

**Oregon Addictions & Mental Health Division**

**Evidence-Based Programs**

**Tribal Practice Approval Form, Mk V**

1. **Name of Tribal Practice**

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1. **Brief Description**

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1. **Other Examples of this Tribal Practice**

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1. **Evidence Basis for Validity of the Tribal Practice: Historical/Cultural Connections**

|  |  |
| --- | --- |
| Longevity of the Practice in Indian Country |  |
| Teachings on which Practice is based |  |
| Values incorporated in Practice |  |
| Principles incorporated in Practice |  |
| Elder’s approval of Practice |  |
| Community feedback/ evaluation of Practice |  |

1. **Goal Addressed by this Tribal Practice**

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1. **Target Populations**
   1. Institute of Medicine Strategy (check off one of the following four)

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| --- |
| * “Universal” |
| * “Selective” |
| * “Indicated” |
| * Treatment |

* 1. Socio-demographic or other characteristics

|  |  |
| --- | --- |
| Age |  |
| Sex |  |
| Occupation |  |
| Living Cond’ns |  |
| Other |  |

1. **Risk and Protective Factors Addressed**

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| --- | --- | --- |
| **Domain** | **Risk Factors** | **Protective Factors** |
| Community |  |  |
| Family |  |  |
| Peer |  |  |
| School |  |  |
| Individual |  |  |

1. **Tribal Practice—Personnel**

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1. **Tribal Practice—Key Elements**

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1. **Tribal Practice—Materials**

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1. **Tribal Practice—Optional Elements**

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1. **Outcomes**

|  |  |  |
| --- | --- | --- |
| **Decrease** | **Increase** | **Specify** |
| Avoidable death | Longevity |  |
| Disease-specific morbidity | Health |  |
| Disability Handicap | Ability |  |
| Pain and Suffering | Wellbeing |  |
| Alienation Anomy Isolation | Social/Community/ Cultural Connectedness |  |
| Abuse Dependency Addiction | Abstinence Non-harmful Use |  |
| Unemployment | Employment |  |
| Educational failure | Educational Success |  |
| Dysfunctional family | Healthy Family |  |
| Delinquency/crime | Good Behavior |  |
| Homelessness Instability | Stable Housing |  |
| Unhealthy Attitude, Beliefs, Ignorance, Lack of Skills, Lifestyle | Healthy Attitudes, Beliefs, Skills, Lifestyle |  |

1. **Contact person** **for Agency Providing the Tribal Practice**

|  |  |
| --- | --- |
| Person |  |
| Phone |  |
| e-mail |  |

Practice Approval Date\_ \_\_\_

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**Oregon Addictions & Mental Health Division**

**Evidence-Based Programs**

**Tribal Practice Approval Form Mark V**

**Definitions and Suggestions**

* (Note: Within any box, you may add additional points using your “enter” key; a four-diamond bullet appears to indicate your next point.)

1. **Name of the Tribal Practice**

This is the name of a (proposed or already) approved Tribal Practice—which makes it cost-reimbursable under an EBP mandate.

The name of the practice is important. It is very convenient to have the same name reflecting a tribal practice which is implemented similarly in many tribes: e.g., Sweat Lodge Ceremony.

Among other conveniences, a name that gains credibility lends credibility: e.g., *Project Venture[[1]](#footnote-1)* (a Service Learning program) has “NREPP Best Practice” credibility[[2]](#footnote-2); *Canoe Journey*[[3]](#footnote-3) *[[4]](#footnote-4)*  is supported by scientific evidence; as is *American Indian Life Skills[[5]](#footnote-5)*. Horse programs or equine therapy[[6]](#footnote-6) are well researched. Other published Native American evidence-based Practices can be found on published lists.[[7]](#footnote-7) [[8]](#footnote-8) [[9]](#footnote-9) [[10]](#footnote-10) [[11]](#footnote-11)

However, every implementation is somewhat different—one *Canoe Journey* is not exactly the same as another, even in the same Tribe. Some names have proprietary issues; some have sacredness issues. Without copyright, FDA, or other protections, there is vulnerability to inappropriate use and exploitation of creditable Tribal Practice names. And some names are applied to some practices which are so different in fundamental ways that they should not use the same name. As names gain credibility, the problem of using names that don’t apply gets worse.

In short, established names should be used, but used carefully. Each of the AMH named Tribal Practices—whether imported or home-grown-- is backed up by a detailed, *strategy* and *operational* description (items 5-12) which details their uniqueness and their relation to such practices described elsewhere

1. **Brief Description of the Tribal Practice**

The brief description is the content that most people will see. For example, many of the programs listed on the sites footnoted above have brief descriptions. A brief description covers the critical elements of the Practice; it is a summary of the specifics in items 5 – 12: goal; target population; key elements; providers; and outcomes.

1. **Other Examples of the Tribal Practice**

A powerful proof of effectiveness is simply the fact that a Tribal Practice has been implemented in other locations (“replication”), especially if those implementations have been written up (“transparency”), have how-to manuals (basis of “fidelity”), or have been evaluated (“research”) and their outcomes demonstrated (“outcomes associated with the practice”). It is good to cite articles, books, and web pages for the replications. For example, Horse Program (equine therapy), Canoe Journey, Sweat Lodge, and many other Tribal Practices have been replicated and written up. Such replications can be found by searching the internet.

1. **Evidence Basis for the Tribal Practice: Historical/Cultural Connections**

Evidence for the validity of a Tribal Practice does not come solely from research. Other “streams of evidence”[[12]](#footnote-12) [[13]](#footnote-13) increase our knowledge of the effectiveness and validity of practices in local and cultural contexts. In the Native American framework, there are several specific criteria for valid Tribal Practices.

* **Longevity** of a tribal practice is a criterion for a practice rooted in tradition. For example, Canoe Journey and Sweat Lodge have centuries-old traditions.
* A tribal practice based on specific **teachings** is considered valid in the framework. For example, teachings of the *Medicine Wheel* are evidence of validity for some Native American practices.
* The incorporation of traditional Native American **values** is considered evidence in the framework. For example, basing a Tribal treatment Practice on the values of *harmony* and *acceptance*, or a Tribal prevention Practice on the basis of *holism*, is evidence of validity.
* Similarly, incorporation of traditional **principles** is evidence. For example, the Mehl-Medrona’s principles of treatment of chronic illness[[14]](#footnote-14) [[15]](#footnote-15) such as “*healing takes time and time is healing* “ lend credibility to Tribal Practices explicitly based on those principles.
* Review-and-approval of a Tribal Practice by **elders** constitutes evidence of validity within the Native American framework.
* Finally, feedback from the **community** is evidence within the framework (and is “client satisfaction” generally).

1. **Program Goal**

The goal is the one, broadly stated purpose—the intended outcome—for the Tribal Practice. A goal may be stated as reducing a specific behavioral health problem or as improving health and thriving in some particular way. Specific areas of improvement—the intended outcome—are found among the list of “Outcomes” (item 12). They include:

* Longevity (vs. avoidable death)
* Health (vs. disease-specific morbidity)
* Wellbeing (vs. pain and suffering)
* Social/community/cultural connectedness (vs. alienation/anomy/isolation)
* Abstinence/non-harmful use of ATOD (vs. abuse/ dependency/addiction)
* Employment (vs. unemployment)
* Education (vs. school failure)
* Healthy family (vs. dysfunctional family)
* Good behavior/non-criminality (vs. delinquency/criminality)
* Stable housing (vs. homelessness/instability)
* Positive attitude, beliefs, knowledge, skills, lifestyle (vs. unhealthy attitude, beliefs, ignorance, lack of skills, or lifestyle)

The goal can be stated even more specifically, for example:

* Reduction of specific alcohol abuse like public inebriation, or underage drinking, or driving under the influence
* Reduction of specific drug abuse like prescription medications, or methamphetamine
* Reduction of specific violence like domestic violence, violence against women, or school bullying
* Reduction of youth suicide specifically
* Reduction of specific mental illness like PTSD, or depression, or childhood maladjustment, or ADHD, or co-occurring (substance and mental) disorders

Other more specific goals/outcomes are focused on the positive side, especially the strengthening of protective factors, developmental assets, and resilience:

* Youth development programs such a *Project Venture* (service learning) are focused on such goals as increased caring about the community, although its measured outcomes include reductions in the full range of substance abuse, mental health, and criminal justice problems
* *Leadership Development* programs are focused on goals of community competence (ability of the community to deliver services and cope with challenges), rather than the problem of youth suicide which community competence ultimately impacts

1. **Target Population**
   1. Funding agencies (e.g., SAMHSA’s *block grant*) are currently using the Institute of Medicine’s (IOM) “*Universal*,” “*Selective*,” and “*Indicated*” categories to classify prevention programs in terms of their target population (and, therefore, their programming strategy).

* “*Universal*” means that the target population for a program (e.g., “youth”) is not limited to persons who are at risk of having the problem (e.g., alcoholism) which the program is intended to prevent
* “*Selective*” means that the target population for a program is known, as a class, to be at risk for developing the behavioral health problem (e.g., youths who are children of alcoholics)
* “*Indicated*” means that the target population consists of individuals who each have subclinical levels of the behavioral health problem (e.g., youths who have experimented with alcohol, but are not otherwise abusing, dependent, or addicted)

The above categories of “prevention” are distinct from “treatment” for individuals with clinical levels of behavioral health problems. (Treatment can be subdivided into case identification/early diagnosis and brief intervention; standard treatment; long-term treatment (also known as “maintenance”); and aftercare/rehabilitation. But this subdivision is not required by funding and administrative agencies.)

* 1. Beyond the IOM classification, it is helpful to describe the target population in terms of socio-demographics or other characteristics if such a focus exists. While many groups may benefit, a Tribal Practice is often more narrowly focused on one or two primary target populations. Thus, a behavioral health prevention or treatment program might be directed primarily toward “youth,” or “mothers,” or “fishermen,” or “prisoners,” or some other group defined by:
     + Age
     + Sex
     + Occupation,
     + Living circumstances

The programmatic activity may, itself, create a socio-demographic focus, e.g., basketball is likely to be focused on youth; child rearing education on mothers; occupational stress management on occupational groups like fishermen; and cultural connection on groups with specific living conditions like prisoners.

1. **Risk and Protective Factors**

The ultimate goal (intended outcome) of a Tribal Practice is reached by addressing some mediating or moderating conditions that increase or decrease the likelihood of a behavioral health problem (vs. behavioral health and thriving). “Risk Factors” increase the likelihood of behavioral health problems; “Protective Factors,” “Developmental Assets,” and “Resiliency” increase the likelihood of behavioral health and thriving. On a day-to-day basis, the Tribal Practice is operationally focused on one or more of these risk or protective factors.

The concept of risk and protective factors[[16]](#footnote-16) is very strong in behavioral health and public health programs, especially prevention and public health. The idea is that a program/practice can indirectly achieve an ultimate behavioral health outcome by changing the factors which modify or mediate it—the risk factors which induce or exacerbate problems and the protective factors which prevent or counteract behavioral health problems.[[17]](#footnote-17)

Further, these risk and protective factors exist in each of the: (a) community, (b) family, (c) peer group, (d) school/workplace, as well as (c) the individual domains.[[18]](#footnote-18) In each domain, risk and protective factors can be seen as mirror images, which means that preventive and treatment interventions are aimed at shifting any factor from the risk end to the protective end of a continuum. For example, shifting from:

|  |  |  |  |
| --- | --- | --- | --- |
| **Socio-Ecological Domain** | **(From)**  **Risk Factor** |  | **(To)**  **Protective Factor** |
| Community | Economic deprivation |  | Local control, community competence, thriving |
| Community | Favorable attitudes toward drug use |  | Intolerance and rejection of drug use, with clear standards, monitoring & enforcement |
| Family | Conflict-ridden, inconsistent supervision, delinquency-modeling |  | Well-managed family, with bonding, constructive modeling, clear standards, monitoring, skill teaching, and recognition |
| School | Delinquency tolerant (including absence, substance use, acting out, bullying) |  | Healthy school policy, with school commitment, clear standards, monitoring, skill teaching, and recognition |
| Peer | Bonding with models of problem behaviors and failure |  | Bonding with models of healthy behaviors and thriving |
| Individual | Alienation |  | Balance and harmony |

Many Tribal Practices focus operationally on just one, or a few, such factors:

* Gathering of Native Americans (GONA)[[19]](#footnote-19) and the Community Readiness Model[[20]](#footnote-20) focus on mobilizing communities to confront behavioral health problems and to improve health and thriving in their communities
* The Native American Family Strengthening[[21]](#footnote-21) program focuses on family management
* A Healthy Schools Program focuses on creating a safe environment for learning and childhood wellness
* Native Helping Our People Endure (HOPE) and Question, Persuade, Refer (QPR) focus on a reducing a suicide risk in the peer domain, i.e., the “conspiracy of silence”
* Sweat Lodges usually focus on restoring a troubled individual’s state of harmony

1. **Tribal Practice Personnel**

Some Tribal Practices require personnel with special knowledge, skill, community status or certifications, e.g., elders, medicine people, teachers, registered nurses, physicians, certified counselors. Some Practices require volunteers, some require peer volunteers. For example, the Canoe Journey requires many volunteers for many different roles.

1. **Tribal Practice—Key Elements**

A concrete and specific description of the elements which constitute a Tribal Practice can be called a “staff/operations/instruction manual,” “guidebook,” “blueprint,” “pattern board,” etc. It can be a work plan, action plan, powerpoint presentation, or any other reasonably concrete and specific description of what the Tribal Practice does. Such a document is very helpful in reviewing the evidence, establishing credibility with third parties, managing the Practice, measuring its outcomes, and providing technical assistance to other Tribes who may wish to learn from it. It is very helpful for the program personnel to have a written listing of the things they should do. It can be helpful to Tribal leaders who are planning and managing the Practice to describe the activities it consists of.

It is not necessary to include details that are particularly sacred such as the use of specific symbols in sacred sand painting. However, a number of written and video-taped/DVD descriptions exist for Sweat Lodge, Vision Quest, herbal therapy, and other Tribal Practices involving some degree of spirituality.

Gathering of Native Americans (GONA),[[22]](#footnote-22) Native Helping Our People Endure (HOPE),[[23]](#footnote-23) Project Venture,[[24]](#footnote-24) American Indian Life Skills Curriculum, [[25]](#footnote-25)Choctaw Challenge Course, [[26]](#footnote-26) Canoe Journey,[[27]](#footnote-27) and other Native American model prevention and treatment behavioral health programs have detailed manuals. Manuals are also available for Social Marketing against drug abuse which is being used throughout Indian Country, notably in the Indian Country Methamphetamine Initiative (e.g., Winnebago Tribe of Nebraska),[[28]](#footnote-28) the Center for Disease Control and Prevention, and the Office of National Drug Control Policy.[[29]](#footnote-29)

Such a document can be quite lengthy. For the purposes of this application, it is only necessary to list the key elements. GONA has an example of a very thorough, specific and concrete manual. GONA is a four-day training program for community members who want to become change agents. Key Elements listed in the manual are: a goals presentation; philosophy presentation; values presentation; registration procedures; and 10 training modules, each with two or three descriptive bullets. This level of detail would suffice for Key Elements. However, further detail is extremely useful, if available. Helpfully, the GONA manual goes on to describe the steps/activities within each module. [[30]](#footnote-30) Accompanying hand-outs, newsprint, resources, and transparencies are provided for each module.

1. **Tribal Practice—Materials**

Significant material items are needed for some Tribal Practices, e.g., a canoe, bill boards, brochures, horses, lodge (sweat), drums, auditorium, or camp grounds. In some cases, these materials may be very special, e.g., eagle feathers, cultural artifacts. GONA provides written stories and slides and the National Congress of American Indians (NCAI) provides some downloadable social marketing materials.[[31]](#footnote-31)

1. **Tribal Practice—Optional**

Other items are not necessary to implement the program, but do facilitate the Tribal Practice (e.g., food, attendance prizes).

1. **Outcomes**

A list of possible areas in which a Tribal Practice might have outcomes is listed in the Form. Information within these categories is very powerful evidence for the effectiveness of a Tribal Practice. The outcomes are both those important to tribes and those recognized in the National Outcome Measures System (NOMS)[[32]](#footnote-32) in which AMH is required to participate in order to receive federal funding.

For any applicable outcome category, describe what changes the Tribal Practice will achieve, e.g., Social/Community/Cultural Connectedness might include, specifically, increased knowledge of cultural songs and prayers; identification of participants with their culture; involvement in cultural events (e.g., Powwows).

Identify any available measures of the outcomes.

Following are some invented examples of outcomes and outcome measures that might apply to some Tribal Practices.

|  |  |  |
| --- | --- | --- |
| **Decrease** | **Increase** | **Specify** |
| Avoidable death | Longevity | *Reduce deaths due to alcohol-related traffic crashes (Measure: coroner’s reports)* |
| Disease-specific morbidity | Health | *Increase Quality of Life for persons with Serious and Persistent mental illnesses (Measure: annual Quality of Life interviews)* |
| Disability Handicap | Ability | *Eliminate disabling hallucinations (via medication clinic) among persons with Serious and Persistent mental illnesses (Measure: quarterly clinical rating of clinical condition of patients)* |
| Pain and Suffering | Wellbeing | *Reduce pain and suffering of suicide survivors (Measure: Post-vention closing interview)* |
| Alienation Anomy Isolation | Social/Community/ Cultural Connectedness | *Re-establish tribal-cultural involvement of previously homeless urban Indians (Measure: participation of clients in cultural events)* |
| Abuse Dependency Addiction | Abstinence Non-harmful Use | *Convert social activities for youth into ATOD-free events (Measure: number of ATOD-events and participants per year)* |
| Unemployment | Employment | *Foster tribal business/ industry opportunities and tribal recruitment (Measure: year-over-year employment rate for tribe)* |
| Educational failure | Educational Success | *Implement Healthy Schools policy (standards, monitoring, training, recognition) (Measure: year-over-year number of policies in place and operational) (Measure: year-over-year drop-out rate; grade-point-average)* |
| Dysfunctional family | Healthy Family | *Parent knowledge of family management practices (Measure: post-training knowledge test)* |
| Delinquency/crime | Good Behavior | *Increase degree of rehabilitation achieved with DOJJ clients (Measure: opinion of rehabilitation officer re: clients out-sourced to Horse Program and re-entering DOJJ program)* |
| Homelessness Instability | Stable Housing | *Reduce loss of housing among residents of Tribal Housing due to violation of housing rules and policy (Measure: annual eviction rate)* |
| Unhealthy Attitude, Beliefs, Ignorance, Lack of Skills, Lifestyle | Healthy Attitudes, Beliefs, Skills, Lifestyle | *Reduce favorable attitudes toward drug abuse among at-risk youth groups (Measure: attitude questionnaire at end of session)* |

1. **Contact**

Contact information for the individual responsible for and knowledgeable about the Tribal Practice whom AMH for information.

Run:

### Appendix: Example of Key Elements of a Tribal Best Practice

### Process of a Native Tribal Canoe Journey [[33]](#footnote-33)

Each Journey requires much in the way of planning, preparation, and funding for it to become reality.   
  
The Hosting Tribe or Community for the end of journey events, must plan for the several thousand people who will gather in the destination village or tribal community, and stay through several days of activities and celebrations.   
  
Canoe journey participants prepare by attending monthly meetings, Skippers consult tides tables to map out canoe routes, take-off times, and landing locations. Many are busy with canoe building and repair activities, fund-raising efforts, gathering gear and supplies, making regalia, carving paddles, attending Canoe Blessing Ceremonies, dinners, raffles, canoeing practice, and attending cold water safety training.   
  
Invitations are personally delivered to scores of participating Native Tribes and First Nations, and many other preliminary activities need attending to. It is a huge undertaking, on all levels.   
  
In the final weeks before Journey, meetings are used for determining and announcing canoe routes and schedules, stay-over locations, host village responsibilities, study of tide tables and ocean charts, and much more.   
  
Support boats, and vehicles to transport extra pullers, equipment, camp gear, food supplies and mobil kitchen for meal preparations each day, and the ground crew are of great importance.   
  
Canoe Meetings, hosted by various Tribes and Canoe Societies, normally include customary hospitality of food, and time for drumming, singing and sharing, besides attending to the business matters.   
  
By June or early July (about 6 to 8 weeks prior to the end of the journey)... Skippers have their core team of pullers selected for the first legs of the journey, and support boats have been arranged. (That's the plan, anyway.) Canoes have been readied. Host communities will have gathered supplies of food and fleets of staff.   
  
Finally - Camping gear and supplies are packed; pullers, ground crew, and other support crew and participants assemble, and the Journey begins from various locations of Washington, British Columbia, Alaska, and sometimes Oregon.   
  
Originating canoe take-off points and dates differ for each region and community depending on their distance from the final destination.   
  
(For an idea of how this works, you may want to visit TRIBAL JOURNEYS.COM, CANOE-INFO, or the "SCHEDULES" webpage - using links below.)   
  
The canoe journey experience is a mixture: excitement to be there, exhilaration to be on the water traveling in the way the ancestors did, spiritual renewal, tests of endurance, hard work, fun, food and celebration.   
  
It is not a vacation, in any sense of the word, It is a JOURNEY, with plenty of opportunity for personal growth. It will always be a truly priceless and unforgettable experience. This you can be very sure of.

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| THE TEN RULES OF THE CANOE *The Ten Rules of the Canoe were developed by the Quileute Canoe Contigent for a Northwest Experimental Education Conference in 1990.* |

|  |
| --- |
| 1) EVERY STROKE WE TAKE IS ONE LESS WE HAVE TO MAKE |
|  |
| * Keep Going! Even against the most relentless wind or retrograde tide, somehow a canoe moves forward. This mystery can only be expained by the fact that each pull forward is real movement and not delusion. |

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| 2) THERE IS TO BE NO ABUSE OF SELF OR OTHERS |
|  |
| * Respect and Trust cannot exist in anger. It has to be thrown overboard, so the sea can cleanse it. It has to be washed off the hands and cast into the air, so the stars can take care of it. We always look back at the shallows we pulled through, amazed at how powerful we thought those dangers were. |

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| 3) BE FLEXIBLE |
|  |
| * The adaptable animal survives. If you get tired, ship your paddle and rest. If you get hungrey, put in on the beach and eat a few oysters. If you can't figure one way to make it, do something new. When the wind confronts you, sometimes you're supposed to go the other way. |

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| 4) THE GIFT OF EACH ENRICHES ALL |
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| * Every story is important. The bow, the stern, the skipper, the power puller in the middle -- everyone is part of the movement. The Elder sits in her cedar at the front, singing her paddle song, praying for all of us. The weary paddler resting is still ballst. And there is always that time when the crew needs some joke, some remark, some silence to keep going, and the least likely person provides. |

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| 5) WE ALL PULL AND SUPPORT EACH OTHER |
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| * Nothing occurs in isolation. When we aren't in the family of a canoe, we are not ready for whatever comes. The family can argue, mock, ignore each other at it's worst, but that family will never let itself sink. A canoe that let's itself sink is certainly wiser never to leave the beach. When we know that we are not alone in our actions, we also know we are lifted up by everyone else. |

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| 6) A HUNGRY PERSON HAS NO CHARITY |
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| * Always nourish yourself. The bitter person, thinking that sacrifice means self-destruction, shares mostly anger. A paddler who doesn't eat at the feasts doesn't have enough strength in the morning. Take that sandwich they throw at you at 2:00 AM! The gift of who you are only enters the world when you are strong enough to own it. |

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| 7) EXPERIENCES ARE NOT ENHANCED THROUGH CRITICISM |
|  |
| * Who we are, how we are, what we do, why we continue, flourish with tolerance. The canoe fellows who are grim go one way. The men and women who find the lightest flow may sometimes go slow but when they arrive they can still sing. And they have gone all over the sea, into the air with the seagulls, under the curve of the wave with the dolphin and down to the whispering shells, under the continental shelf. Withdrawing the blame acknowledges how wonderful a part of it all everyone of us really is. |

|  |
| --- |
| 8) THE JOURNEY IS WHAT WE ENJOY |
|  |
| * Although the start is exciting and the conclusion gratefully achieved, it is the long, steady process we remember. Being part of the journey requires great preparation; being done with a journey requires great awareness; being on the journey we are much more than ourselves. We are part of the movement of life. We have a destination, and for once, our will is pure, our goal is to go on. |

|  |
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| 9) A GOOD TEACHER ALLOWS THE STUDENT TO LEARN |
|  |
| * We can berate each other, try to force each other to understand, or we can allow each paddler to gain their awareness through the ongoing journey. Nothing sustains us like that sense of potential that we can deal with thngs. Each paddler learns to deal with the person in front, the person behind, the water, the air, the energy, the blessing of the eagle. |

|  |
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| 10) WHEN GIVEN ANY CHOICE AT ALL, BE A WORKER BEE -- MAKE HONEY ! |
|  |
| * A few good workers and a sweet spirit accomplish far more than many with a wrong motive and a negative attitude. |

## Appendix: Gathering of Native Americans Manual[[34]](#footnote-34)

* Key Elements (Table of Contents; Module Overview)
* Detail for Module 1

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| [III.](http://preventiontraining.samhsa.gov/CTI05/GONATOC.HTM#III) | Values of the Gathering of Native Americans Curriculum |
| [IV.](http://preventiontraining.samhsa.gov/CTI05/GONATOC.HTM#IV.) | Target Audience |
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## XIII. Module Overview

### DAY ONE: BELONGING

#### Module #1: "Belonging: All My Relations" (Show Transparencies T-1.4 and T-1.5 during overview of Module #1).

* Establish feeling of inclusion and belonging
* Curriculum framework/overview
* Philosophical base and guiding principles

#### Module #2: "Belonging: Family/Team Building"

* Community team building
* Trust building, risk taking, fun
* Interactive, experiential, group process, and conflict resolution

#### Module #3: "Belonging: Identity with Cultural Strengths"

* Build team shields through team development
* Resiliency/Will to survive/Our strengths
* Understanding our perceptions, prejudices, and cultures
* Create a safe place for participants to do individual work (spirit houses)

### DAY TWO: MASTERY

#### Module #4: "Mastery: Starting the Path"

* What does mastery mean?
* What does "Starting the Path" to healing mean?
* Look at how to start strategic planning
* Begin with self to wellness, family charts

#### Module #5: "Mastery: Historical Context"

* What broke apart the Indian world?
* What holds it together?
* Oppressed becomes oppressor-child abuse, domestic violence, etc.
* Letting go of historical trauma

#### Module #6: "Mastery: Rites of Passage"

* Rebirth, recreate, renewal
* Shift to paradigm of empowerment and renewal

### DAY THREE: INTERDEPENDENCE

#### Module #7: "Interdependence: Responsibilities"

* Symbolically return to the circle
* Balance and finding Native community wellness

#### Module #8: "Fostering Personal and Community Development"

* Restore "ritual" in family and community
* Develop skills for community development
* Individual commitments to community wellness

### DAY FOUR: GENEROSITY

#### Module #9: "Generosity: Tradition of Giving Back to Community"

* Action plans, what next, how to implement
* Regional planning among community teams or partnerships
* How to sustain momentum (to leave drum with region and ask them to plan next gathering on their own)

#### Module #10: "Community Give Away"

* What gifts do you have to give to your community?
* Affirmation for work at GONA
* Congratulations!

# Module 1 Belonging: All My Relations Day 1

|  |  |
| --- | --- |
| [Overview](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Over) | [Time](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Time) |
| [Purpose](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Purp) | [Learning Objectives](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Lear) |
| [Major Sections](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Majo) | [Equipment, Materials, and Supplies](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Equi) |
| [Transparencies](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Tran) | [Handouts](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Hand) |
| [Prepared Newsprint](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Prep) | [Publications and Optional Trainer Resources](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Publ) |
| [Materials and Aids](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Mate) | [Room Requirements](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Room) |
| [Predelivery Preparation](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Pred) | [Trainer Outline](http://preventiontraining.samhsa.gov/CTI05/mod1tr.htm#Trai) |

## Overview

This module establishes the first quality of belonging and introduces an environment that promotes the overall theme of the training content. (Show T-1.1 when presenting overview of Module 1).  
  
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## Time

2 1/2 hours  
  
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## Purpose

To understand purpose of life by integrating traditional Indian teachings, customs, and values to establish relationships and belonging in a traditional way; and to develop a foundation for participants to develop in a community (clan/family/ society/tribe) toward common goals.  
  
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## Learning Objectives

Participants will be able to:

1. Recognize significance of the Drum and Drum Call in the context of intent and its relevance to traditional Indian teachings.
2. Identify at least four elements of belonging and relationships by listening to culturally relevant Creation Stories.
3. Describe role of the CSAP sponsorship, and expected outcomes for the community.
4. Identify community (clan/family/society/tribal) membership and qualities as it relates to substance abuse prevention and the healing process.
5. Describe substance abuse in families, communities, and its affect on community wellness.

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## Major Sections

|  |  |  |
| --- | --- | --- |
| I. | Activity: *Drum Call*. Local drum group, individual, or trainer. | (15 minutes) |
| II. | Storytelling: *"Story of the Seasons"* | (5 minutes) |
| III. | Introduction: *"All My Relations"* | (35 minutes) |
| IV. | Storytelling: *"Creation Story"*(25 minutes) |  |
| V. | Exercise: *The Belmont Process* | (40 minutes |
|  | **BREAK** | (20 minutes) |

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## Equipment, Materials, and Supplies

* Slide Projector
* Screen
* Tape Recorder/Player
* Public Address System
* Team Identification Name Tags
* Drum

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## Transparencies

|  |  |
| --- | --- |
| T-1.1: | Module 1 Purpose and Objectives |
| T-1.2-1.2b: | Extended Family |
| T-1.3a-c: | Story of Seasons |
| T-1.4: | Community Healing |
| T-1.5: | Everyone Is of Value |
| T-1.6: | Effective Prevention Must Include - Grassroots Community |
| T-1.7: | What did you see? Hear? Feel? |

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## Handouts

|  |  |
| --- | --- |
| HO-1.1: | Creation Story |
| HO-1.2: | Story of Seasons |
| HO-1.3: | Spirit Houses (Description) |
| HO-1.4: | Gallery of Stars |

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## Prepared Newsprint

|  |  |
| --- | --- |
| PN-1.1: | What did you see? Hear? Feel? |

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## Publications and Optional Trainer Resources

|  |  |
| --- | --- |
| TR-1.1: | "Creation Story" |
| TR-1.2: | "Story of the Seasons" |
| TR-1.2a: | Optional Story - "Why Animals Don't Drink" |
| TR-1.3: | Spirit Houses (description) |
| TR-1.4: | Gallery of Stars |

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## Materials and Aids

* Organizing Reference Sheets/ Transparencies
  + Overheads of GONA Philosophical Overview and Values
* Trainer Supplies
  + Newsprint, markers, overheads, transparencies

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## Room Requirements

The best seating arrangement is a large circle with the facilitators in the middle front. However, if space does not permit, then theater style seating is appropriate.   
  
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## Predelivery Preparation

* Contact ethnic representatives to assist in a multilingual greeting.
* Contact elders for the drum call/ceremony/song to facilitate the opening.
* Contact female and male representatives from three generations to participate in drum call ...
  + Grandmother, Mother, Daughter
  + Grandfather, Father, Son
* Make arrangements for how the Spirit House will be set up and by who, as well as what will be in the Spirit Houses.

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## Trainer Outline

### I. Activity: Drum Call. Local drum group or individual or trainer (15 minutes)

*Opening Ceremony*   
  
The significance of ceremony is discussed as a part of the opening. The focus of this ceremony is to establish sense of belonging for each participant.   
  
**TR-1.3: Spirit Houses**   
  
**TR-1.4: Gallery of Stars**   
  
**HO-1.4: Gallery of Stars**   
  
**Note To Trainer:** (See TR-3) During the opening ceremony, trainers should describe the purpose of the Spirit Houses, where and how they should be set up, and ask for volunteers to assist in setting them up. It could be done as a group exercise to get participants involved.   
  
Also at this time, trainer will need to instruct participants to have pictures taken ASAP and pasted onto the "Gallery of Stars" Handout (1.4) as well as that during the Gathering, when they meet new people, to write affirmations on their pictures and not to leave this until the last day, because this is an important part of the closing ceremony and needs to be completed before the last day so participants aren't rushed.   
  
In addition, now is a good time to give instructions to participants to each make one gift for the Give Away on the last day. Suggestions for the types of gifts that can be made can also be given at this time.

#### Options:

**OPTION A:** The Training Coordinator should contact the local host community and ask that they organize and conduct the opening ceremony within the framework of the agenda or time constraints. In this case, the training team will plan around that opening ceremony and appropriately thank the hosts.   
  
**OPTION B:** In lieu of a local spiritual leader offering the opening ceremony, the GONA curriculum has incorporated an opening ceremony which can also be used and has proven an effective way to set the tone and open the GONA. This includes:

1. **DRUM CALL:** Opening Song or Drum Call to gather all participants and let them know it is time to begin the work.
2. **ALTAR SET UP:** A place is set up on a table for sacred objects to be placed. This can include the burning of sage or other sacrament appropriate for the region or cultures, or if these activities are not appropriate, to serve as a place from which the ceremony will take place.
3. **OPENING PRAYER:** A local person, one of the participants is asked to make an opening prayer or offer words of blessing for the GONA work.
4. **WITNESSES:** Some of the participants are asked to serve as "witnesses" for the opening ceremony. They are asked just prior to the beginning of the opening. This serves to replace giving each person the opportunity of offering words during the opening (which would take far too long). Six witnesses are asked to help, three women, one symbolically representing a grandmother, one a mother and one a daughter; and three men, one symbolically representing a grandfather, one a father and one a son. After the opening prayers, each will be asked to make a brief opening greeting.

**OPTION C:** Trainers can also survey the participants upon their arrival on the first day and select an appropriate person, and ask that person if he or she would be willing to help by offering an opening prayer. In this case, the Training Coordinator will announce the opening of the GONA, and introduce the person to offer the opening prayer.   
  
**Note To Trainer:** Opening Ceremonies should be conducted in coordination with and respecting the practices of the local region. The TC should be consulted regarding any arrangements made in advance of the GONA. Efforts should be made to show openness to a variety of beliefs and practices during Opening Ceremonies. Ensure you acknowledge different ways and different beliefs. You are encouraged to make a place in the ceremonies for participants who want to share their beliefs in the Opening. However, caution should also be taken to avoid extending the ceremony beyond the allotted time period.   
  
**NOTE:** Not all participants will know or understand the meanings behind various ceremony or ritual which might be conducted during the opening ceremony. It is important that the trainer in charge of the Opening make sure that a description is given about what is being done and why it is being done.

### II. Storytelling (5 minutes)

**TR-1.2: Story of Seasons or option:**   
  
**TR-1.3a: Why Animals Don't Drink:**   
  
**HO-1.2: Story of Seasons**   
  
**T-1.3a: Story of Seasons**   
  
**T-1.3b**   
  
**T-1.3c**   
  
Read from attached: ***Story of the Seasons***   
  
Optional Story: "Why Animals Don't Drink"

#### A. Instructions

Two facilitators are needed. One to tell the story and one to work the overhead projector, changing the transparencies for the story. The transparencies will be numbered with a script. The reader begins with a brief discussion about storytelling.

#### B. Discussion Points

1. Storytelling is traditional for Native peoples. Oral histories and legends were used to transmit knowledge, teachings, and values from one generation to the next.
2. We can use storytelling TODAY in our communities to convey these same teachings as we look at our work in prevention.

#### C. Instruction

Reader begins to read. Upon completion of story, the facilitator asks participants for feedback as to "What are the teachings you heard in this story?" The facilitator will try to focus on these teachings:

1. Diversity is normal.
2. We need to find a ROLE for everyone.
3. We can work out differences and complement each other.

**Note To Trainer:** If group is very large, smaller groups can be used so shy people will feel less threatened to discuss story.   
  
**T-1.1 Overview Purpose and Objectives of Module 1**

### III. Introduction: "All My Relations" (35 minutes)

#### A. Instruction

The training coordinator (TC) introduces him- or herself and welcomes participants to the GONA. This time is to provide an overview of the 4-day training, introduce the trainers, and set the tone for the participants.

#### B. Discussion Points

1. Welcome to GONA. Thank the host partnership.
2. Why CSAP is doing GONA trainings. Give the following brief summary:
   * *"The Federal government through the Center for Substance Abuse Prevention (CSAP) has initiated a Community Partnership Training Program to assist Community Partnership grantees in support of community efforts to reduce and prevent alcohol, tobacco, and other drug abuse. Approximately 250 Community Partnerships across the country and Puerto Rico were funded, including approximately 15 American Indian specific Community Partnerships. Under contract with CSAP, Macro International Inc., and Circle Solutions, Inc., were tasked to develop and deliver a variety of training activities to the Community Partnerships. These include a 5­day Community Partnership Institute; a Multicultural Leadership Institute; an Institute for Partnership Development; a variety of 1- and 2-day workshops; and four cultural specific institutes. The Native American component of the cultural specific institutes is called the* ***"Gathering of Native Americans" (GONA)****."*
3. **Explain Community Teams**. The TC must explain that we will be doing much of our work in Community Teams and that these assignments were made upon registration.

**T-1.2 - 1.2b Belonging - Extended Family**   
  
**[note: Trainer can create story appropriate to participant audience using Transparencies 1-2 - 1.2b]**

1. **Focus.** Theme of the GONA Training focuses on the following four areas for each of the four days:

**Belonging:** A place for all ages, a place for all kinds of people. The first day represents infancy and childhood, a time when we need to know how we belong. Belonging is the most important FIRST lesson a young child must learn. The child must learn that he/she BELONGS in Family, Tribe, Clan or Community.   
  
**Mastery:** Empowerment, for individual and for community. The second day honors adolescence as a time of vision and mastery. We will focus on our past to understand our future.   
  
**Interdependence:** The third day is symbolized by adults, integral and interdependent within their families and communities. We will look at how we are interconnected with our environment and social network of our communities. We will look at "leadership" and community building.   
  
**Generosity:** The final day honors our elders, who give their knowledge and teachings to our generations of the future. We will look at our responsibility to give back to our communities as elders, as caretakers.   
  
**HO-1.3: Spirit House Description**   
  
**Healing is Important**. We want to provide an environment where healing is nurtured and supported. Much of this information may trigger painful memories or grief. This is the beginning of the healing journey. GONA has provided a "Spirit House" which is a safe, quiet place for participants to use as they like for their own prayers, medication, or discussion. Give location.

### IV. Storytelling: "Creation Story" (25 minutes)

**HO-1.1: Creation Story**   
  
**TR-1.1: Creation Story**

#### A. Introduction

The facilitator begins the story with little or no introduction. Story may be memorized, or can be read. To assist in the effect, the hand drum can be used. Beat at a slow pace as the story is being told. Upon the completion of the story, the facilitator leads a brief discussion.   
  
**Note To Trainer:** You may want to have one person read it and another act it out and use the hand drums.

#### B. Discussion Points

1. Are our burdens real? Like Cocoon Man, we must all look into our burden baskets now to see if these burdens are real, or if we are carrying burdens on our backs that are echoes of other generations past?
2. Introduce "Risk Tokens." We will be asking you to "take risks" while you are here. We are giving each of you 10 risk tokens to begin (you may take more tokens if you like). Every time you take a risk, toss your token into this basket (show where the basket is placed).

### V. Exercise: The Belmont Process Exercise (40 minutes)

**T-1.7: What Did You See? Hear? Feel?**   
  
**PN-1.1: What Did You See? Hear? Feel?**

#### A. Instruction

The facilitator shows newsprint with three questions written on it, and asks that the participants randomly break into small groups for discussion (not necessarily community teams). Talk in small groups of 8­10 by answering the following 3 questions:

* What did you see?
* What did you hear?
* And how did it make you feel?

Options:

* Can use Talking Stick, Rock, or other item of local Native custom
* Instruction sheet will be in the Participant Manual
* A Form for Participants to answer process questions

#### B. Discussion Points

Often in Native cultures we ask that our ceremonies and other important events be "witnessed" by someone so that this witness can tell others what happened and verify the accuracy of what is said. We want you to serve as a witness and to tell each other in small groups what you saw, what you heard, and how it made you feel.

BREAK (20 minutes)

1. Project Venture website. <http://www.npaihb.org/images/epicenter_docs/suicide_prevention/2008/Promising%20Strategies%20-%20ProVenture.pdf> [↑](#footnote-ref-1)
2. Project Venture listed as a model program. <http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=146> [↑](#footnote-ref-2)
3. Journeys of the Circle, a ppt presentation on the Canoe Journey. <http://www.aap.org/NACH/Marlatt_plenary.pdf> [↑](#footnote-ref-3)
4. La Marr J, Marlatt GA. (2007). Canoe Journey Life’s Journey: A Life Skills Manual for Native Adolescents. Facilitators Guide with CD-ROM. Hazelden. <http://www.hazelden.org/OA_HTML/ibeCCtpItmDspRte.jsp?item=7580&prddb_prod=vGCMsek5Mw-dESkuf5eyUenw:S&prddb_prod_pses=prddb_prod%3DvGCMsek5Mw-dESkuf5eyUenw%253AS~> [↑](#footnote-ref-4)
5. LaFamboise TD. (1995). American Indian Life Skills Development Curriculum. University of Wisconsin Press. [↑](#footnote-ref-5)
6. Native American and Native Horse Human-Animal Healing Center. <http://www.ispmb.org/index.php?option=com_content&id=49> [↑](#footnote-ref-6)
7. Suicide Prevention Resource Center. <http://library.sprc.org/browse.php?catid=31> [↑](#footnote-ref-7)
8. National Registry of Evidence-based Programs and Practices. <http://www.nrepp.samhsa.gov/listofprograms.asp?textsearch=Search+specific+word+or+phrase&ShowHide=1&Sort=1&T1=1&T2=2&T3=3&T4=4&T5=5&R1=1&R1OPT=3> [↑](#footnote-ref-8)
9. Center for the study and prevention of violence. <http://www.colorado.edu/cspv/infohouse/publications.html#blueprintspubs> [↑](#footnote-ref-9)
10. Office of Juvenile Justice and Delinquency Prevention. <http://www2.dsgonline.com/mpg/mpg_search.aspx> [↑](#footnote-ref-10)
11. One Sky Center Native Programs Directory. <http://www.oneskycenter.org/oscservices/programs/dspAdvanceSearch.cfm> [↑](#footnote-ref-11)
12. Center for Substance Abuse Treatment. *Understanding Evidence-Based Practices for Co-Occurring Disorders.* COCE Overview Paper 5. DHHS Publication No. (SMA) 07-4278. Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2007 [↑](#footnote-ref-12)
13. Mareasa R. Isaacs, Larke Nahme Huang, Mario Hernandez, Holly Echo-Hawk. (December 2005). The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health. National Alliance of Behavioral Health Associations. [↑](#footnote-ref-13)
14. [Mehl-Madrona](http://www.healing-arts.org/mehl-madrona/) L. Traditional (Native American) Indian Medicine. Treatment of Chronic Illness: Development of an Integrated Program with Conventional American Medicine and Evaluation of Effectiveness. <http://www.healing-arts.org/mehl-madrona/mmtraditionalpaper.htm> [↑](#footnote-ref-14)
15. Mehl-Madrona L. (1998). Coyote Medicine: Lessons from Native American Healing. Touchstone. [↑](#footnote-ref-15)
16. Hawkings JD, Catalano RF et al., as cited in Hogan JA, Gabrielsen KR, Luna N, Grothaus D. (2003). Substance Abuse Prevention. Boston, MA: Allyn & Bacon. P15-25. [↑](#footnote-ref-16)
17. An example of programs addressing specific risk and protective factors (and a lists of risk and protective factors) organized into a searchable database can be found at: <http://www.findyouthinfo.gov/ProgramSearch.aspx> [↑](#footnote-ref-17)
18. Known as the “social-ecology” model. For example, the Center for Disease Control: <http://www.cdc.gov/ncipc/dvp/social-ecological-model_DVP.htm> [↑](#footnote-ref-18)
19. This SAMHSA web page contains a detailed manual with step-by-step instructions for conducting a GONA: <http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm> [↑](#footnote-ref-19)
20. The Tri-ethnic Center webpage gives access to the Community Readiness Model: <http://www.triethniccenter.colostate.edu/communityreadiness.shtml> [↑](#footnote-ref-20)
21. <http://www.strengtheningfamiliesprogram.org/sp-amind.html> [↑](#footnote-ref-21)
22. This SAMHSA web page contains a detailed manual with step-by-step instructions for conducting a GONA: <http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm> [↑](#footnote-ref-22)
23. An overview of HOPE is provided at this page: <http://www.nmassembly.org/pages/pyd_nativehope.html> [↑](#footnote-ref-23)
24. A description of Project Venture is provided at this SAMHSA page: <http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=146> [↑](#footnote-ref-24)
25. A description of American Indian Life Skills Curriculum is provided at this SAMHSA page: <http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=118> [↑](#footnote-ref-25)
26. Examples of key elements for several Tribal Practices are provided in this slide presentation, including the Choctaw Nation Challenge Course: <http://indianeducation.org/userfiles/file/ICMI%20feb%202009.pdf> [↑](#footnote-ref-26)
27. An example of a Canoe Journey protocol is given in the Appendix adapted from the webpage: <http://tribaljourneys.wordpress.com/basic-tribal-journeys-info/> [↑](#footnote-ref-27)
28. Examples of key elements for several Tribal Practices are provided in this slide presentation, including the Winnebago social marketing campaign: <http://indianeducation.org/userfiles/file/ICMI%20feb%202009.pdf> [↑](#footnote-ref-28)
29. Many examples of Social Marketing key elements exist. One description of the key elements of social marketing involves identifying the target population; developing messages; cost-benefit analysis (of target population’s potential responses to messages); disseminate messages through specified media (flyers, inserts, brochures, info for interested readers, news releases, fact sheets, cover letters to groups), and location for disseminations (retail outlets, churches, health care providers, talk shows, work places, highway billboards). See The Basics of Social Marketing; How to Use Social Marketing to Change Behavior. Seattle, WA: Turning Point, downloadable at: <http://www.turningpointprogram.org/> A software CD is offered as technical assistance for developing a health-related social messaging program: <http://tangibledata.com/CDCynergy-SOC/Drive-thru/index.cfm> [↑](#footnote-ref-29)
30. The GONA Key Elements, and an example of one detailed module, are copied in the Appendix from the SAMHSA webpages: <http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm> [↑](#footnote-ref-30)
31. Anti-meth social marketing materials downloadable at: <http://www.ncai.org/meth/> [↑](#footnote-ref-31)
32. National Outcome Measures (NOMs). <http://www.nationaloutcomemeasures.samhsa.gov/PDF/NOMS/revised_grid_4_1_08.pdf> [↑](#footnote-ref-32)
33. ### Partial description of Canoe Journey protocol titled “PADDLE JOURNEYS - Tribal Journeys - Native Canoes of the Pacific Northwest” posted on: <http://community-2.webtv.net/bensuecharles/PADDLEJOURNEY2001/> by Cowichan, British Columbia, Canadian authors.

    [↑](#footnote-ref-33)
34. The GONA Key Elements, and an example of one detailed module, are copied in the Appendix from the SAMHSA webpages: <http://preventiontraining.samhsa.gov/CTI05/Cti05ttl.htm> [↑](#footnote-ref-34)