian youth. However, it is possible that the IHS terminology is not consistent with NPREPP or SAMHSA TBP definitions, resulting in fewer TBPs listed. [Table 3](#) highlights the characteristics of prevention TBPs included in the systematic review.

**Table 3.** Characteristics of prevention tribal best practices included in the systematic review.

Tribal best practice	Prevention	Origination	Source
Wellbriety Movement (Coyhis & Simonelli, 2009)	Community prevention based in culture, healing, and spirituality	Based in the strengths and traditions of a tribe, rooted in concepts of Alcoholics Anonymous	EBSCO Host
Cultural Immersion Camp (Gone & Calf Looking, 2011)	Cultural and spiritual revitalization through ceremonial participation and healthy relationships	Developed on the reservation, in partnership with Indigenous psychologist	EBSCO Host
Healing the Canoe (Thomas et al., 2011).	Life skills and substance abuse prevention curriculum; incorporates traditional songs, dances, and canoe journey (life)	Developed in partnership with the Suquamish Tribe and University of Washington	EBSCO Host
Project Venture (SAMHSA, NDC)	Outdoor experimental youth development program that supports American Indian values, spiritual awareness, and service	Developed by the National Indian Youth Leadership Project New Mexico with tribal community input	NREPP

From this review, the team observed the following: (a) The terminology used to describe TBPs is not consistent across agencies, publications, websites, or reports. This may result in underrepresentation of the number of TBPs identified in this review and in the literature. (b) There is variation in how TBPs originate in substance use prevention contexts. (c) There is not a primary resource for sharing TBPs or a standard protocol for disseminating TBPs (similar to NREPP).

### ***Challenges/opportunities of tribal best practices***

TBPs contribute to the history of 566 federally recognized American Indian and Alaska Native tribes in the United States; however, in this review, only four TBPs were identified in the published literature. This presents a unique challenge and opportunity for prevention, treatment, and intervention advocates to further awareness, understanding, and use of TBPs in substance use prevention. First, TBPs are not widely recognized by funding agencies as an equivalent to EBPs. The rigorous evaluation required to document the impact of interventions (or TBPs) is difficult to achieve in tribal contexts and reservation settings. Second, there are opportunities for clinicians, researchers, policy makers, and communities to create an innovative evaluation methodology that builds on TBPs to make them more acceptable to funding agencies. Alternative evaluation methods that support multiple forms of evidence (visual, observation, testimonies, drawings, song) and ways of knowing may promote the visibility and acceptability of TBPs in prevention contexts. Third, consistent language, definitions, criteria, and terms across funding agencies and communities are needed to distinguish TBPs from other approaches (e.g., EBPs, EBIs (Evidence Based Intervention), PBEs, and others).

Fourth, sharing examples and knowledge through a TBP resource is needed to increase awareness about how TBPs can be used in prevention. A primary resource library for TBPs, similar to NREPP, would increase visibility and access to TBPs for all tribes while strengthening the case for TBPs. This kind of sharing and generosity is a fundamental value of tribal communities.

### **Future work**

American Indian youth continue to experience higher rates of substance use than non-American Indian youth. It is possible that the persistence of substance use among American Indian youth is related to the use of Western-informed psychological interventions with an empirical evidence base that may not be not effective for American Indian people and communities (Gone & Calf Looking, 2011). Continued efforts are needed to promote tribally driven prevention initiatives, policy, and research that supports the use of TBPs that originate in American Indian communities. Policy makers, researchers, and funding agencies should recognize that the kinds of interventions necessary to prevent substance use in American Indian youth are unique because the context is different (resources, values, history, capacity, and language). Tribal leaders and communities may educate policy makers, researchers, and funding agencies about the kinds of interventions that work, based on tribal ways of knowing and being in the world. This requires a different kind of evidence.

In the battles that happened with Custer, those were young guys fighting the cavalry that were grown men. They excelled at this type of warfare because of their ability to ride. We love competition, with other tribes and other communities. If your son or daughter is competing, the entire family gets behind that. We are social people. During the winter months we like to see each other and visit, going to basketball games is a social affair. These are tribal best practices. (Northern Cheyenne Tribal Elder, October 2016)

While progress has been made in developing TBPs as outlined in this article, continued efforts are needed to expand access and use of TBPs across programs and agencies. Strengthening the emerging infrastructure of American Indian communities, health care facilities, and health prevention programs will support tribally driven evaluation and dissemination efforts related to TBPs. Continued funding to support TBPs through traditional healers, elders, community members, community health workers, tribal prevention programs, and tribal professionals may encourage more effective culturally based prevention efforts.

When tribes develop and implement TBPs based on their history, values, capacity, community need, and beliefs, this is prevention. TBPs presented in this article describe how TBPs are being used in American Indian youth substance use prevention. These examples may help other tribes by providing a

framework for how to develop, plan, recruit, budget, and promote TBPs. In closing, tribes know intuitively what is needed to prevent substance use and build resilience; they know what works and what does not. Tribes have been using TBPs for thousands of years. Funding agencies, researchers, and policy makers now have the privilege of observing these practices while distinguishing them from Western forms of evidence and practice.

## Acknowledgment

In May 2015, the authors attended a two-day tribal best practice (TBP) workshop taught by Caroline Cruz. During this workshop, authors learned about the history of TBPs and how the State of Oregon has been successful in establishing TBPs to address behavioral health and substance use needs in place of EBPs. This manuscript and the three TBPs highlighted were informed by this workshop. Authors worked with tribal site coordinators to document TBPs being used in tribal communities. Examples of these TBPs are included in this manuscript to increase understanding and visibility of TBPs.

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## ORCID

Allyson Kelley  <http://orcid.org/0000-0002-4127-3975>

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