



Through the Diamond Threshold:

Promoting Cultural Competency
in Understanding American Indian
Substance Misuse

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Acknowledgements



American Indian and non-Native addiction treatment and health care professionals have the opportunity to touch the lives of countless American Indian people who look to them for hope and healing. These professionals require a distinct array of knowledge, skills and attitudes to specifically and holistically meet the needs of American Indian individuals who are misusing substances. *Through the Diamond Threshold: Promoting Cultural Competency in Understanding American Indian Substance Misuse* makes use of stories, music, and experiential exercises reflecting the historical and cultural context of the American Indian community, its cultural revitalization, and healing movements that are redefining the source and nature of alcohol/drug problems. This curriculum was inspired through the demonstration of the Mid-America ATTC training curriculum:

Hayton, R., Cormack, S., and Baehni, S. (2002). *Foundations of Substance Use, Abuse and Dependence*. Kansas City, MO: Mid-America ATTC in residence at the University of Missouri-Kansas City.

The development of this curriculum required the contributions of many people. In November 2008 and again in July 2009, multidisciplinary American Indian treatment providers, public health professionals and tribal leaders participated in demonstration trainings and focus groups conducted in Oklahoma City, Oklahoma. Their feedback provided valuable perspective to the Oklahoma City Area Inter-Tribal Health Board (OCAITHB) and the Mid-America ATTC on the essential cultural elements, critical issues, and content this curriculum should address in order to meet the training needs of addiction treatment center providers serving American Indian patients/clients.

In general, participants suggested that the training focus on community rather than simply individual education, holistic wellness rather than simply cognitive education, stories rather than problem solving, both inner and outer experiences rather than simply behavioral and cognitive change, and on strengths rather than on problems and deficits. We are extremely grateful for their clear, thoughtful ideas shared in focus groups and extend to them our most sincere appreciation.

Those participating in demonstration training activities are listed in alphabetical order with tribal affiliations listed if known:

Andrea Alexander (Seminole/Muskogee-Creek); David Asetoyer (Comanche); Barbara Attocknie (Pawnee); Courtney Carrier (unknown); Don Carter (unknown); Diana Cournoyer (unknown); Larry Cravatt (Seminole); Janet Custer (Cherokee); Darren Dry (Cherokee); Virginia Elsley (unknown); Donna Given (Seminole and Muskogee-Creek); DeAnna Gray (unknown); Billy Jack (unknown); Jimmy Jestes (Pawnee); Marilyn Jones-Parker (Absentee Shawnee); Chebon Kernell (unknown); Debra Kingston (unknown); Nikki Kirkendoll (Delaware); Paula Knox (Cherokee/Northern European); Amber Komahcheet (unknown); Brigitta Leader-Longhorn (Muskogee); Gwendolyn McCarroll (Cherokee/Sac & Fox/African American); Margaret Murrow (unknown); Elaine Mzhickteno-Barr (Prairie Band Potawatomi); Diddy Nelson (Navajo/Diné); Gerald Nolan (unknown); Harold Price (Northern European); Curtis Primeaux (Ponca); Rockey Robbins (Cherokee/Choctaw); Kelli Sam-Henry (unknown); Kateri Schaaf (Wichita/Ojibwe); Wynonia Schmidt (unknown); Kimberly Simon (unknown); Linda Speer (German/Irish/Cherokee); Ray Tainpeah (Kiowa); Chris Tall Bear (Southern Cheyenne); Kathleen Tall Bear (Cheyenne/Arapahoe); Barbara Underwood (Chickasaw); Courtney Yarholar (Sac & Fox/Muskogee-Creek/Pawnee/Otoe); Caron Yellowfish (Comanche); and Robert Zumwalt (Kiowa).



We sincerely thank demonstration training facilitators, **Jan Wrolstad**, MDiv (Northern European), Associate Director, Mid-America ATTC, and consultants, **Richard Hayton**, MS (Northern European) and **Karina Forrest-Perkins**, MHR, LADC (Cherokee/Northern European). Their enthusiasm in delivering the two demonstration trainings inspired participants to envision a curriculum born out of their own cultural perspectives.

Most noteworthy among the contributors were the primary author and writing team members of *Through the Diamond Threshold*. Primary author, **Rockey Robbins**, PhD (Cherokee and Choctaw), Associate Professor, College of Counseling Psychology at the University of Oklahoma contributed much of his previous work in teaching multicultural studies. His commitment and dedication to both multicultural learning and his talent for intentionally constructing events through the rendering of complex experiential learning activities made the development of this curriculum possible. Other writing team members

were assembled by **Diddy Nelson**, BS (Navajo/Diné), Executive Director of the Oklahoma City Area Inter-Tribal Health Board. Members of the writing team included Diddy Nelson, **David Asetoyer**, BA (Comanche), Cultural Competency Facilitator with the Oklahoma Department of Mental Health and Substance Abuse; and **Chris Tall Bear** (Southern Cheyenne), Native American Tobacco Educator, Oklahoma City Area Inter-Tribal Health Board. **Patricia Stilen**, MSW (Northern European), Director of the Mid-America ATTC, provided oversight to the development and production of the curriculum, and wrote and produced *Activity 7: Soul Wound PowerPoint Slides*.

Graphic artist, **Marwin Begaye**, MFA (Navajo/Diné) brought the curriculum to life through his clear artistic representation capturing the essence of the training. **Heather Gotham**, PhD (Northern European), Associate Research Professor, University of Missouri-Kansas City developed thoughtful focus group questions and conducted the focus groups.



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Through the Diamond Threshold:

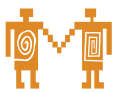
Promoting Cultural Competency in Understanding American Indian Substance Misuse

Introduction

O GREAT SPIRIT

**Help me always to speak the truth quietly,
to listen with an open mind when others speak,
and to remember the peace that may be found in silence.**

—CHEROKEE PRAYER



The Oklahoma City Area Inter-Tribal Health Board (OCAITHB)¹ and the Mid-America ATTC² in partnership are pleased to provide this culturally competent foundational substance use curriculum that makes use of stories, music, a traditional meal and experiential exercises reflecting the historical and cultural context of the American Indian community, its cultural revitalization, and healing movements that are redefining the source and nature of alcohol/drug problems in this community. This product was created in response to the need for a culturally appropriate foundational substance use curriculum that can be used in a number of different venues and with a variety of audiences. This product may be used to educate professionals both in the American Indian and the non-Native community as well as American Indian tribal leaders, elders and spiritual healers. Largely interactive in nature, the activities offer an opportunity for participants to immerse themselves in

an American Indian experience. It provides a context in which participants explore how life experiences and Eurocentric perspectives have shaped attitudes about the American Indian relationship to alcohol and drug misuse.

The curriculum contains a selection of activities with discussion and questions, and opportunities for participants to share following each activity. Throughout history, American Indian people have told stories to teach lessons and understand experiences, recognizing that definitions and problem-solving exercises used alone shave off much of life. Experience can never be encapsulated by concepts and ideas; the American Indian people emphasize the importance of the inner visionary experience. American Indians have long been told what was wrong with them. In contrast, the *Through the Diamond Threshold* curriculum takes a positive vantage point that offers hope and builds on the many gifts of tribal cultures.

¹ The Oklahoma City Area Inter-Tribal Health Board (OCAITHB), located in Oklahoma City, Oklahoma, was established in 1972 to provide a united voice for all 42 federally recognized Indian tribes residing in the states of Kansas, Oklahoma and Texas.

² Mid-America Addiction Technology Transfer Center (Mid-America ATTC) is a program in residence at the University of Missouri-Kansas City in the Institute for Human Development. Since 1993, Mid-America ATTC's primary mission has been to develop and strengthen the workforce which provides addictions treatment and recovery services to those entering the treatment system in the states of Arkansas, Kansas, Missouri, Nebraska and Oklahoma.

In 2009, 18 training participants, from 15 federally-recognized tribes, recommended the curriculum focus on:

- community rather than individual education;
- holistic wellness rather than simply cognitive education;
- stories rather than problem solving;
- both inner and outer experiences rather than simply behavioral and cognitive change;
- and on strengths rather than on problems and deficits.

This curriculum was written by American Indians for the benefit of American Indians. The authors were mindful of how frequently psycho-educational skills programs provided to American Indian participants have been culturally biased and consequently unsuccessful because of their inherent prejudices and inappropriateness. Research suggests a less prescriptive, more flexible program that promotes culturally relevant and appropriate psycho-educational group techniques to promote cultural identity, self-disclosure, processing, altruism and an emphasis on psychology's strength model rather than on psychology's traditional deficit model (Robbins, R., Tonemah, S., & Robbins, S. 2002. Project Eagle: Techniques for Multi-Family Psycho-educational Group therapy with Gifted American Indian Adolescents and Their Parents. *American Indian and Alaska Native Mental Health Research*, 10, 56-74. LaFromboise, T. D., & Rowe, W. 1983. Skills training for bicultural competence: Rationale and application. *Journal of Counseling Psychology*, 30, 589-595.) Training participants are encouraged to explore tribal views and alternative views of reality and develop different frames of reference for explaining behavior. The role of the facilitator(s) is to assess the audience's need for awareness training, clearly define the training purpose and goals, and only then select constructed activities that enable and guide a journey of discovery for participants.

Each curriculum exercise provides a guide for the facilitator to lead participants through experiential activities and minimizes didactic lectures. Participants should be prepared to do some of their own inner work. Questions that follow each activity invite participants to respond with their own stories.



TRAINING OVERVIEW

Overarching Goals

- Provide a context in which participants have an opportunity to immerse themselves in an American Indian experience.
- Reflect upon and experience the historical and cultural context of the American Indian community, its cultural revitalization, and healing movements that are redefining the source and nature of alcohol/drug use among American Indian people.
- Create an environment of trust and openness where personal reflection and group discussion foster evaluation of one's beliefs and attitudes relating to American Indian culture.

Objectives

- Experience a world view of interpreting reality through heart and hand as well as head.
- Gain awareness of one's own attitudes, beliefs and perceptions about substance misuse based on cultural experience.
- Gain awareness of how one's attitudes, beliefs and perceptions are a product of one's life experience.

Audience

- Native and non-Native behavioral health professionals serving American Indian people
- American Indian tribal leaders, elders and spiritual healers seeking greater understanding of substance use
- Non-Native service organization volunteers, community leaders and faith communities serving persons of American Indian heritage
- No pre-requisite knowledge or skills needed
- Number of participants
 - Optimal: 20
 - Minimum: 12
 - Maximum: 25

Types of Activities

- Storytelling and role playing
- Facilitator-guided experiential exercises
- Small and large group discussion
- Exposure to images, music and smells, through use of movies (DVD), music (live and CD Rom/MP3), smudging ceremony and a traditional meal

Agenda Options

- 12 - 14 hours (two consecutive full days)
- 6 - 8 hours (one full day)
- 3 - 4 hours (one half day)

Facility Needs

- Dimension of room should allow for chairs to be placed in large circle with little to no unmovable obstructions
- Long, narrow space not conducive to training experience
- One table or flat surface available for facilitator materials and equipment
- Space outside large circle of chairs for drummers, smudging, color guard, etc.
- For *Soul Wound* Activity only: Laptop, LCD projector, projection screen or white wall, audio capability (i.e., speaker or connection to audio system)

Facilitator Requirements

Due to the experiential nature of this training, the use of two facilitators is advisable. It is recommended that the **Lead Facilitator** be an American Indian behavioral health specialist having credibility with Native and non-Native audiences, attuned to his/her own tribal culture with a high degree of knowledge about the dynamics of training and intercultural and intergenerational learning. The **Supporting Facilitator** may be a non-Native behavioral health specialist with understanding of American Indian culture and previous experience as a learner in intercultural training.

An effective facilitator has the ability to debrief and place each exercise into a conceptual perspective that assists participants in understanding what occurred as a result of the exercise. Ideally, the facilitator would also have experience in tailoring intercultural training to individual participant characteristics and to the cultural, political, social and economic contexts of the sponsoring agency/institution. Each facilitator should be well prepared and *comfortable* with the exercises employed so that he/she may shift style when participant reactions become difficult to manage.



Facilitator Considerations

Facilitating Native and Non-Native Audiences

- The greater the diversity of participant culture/ethnicity, professional experience and religious/spiritual practices, the richer the experience is for participants.
- The facilitators' effectiveness does not lie solely with the selection of activities appropriate for the context of the training or audience characteristics. Rather, the facilitator should be sufficiently prepared to lead and intentionally adapt constructed activities to enable participant self-discovery and interpretations of new perceptions.
- Prior cross-cultural experiences, learning/teaching styles, and level of cultural self-awareness of both the facilitators and participants are factors which affect the training experience.

Customizing the Training Agenda

The training agendas provided in this curriculum are suggestive only. The Lead Facilitator is encouraged to adapt the agenda relative to the participant responses and organizational context. Basic three-hour, six-hour and 12-hour agendas include a range of low, moderate and high level emotional intensity activities. Each activity outlines a scripted method used to guide intercultural interactions and should be thoughtfully and intentionally selected to fit the participant audience, the culture of the organization and client population served by the organization.

Selecting Training Activities

Sensitive topics can evoke strong participant emotional reactions among adult learners. An individual participant's emotional response is not necessarily reflective of the effectiveness of the training process or the value of the experience. Negative emotions can arise when preconceived views are challenged or stereotypical beliefs are discovered, but the experience of these emotions should not rule out discussion of these issues.

Persons who have done research on group dynamics report that anger can be a powerful emotional vehicle for helping participants develop. On the other hand, aggression towards other participants is likely to limit personal growth and undermine group cohesion.

Facilitators will want to be mindful of audience characteristics and select and facilitate low or moderate intensity activities to build trust among participants. High intensity activities are best scheduled subsequent to lower intensity activities. Facilitators may be required to offer emotional support to the participants.

Emotional Intensity Levels of Training Activities

Activities are assigned a level of emotional intensity according to the following considerations:

- Low Emotional Intensity — passive and/or cognitive activity requiring minimal self-disclosure
- Moderate Emotional Intensity — storytelling by facilitator followed by active discussion, moderate participant self-disclosure and anticipated emotional responses
- High Emotional Intensity — activities unfamiliar to most participants that include simulations intended to evoke participant emotions and/or dissonance regarding previously held perceptions

Activity Intensity Levels

ACTIVITY	EMOTIONAL INTENSITY LEVEL
1 <i>Introductions and Naming Wheel</i>	Low-Moderate
2 <i>Acculturation Issues</i>	Low
3 <i>Firewater Myth Deconstruction</i>	Moderate
4 <i>Give-Away</i>	Low-Moderate
5 <i>Indian Country Role Play</i>	Moderate
6 <i>Lakota Medicine Wheel</i>	Low-Moderate
7 <i>Soul Wound</i>	High
8 <i>Sucker Punched</i>	Low
9 <i>Talking Circle</i>	Moderate
10 <i>Through the Diamond Threshold: Storytelling Wisdom</i>	Low
11 <i>Walking in Another’s Moccasins</i>	Moderate-High
12 <i>Web of Life</i>	Moderate-High



Agenda Options

● **Half-Day Training Agenda**

- Introductions and Naming Wheel*
- Through the Diamond Threshold: Storytelling Wisdom*
- Soul Wound*
- Talking Circle*

● **One-Day Training Agenda**

- Introductions and Naming Wheel*
- Lakota Medicine Wheel*
- Through the Diamond Threshold: Storytelling Wisdom*
- Indian Country Role Play*
- Soul Wound*
- Acculturation Issues Or Sucker Punched*
- Web Of Life*

Optional Evening Activity:
Give-Away possibly following a traditional American Indian meal

● **Two-Day Training Agenda**

- Day 1:
- Introductions and Naming Wheel*
 - Walking in Another’s Moccasins*
 - Through the Diamond Threshold: Storytelling Wisdom*
 - Lakota Medicine Wheel*
 - Sucker Punched*

Evening: *Give-Away* possibly following a traditional American Indian meal

- Day 2:
- Indian Country Role Play*
 - Acculturation Issues*
 - Soul Wound*
 - Firewater Myth Deconstruction*
 - Talking Circle*
 - Web Of Life*



Facilitator-Provided Supplements

Facilitator(s) may wish to supplement or enhance the training experience by providing information on topics and/or expand upon areas within facilitators' expertise. However, the facilitators should keep in mind that this program is participant-centered rather than facilitator/expert-centered. Consequently, the vast majority of the activities consist of group processing activities rather than lecturing.

● **TOPIC AREA 1 - Indigenous Perspectives**

- Seven Directions and Colors (include how this varies from tribe to tribe)
- Sacred Plants such as cedar, peyote, tobacco, sage, sweet grass
- Four Directions, Other 4's
- Dichotomy of Traditional American Indian Values and Euro-American Contemporary Values

● **TOPIC AREA 2 - Ceremonial Dances**

- Rain Dance
- Good Crop Dance
- Ghost Dance
- Harvest Dance
- Spirit Dance
- Stomp Dance
- Sun Dance
- Others

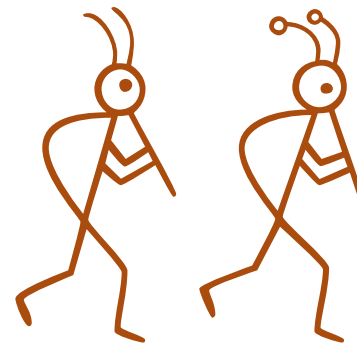
● **TOPIC AREA 3 - Life Cycle/Sacred Rites**

- The Sweat Lodge
- The Vision Quest/Hanbeceya
- Making Relatives
- Puberty Ceremony
- Throwing the Ball
- Summer Solstice Ceremony

● **TOPIC AREA 4 - American Indian Prevention and Recovery Models**

● **TOPIC AREA 5 - The Native American Church**

● **TOPIC AREA 6 - Native Languages of the Americas**



Downloadable Resource

Culture Card: A Guide to Build Cultural Awareness — American Indian and Alaska Native: DHHS Publication No. (SMA) 08.4354.

http://download.ncadi.samhsa.gov/ken/pdf/SMA08-4354/CultureCard_AI-AN.pdf

For Further Reading

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Coyhis, D.L., & White, W.L. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery—"the truth about the lie."* Colorado Springs, CO: White Bison, Inc.

Fleming, C. (1992). American Indians and Alaska Natives: Changing societies past and present. In M.A. Orlandi (Ed.), *Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities (OSAP Cultural Competence Series)*. Rockville, MD: Office for Substance Abuse Prevention.

Marshall, J.M. (2001). *The Lakota way: Stories and lessons from living*. New York, NY: Penguin Group Inc.

Thin Elk, G. (1993). Walking in balance on the red road. *Journal of Emotional and Behavioral Problems*, 2 (3), 54-57.

List of Native American Indian Tribes and Languages: <http://www.native-languages.org/languages.htm#alpha>

National Survey on Drug Use and Health

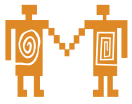
The NSDUH Report (January 19, 2007) Substance Use and Substance Use Disorders among American Indians and Alaska Natives: <http://www.oas.samhsa.gov/2k7/AmIndians/AmIndians.htm>

One Sky Center: <http://www.oneskycenter.org>
One Sky Center is a National Resource Center for American Indians and Alaska Natives. It is dedicated to improving prevention and treatment of substance abuse and mental health problems across Indian Country.

White Bison: <http://www.whitebison.org>
White Bison offers resources on sobriety, recovery, addictions prevention and wellness/Wellbriety for the Native American community nationwide.



Introductions and Naming Wheel



Objective:

To illustrate the great importance placed on names and naming in most American Indian communities and to give participants an opportunity to get to know each other at the beginning of the training.

Time: 60 minutes

Set-up: chairs in circle

Equipment: none

Materials: none

Facilitator Considerations

This is an excellent activity to begin with as it not only introduces an important American Indian practice—that of naming children and even adults according to ancient practices and beliefs, but also provides a way for participants to get acquainted with each other.

Facilitator(s) may choose discussion questions according to the background of the participants and the time allowed.

Facilitator Script

Naming is important in Indian tribes. Some may relate themselves in context of a clan name rather than an individual name. Also, many Native persons are given a unique tribal name by elders. Although this is not unique to this particular culture, it is different from how most naming is done in the dominant white culture.

In this activity we are going to look at how our names were given to us and what they mean or represent to us.

Instructions:

Going around the circle, ask participants to introduce themselves, briefly telling what they know about how they received their names and what they mean or represent. After each introduction the participant restates the first name of each person in the circle who has already made an introduction.

Discussion:

1. What does your first name mean to you personally? Do you identify with, like it, not like it? Why?
2. What does your last name mean to you? What does it mean to other people who know your family?



3. As little as 150 years ago, many tribal people, when asked who they were, simply stated their clan name. What values are expressed by this tradition? What do you think this signified about tribal people? How important are these values to Indians today?

4. Would someone be willing to briefly describe their clan membership and what it means to them? What is it like to not know your clan?

5. How does drug and alcohol use impact your name, your identity, the reputation of your family's name?

6. What names or labels are sometimes given to persons with drug and alcohol problems that are hurtful to their healing? Explain. Helpful to their healing? Explain.

7. How does the stereotype of Indians being drunks affect you? Why?

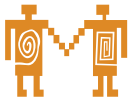
8. *Would anyone in the room be able to describe their own naming ceremony and discuss its meaning?*

9. *There are some traditions in which people change their names at different phases of their lives. Why might this be seen as important?*

10. *When a person is sick and unable to get well, there is a tradition in some Indian cultures in which the person's name is changed for healing purposes. How do you think changing a person's name might affect healing?*



Acculturation Issues



Objective:

The purpose of this activity is to expose participants to the different layers of self-identification and self-acceptance through which American Indians may struggle as they “walk in two worlds,” and promote a greater understanding of the stress American Indians may experience as a result of this duality.

Time: 30 minutes

Set-up: chairs in a large circle

Equipment: none

Materials: copies of *Acculturation Stress Scale* found on page 17

Facilitator Considerations

Prior to the training, print a copy of the *Acculturation Stress Scale* found on page 17 for each participant.

Facilitator Script

Each of you has been provided a handout entitled, Native American Acculturation Stress Scale.

Let’s take a look at this handout. This acculturation scale is used as an integral interview tool in the Red Road Approach developed in 1981 by Gene Thin Elk (Rosebud Sioux). This tool is a component of an initial interview with an American Indian client seeking help with a substance use problem.

Gene Thin Elk states there are four main dimensions of life where one strives to feel comfort and a sense of existence:

- 1. the physical*
- 2. the emotional*
- 3. the mental*
- 4. the spiritual*

These four areas of comfort and social sense of existence are listed in the circles at the bottom of the Native American Acculturation Stress Scale handout.

In any of these four dimensions of life an American Indian person can be in one of four stages:

1. (T) Traditional: You retain your native language(s) and place a high priority value on participating in ceremonial, social and/or cultural practices of your tribe/other tribes.

2. (B) Bi-Cultural: You have knowledge of your tribal language(s) and choose to participate in tribal ceremonial, social and/or cultural practices in balance with modern day activities.

3. (C) Contemporary: You have no knowledge to minimal knowledge of your tribal language(s), do not have a desire for or do not seek opportunity to participate in tribal ceremonial and/or cultural practices.

4. (M) Cultural Multiplicity: You are integrated, aware and/or practice your own cultural, ceremonial, social practices and norms and value global societies’ cultural, social and life-way practices equally.

These four stages are discussed at the top portion of the handout and are represented in the circles below by the use of a single letter, “T” for “Traditional,” “B” for “Bi-Cultural,” etc.

Notice that the four areas of comfort and sense of existence may be experienced differently in different stages depending on one’s family of origin, life experience, religious training, geographic setting and a number of other factors.



Facilitator note: It is very important that participants understand how this scale works and what it means for American Indians living today. Take time to further describe what each part of the handout means and how each person can be at different places in each of the four areas of comfort and sense of existence. Answer questions participants may have about the handout.

A fifth scale is depicted for those who may want to add another dimension.

Please mark an X at the appropriate place where you feel you fall on the acculturation scale in each of the four life dimensions. I will give you three minutes to do this and then we will discuss our responses. You may do this activity whether you are American Indian or belong to some other cultural or racial group.

After three minutes (or when everyone is finished marking their scales), lead a discussion of acculturation using the suggested discussion questions.



Suggested Discussion Questions:

1. *Certainly human beings never really fit into categories, but categories serve as springboards from which we can discuss our human experiences. What stages might you have included besides the ones that Gene Thin Elk included?*
2. *Human beings are never really fragmented into parts as suggested by physical, mental, emotional and spiritual either, but for conversation's sake are there other dimensions you would have included?*
3. *Explain how you feel that different parts of yourself are more or less congruent with different cultures?*
4. *How does it feel to not have the physical dimension match the spiritual or any other dimension?*
5. *How might these "incongruities" impact the way others perceive you? How have you handled this?*
6. *What would you change if you could about your level of acculturation in one dimension or another?*
7. *How much pressure are non-Native persons put under from the time they are born to acculturate into "mainstream" cultures in our society?*
8. *How might acculturation stress impact one's psychological wellbeing?*
9. *How does acculturation stress impact family members who might be at different stages on the continuum?*
10. *Could you tell any stories of how drinking and drug misuse was related to acculturation stress?*



Written by Rockey Robbins (2009)

Native American Cultural Integration Scale courtesy of Gene Thin Elk, Rosebud Sioux

Native American Acculturation Stress Scale

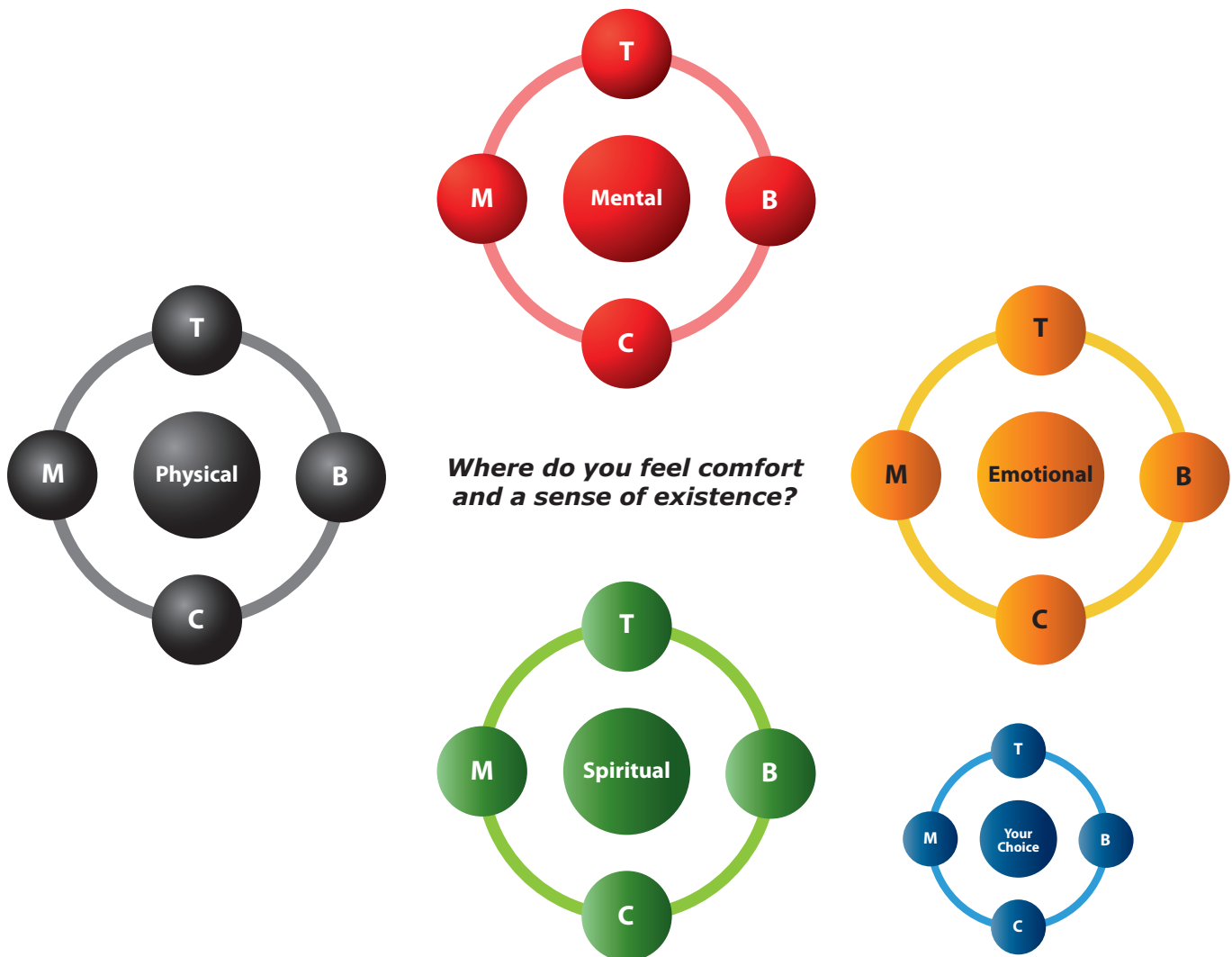
Four main areas where one feels comfort and a sense of existence adapted from the Native American Cultural Integration Scale (NACIS) developed by Gene Thin-Elk, Rosebud Sioux (1981)

(T) Traditional: You retain your native language(s) and place a high priority value on participating in ceremonial, social and/or cultural practices of your tribe/other tribes.

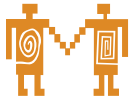
(B) Bi-Cultural: You have knowledge of your tribal language(s) and choose to participate in tribal ceremonial, social and/or cultural practices in balance with modern day activities.

(C) Contemporary: You have no knowledge to minimal knowledge of your tribal language(s), do not have a desire for or do not seek opportunity to participate in tribal ceremonial and/or cultural practices.

(M) Cultural Multiplicity: You are integrated, aware and/or practice your own cultural, ceremonial, social practices and norms and value global societies' cultural, social and life-way practices equally.



Firewater Myth Deconstruction



Objective:

This activity offers a revisionist historical perspective that challenges the impotent, dehumanizing and stereotyping myths about American Indians.



Time: 60 minutes

Set-up:

In the beginning of the activity: traditional classroom set-up with chairs in rows (with or without tables) facing forward; instructor in front of class. Set-up to change during activity if facilitator instructs to do so.

Equipment:

Chalk board with chalk OR large tablet paper on easel with markers

Materials: none



Facilitator Considerations

A 2004–2008 study results show alcohol use rate among American Indians well below the national average. A brief summary of this study is provided at the end of this activity. It is important that the facilitator(s) are familiar with this information prior to facilitating this activity. Data from this study can be used during the activity as appropriate.

For more background on the four firewater myths addressed in this activity and about deconstructing these myths, see Don L. Coyhis' and William L. White's book, *Alcohol Problems in Native America: The Untold Story of Resistance and Recovery—“The Truth About the Lie”* (pp. 47–64, White Bison, Inc., Colorado Springs, CO, 2006).

During this activity participants will be asked to list prevailing stereotypes of American Indians. This can be a sensitive subject both for American Indians who may have built up shame regarding these stereotypes, as well as for non-native persons who may themselves hold some of these stereotypes. The facilitator should be aware of this and be prepared to keep discussions at a reasonable level of emotional intensity.



Instructions and Facilitator Script

1 The facilitator asks participants to name some of the prevailing stereotypes of Indians.

What are some of the prevailing stereotypes we hear about American Indians?

The second facilitator should capture these stereotypes on a chalk board or large tablet paper on an easel.

2 Discuss how stereotypes can become powerful forces that may affect not only the views of the persons who are doing the stereotyping but also those who are stereotyped.

Stereotyping is a form of prejudice people can hold. This form of prejudice creates damaging images of people without the person holding the prejudice having real knowledge about the person or persons to whom the stereotyping is being directed. Stereotypes may be based on a particular historical occurrence or on the behavior or actions of a few people in a group, but provide no basis on which to make a collective judgment. Stereotypes are standardized and simplified conceptions of groups based on some prior assumptions. The person or persons who hold the stereotype are losing valuable opportunities for communication and relationship and are not representing the truth. The victim of the stereotype not only experiences external shame due to the negative message(s) received, but can internalize the shame

until it becomes a powerful overarching and defining force in his or her life and thus, the collective life of his or her group.

3 Provide an overview of the Deconstruction Method

The Deconstruction Method is a powerful tool used to challenge harmful stereotypes and clichés that many people often take for granted and not question. This method will help us to not just challenge ideas but also look at unconscious meanings and political implications imbedded in the stereotype or clichés.

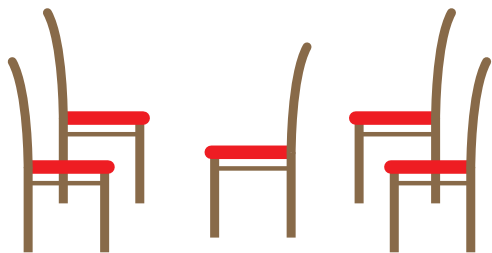
The facilitator then teaches the participants about a powerful new tool to combat stereotypes—deconstruction.

Deconstruction is a method of interpretation that has been especially helpful at imploding harmful stereotypes and clichés that many people may not question. It entails not just challenging ideas, but looking at unconscious meanings and political implications that may be imbedded in the stereotype or clichés.

4 Instructions:

The set-up for this activity is initially the typical traditional classroom setting with speaker in front, etc. The facilitator explains that over the next forty five minutes he/she will be asking for different volunteers to come to the front and help with the deconstructions. Four participants are asked to come to the front. Two participants set their chairs facing the other two, with the facilitator's chair in between the pair of chairs.

The facilitator should explain that he or she will be



working with the four volunteers to deconstruct the firewater myths.

The following four Firewater Myths are from Don L. Coyhis' and William L. White's book, *Alcohol Problems in Native America: The Untold Story of Resistance and Recovery*—"The Truth About the Lie" (pp. 48-50, White Bison, Inc., Colorado Springs, CO, 2006).

- 1. American Indians have an inborn, insatiable appetite for alcohol.**
- 2. American Indians are hypersensitive to alcohol (cannot hold liquor) and are inordinately vulnerable to addiction to alcohol.**
- 3. American Indians are dangerously violent when intoxicated.**
- 4. The solutions to alcohol problems in Native communities lie in resources outside these communities.**

The facilitator selects one of the myths to begin with, reads it aloud, and asks two of the participants on one side about their opinions about the myth chosen for this activity. The two persons on the other side will sit listening to the conversation, taking notes.

After 10 or 15 minutes of discussion between the two persons, the facilitator will ask them to stop their conversation to hear what the other two participants have to say. At this point the facilitator and the two participants who have been talking switch to listening, without intervening, to the other two participants talking to each other. Using their notes as needed, they may repeat interesting comments made by the other participants, ask open-ended questions (which are not answered at this time), offer short examples of the points made up to now, or respectfully offer alternative perspectives.

After five minutes, the facilitator returns to talking to the first two participants, asking if anything that had been added caused them to want to elaborate more on their previous ideas.

If the first two participants indicate that something in what they heard has caused them to want to elaborate on their previous statements, they may do so briefly. At this time they may also answer questions posed by the second pair.

The facilitator asks for four more volunteers and repeats the process above several times depending on time, using another of the four Firewater Myths each time.

Lastly, the facilitator describes to the audience their importance as witnesses of the deconstruction of myths. He or she asks for any brief supportive, positive remarks from the audience and then asks them to join in offering affirmation to the four who took part in the activity.

Sample facilitator questions regarding Myths 1, 2 and 3 listed below:

- *Can you recount any images or movies in which you have seen an American Indian drinking immoderately? How might this image impact one's perception if they were aware of the myth?*
- *What does this myth suggest regarding the equality or inequality of American Indians and other people?*
- *What might be some of the implications of seeing American Indians as having a lower threshold of resiliency to alcohol in terms of social interaction, work and relationships?*
- *Some people suggest that the alcohol problems American Indians may have are caused by something innately wrong with American Indians. How does this strike you?*
- *How might this view be manipulated to absolve the responsibility that dominant society may have in this problem?*
- *How might the stereotype of American Indians being insatiable drinkers be used to keep European Americans in positions of power and responsibility?*

Sample facilitator questions regarding Myth 4 listed below:

- *Can you tell me stories of instances in which Indian people did not trust themselves or other tribal members to solve problems or take leadership roles in managing solutions?*
- *What are the negative views American Indians have about themselves and other tribal members in leadership roles and where did these negative views originate?*
- *How might have external view points of American Indians contributed to American Indians' feelings of inadequacy?*
- *How might American Indians' internalized attitudes about their own tribal inadequacies be used to justify dominant society's intervention into their affairs?*
- *Who are some American Indian role models of recovery and sobriety you see as role models? What hopes do these role models inspire in you about American Indians?*
- *What are some culturally and tribally specific drug and alcohol treatment interventions that may have long range, sustainable impacts on American Indians' communities? Why would such cultural practices be effective?*
- *What will it take to combat our own tribal people's internalization of stereotypes?*

The facilitator should close the activity by thanking all participants for their willingness to be vulnerable and open.



Written by Rockey Robbins (2009)

Four Firewater Myths and some background information taken from Don L. Coyhis' and William L. White's book, Alcohol Problems in Native America: The Untold Story of Resistance and Recovery—"The Truth About the Lie" (White Bison, Inc., Colorado Springs, CO, 2006)

Study results show alcohol use rate among American Indians well below the national average

Date: 7/8/2010 9:00 AM

Media Contact: SAMHSA Press Office

Telephone: 240-276-2130

New Study Shows that the Alcohol Use Rate Among American Indian or Alaska Native Adults is Well Below the National Average

But Native American or Alaska Native adults have a higher rate of binge drinking than the national average

A new national study reveals that the rate of past month alcohol use (i.e., at least one drink in the past 30 days) among American Indian or Alaska Native adults is significantly lower than the national average for adults (43.9 percent versus 55.2 percent). The study, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), also shows that American Indian or Native Alaska adults have a rate of past month binge alcohol drinking (i.e., five or more drinks on the same occasion—on at least one day in the past 30 days) well above the national average (30.6 percent versus 24.5 percent). The level of past month illicit drug use was also found to be higher among American Indian or Alaska Native adults than the overall adult population (11.2 percent versus 7.9 percent).

Among the study's other significant findings:

- Eighteen percent of American Indian or Alaska Native adults needed treatment for an alcohol or illicit drug use problem in the past year, nearly twice the national average (9.6 percent).
- 1 in 8 (12.6 percent) American Indian or Alaska Native adults who were in need of alcohol or illicit drug treatment in the past year received it at a specialty facility—about the same as the national average (10.4 percent).
- American Indian or Alaska Native adults' past month substance use rates drop significantly in older age groups—for example, illicit drug use levels drop from 25.4 percent in the 18 to 25 age group to 4.1 percent in those 50 and older. This pattern is also seen in the general adult population.

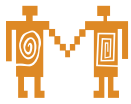
The study was developed as part of the agency's strategic initiative on data, outcomes and quality—an effort to create an integrated data strategy that informs policy makers and service providers on the nature and scope of behavioral health issues. It is one in a series of studies designed to provide more detailed information on substance abuse patterns and treatment needs existing within a wide range of population groups.

"Patterns of substance abuse vary somewhat among different segments of our society," said SAMHSA Administrator Pamela S. Hyde, J.D. "Prevention, treatment and recovery support services are vitally needed within every community. We are using these studies along with on the ground experience to design and provide these services in a way that is accepted by the community and appropriate for individual needs."

"We appreciate SAMHSA's support of this study, which provides valuable findings that can be used for more targeted treatment programs and patient screening," said Dr. Yvette Roubideaux, the Director of the Indian Health Service.

Substance Use among American Indian or Alaskan Native Adults is based on 2004–2008 data drawn from SAMHSA's National Survey on Drug Use and Health available at www.oas.samhsa.gov/nhsda.htm. This data involved responses from 227,791 persons aged 18 or older including 2,879 American Indians or Alaskan Natives. The full report is available on line at www.oas.samhsa.gov/2k10/182/AmericanIndian.htm. For related publications and information, visit www.samhsa.gov/.

Give-Away



Objective:

To demonstrate an American Indian practice of giving away gifts to honor others and to teach generosity as a humanizing virtue.

Time: dependent on the number of gifts to be given away

Set-up: chairs facing the front and a table with the gifts at the front of the room

Equipment: none

Materials: Pendleton blankets or other appropriate gifts for facilitators, participants, training sponsors—whoever is to be honored; in Indian tradition, gifts do not necessarily need to be new or extravagant

Facilitator Considerations

This is an excellent exercise to do either as part of the traditional meal if one is prepared one evening, or as the closing exercise.

There are occasions when members of specific tribal groups may be going through certain ceremonial times during which they are not allowed to touch gifts that are given to them. The leaders should ask that person how he or she would like to proceed in regard to receiving a gift.

Facilitator Script

American Indians of all tribes taught generosity as a humanizing virtue. Chiefs were often the poorest members of a tribe because they gave all their possessions away. A person's wealth was measured by how much he or she gave away. Great Give-Aways were staged regularly to mark the natural cycles through the year. Today Indian people continue to stage extravagant Give-Aways at pow-wows, festivals and special meals to demonstrate their appreciation for the kindness bestowed upon them by other families and tribal members. For many Indian people, giving is indeed seen as better than receiving and is a part of their everyday experience. Giving was never viewed as losing something or a hardship. (Thank you to Stuart Tonemah, Kiowa Elder.) Items given away did not have to be new or extravagant. The same is true during Give-Aways today. Sometimes a gift received at one Give-Away is then given away at the next. Blankets are symbolic for many Native American cultures so, even today, blankets are often given away as a show of gratitude to others.

Instructions

Perhaps one or more of the participants and/or the training host could be honored because of help he or she provided in making this training possible. The organization sponsoring the training would order a blanket or blankets and ask someone among the trainers, participants or hosts who belongs to a tribal group that does Give-Aways to lead the Give-Away time.

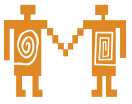
At the Give-Away the person leading the time states the honored person's name and gives acknowledgement of the honored person. The honored person is then called forward and the blanket is wrapped around his or her shoulders and the honored person returns to his/her seat. If some other gift is to be given, it is done when the honored person comes up to the front.

Subsequent honorings during the Give-Away are handled in the same way. The Give-Away continues until all gifts have been given away.

One option for gifts is to have participants receive their CEU/contact hour certificates during this Give-Away.



Indian Country Role Play



Objective:

To lead into a discussion of what life is like growing up in Indian Country. [Indians sometimes refer to reservations and regions where there are large proportions of American Indians as "Indian (NDN) Country."]

Time: 60 minutes depending on how many scenarios are used

Set-up: chairs in circle with an appropriate number of chairs for the role play placed back to back in middle of circle

Equipment: none

Materials: none

Facilitator Considerations

The facilitator may design other scenarios specific to a tribal situation, a reservation, a region or that highlight certain issues. Some of the discussion questions would need to be adapted.

The following is a definition of "role-playing" for your reference.

Role-playing refers to the changing of one's behavior to assume a role, either unconsciously to fill a social role, or consciously to act out an adopted role. While the Oxford English Dictionary defines role-playing as "the changing of one's behavior to fulfill a social role," the term is used more loosely in three senses:

- To refer to the playing of roles generally such as in a theater, or educational setting;
- To refer to a wide range of games including computer role-playing games, play-by-mail games and more;
- To refer specifically to role-playing games.

Taken from Wikipedia: <http://en.wikipedia.org/wiki/Role-playing>; 6/01/10

Instructions:

Participants are seated in a circle. An appropriate number of chairs for the role play are placed back to back in the middle of the circle. Participants are selected to sit in the middle chairs. The trainer whispers the scenarios for the upcoming role play to the actors.

In order to allow participants to better understand other peoples' situations, the trainer might give actors roles which are furthest removed from their everyday life. For instance, an adult male might play the role of a teenage girl whereas a teenage girl might be given the role of a father.

Group discussion follows each role play.

Role play situations

- 1 **Characters needed:** a grandmother, mother and 16-year-old grandson/son.

Situation: The grandmother has been raising her only grandson for four years since he was twelve years old. She has found out that he is in a gang and has been dealing drugs. He is also flunking out of school. The grandmother asked her daughter to drive in from Tulsa to talk with her and her son about the situation. The grandmother has had a good relationship with her grandson, while the mother has not. The grandmother has used shunning and not talking to the grandson as punishment in the past, but it has not helped with the most recent problems. The son does not deny any of his negative behaviors, but is reluctant to give them up. At this point he drinks alcohol and



smokes marijuana, but does not use any other drugs. The family had once been very much a part of their tribe's ceremonies, but not since grandfather died six years ago. The boy's father is in prison and has long been out of the picture.

2 Characters needed: parents (who are also grandparents) and their oldest adult son.

Situation: A husband, wife and their seven-year-old son and eight-year-old daughter have been living with the wife's parents for about a year. The wife's parents have gone to their oldest son and told him that they are worried because their daughter (his sister) and her husband drink each night and appear to not be looking for new jobs having lost their last ones. The grandparents are finding themselves taking on most of the responsibilities for their grandchildren's physical and emotional well being. They are at their wits end.

Discussion—Part I:

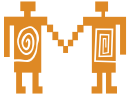
1. *How was the role play like real life in Indian (NDN) Country?*
2. *How was the role play not like real life in NDN Country?*
3. *What are some of the difficulties of communicating in these situations?*
4. *What are some questions and comments you feel would have helped with the communication process?*
5. *How can we as communities help grandparents who are increasingly in these predicaments?*
6. *What can we do as communities to help parents assume more responsibility in these kinds of situations?*
7. *Why do you feel that drugs and alcohol lead to neglect and abuse of children, spouses and grandparents?*
8. *Would someone be willing to tell a success story related to how an NDN family dealt with drinking or drugs problem?*
9. *What about the story that was just reenacted is helpful to you in having hope for the future?*
10. *If we could wake up tomorrow and drug and alcohol abuse were taken out of NDN country, what would be possible?*

Discussion—Part II:

Participants who are observers in the role-playing exercise should be asked at the end of the discussion how they would have played the assigned parts.



Lakota Medicine Wheel



Objective:

To introduce participants to one way of looking at the whole person through the image and meanings of the Lakota Medicine Wheel and to use the Medicine Wheel to show how people have different strengths and that it is because of these differences we need each other.

Time: 60 minutes

Set-up: chairs in a circle

Equipment: none

Materials:

- Poster Board (1 sheet each color)
 - Black (West)
 - Red (North)
 - Yellow (East)
 - White (South)
- Simple recognizable objects about which participants can share meaning from their personal perspectives, and which may evoke deep emotional responses:
 - a roll of Christmas wrapping paper (definitely use this object)
 - a hammer or other object such as: alarm clock, service medal, doll, baby rattle, etc.

Facilitator Considerations

All Native American tribes do not share common religious beliefs and practices, however there are many themes and symbols similar among tribal communities. The Medicine Wheel is one of those more common symbols. Different tribes may assign different meanings to the four directions on the Medicine Wheel, but the symbol itself is used in a number of tribes. This exercise is built around the meaning of the Lakota Medicine Wheel, but research into other tribe's beliefs surrounding their Medicine Wheels may be useful. At appropriate times in the discussion, encourage other American Indians whose tribes have Medicine Wheels to share their meaning and symbols.

The facilitator(s) may choose questions according to the background of the participants and the time allowed.

It is important for the instructor to bring closure to this activity by reviewing the importance of and symbolism in the Medicine Wheel, and reminding participants of the wonderful differences within humankind.

Facilitator Script:

The Lakota medicine wheel has become a widely recognized medicine wheel in the United States. It is a circle, a common symbol for many tribes. The seven directions represent West, North, East, South, above, below and within the heart.

The West is the direction associated with the color black and is the physical dimension.

The North direction is associated with the color red and the mental dimension. The gift of the mental dimension is discernment as opposed to judgment. The

primary discernment is the capacity to understand what blocks the natural flow of life.

The East is represented by the color yellow and is the emotional dimension. Without emotion to help us move or resituate ourselves, we would have a hard time putting ourselves in other's points of view. Life without emotion would lack vitality and dynamism.

The South direction is represented by the color white and is the spiritual dimension. The spiritual is the eternal now, the pause, silence, the place of healing, no judgment, no dogma, unifying experience.

None of the directions are superior to any other. Though it is too complex to describe here, most of us tend to come into this world with inclinations and temperaments associated with these directions. The point of our existence is to integrate each of them into our center and bring greater balance and harmony in our world.

Part 1—Facilitator Instructions

1. Place appropriately colored poster board on the floor in the four directions of the room. (West – Black; North – Red; East – Yellow; South – White)
2. Ask participants to stand and move to the center of the room within the boundaries of the four directions of the room. Briefly recount some of the meanings of the directions. Ask participants to go to the direction where they feel they may have the most gifts and sit down. Remind the participants that none of the directions are any better than any other.
3. Ask participants to sit in a chair near their direction to discuss the exercise.

West/Physical

- (+) Persons with this propensity may achieve concrete accomplishments. They may be very accomplished in social activism.
- (-) They are in danger of becoming self-sacrificing martyrs or being consumers by a desire for tangible things and money. Their integrity may be compromised.

North/Mental

- (+) Persons with this propensity may become scholars, creators of systems and exhibit wise discrimination.
- (-) They may have tendencies to become controlling and harsh. They can be rigid and cold.

East/Emotional

- (+) Persons with this propensity may be good at developing and nurturing relationships.
- (-) They may be needy and dependent.

South/Spiritual

- (+) Persons with this propensity may have powerful intuitions, even psychic awareness. They may have power to transform suffering into learning.
- (-) They may be in denial of their limitations and wrong doings.

Part 1—Participant Discussion Questions

1. *If your tribe has a medicine wheel, how is it different from the Lakota?*
2. *In what activities do you participate where the circle is important?*
3. *What abstract qualities do you associate with the circle?*
4. *Why do you think so many Euro-American shapes and organizations are in the form of squares? What does it mean?*
5. *Would someone from each direction give a concrete example of how the strength and the deficit of that direction has manifested in his/her life?*
6. *Discuss how you have attempted to bring greater balance into your life by working to integrate a different direction in the way you live.*
7. *How does thinking about ourselves in a holistic way rather than a divided way impact our health and our self-concepts?*
8. *In some cultures the human experience is described in separate parts such as the mind, the body, the emotions, the soul. How might this more fragmented way of thinking about oneself contribute to drug and alcohol problems among American Indians?*
9. *How does one experience one's self as a whole person?*
10. *Tell a story of a time you felt whole.*



Part 2—Facilitator Instructions

1. Ask participants to remain sitting in the circle near the direction they chose.
2. Place a roll or folded piece of Christmas paper in the center of the circle.
3. Ask participants to say what it is they see.
4. Between comments pause and ask inquiringly if anyone else sees something different.

Repeat process using another object(s) that may invoke an arousing association. For example, place a hammer in the center of the room and process similarly.

Part 2—Participant Discussion Questions

1. *How might you describe or categorize the different things people saw in the exercise?*
2. *Why do you think different people saw different things that elicited different responses?*
3. *What did you think and feel as you listened to other perspectives?*
4. *Did hearing the different perspectives impact your perspectives? How?*
5. *What are the values and/or problems of having different perspectives, say in a workplace?*
6. *What is your first memory of encountering a person of a different race? Describe any feelings of disorientation you may have had.*
7. *How did anything you had heard about persons of this race or had seen on television about them influence your reaction?*
8. *How have your perspectives of that particular racial group changed as a result of this experience? Why and how might your views have become more complex?*
9. *What are the benefits or problems of respecting, accepting and honoring diversity?*
10. *Perspective taking is a therapeutic technique used in Cognitive Behavioral Therapy to loosen a person's rigid outlooks that contribute to behavioral dysfunction. How might perspective taking be used to help persons who misuse alcohol or drugs?*

Written by Rockey Robbins (2009)



Part 3—Facilitator Instructions

This activity is called Instant Replay. It is a brief, lighthearted transitional activity.

1. Participants stay seated in a circle.
2. Move to the center of the circle and perform any act you wish. Suggested acts include singing a song, dancing, doing jumping jacks, quoting a poem, etc.
3. Then point to a person in the circle and say, "instant replay!"
4. Instruct that person to come to the center and replay what you just did.

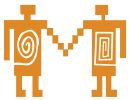
Once the person replays the action, he or she points to another person and says "instant replay" and the activity continues, alternating with participants selecting persons for "action," then "instant replay."

Part 3—Participant Discussion Questions

1. *What thoughts and feelings did you have during this activity?*
2. *How difficult is it for you to let go and be goofy? Why is it so difficult?*
3. *What allows some people to act silly and others to not be able to?*
4. *When does silliness go too far?*
5. *How might drinking and doing drugs be related to shyness and extreme self-consciousness?*
6. *Would someone tell a story about how they might have overcome extreme self-consciousness without drinking and doing drugs?*



Soul Wound



Objective:

To provide participants with a brief immersion experience into the history of American Indians in the United States and enable participants to feel some measure of the marginalization and mistreatment American Indians have encountered. Participants will be, both individually and as a group, connected to the historical predicament of American Indians. This activity attempts to assist people to move beyond the cognitive perspective to emotional empathy in regard to the historical trauma American Indians continue to endure and overcome. The activity illustrates that we all have roots which form the basis of who we are today.

Time: 90-120 minutes

Set-up: chairs in circle; chairs moved so participants can face screen to view PowerPoint slide show; chairs can be moved back into circle for discussion time following slide show

Equipment:

- Laptop computer
- LCD projector
- audio capability (i.e., speakers or connection to an audio system)
- Screen or white wall

Materials:

- Pen or pencil for each participant
- Three blank slips of paper for each participant
- Replacement "Blessing" cards pre-cut and folded in half (The 3 sheets of cards are provided at the end of this exercise.)
- Small empty trash can
- Boxes of tissues
- Easel with newsprint tablet & markers, whiteboard & dry erase markers or chalkboard and chalk
- PowerPoint Slideshow: *Soul Wound* (16 minutes)

Facilitator Considerations

The content of the PowerPoint slide show has the potential to invoke strong emotions from participants. It is important for facilitators to view the slides several times prior to conducting the activity in order to capture some facts about the historical trauma American Indians have faced in this country. These facts may be used in the activity that precedes the slideshow.

Facilitator Directions and Script to Introduce Activity

Begin the activity with talk about our blessings in life and the objects, values and beliefs we each come to cherish.

In our lives we all have objects, values and beliefs that we cherish and which bless us most in the entire world. These can be both tangible and intangible—things we can touch and things that are unseen.

Facilitator Instructions

1. Provide each participant three separate pieces of 3"x3" paper.

I ask that you think of three things you cherish most in the world. These can be values, ideas, beliefs, persons, pets, God, faith, Sundance, other ceremonies, etc.

In a few moments, I'll ask each of you to share these blessings with the group.

What I ask you to do next is to write one blessing or cherished thing on each of the three papers.

2. Ask participants to read aloud one gift they've written on a piece of paper and continue around the circle until all blessings are read aloud.

Now that you've written these things down, I'm going to go around the room and ask you to share some of these things you cherish the most.

3. As participants read their gifts aloud, celebrate these gifts by writing them on a newsprint tablet, dry-erase board or chalk board, noting how some of the gifts appear to be especially appreciated by more than one participant. Use tick marks to note where cherished items are repeated on the list.

As participants share, the trainer may comment BRIEFLY and affirm some of the cherished items shared. This is a time of reflection for participants.

4. Ask participants to turn their slips of paper with cherished gifts face down on the floor in front of them.

Now, I want you to turn your slips of paper downward on the floor in front of you.

5. Pick up the small, empty trash can. Walk around the circle, pausing in front of each participant to take one piece of paper from each person and drop it in the trash can. Maintain silence.

6. Stand at the front of the room and instruct participants to pick up remaining two pieces of paper from the floor.

Please pick up the two pieces of paper remaining on the floor.

7. Casually remove the individual papers one at a time from the trash can and tear each into two pieces. Maintain silence as you tear each one.

8. Ask participants to read silently the two cherished blessings remaining in their possession to determine what was taken from them and share that aloud.

Now look at the two pieces of paper – your blessings in life – and notice what blessing has been taken from you. This blessing has been taken from you and you can never have it again. We will go around the circle and each of you can say aloud which cherished gift was taken from you.

After each person shares what was taken from him or her, BRIEFLY restate the loss or reframe the impact of that loss with a word or phrase that acknowledges and emphasizes the loss.

Example of BRIEF Affirmative and Reframing Statements:

- (Lost Blessing = Son) say something like, "Your son is no longer with you . . ."
- (Lost Blessing = God) say something like, "You are no longer allowed to express your spirituality as you have been taught."
- (Lost Blessing = Love of Family) say something like, "You are not going to have the love of your family anymore . . . you're never going to see your family again."

At the end of the round of sharing and restating lost blessings, facilitator will connect the meaning of this exercise by BRIEFLY stating historical events and current statistics that emphasize historical trauma and acculturation stress.

People were not allowed to worship as they once did, Christian people said American Indian people must worship their God.

Families were separated, children never saw their families again.

American Indian people were told, "cut off your hair, quit dressing like that, be here on time, don't love naturally, don't love your family"—ghosts of the past weigh heavily.

American Indian people often hear, "Get over it . . . that was then and this is now."

Today, the majority of American Indian people can't read or speak their Native language. "Among the 39 federally recognized tribes in Oklahoma, only the Cherokees, Kickapoos, Choctaws and Creeks are known to have children growing up speaking a Native language." (National Education Association. 2006, September. Focus on American Indians/Alaska Natives. Washington, DC: NEA Human and Civil Rights)

[Facilitator has option to make note of other disparities substantiated by reliable sources.]



9. Walk around circle of participants and hand each participant a folded Replacement "Blessing" card. Continue passing out all "Blessing" cards evenly distributing among participants. Ask that participants not read the "blessing" until asked to do so.

I am now giving you a card to replace the one taken from you. Do not read the card until asked to do so.

When all Replacement "Blessing" cards are passed out, instruct them to silently read the card or cards they have been handed.

Now that everyone has some Replacement "Blessing" cards, unfold them and read the contents silently.

10. Introduce Soul Wound PowerPoint Slideshow and ask participants to hold back any comments until the conclusion of the slideshow presentation.

We will now view a 15-minute slideshow depicting the historical events that have shaped the American Indian experience during the past 400 years. We will share our thoughts and feelings after viewing the Soul Wound PowerPoint Slideshow.

Allow for a moment of silence following the Slideshow.

11. Transition to a large group discussion and debriefing.

Having survived abuse by those who thought they were better because of their race, American Indians have had to find their own validation, and, as such, it is unshakeable. Indians know now that no one can truly control them. Indians are able to laugh and remain cheerful in the face of adversity because their ancestors were able to cry and to laugh at the blood-dimmed tide of colonialization. They have learned that there is always joy and happiness within, waiting to be accessed, no matter what the external conditions.

We are going to move into a sharing time about our thoughts and feelings during this exercise.

Use questions that follow to prompt or guide participant reflections.

The facilitator may request that the group move back into a circle for the discussion.



Discussion Questions

1. How did you feel when you announced your most precious gifts to the other participants?
2. What were you thinking when you saw certain themes reoccur?
3. What was your reaction when one of your gifts was taken from you, thrown into a trash can and then torn up?
4. Explain what you experienced as the connection was made between your personal experience and the historical trauma of Indian People?
5. What problems or issues might you expect a people to experience if they have to endure a sustained cultural genocide over generations?
6. What do you think or how do you feel when people say that Indians should "just get over it"?
7. How do you feel the misuse of drugs and alcohol is connected to the soul wound just portrayed in this activity?
8. Why might Indian People create distance and remain alienated from Euro-Americans and the dominant culture?
9. How might the misuse of drugs and alcohol intensify the pain experienced because of the soul wound?
10. What kind of ceremonies or workshops might be useful in helping Indian People heal the soul wound?

Facilitator Directions and Script to Close Activity

The trainer should bring the activity to a close with a BRIEF summary and affirmation to the audience for participating in this powerful activity.

Thank you for your participation in this powerful activity.

Type 2 Diabetes

Mental Health Disorder
Anxiety
Depression
Suicidal Thinking

Federal and Criminal Offense
Lose Your Right to Vote

Speak Foreign Language
You are Forbidden to Use
Native Language

You Are Denied Rights as a
Human Being
Prejudice & Discrimination

You Do Not Grow Up with
Your Birth Father

Alcoholism / Drug Addiction

Trauma:
Rape/Incest

Trauma:
Parent Incarcerated

Trauma:
Death/Loss of Significant
Role Model to Suicide

Trauma:
Older Brother Takes
His Life

Trauma:
Domestic Violence

Trauma:
Your Child is Taken to
Boarding School Against
Your Will

Trauma:
Lose Custody of Child(ren)

Choose Only One:
You are a U.S. Citizen
Or
A Member of an Indian Nation

Social Isolation

Poverty

May Not Express
Spiritual Practice
or Religion
(Before 1973)

Overt
Discrimination

Few Role Models in:
Media
Television
Text Books

Grow Up in Adoptive Home
with No AI Cultural
Experience

Loss of Self-Sufficiency
Forced into Work that Alienates
You from the 4 Seasons (i.e.,
Loss of Land Rights, Water
Rights, Hunting Rights)

You Are Given a Blanket
Infected with Smallpox

Trauma:
Taken from Home, Family,
Everything and Everyone You
Know (at Age 5-6)

Sacred Objects &
Family Possessions
Collected in Museums

Lose Rights to
Live on Homeland
&/or Own "Property"

HIV

Your Sister Experiences
Unintentional Injury and Dies

Tuberculosis

Homicide in Family

Activity 7 Soul Wound



Recommended Musical Score:

Who are We to Say?
Contributing Artists: Lisa Gerrard & Jeff Rona
A Thousand Roads

Rockey Robbins, et al. *Through the Diamond Threshold: Promoting Cultural Competency in Understanding American Indian Substance Misuse* (2011)

Patricia Stilen, Editor *Activity 7: Soul Wound PowerPoint*



1



Being Indian is an attitude, a state of mind, a way of being in harmony with all things and all beings. It is allowing the heart to be the distributor of energy on this planet; to allow feelings and sensitivities to determine where energy goes; bringing aliveness up from the Earth and from the Sky, putting it in and giving it out from the heart.

Brooke Medicine Eagle



2

Lord Amherst in a Letter to Colonel Bouquet July 1763

Dear Col. Bouquet,

Could it not be contrived to send Small Pox among those disaffected tribes of Indians? We must use every [strategy] in our power to reduce them.

Lord Amherst, July 16, 1763



3

Journal Entry of Royal American Captain Ecuyer, July 1763

Soon thereafter, an epidemic spreads across tribal nations residing near the Ohio River.

Out of our regard for them (two Indian chiefs) we gave them two blankets and a handkerchief out of the smallpox hospital. I hope it will have the desired effect.

Lord Amherst, July 16, 1763



4

Indian Intercourse Act of 1832



This act made it illegal to sell liquor to an American Indian anywhere in the United States.

Signs from Birney, *Montana Drinking Establishment*

Repository: Library of Congress Prints & Photographs Division Washington, DC 20540 <http://hdl.loc.gov/loc/pnp/ppr.print>



5

The Indian Removal Act - 1830



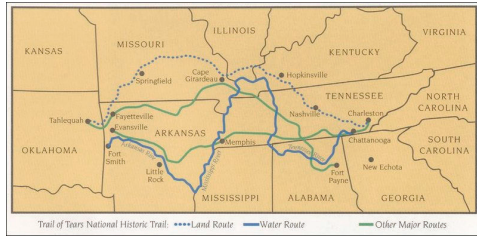
Trail of Tears
The Granger Collection, New York

The Creek, Cherokee, Choctaw, Chickasaw and Seminoles lived much like white men, owned and farmed 25 million acres of land in the Southeast. When gold was discovered in Cherokee lands, white settlers wanted the land. Upon President Andrew Jackson's urging, Congress passed this Act setting in motion the events leading to the Trail of Tears.



6

The Trail of Tears - 1839



Forced relocation of the Cherokee Native American tribe to the Western United States in 1838-39 resulted in the deaths of an estimated 4,000 Cherokee Indian people.



7

The Trail of Tears - 1839

"I saw the helpless Cherokees arrested and dragged from their homes, and driven at the bayonet point into the stockades. And in the chill of a drizzling rain on an October morning I saw them loaded like cattle or sheep into 645 wagons and started toward the west . . ."



Private John G. Burnett
 Captain Abraham McClellan's Company, 2nd Regiment, 2nd Brigade, Mounted Infantry
 Cherokee Indian Removal 1838-39



8

The Trail of Tears - 1839

"On the morning of November 17th we encountered a terrific sleet and snow storm with freezing temperatures and from that day until we reached the end of the fateful journey on March 26th, 1839, the sufferings of the Cherokees were awful . . . and I have known as many as twenty-two of them to die in one night of pneumonia due to ill treatment, cold and exposure . . ."

Private John G. Burnett
 Captain Abraham McClellan's Company
 2nd Regiment, 2nd Brigade, Mounted Infantry, Cherokee Indian Removal 1838-39



9

The Trail of Tears - 1839

"We are now about to take our leave and kind farewell to our native land, the country the Great Spirit gave our Fathers, we are on the eve of leaving that country that gave us birth, it is with sorrow we are forced by the white man to quit the scenes of our childhood...we bid farewell to it and all we hold dear."

Charles Hicks, Tsalagi (Cherokee) Vice Chief speaking of The Trail of Tears, November 4, 1838

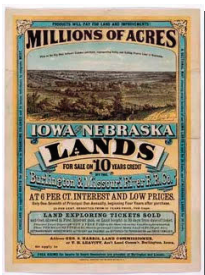
You Are Denied Rights as a Human Being
 Prejudice & Discrimination

Loss of Self-Sufficiency
 Forced into Work that Alienates You From the 4 Seasons (i.e., Loss of Land Rights, Water Rights, Hunting Rights)



10

The Homestead Act - 1862



- Allowed U.S. citizens, or those who had filed for citizenship, to submit claim for 65 hectares in return for a \$10 fee
- After living or farming on the land 5 + years, a homesteader paid fee for title to the land
- Spurred settlement of land designated as "Indian territory" at a time when American Indians were not considered citizens

Loss Rights to Live on Homestead &/or Own "Property"



11

"We, the great mass of the people think only of the love we have for our land, we do love the land where we were brought up.

We will never let our hold to this land go, to let it go it will be like throwing away (our) mother that gave (us) birth."

Letter from Altooweyah to John Ross, Principal Chief of the Cherokees



Joseph Zeller



12

The Dawes Act - 1887



Established a census of American Indians known as the Dawes Rolls and allotted tribal lands to individual Indians.

Debo, Angie. And Still the Waters Run: The Betrayal of the Five Civilized Tribes (Princeton: Princeton University Press, 1940; new edition, Norman: University of Oklahoma Press, 1984)



13

Dawes Act – The Impact

- Not sufficient for economic viability
- Most allotment land could be sold after statutory period of 25 years
- Land was eventually sold to non-Native buyers at bargain prices



14

Dawes Act – The Impact

- About 90,000 Indians were made landless.
- Over 47 years, American Indians lost about 90 million acres of treaty land, or about 2/3 of the 1887 land base.
- Land deemed "surplus" opened to white settlers, though the profits from the sales of these lands were often invested in programs meant to aid the American Indians.

Loss of Self-Sufficiency
Forced into Work that Allotment
You from the 4 Seasons (i.e.,
Loss of Land Rights, Water
Rights, Hunting Rights)



15

Act for the Preservation of American Antiquities (1906)

- Excavation, theft or destruction of historic or prehistoric ruins or objects of antiquity on federal lands became a criminal offense.
- However, Indian corpses and Indian artifacts were defined as "archeological resources" and thus considered federal property.



Sacred Objects &
Totally Inaccessible
Displayed in a Museum



16

The Indian Citizenship Act of 1924

Granted U.S. citizenship to American Indians, including the right to vote in national elections. However, it did not provide full protection under the Bill of Rights to Indians living under tribal governments. Several nations, including the Hopi and the Iroquois, declined U.S. citizenship in favor of retaining sovereign nationhood.

www.america.gov

Choose Only One:
You are a U.S. Citizen
OR
A Member of an Indian Nation

Federal and Criminal Offense
Lose Your Right to Vote

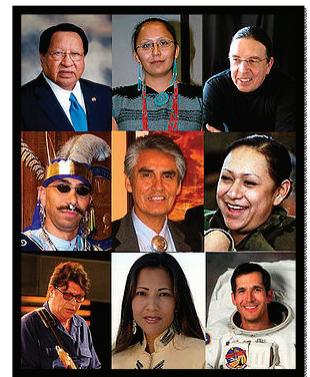


17

Citizenship Act

1924

United States-born indigenous people were granted U.S. citizenship.



18

The Boarding School Experience



Carlisle Indian School (1904)

Captain Richard H. Pratt, a former military officer, opened the first boarding school, the *Carlisle Indian School*, located on an abandoned military post in Carlisle, Pennsylvania in 1878.



19

The Boarding School Experience

"When they first took us in school, they gave us government lace-up shoes . . . Then they gave us a number. My number was always 23."

Lily Quotone Nahwoosy-Numa-Nu: The Comanche People, Fort Sill Indian School Experience



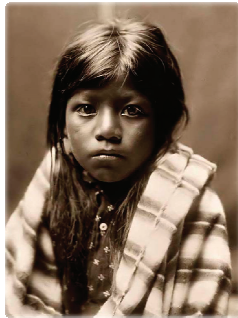
Apache children on arrival at the Carlisle Indian School wearing traditional clothing . . .



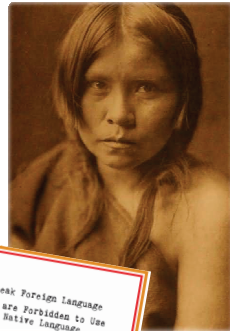
. . . same children four months later



20



"Ah Chee Lo" from the Edward Curtis Collection (1905)



Speak Foreign Language
You are Forbidden to Use
Native Language

Trausa:
Taken from Home, Family,
Everything and Everyone You
Know (at Age 5-6)



21

Boarding School Experience



Chippewa Woman & Child 1900
<http://www.firstpeople.us>

"Your son died quietly, without suffering, like a man. We have dressed him in his good clothes and tomorrow we will bury him the way White people do."

Capt. Richard H. Pratt, 1880

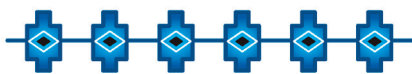
Trausa:
Your Child is Taken to
Boarding School Against
Your Will



22

Indian Reorganization Act (1934) [Wheeler-Howard Act]

- Reinstated the role of sovereign tribes as governments for Indian people and their lands
- Ended Indian land allotment and strengthened tribal governments; restoration of tribal lands and powers



23

The Termination Act of 1953

- 109 Native nations were terminated by this act.
- Some tribes were restored to being federally recognized tribes in the 1970s (Ponca, Menominee, Kilamath and others).



Powder Face, wife & child
<http://www.firstpeople.us>

Social Isolation



Big Goose (Ponca) 1914
<http://www.firstpeople.us>



24

Repeal of Prohibition Act of 1953



Allowed Native Americans to purchase liquor in same way as all other citizens of the United States.



25

The Indian Civil Rights Act - 1968

- Prohibited Indian tribal governments from enacting or enforcing laws that violate certain individual rights
- Contained language similar to the Bill of Rights in U.S. Constitution
- Did not prohibit an Indian nation from establishing an official religion



26

Indian Self-Determination & Education Assistance Act 1975

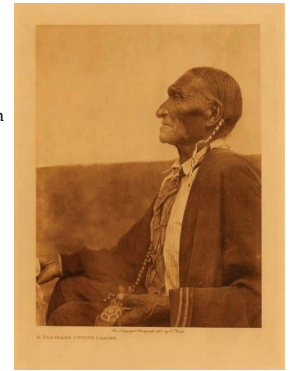
Expanded control in administering federal programs and services to their people.



27

Native American Freedom of Religion Act 1978

Protected and preserved the American Indian's inherent right to believe, express and exercise their traditional religion, including access to sites, use and possession of sacred objects, worship through ceremonial and traditional rites.



May Not Express
Spiritual Practice
or Religion
(Before 1978)



28

Indian Child Welfare Act - 1978

- Established mandatory procedures for state agencies and courts in Indian child custody matters
- Established that American Indians are allowed to act as foster parents and qualify for adoption
- Provided Indian communities with child welfare and family services



You Do Not Grow Up With
Your Birth Father

Grow Up in Adoptive Home
with No AI Cultural
Experience



29

Native American Freedom of Religion Act 1978



May Not Express
Spiritual Practice
or Religion
(Before 1978)

Speak Foreign Language
You are Forbidden to Use
Native Language

Children Praying in Customary Christian Tradition

A religious component of the typical boarding school experience further removed the Native American children from their tribal heritage or rites



30

Court Case of Standing Bear vs. Crook 1879

– Filed in favor of Standing Bear. Decided that Native Americans are people with the same rights as any other foreigner in the United States.

– In August 1881, 26,236 acres in Knox County, NE were returned to the Ponca people.



You Are Denied Rights as a Human Being
Prejudice & Discrimination

31

The American Indian People: Current Status



Joseph Zeller

32

Poverty

"A poor Native American faces more hurdles than a poor anybody."

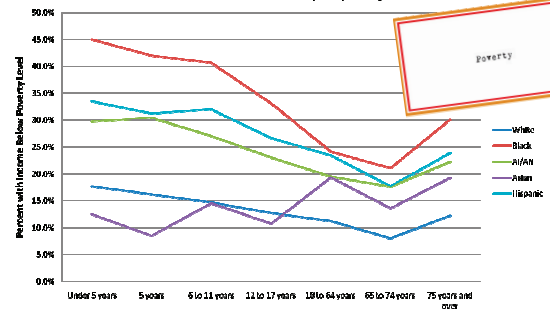
Sherman Alexie, Author



poverty

33

Oklahoma Poverty by Age and Race

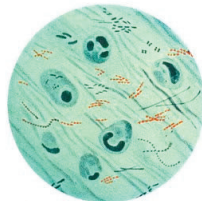


U.S. Census 2000 Summary File 3 – Poverty Status in 1999 by Age (White Alone, Black Alone, AI/AN Alone, Asian Alone, Hispanic)

34

Health Disparities

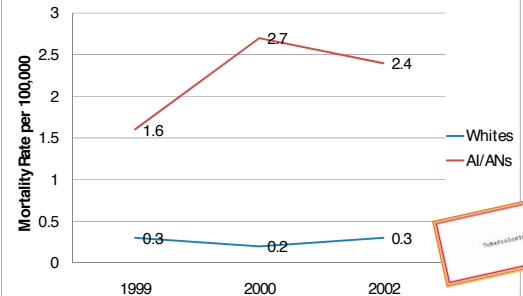
American Indians and Alaska Natives die at higher rates than other Americans from tuberculosis (750% higher)



Tuberculosis

35

Tuberculosis Mortality Rate in Oklahoma by Race



OK2SHARE Mortality Data, US Standard Age-Adjusted, IHS Linked 1999-2003, Insufficient counts for AI/ANs in 2001 and 2003

36

Health Disparities

When American Indian/Alaska Native adults are compared to non-Hispanic whites, they were . . .

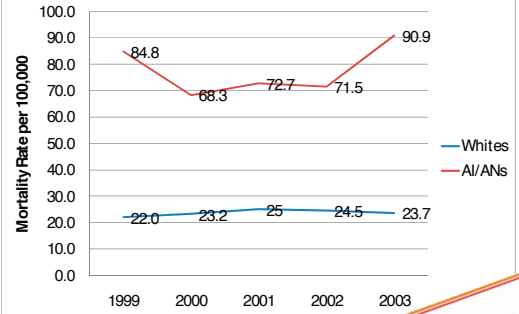
- 2.3 times as likely to have diabetes
- 1.6 times as likely to be obese
- 1.3 times as likely to have high blood pressure
- **190% higher death rate**



Diabetes Type 2

37

Diabetes Mortality Rate in Oklahoma By Race



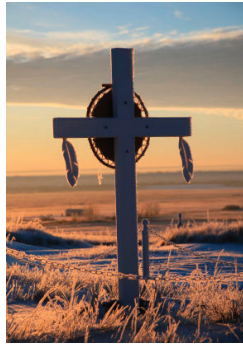
OK2SHARE Mortality Data, US Standard Age-Adjusted, IHS Linked 1999-2003

Diabetes Type 2

38

Health Disparities

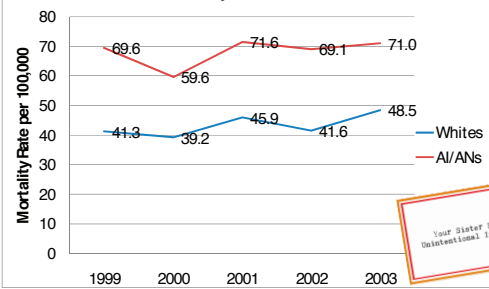
American Indians and Alaska Natives die at higher rates than other Americans from **unintentional injuries (150% higher)**



Your State Experiences Unintentional Injury and Dies

39

Unintentional Injury Mortality in Oklahoma by Race



OK2SHARE Mortality Data, US Standard Age-Adjusted, IHS Linked 1999-2003

Your State Experiences Unintentional Injury and Dies

40

Health Disparities

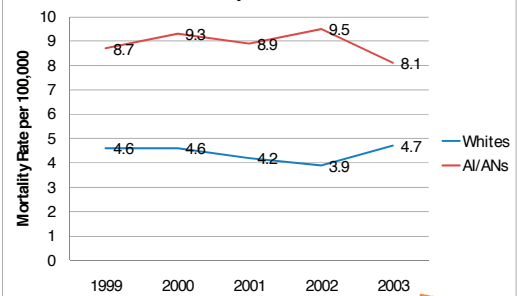
American Indians and Alaska Natives die at higher rates than other Americans from **homicide (100% higher)**

Homicide in Family



41

Homicide Mortality Rate in Oklahoma by Race



OK2SHARE Mortality Data, US Standard Age-Adjusted, IHS Linked 1999-2003

Homicide in Family

42

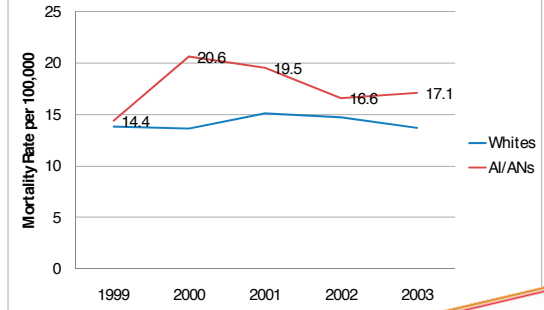
Health Disparities

American Indians and Alaska Natives die at higher rates than other Americans from **suicide (70% higher)**



43

Suicide Mortality in Oklahoma by Race



OK2SHARE Mortality Data, US Standard Age-Adjusted, IHS Linked 1999-2003

44

Infectious Disease

Ranks 3rd in rate of new infections of human immunodeficiency virus (HIV) compared with all other races and ethnicities.



45

Illicit Drug Use

2006 National Survey on Drug Use and Health

Highest rate of illicit drug use was among American Indian/Alaska Natives (13.7%)

Alcoholism / Drug Addiction



46

Alcoholism Mortality



Indian Health Service 2010

American Indians use and abuse alcohol and other drugs at younger ages and at higher rates than all other ethnic groups, and die from alcoholism at a

519% higher than that of other Americans.

Alcoholism / Drug Addiction

<http://info.ihs.gov/Disparities.asp> (05/05/2010)

47

Female Illicit Drug Use



- More vulnerable to abuse and addiction
- Become addicted faster and suffer the consequences sooner than boys and young men

Alcoholism / Drug Addiction

National Center on Addiction and Substance Abuse (CASA) at Columbia

48

Intimate Partner Violence

At least 1 out of every 3 American Indian females has been subject to intimate partner violence



- Intimate partner violence includes rape, physical assault or stalking
- Highest rates of intimate partner violence compared to all other groups
- One in 10 AI/AN women has been stalked in her lifetime

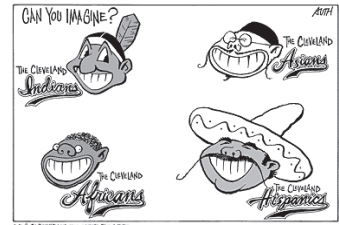
Trauma:
Rape/Incest

Trauma:
Domestic Violence

49

Ethnic Images

"[We] see icons or pictures that are not reflective of the people or cultures... They become caricatures, and that's offensive in itself, as it would be to any other race if they were caricatured."



Jacqueline Johnson
National Congress of American Indians

Overt
Discrimination

50

Ethnic Images & Stereotypes

"The woo-woo sounds, the face paint, the misuse of sacred feathers all cause embarrassment to Native people and are a direct violation of civil rights laws which state that all children must be able to comfortably participate in all activities in their schools."



Students and Teachers Against Racism
Understanding the American Indian Mascot Issue: A Collection of Writings on Team Names and Logos

51

Ethnic Images & Stereotypes



Few Role Models in:
Media
Television
Text Books

52

American Indian Cultural Revitalization

Having survived abuse by those who thought they were better because of their race, American Indians have had to find their own validation, and, as such, it is unshakeable . . . Indians know now that no one can truly control them. Indians are able to laugh and remain cheerful in the face of adversity because their ancestors were able to cry and to laugh at the blood-dimmed tide of colonization.

Rockey Robbins, Ph.D. (2010)

53

American Indian Cultural Revitalization

The American Indian has learned that there is always joy and happiness within, waiting to be accessed, no matter what the external conditions.

Rockey Robbins, Ph.D. (2010)

54

US Federal Legislation – 1980s

The Indian Gaming Regulatory Act (1988) allowed tribes to conduct gambling on their land after negotiating agreements with their state governments.



Riverwind Casino Tribe: Chickasaw Nation Location: Norman, Oklahoma



55

US Federal Legislation – 1980s

The National Museum of the American Indian Act (1989) ordered the Smithsonian Institution to return American Indian remains to American Indian tribes.



56

US Federal Legislation – 1990s

Native American Graves Protection & Repatriation Act (1990)

–The Native American Graves Protection & Repatriation Act (1990) addressed rights of lineal descendants and Indian tribes and organizations to human remains, funerary objects, sacred objects and cultural items.

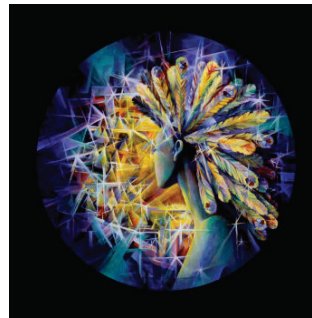
–The statute required federal agencies and museums to provide information about cultural items to parties withstanding and, upon presentation of a valid claim, ensure that the items undergo disposition or repatriation.



57

US Federal Legislation – 1990s

The Indian Arts and Crafts Act (1990) established protections for the work of Indian artists.



Ecumenical Magnum Opus
Original oil painting by Jenny Speckels



58

US Federal Legislation – 1980s

The Indian Trust Reform Act (1994)

outlined the responsibilities of U.S. Secretary of the Interior with respect to the individual trust accounts established in the General Allotment Act or Dawes Act of 1887.



59

US Federal Legislation – 2000-2010

The Indian Tribal Justice Technical and Legal Assistance Act (2000) increased American Indians' access to legal assistance and sought to enhance the capabilities of tribal courts.



60

US Federal Legislation – 2000-2010

The American Indian Probate Reform Act (2004)

established uniform
procedures for inheritance of
land allotments authorized in
the Dawes Act of 1887.



61

US Federal Legislation – 2000-2010

The Native American Housing Assistance & Self-Determination Reauthorization Act (2008)

–Reauthorized affordable housing programs
for American Indians
–Created a new guaranteed loan program
for community and economic development
activities for tribes



Image from:
Office of Native American Programs (ONAP)
<http://nhi.gov/offices/pb/lin/codelink/onap/index.cfm>



62

Our Future?

*"... if we're going to own the good part of
American history, we also have to own the
not so good part of American history and
acknowledge that that happened and
acknowledge that it has consequences to this
day, and that's a critical element ..."*



Kevin Gover, Director of the National Museum of the American Indian
National Public Radio (NPR) Interview
A Time of Thanks, Painful Reflection Nov 28, 2008



63

Reconciliation?

*"... but at least as important is – as the acknowledgement
of past wrongs, is a commitment not to repeat them. And if
you have those two elements you're on your way to a very
effective apology."*

Kevin Gover, Director of the National Museum of the American Indian
National Public Radio (NPR) Interview
A Time of Thanks, Painful Reflection Nov 28, 2008



Casualties of Wounded
Knee

64

Soul Wound



Marwin Begao, Artist
Through the Diamond Threshold:
Promoting Cultural Competency in Understanding American Indian Substance Misuse

Musical Score:

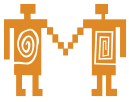
Who are We to Say?
Contributing Artists: Lisa Gerrard & Jeff Rona
A Thousand Roads



65



Sucker Punched



Objective:

To provide a poignant and gripping inside look at one Native American recovery story: the personal recovery of one young man that occurred when he stepped onto the “Red Road.” The Red Road Approach utilizes and validates cultural spiritual avenues for Indian people to address alcohol and other drug problems.

Time: 60 minutes

Set-up: participants seated in chairs where they can comfortably view monitor or projection screen

Materials: DVD—*Sucker Punched* (To order call Center for Media Production at the University of Iowa—1-800-369-4692; cost—\$30.00)

Equipment

- DVD player and monitor or laptop, LCD projector and screen or white wall
- Speakers or connection to an audio system

Facilitator Considerations

The facilitator will need to define what is meant by the “Red Road” before viewing the video.

In a specific sense—In treating substance abuse problems, “The Red Road Approach” utilizes and validates cultural and spiritual approaches that Indian people embrace to address alcohol and other drug problems. These would include Sweat Lodges and Sun Dance, among many others. Through this “Red Road Approach” Native cultural leaders give voice to new historical perspectives in understanding the root causes of social problems such as addiction in Indian communities.

In a more general sense—The “Red Road” can also refer to walking life’s path in a more traditional American Indian way, finding a sense of who one is when returning to the ceremonies, language and customs that make up the American Indian way of living.

Facilitator Script:

We are going to view a video retelling a true story. It is a story about the consequences of alcoholism and substance abuse for young people growing up on the Pine Ridge Reservation in Rapid City, South Dakota. For the young man in the story, one incident stopped his life in its tracks. Traditional Lakota Spirituality provides a way for him to recreate his life.

Show video.

Discussion Questions:

1. From what delusional mentality was the young man suffering before the death of his friend?
2. Why do you think the young man turned to violence, illegal substance use, gangs and violence?
3. How might the young man’s feelings for his dying friend become a virtue to him?
4. What power or lack of power does he associate with being able to deal with his anger, shame and grief?
5. How did his honesty help him in working toward his healing?
6. What is it about American Indian ceremony that helps someone heal?
7. When the young man said he “killed” himself in the sweat, what do you think he meant?
8. He says he learned about why he was the way he was when he at last became connected to something larger than himself. What does this mean?
9. Even though he felt pressure to go back to gangs and fighting, he was able to remember being a child who was vulnerable and could acknowledge he needed help. How is this helpful?
10. Why do you think sincerity is so important to staying on the Red Road?

Written by Rockey Robbins (2009)

Talking Circle

Objective:

To demonstrate “Talking Circle,” used for centuries by many American Indian tribes as a means of equitable and impartial listening to each other; to use this process as a means to discuss the untrue myths about American Indians that have circulated throughout post-Columbian history and how these falsehoods have been used to preserve the political and economic hierarchy existing in the United States today; to discuss the empirical evidence about substance misuse among American Indians; and to provide an opportunity for participants to experience “Indian Time.”

Time: dependent on the number of participants, their desire to engage in discussion, and whether Parts 4 and 5 are used

Set-up: chairs in a circle

Equipment: none

Materials:

- One Talking Stick or another sacred object for every 10 participants; **Important caution**—make sure that the object is tribally and ritually appropriate for both men and women to use/handle
- Note paper and pen or pencil for each circle formed if Part 5 is used

Facilitator Considerations

Since this activity refers back to the Firewater Myth Exercise and Milky Way Legend Exercise (*Through the Diamond Threshold*), it should only be used if at least one of these activities was conducted prior to this activity.

Because one of the objectives of this activity is to provide an opportunity for participants to experience “Indian Time,” the facilitator(s) will need to determine beforehand, based on time, whether Parts 4 and/or 5 are to be used, and, if so, how much time to allot for one or both. Note: If Part 5 is not used, do not select recorders for each Talking Circle.

The facilitator will need to explain about “Indian Time” and emphasize that in this activity more than any of the others, “Indian Time” is going to be honored and observed. Historically, American Indians have not been bound by exact time as are those in Western cultures. For example the start and end times for ceremonies and gatherings would be when there was a general sense that everyone who was to be present was there (for the event to begin) and when all that needed to take place and be said had occurred and was said (for the event to end). Nothing was rushed, no one speaking was cut off, everyone stayed until all had been spoken. This is one of the ways American Indians respect all persons. Even today among American Indians, listening is regarded as a vitally important part of communication. Silence to ponder what was said is also important. Giving people space in which to respond is still common among many American Indians.

The facilitator will need to explain what a “Talking Stick” is and how it is to be used.

An example from the Cherokee tradition is taken from Carol Locust, Ph.D., Native American Research and Training Center, Tucson, Arizona (Tribal affiliation—Eastern Band Cherokee), <http://www.acaciart.com/stories/archive6.html>.

The talking stick has been used for centuries by many American Indian tribes as a means of just and impartial hearing. The talking stick was commonly used in council circles to designate who had the right to speak. When matters of great concern came before the council, the leading elder would hold the talking stick and begin the discussion. When he finished what he had to say he would hold out the talking stick, and whoever wished to speak after him would take it. In this manner the stick was passed from one individual to another until all who wished to speak had done so. The stick was then passed back to the leading elder for safe keeping.

Some tribes used a talking feather instead of a talking stick. Other tribes might have a peace pipe, a wampum belt, a sacred shell or some other object by which they designate the right to speak. Whatever the object, it carries respect for free speech and assures the speaker he has the freedom and power to say what is in his heart without fear of reprisal or humiliation.

Whoever holds the talking stick has within his hands the sacred power of words. Only he can speak while he holds the stick; the other council members must remain silent. The eagle feather tied to the talking stick gives him the courage and wisdom to speak truthfully and wisely. The rabbit fur on the end of the stick reminds him that his words must come from his heart and that they must be soft and warm. The blue stone will remind him that the Great Spirit hears the message of his heart as well as the words he speaks. The shell, iridescent and ever changing, reminds him that all creation changes—the days, the seasons, the years—and people and situations change, too. The four colors of beads—yellow for the sunrise (east), red for the sunset (west), white for the snow (north) and green for the earth (south)—are symbolic of the powers of the universe he has in his hands at the moment to speak what is in his heart. Attached to the stick are strands of hair from the great buffalo. He who speaks may do so with the power and strength of this great animal.

The speaker should not forget that he carries within himself a sacred spark of the Great Spirit, and therefore he is also sacred. If he feels he cannot honor the talking stick with his words, he should refrain from speaking so he will not dishonor himself. When he is again in control of his words, the stick will be returned to him.

Ask participants to form groups of 10 or less.

If Part 5 is to be used, assign participants to groups of approximately 10 persons. Ask for a volunteer or appoint a person from each circle group to serve as a recorder. This recorder will write down ideas from his or her particular group to be shared aloud with the large group.

In the “Talking Circles,” participants will be given time to reflect on the falsehoods often circulated about American Indians as well as the empirical evidence which depicts the true statistics. Participants will have the opportunity to share their thoughts and views in the “Talking Circles.”



Facilitator Script:

In this activity we will be especially respectful to each other in terms of time. This activity provides space for everyone to express their views. How might we be respectful in considering what amount of time that we speak during this activity?

Part 1: Background

In order to tie together this activity with previous activities, I want to provide a brief review of the Firewater Myth and Milky Way Legend Exercises.

In the Firewater Legends presented in the Firewater Myth Deconstruction activity, we discussed how many of the views of American Indians and their relationship to alcohol were false, and have been used to preserve the political and economic hierarchy that exists in the United States. In the Milky Way Legend

told in the Through the Diamond Threshold activity, we were given an example of how Indian people united to combat a destructive enemy. In this activity, Talking Circle, we use a traditional American Indian communication technique to unite with each other and combat a mutual enemy from a vantage point of strength rather than one of weakness.

Part 2: Research

First let us ground ourselves in the empirical research rather than the falsehoods concerning drug and alcohol abuse as it is found in Indian Country.

Note that rates of alcohol and drug use, and related consequences, vary greatly across tribes, reservations and communities. The research discussed here is generally based on studies across the United States.

- 1 *Alcohol dependence is an urgent problem facing American Indian people. Although alcohol use varies by tribe and local area, rates of alcohol dependence are higher for American Indians than other US races.* Ehlers, C. L., Slutske, W. S., Gilder, D. A., Lau, P., & Wilhelmsen, K. C. (2006). Age at first intoxication and alcohol use disorders in Southwest California Indians. *Alcoholism: Clinical and Experimental Research*, 30, 1856-1865. Office of Applied Studies. (2007, January 19). The NSDUH report: Substance use and substance use disorders among American Indians and Alaskan Natives. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 2 *Although the rate of alcohol-related deaths is over six times higher for American Indians than other US races, on a positive note, between 1972-1974 and 2002-2004, the alcohol-related mortality rate declined 44 percent.* Indian Health Services (2008). Trends in Indian health: 2002-2003 Edition. Rockville, MD: US Department of Health and Human Services.
- 3 *Alcohol use disorders are not just a problem for American Indian men. 20% of American Indian and Alaska Native women had an alcohol use disorder in the past year, compared to 6% for White women, 5% for Black women, 4% for Hispanic women, and 3% for Asian women.* Office of Applied Studies. (2005, August 5). The NSDUH Report: Substance abuse and dependence among women. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 4 *High rates of binge drinking and alcohol use disorders likely contribute to higher rates of Fetal Alcohol Syndrome (FAS) among American Indians (1.5 to 3 per 1,000 live births) compared to other US races (0.2 to 1.0 per 1,000).* Substance Abuse and Mental Health Services Administration. (2007). Fetal alcohol spectrum disorders among Native Americans. DHHS Publication No. (SMA) 07-4264.
- 5 *Among American Indians, spousal physical and emotional abuse are related more strongly to alcohol and drug use than they are to other variables such as family retaliation, historic trauma, poverty, and infidelity.* Robbins, S., Stoltenberg, C., Robbins, R., Lacey, K., & McWharther, P. (unpublished). Physical aggression: The effects of alcohol and drug use, influence of parent relationship aggression, and historical trauma in an American Indian sample.
- 6 *Although a national survey found that the percent of American Indian youth who drink alcohol is about the same as other US races, American Indian youth have a higher rate of alcohol use disorders than youth from other US races. One study has found that the majority of American Indian youth who have used alcohol began using between ages 10-13. Early onset alcohol use is associated with increased risk of developing alcohol use disorders. Alcohol use in adolescents of all races is related to low levels of parental monitoring, among other factors.* Ehlers, C. L., Slutske, W. S., Gilder, D. A., Lau, P., & Wilhelmsen, K. C. (2006). Age at first intoxication and alcohol use disorders in Southwest California Indians. *Alcoholism: Clinical and Experimental Research*, 30, 1856-1865. Office of Applied Studies. (2007, January 19). The NSDUH report: Substance use and substance use disorders among American Indians and Alaskan Natives. Rockville, MD: Substance Abuse and Mental Health Services Administration. Rodgers, K. B., & Fleming, W. M. (2003). Individual, family, and community factors related to alcohol use among Native American adolescents. *Adolescent & Family Health*, 3, 140-147. Walls, M. L., Whitbeck, L. B., Hoyt, D. R., & Johnson, K. D. (2007). Early-onset alcohol use among Native American youth: Examining female caretaker influence. *Journal of Marriage and Family*, 69(2), 451-464.
- 7 *Rates of drug use, including marijuana, inhalants, cocaine, and stimulants, in American Indian adolescents are higher than in non-Indian adolescents.* Beauvais, F., Jumper-Thurman, P., Helm, H., Plested, B., & Burnside, M. (2004). Surveillance of drug use among American Indian adolescents: patterns over 25 years. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 34, 493-500.
- 8 *American Indian teen drug and alcohol use is related more to peer influence than low self-esteem. Nonetheless, as teens age, the relation between low self-esteem and drug/alcohol use increases.* Radin, S. M., Neighbors, C., Walker, P. S., Walker, R. D., Marlatt, G. A., & Larimer, M. (2006). The changing influences of self-worth and peer deviance on drinking problems in urban American Indian adolescents. *Psychology of Addictive Behaviors*, 20, 161-170.

Part 3: Instructions

This activity will provide an interesting way to discuss these eight statements. Before beginning the Talking Circles, the presenter will discuss the process and meaning of the Talking Circle and Talking Stick (or sacred object).

Earlier the participants formed into groups of 10. At this point set these groups into clearly formed circles to begin discussion of the statistics just presented. Explain that we are going to conduct this discussion using Talking Circles and Talking Sticks (or some other object). Due to time constraints, there should be no more than 10 persons per circle.

If doing Part 5 of this activity, remind the recorders who volunteered or were selected earlier, to write down four to five main points shared in their circle or four or five general observations noted about the group's sharing. These will be shared aloud with the large group.

A suggested time frame for the "Talking Circle" segment is approximately 45 minutes.

Form the Talking Circles so that all participants are seated shoulder-to-shoulder and can see everyone's face including those on either side of them. For larger circles, participants may be nested three or more deep (in tight concentric circles) so that everyone is close enough to hear what is being said. A ceremonial opening (and closing) is used in some circles.

Give the following guidelines in your own words:

- Each person is given the opportunity to speak in turn. The person speaking holds the Talking Stick.
- Participants may pass until ready to speak.
- Each person should speak loudly enough for persons around the circle to hear.
- Talking Circle speakers are not to be interrupted by other participants with one exception: This rule may be broken by a request from someone in the circle "to address the stick" if he or she believes information shared by someone speaking is incorrect.

- It is the speaker's decision to allow or disallow the interruption. Interruptions generally slow down the communication process. Another alternative to requesting to "address the stick" is that a participant can take notes when he/she wants to correct a statement and then address that particular point when it is his/her turn to speak with the Talking Stick.
- Each participant should listen attentively to each speaker.
- Know that when subjects of a personal or sensitive nature are shared, confidentiality is a key element of Talking Circles.
- When all have had the opportunity to speak once, participants then ask to "address the stick" as the conversation continues.

When the discussion ends, the facilitator should summarize the ideas presented.

Part 4: Talking Circle Discussion

Writing these three questions on a blackboard, whiteboard or large tablet will help participants focus on the discussion.

Round 1: How did you feel or what did you think about the 10 research statements read (or projected on the screen or in the handout)?

Round 2: Comment on the strengths of Indian people, about the possibilities of growth in difficult circumstances, and/or the hopes you have for Indian people in the future.

Round 3: Consider what your tribe and/or treatment agency might do to specifically address this problem on an individual, family and community level.

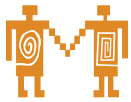
Part 5: Report Out

Time Recorders from each of the Talking Circles report ideas that have been shared. The facilitator summarizes what has been said.



Written by *Rockey Robbins (2009)* with inspiration and helpful comments from *Donna Tall Bear (Cheyenne)*.

Through the Diamond Threshold: Storytelling Wisdom



Objective:

To relate to the participants a Cherokee legend illustrating how Indian people use story to present complex history so their descendants do not forget their past and to illustrate to the participants how American Indians today use community to combat problems of substance abuse.

Time: 30–60 minutes depending on the length of the story selected by the facilitator

Set-up: chairs in a large circle

Equipment: none

Materials:

- Sheet of paper and pen or pencil for each participant
- Round box large enough to hold sheets of paper
- Red string, ribbon or yarn to tie box

Facilitator Considerations

Facilitators may replace this story with another tribal tale which illustrates that combating problems such as substance abuse is a community issue for tribal people. The facilitator should be able to retell story without the use of notes.

Facilitator Script:

The problems that stem from the abuse of drugs and alcohol affect our entire tribal communities. Too often, we wait for it to become an immediate problem in our family or with our friends before we address it. Historically, tribal people have known in a profound way that we must begin teaching a good way of life and problem-solving methods to our children. Indian people knew that all our problems are inter-generational and used rituals and storytelling to speak to children at a level which they could comprehend. This storytelling activity reflects this wisdom. Hopefully, the story can be used to teach your children about dealing with problems such as alcohol abuse.

Instructions:

Ask participants to listen carefully to the retelling of the Cherokee legend and be ready to take part in the story when directed.

Through the Diamond Threshold

Long ago when the world was new, adudi (grandfather) and elisi (grandmother) were leaders in a Tsalagi (Cherokee) village. They felt responsible for the extended family that lived in a small wooded area. After the harvest, they helped to organize the feeding of the people. The people prepared the corn that would enable them to make it through the upcoming winter. They had begun to breakdown the corn kernels into corn meal and put them in storage in large rock containers.

Early one morning grandfather went to check on the large vats that sat next to each other under an arbor. He was shocked to see that one was turned over and emptied of contents, powder littering the ground. He started back to tell grandmother but decided he did not want to bother her, hoping it was an incident that wouldn't happen again. But the next morning he encountered the same messy scene. This time he told grandmother, and they worried together about what they should do. They decided to keep it secret, again hoping it was a random occurrence, but both knowing that too many more of these losses would affect the whole village's welfare during the upcoming winter.



The next morning grandmother, not sleeping well, got up early with grandfather to check the vats. Their worst nightmare had come true. Two more vats had been scavenged. They saw very large foot prints that suggested that it was not people who were responsible but a supernatural spiritual monster that had been invading their village. They knew they had to call a village wide meeting to confer about how to combat the powerful monster.

During the meeting, some people expressed their feelings of helplessness and others bravely offered to confront the monster alone, but grandfather explained that this was a spiritual enemy that could only be combated by the community as a whole combining their individual gifts. His comment resulted in members of the community suggesting that each person consider their unique medicines and release it through noise making. Grandfather and grandmother conferred alone for a few moments and grandfather announced that everyone would hide behind bushes and trees in the vicinity of the arbor just after sundown. They would wait for the monster and on the count of four, everyone would make their medicine noise at once to scare the monster away.

[Give this next paragraph as directions to the participants.]

Now, everyone get their noise makers ready. I am going to pretend I am grandfather and I will be on the lookout for the monster and will count to four before you make the noise medicine. Be prepared.

So, we are all hidden. My goodness! I see something coming down from the stars and it is getting bigger and bigger. It is monstrous. It is circling around and around above our hills and woods. It is getting lower and lower to the ground. My! There is a thunderous sound as it lands. As it walks toward the arbor we can hear its heavy footsteps. It has dipped its head into the vat and is just beginning to lick up the corn meal. Ok, get ready and on the count of four, make a loud noise. It is in position now about to eat out of our cornmeal vats....1....2....3....4....Make noise.....It wasn't loud enough, again....1....2....3....4.....

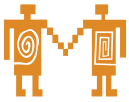
The monster leaped into the air and flew up into the stars. As it ascended, cornmeal dropped from the sides of the monster's mouth. This is the way Cherokees say the Milky Way was formed.

Questions for Discussion:

1. Why do you think storytelling has been seen by tribal people as an important teaching device?
 2. Has its use diminished? What do you think has been lost or gained from parents, grandparents and elders sharing fewer stories with children?
 3. What in this story might be a valuable point to understand in our healing from drug and alcohol abuse?
 4. In what ways is the monster like drugs and alcohol in our communities?
 5. The grandfather and grandmother at first keep the monster's intrusion secret? Why do we try to keep drug and alcohol problems secret and what is the outcome of such secrecy?
 6. In this story, it takes the entire community to really deal with the problem effectively. In what sense is this true in regard to drug and alcohol problems in tribal communities?
 7. What are alternative things tribal people can do to get the social support they need when they are separated from their communities?
 8. This story relates the problem as well as the solution to not only the personal and social dimensions, but also to the earth, stars and the spiritual. How do you respond to that?
 9. What is possible for Indian people over the next few generations if we do away with our drug and alcohol issues?
 10. What is your medicine for combating this problem? Write it on a sheet of paper and put it into the center of the room. The facilitator will put them in a round box and tie it with a red string.
- (Note: Other relevant questions will need to be developed if another legend or story is selected for use in this activity.)



Walking in Another's Moccasins



Objective:

To illustrate the value that American Indians place on listening to others and on developing good listening skills, and to provide a setting in which participants can share experiences they have had with drug and alcohol misuse in their families and communities.

Time: 60 minutes

Set-up: chairs in two rows facing each other and close enough so persons in the chairs can hear the person across from them

Equipment: none

Materials: none

Facilitator Considerations

Important note: When there is an odd number of participants one of the facilitators should take part in this communication activity to insure everyone has a partner.

This activity teaches basic listening skills. Before beginning the activity, talk about the importance of listening.

Give the following directions to the participants:

- 1) *Demonstrate good listening skills – exhibit gestures and facial expressions such as nodding, stillness, smiles, etc. that will suggest curiosity and interest.*
- 2) *Don't interrupt others as they are talking.*
- 3) *Don't yawn or appear distracted.*
- 4) *Be aware that as a sign of respect, many traditional Indian People avoid direct eye contact with those to whom they are speaking.*
- 5) *Honor the pause in the conversation. Be comfortable with silence.*
- 6) *Sparingly ask open-ended questions to gain clarification and to inquire about deeper meanings.*

Participants are placed in parallel lines in chairs facing each other and are paired with the person sitting in the chair across from them. The facilitator should give discussion topics or questions one at a time and allow time for both persons to finish sharing.

Suggested experiences to share in pairs:

1. *Tell your partner the story of your first recollection of alcohol in your and/or your family's life.*
2. *Tell your partner the story of your first recollection of drugs in your and/or your family's life.*
3. *Tell a story about when you became aware that the misuse of drugs/alcohol could be destructive.*
4. *Think deeply. What gifts have you gained from hardships you experienced as a result of your use or others' use of drugs and/or alcohol?*

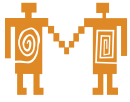
Discussion questions to share in pairs: (Select 3 to 4 questions that seem most relevant to the group.)

1. *Why might it be difficult to talk about our relationship with drugs and alcohol?*
2. *How are our egos tied up in the difficulty of talking to others about our relationship with drugs and/or alcohol?*

3. *Think of a person who has passed on to the other side – maybe a person who misused drugs and/or alcohol. Imagine that person as he or she may now be, having gained clear sightedness. What would he or she say to you about your participation in an activity like this one?*
4. *What pictures, feelings or thoughts did you re-experience when you remembered your first encounter with alcohol during this activity?*
5. *What pictures, feelings or thoughts did you re-experience when you remembered your first encounter with drugs during this activity?*
6. *How did your views of the misuse of drugs and/or alcohol change through your life and why?*
7. *If applicable, offer examples of the misuse of alcohol and/or drugs which resulted in you missing out on certain life experiences.*
8. *Tell us a story about a time when you observed someone who made a choice to resist the misuse of alcohol. How did that impact your perspectives and behaviors?*
9. *Think of someone you know who once misused alcohol and/or drugs but no longer does. How has your relationship with that person changed?*
10. *How might considering the gifts in the traumatic experiences we have had related to drug and alcohol misuse positively affect our lives?*



Web of Life



Objective:

To summarize the activities of the day or the entire training by reviewing what took place; to emphasize humanity's unity and shared purpose through the experience of community created in these shared activities; and to facilitate individual integration of what has been learned.

Time: 45–60 minutes, depending on number of participants

Set-up: chairs in a large circle

Equipment: none

Materials: ball of red yarn

Facilitator Considerations

This is an excellent closing exercise. Participants are asked throughout this activity to reflect on their feelings, an important component of learning. Be sure to allow at least 45 minutes for this activity so everyone has adequate time to share.

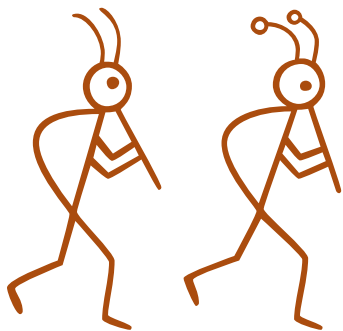
The facilitators will begin by reviewing what has been learned throughout the training and should be prepared to list the names of activities, giving brief descriptions and reminding participants of the truths taken from each.

Facilitator Script:

I would like to briefly review the activities we have experienced during this training. We just completed the activity . . . [name activity].

Prior to that we . . . [list prior activities with brief descriptions as appropriate].

Begin with the last activity and end with the first activity of the training, going backwards in your review. As you review, ask participants to make brief statements about memorable moments or the impact activities had on them.



Instructions:

After everyone's mind has been refreshed about the training activities, the facilitator will take the ball of red yarn and make a brief comment regarding something he or she would like to do to help themselves, another person or tribal people in general to become more whole. He or she will, while holding onto a place in the length of yarn, toss it across the circle to someone else who will offer words of encouragement, acknowledging strengths of the person from whom he/she received the ball and then state his/her intention to do something to help self or others. Thus, upon receiving the ball of yarn, each person in the circle will make two statements:

- 1) offering encouragement to or acknowledgement of the strengths of the person from whom they just received the ball of yarn, and
- 2) his/her pledge to help self or other tribal people.

The activity continues in this vein until every person is connected with the web of life. The last person to receive the ball of yarn will conclude by tossing the ball of yarn to the facilitator who began the activity, thus completing the circle. The facilitator will offer encouragement to or acknowledge the strengths of the person from whom he/she received the ball.

The facilitator will end the activity by singing an appropriate tribal song and leading the group in the Navajo Blessing:

FACILITATOR: May we walk in beauty.

ALL: May we walk in beauty.

FACILITATOR: Beauty above us.

ALL: Beauty above us.

FACILITATOR: Beauty below us.

ALL: Beauty below us.

FACILITATOR: Beauty all around us.

ALL: Beauty all around us.

FACILITATOR: May we walk in beauty.

ALL: May we walk in beauty.



Written by Rockey Robbins (2009)



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