

Native H.O.P.E. **(*H*elping *O*ur *P*eople *E*ndure)**

ABSTRACT

The Native H.O.P.E. curriculum is based on the theory that suicide prevention can be successful in Indian Country by Native Youth being committed to breaking the “Code of Silence” prevalent among all youth. The theory is also premised on the foundation of increasing “strengths” as well as warning-signs-awareness of suicide among Native Youth. The theory supports the full inclusion of Native Culture, traditions, spirituality, ceremonies, and humor.

This three day Native Youth Leadership curriculum was developed by Clayton Small, Ph.D. and Ernie Big Horn Jr., MS and piloted successfully in the Billings Area and through the IHS National Suicide Prevention Network (NSPN) in Standing Rock and Red Lake. This highly interactive model has themes and concepts from the highly successful model entitled, “Gathering of Native Americans” (GONA), recently named as one of the ten Effective Practices and Models in Communities of Color and the North Dakota Adolescent Suicide Prevention Project, Mark LoMurray, Director.

This model is a proactive prevention program. It is focused on building on strengths in our Native youth from a wide range of support and places. Some examples might include spirituality, family support, positive friends, caring adults, positive activities, generosity, access to mental health professionals and physicians, and appropriate cultural support groups. The leadership training provided for these “Natural Helpers” is designed to build their capacity and awareness to help youth through referral and support. Friends are often in a good position to recognize teens at-risk of suicide. They can help by showing they care, listen, acknowledge the pain, showing them they do have choices and getting them to a counselor and other sources of health support. The training also includes the “Natural Helper” learning to set limits on their role in the peer counseling process. The H.O.P.E. is that this model will assist in breaking the unhealthy cycles in our Native families that are multigenerational and place our youth at risk.

This model also includes training local community members in the skills of “Facilitation”. To effectively deliver this model and provide ongoing strategic “booster” activities, local and regional Native adults need to develop their capacity to “shift from being the sage on the stage, to the guide on the side” in increasing their ability to facilitate group process. A key to mobilizing peer counseling programs for Native youth is to identify and train adults from their communities that are committed to wellness and assisting their youth in leadership development.

Our Native youth are full of “Hope and Promise” and need access and opportunity to develop their leadership potential. This model helps Native youth realize that suicide is a permanent solution to temporary problems and that they can help each other to find solutions, break cycles, and model wellness and leadership.



Native H.O.P.E. **(Helping Our People Endure)**

Purpose

To strengthen the capacity of American Indian/Alaskan Native (AI/AN) teens and young adults to help each other in leadership development and prevention.

Training GOALS

1. To provide a training process that is culturally competent for AI/AN participants by incorporating culture, spirituality, humor, and values such as belonging, mastery, interdependence, and generosity.
2. To provide participants with a process and activities to conduct team and trust building and to develop effective communication skills.
3. To provide a prevention strategy that impacts multiple domains such as individuals, parents, schools, communities, peers, professionals, and faith/spiritual leaders.
4. To deliver a strengths-based prevention model aimed at decreasing risk factors, in particular, substance abuse, depression, hostility, violence, impulsivity, and exposure to trauma.
5. To provide awareness to AI/AN teens and young adults about the risks related to “Codes of Silence” and suicide among youth and know how to make appropriate referrals and provide support.
6. To help AI/AN teens and young adults describe the risk factors and warning signs that contribute to suicide behaviors.
7. To provide a process for AI/AN teens and young adults to identify and use their strengths to break unhealthy multi-generational cycles within families/communities and to develop/maintain healthy relationships.
8. To assist the AI/AN teens and young adults develop a strategic action plan that is a community response to assist and support the youth, families, and communities to increase strengths and resiliency.

Expected Outcomes

1. Establishing Native Youth Leadership Councils focusing on Peer-Counseling.
2. Establishing support groups/talking Circles for Native Teens.
3. Linking Statewide hotlines with Native communities and/or assisting communities establish their own hotlines for suicide prevention.
4. Helping to establish Crisis Response teams within Native communities that can respond to traumatic events/fatalities that include single session critical incident debriefing, as well as long term support.
5. Assisting schools establish a screening process for depression & suicide and referral process.
6. Helping Native communities increase access to treatment, mental health, and community based support for teens and adults.
7. Reducing high-risk behavior among Native youth: in particular, substance abuse, depression, exposure to trauma, and hostility/violence/impulsivity.
8. Developing capacity for Native youth to conduct peer-to-peer presentations in their schools and communities on breaking the codes of silence, awareness, and making referrals.
9. Assisting Native youth establish mentoring programs.
10. Assisting Native communities establish reservation-wide community support teams that have membership from various agencies and provide early intervention, referrals, and long- term support for individuals, and provide education to peers, parents, and community.
11. Helping Native youth develop healthy coping skills and utilize their strengths to increase resiliency.
12. Training adults in facilitation skills to effectively deliver the Native H.O.P.E curriculum.

Core Values

1. We BELIEVE that Native Youth can assist and support each other in leadership and creating positive changes in their peer group, schools, families, and communities.
2. We BELIEVE that Native Youth need access and opportunity to leadership development, and their efforts need to be supported by key agencies/ organizations within their communities.
3. We BELIEVE in a “Strengths” based interactive approach to wellness that incorporates culture, ceremony, traditions, healing, and humor.
4. We BELIEVE that community based caring and support is critical to the healing process.
5. We BELIEVE that regional and local community adults/professionals can be trained and empowered to facilitate the Native H.O.P.E. curriculum.
6. We BELIEVE in assisting Native Youth to develop and implement a “strategic vision”, both short and long term that encourages wellness and healing.
7. We BELIEVE in the “goodness” of our Native families and promote strengthening parenting skill development.
8. We BELIEVE that Native Youth can break the “Codes of Silence” and learn to make appropriate referrals and provide support that greatly reduces suicide.
9. We BELIEVE that the Native H.O.P.E. curriculum will encourage healthy coping skills among our youth regarding substance abuse, depression, violence, and exposure to trauma.
10. We BELIEVE in creating a safe and sacred place to conduct training that leads to learning, teamwork. and generosity.
11. We BELIEVE that the Native H.O.P.E. curriculum will positively impact the individual, peers, schools, community, parents, health professionals, and faith/spiritual leaders.
12. We BELIEVE in a process that keeps “HOPE” alive and thriving.

AGENDA

Day One

8:00-9:00----Registration/Pictures/Snacks/Socializing
8:55-----Drum Call
9:00-9:30---Welcome/Blessing/Introductions/Overview
9:30-9:45---Norms and Expectations
9:45-10:30--Team/Trust Building and Clan Formation
10:30-10:45-----BREAK-----
10:40-----Drum Call
10:45-11:15-Clan Presentations
11:15-12:00-Identifying our Sources of Strength/Personal
Wellness/Commitments

12:00-1:00-----LUNCH-----

12:55-----Drum Call
1:00-1:15---Energizers
1:15-2:30---Creating Positive Change/ Breaking
Unhealthy Cycles/Commitments
2:30-2:45-----BREAK-----
2:40-----Drum Call
2:45-3:00---Energizers
3:00-3:30---Pluses/Wishes/Evaluation/Open Mic/
Announcements/Closing

Day Two

8:00-9:00----Registration/Affirmations/Snacks/Socializing
8:55-----Drum Call
9:00-9:30---Welcome/Blessing/Introductions/Overview-
Yesterday/Today
9:30-9:45---Energizers
9:45-10:30--Hostility Survey/Assertiveness Practice
10:30-10:45-----BREAK-----
10:40-----Drum Call
10:45-11:00---Energizers
11:00-11:30---Healthy Relationships/Mediation
11:30-12:00—Suicide in Indian Country

12:00-1:00-----LUNCH-----

12:55-----Drum Call
1:00-1:15---Energizers
1:15-2:00----Values Debate/Codes of Silence
2:00-2:30---“See It—Say It”- Assertive Communications
Process
2:30-2:45-----BREAK-----
2:40-----Drum Call
2:45-3:00----Making a Referral/Community Resources
3:00-3:30----Pluses/Wishes/Evaluation/Open Mic/
Announcements/Closing

Day Three

8:00-9:00----Registration/Affirmations/Snacks/Socializing
8:55-----Drum Call
9:00-9:30---Welcome/Blessing/Overview-Yesterday/
Today
9:30-9:45---Energizers
9:45-10:30—Peer- to- Peer Presentations
10:30-10:45-----BREAK-----
10:40-----Drum Call
10:45-11:00--Energizer—*Trust Fall*
11:00-12:00--Strategic Action Planning

12:00-1:00-----LUNCH-----

12:55-----Drum Call
1:00-1:15---Energizers
1:15-1:45---Finalize Strategic Action Plan
1:45-3:00---Presentation of Strategic Action Plan/Peer-
to-Peer Messages/Graduation
3:00-3:30---Pluses/Wishes/Evaluation/Open Mic/
Announcements/Closing



Preparation and Logistics For Delivering the Native H.O.P.E. Curriculum

Preparation

It may take several months to prepare the delivery of Native H.O.P.E. into your community. An interdisciplinary team should be established to plan the training. The team should include membership from the Schools, Indian Health Service, Bureau of Indian Affairs, Tribal government, Boys and Girls Club, Treatment/Recovery programs, Detention Centers, Youth representatives and other appropriate agencies/organizations. This team will coordinate and make decisions regarding location, dates/time of event, selecting/training facilitators, food/snacks/drinks, supplies, audio-visual equipment, fundraising/sponsorship, guest speakers, packets, etc.

Target Audience

The target population is Native youth from upper elementary, middle school, high school, and other programs with youth through age 24. The Native H.O.P.E. training should be delivered to youth of the same grade level. For example, middle school students should not be combined with high school. This will require several trainings for different age youth.

Facilitators

The planning team will identify youth and adults from various agencies/organizations that will complete a two day Training of Facilitators (TOF) training prior to delivering the three-day Native H.O.P.E. curriculum to youth. These local facilitators will assist the Master Level Facilitators in the initial delivery of the curriculum and will then be ready to replicate the Native H.O.P.E. curriculum to other youth from their communities. Facilitators will conduct a one day “prep” meeting prior to each delivery of Native H.O.P.E. to get acquainted, conduct team/trust building, make assignments and coordinate final logistics for delivery of training. They will also “huddle” before the training each day and conduct a “debriefing” at the end of each day. A separate manual and 2-day training is available for the “facilitators”.

Registration/Logistics

Each participant will receive a manual/packet when they register. This will include the three-day agenda, name tag, photo taken, and other pertinent information. Several people need to be identified early to coordinate the registration and logistics. Equipment needed include a digital camera with printer to take each participant’s picture and create a gallery of photos on the wall. The photos may be taken several

days prior to the gathering, printed, and taped/glued to a piece of light colored construction paper. An overhead projector and/or power point equipment will be needed, as well as a CD player with Native music. A PA system is suggested as the training will take place in a large arena such as a gym or community center. Lavalier lapel or hand-held wireless microphones are suggested. During the training, participants will be rotating back and forth from a large circle seating arrangement to small clans of 10-12 youth with an adult/youth clan leader. During the clan sessions, participants will need a table, as well as, folding chairs. Each clan will need large flip-chart paper, set of marking pens and masking tape. Open wall space is needed to post information/pictures and for projection screening. Youth will be participating in friendly competition during the training and it is suggested that 20-30 prizes such as DVD’s, CD’s, gift certificates, etc. be available.

Food/Snacks

During the three day training of the Native H.O.P.E. curriculum, it is suggested that each day begin with a healthy breakfast snack such as coffee, tea, juice, water, bagels, pastry, etc. A mid-morning and mid-afternoon healthy snack with beverages is also recommended. The healthy noon meal should be delivered onsite to minimize disruption to the training. It is preferable to have a working lunch in clan groups.

Drums/Ceremony

It is suggested each day begin with an opening drum call and song. A hand drum can be used or a local drum group can be invited to open the gathering. A rattle, bell, or other instrument can be used depending upon the community preference and traditions. Drums and songs have proven to be an effective way in most tribal communities to bring Native people together. A community spiritual leader and/or participating youth/adult will be asked to offer a blessing to start/end each day. It is suggested that participants be asked to bring their “medicines” such as sweet grass, sage, cedar, corn pollen, etc. to the training and share their teachings with the other participants. Honoring Native spirituality, rituals, and ceremonies is an important component of the Native H.O.P.E. curriculum.

Graduation

At the end of the third day, a graduation process will be delivered. Participants will be called one at a time to receive their affirmation pictures with positive comments written by everyone, a certificate signed by appropriate people, and offered a warm handshake/hug to all participants. This is also a time to honor individuals/programs that have demonstrated exemplary leadership in prevention, wellness, and healing. Time will be created for expressions

from participants and a closing blessing.

Community Collaboration

It is suggested that key community programs such as Tribal Government, Tribal Health, IHS Clinic/Hospital, Social Services, Behavioral Health, Treatment/Recovery Programs, CHR's and Community Health Nurses, Boys and Girls Clubs, Law Enforcement/Courts attend and set-up displays and share their services during the training of the Native H.O.P.E. curriculum. These programs/agencies collaboration are vital to the success of the Youth's strategic plans that are developed during the training, in particular the referral process for youth services.

School Collaboration

The Native H.O.P.E. curriculum is a 5-day process, two days training Facilitators (TOF) and three days working directly with Native Youth. The participating schools will need to identify time for their students to participate in the process. Scheduling the training will be a creative challenge so that classroom instruction is not adversely affected. It is suggested that teachers utilize the training prior to and after delivery to promote discussion and develop lessons that reinforce the leadership skills learned by participants. The Native H.O.P.E. curriculum is an enhancement to the school's Life Skills and Service Learning programs. The schools may want to consider hosting the training during school breaks and/or on extended weekends. School personnel should also understand that their Native youth will be developing a strategic action plan that will need adult administration, teachers and/or staff to serve as Advisors along with other adults from various community programs/agencies.

Team-Trust Building

Throughout the Native H.O.P.E. curriculum, the Facilitators will conduct interactive energizers and teambuilding activities designed to foster belonging, teach life skills, and enhance self-esteem. The activities are based on Project Adventure's "ropes courses" in a portable delivery process. The Adventure Based Learning model has proven to highly effective for all groups. The principles emphasize openness and honesty; the importance of safety (both physical and emotional), and the need to work together to achieve goals. Time will be taken after the activities to process lessons learned that can be applied to real life situations. The Facilitators will receive training in the Adventure Based Learning Model.

Rovers

The Rovers are a key team contributing to the success of the Native H.O.P.E. curriculum delivery. They are experienced #6

mental-health professionals, school counselors, social workers, substance abuse counselors, credible and community-supported spiritual advisors, and others that the local community endorses as persons who can work effectively in one-on-one counseling/healing sessions. The Rovers will always work in teams of two (one male & one female) when taking a participant to the "Spirit Room" for support and encouragement. They will then return the clan member back to their Clan for ongoing activities. The Rovers will share their experiences at the end of the day with the Facilitation Team during the "Debriefing Session". Their sharing will honor confidentiality within the confines of: 1. Suicide, 2. Violence, 3. Abuse & Neglect. The Rovers will be available throughout the training--including "Talking Circles" in the evening. A protocol will be established for how the Rovers will team with the Clan Leaders to identify and intervene with participants during the day and evening sessions. The Rovers will also conduct their own team "huddles" throughout the training.

Clan Leaders

The role of the Clan Leaders is crucial. Their role is to serve as facilitators for leaning by creating a safe and sacred place within their Clan circle. They will reinforce the norms and expectations and model appropriate behavior. The Clan-building process allows for getting acquainted, building trust and support, sharing, skill & leadership development, and healing. The goal of Clan Leaders is to get their Clan members actively engaged in this process. This may be challenging for some Clan members who are reluctant and may need some one-on-one encouragement. During the Clan sharing, there will be times when individuals become emotional. It is important to allow them to express their feelings (healing). Clan Leaders will use their judgement as to when to call a "Rover" to intervene and take a participant out of the Clan circle and to the "Spirit Room" for some individual counseling. The Roavers will return the Clan member when he/she is ready. The Clan Leaders will participate in the end-of-the-day "Debriefing Session", share their day, and make appropriate referrals as necessary, while honoring confidentiality (suicide, violence, abuse/neglect). The Clan sharing will always start with the Clan Leader. It is OK to allow Clan members to "pass" during the sharing time. However, after the first sharing, Clan Leaders should offer a second sharing opportunity encouraging those who had passed to make an expression. Their silence does not necessarily mean they are not engaged in the process. It may simply mean that they are actively listening but not yet ready to share their thoughts. Clan Leaders will be constantly monitoring their Clans level of participation, giving on-going feedback, reinforcement, and encouragement. The Clan Leader is expected to create a safe place for learning and have their Clan demonstrating contagious enthusiasm, skill-building,

and leadership. Clan Leaders will likely be teacher, counselors, other school staff, Tribal health employees, BIA/IHS personnel, Boys' and Girls' Club staff, etc.

Spirit Room

The Spirit Room will be established somewhere within the Gathering Room or in a nearby room that ensures privacy and safety for the Rovers and Clan members to conduct some sharing, support, encouragement, and healing. The Rovers will be asked to bring their "medicine" they normally use, i.e. cedar, sage, sweet grass, water, blankets, etc. The goal is to create a safe place for healing. The Spirit Room should be equipped with resources of religious, cultural, or spiritual significance that are appropriate for the community--such as the Bible, candles, Eagle feathers/fan, tobacco, the AA Big Book, or other materials. One of the Rovers should be assigned in advance to set up and take care of the Spirit Room.

Talking Circle

The Native H.O.P.E. curriculum has the clans use the "Talking Circle" process throughout the training period. The community may request a "Talking Circle" in the evening of the three-day training period. The "Talking Circle" is a ritual/ceremony designed to provide a safe and sacred place for people to express their emotions/feelings and to conduct some grief-work/healing. We are recommending that separate circles be held for Native youth and adults. A quiet and safe place is required to conduct the sessions. This process usually takes one to three hours in duration. The "Rovers" will need to be present to assist in this process and utilize the "Spirit Room" when necessary. This is also a good process to identify persons who may need a follow-up referral for on-going support in their healing journey. It is hoped that as part of the strategic action plan developed during the training that on-going support groups/"Talking Circles" will be established and maintained.

Other Evening Activities

During the three-day delivery of the Native H.O.P.E. curriculum, in addition to "Talking Circles", the community may want to consider sponsoring the following: 1. Po Wow, 2. Talent Show, 3. Banquet/Dinner, 4. Social Dance, 5. Drumming, 6. Sweat Lodges. These social activities reinforce the "Strengths" of Native culture, traditions,



Delivering the Native H.O.P.E Curriculum

One evening an old Cherokee told his grandson about a battle that goes on inside people. He said: "My son, the battle is between two "wolves" inside us all.

One is Evil.

It is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.

The other is Good. It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion, and faith."

The grandson thought about it for a minute and then asked his grandfather: Which wolf wins?"

The old Cherokee simply replied: "The one you feed."

The message conveyed in the Native H.O.P.E. curriculum is one of never losing "Hope" in the strengths of Native people, in particular for Native youth. The following thoughts are important for "Facilitators" to be mindful of in delivering this curriculum:

- Teens are a powerful source of strength for each other, but they need training and support to develop their leadership potential.
- The curriculum is highly interactive and incorporates Native culture, spirituality, ceremony, and humor as a means to create positive change.
- This curriculum focuses on the risk factors that contribute to suicide: Depression, exposure to trauma, substance abuse, and violence.
- This curriculum assists Native youth develop a "Strategic Action Plan" that will need community collaboration for successful delivery.
- The identification of formal and informal community-based individuals and programs that offer support is critical in this curriculum.

- The focus of this curriculum is on increasing “strengths” and “resiliency” among our Native youth.

It is critical to note that suicide and other risk factors such as substance abuse, violence, depression, and trauma are challenges in our Native communities that have a long history and ones that require a comprehensive and on-going healing approach.



Native H.O.P.E. (Helping Our People Endure) Conference Description

Day One

Overview

Day One of the Native H.O.P.E curriculum is designed to create a safe and sacred place for learning. The day’s activities are focused on creating a sense of “belonging” and that everyone is welcome and has something good to contribute to the leadership process. The session will begin with a ceremony that includes a drum call and song that welcomes the participants to the gathering. The Facilitating team will identify a participant or community member to offer a prayer/blessing. A table will be set up for sacred objects to be placed, such as cedar, sage, sweet grass, etc. and someone will be asked to take the appropriate medicine around the circle to each participant for a “smudging.” The teaching is that it is important to honor and respect our Native traditions and use these strengths in the healing process. The day will focus on interactive team/trust building and increasing communication skills as well as using our strengths to break unhealthy cycles in families/communities (depression/substance abuse, trauma, violence). Adult and youth clan leaders will lead small group discussions that include making commitments to create positive changes in self, family, school, and community.

Purpose

The purpose of Day One is:

1. personal development
2. helping skills
3. leadership development

Learning Objectives

1. Recognize the importance of Native culture, spirituality, traditions, and humor to the healing process and development of strengths/resiliency.
2. Create a safe and sacred place for learning and leadership development.
3. Provide a process to strengthen team/trust and communication skills.
4. Increase awareness about risk factors that contribute to suicide: depression, substance abuse, trauma, and violence.
5. Identify “sources of strength” within self, family, school, peers, culture, and those community & health professionals that support wellness.
6. Increase awareness about personal wellness and the process of creating positive change.
7. Make personal commitments to increase strengths/resiliency.

Day One

Agenda

Registration/Pictures/Snacks/ Socializing

The training should coincide with the school day for Native youth. We have prepared the daily agenda to go from 8:00 am to 3:30 pm. Depending upon the school, the times may need to be adjusted. The registration process is scheduled from 8:00-9:00 am. During this time students will sign-in, receive their packets/manuals, and get their pictures taken. Snacks and/or breakfast can be served during this time. Students are encouraged to find a chair in the large circle and get ready to begin. The Facilitation team will have made arrangements to prepare for delivering the day’s activities. They may need to “huddle” several times each day to review progress and/or make minor adjustments to the agenda.

Drum Call

At 8:55 a.m., a participant, facilitator, or community person will sing a drum call song. This is the cultural protocol to begin the gathering. Everyone should be seated in the large

circle and may be asked to stand and remove hats/caps during the song. The person who sang the song may be asked to share the meaning/teaching of the song. It will be explained that during the gathering, when you hear the drum call, it is your cue to return to the circle.

Welcome/Blessing/Introductions/ Overview

From 9:00-9:30 a.m., the welcome/blessing/introductions/overview will be given. The Facilitation team will have made arrangements for who should deliver these presentations. The welcome should be delivered by a representative from one of the key sponsoring programs/agencies such as Tribal President, School Superintendent, and/or BIA/IHS/Tribal Health CEO. These officials delivering the welcome displays the commitment and importance of our Native youth. The blessing is then delivered by a participant, facilitator, Tribal official, or community person. Time is then taken to offer a “smudge” (cedar, sage, etc.) to participants. The Facilitation team is introduced and an overview of the training is delivered.

Norms and Expectations

The time allotted for this is from 9:30-9:45 am. Two Facilitators will lead this process (one facilitating and one scribing). The teaching is that we are taking time now to create a safe and sacred place for learning. That process started with the drum call, blessing, and “smudge”. It is similar to the Grass Dancers being asked to bless the arena before the Pow Wow begins by symbolically beating the grass down with their prayerful dancing and offering tobacco on the drum. We are going to establish some ground rules or norms for how we are going to treat each other in our attitude and behavior during this training. The Facilitator starts with the following Norms printed on flip chart paper: *1. Spirituality 2. Humor 3. Use our Strengths 4. Step-Up, Don't Hold Back! What are some other Norms that a healthy team/family/community uses?* Participants will brainstorm a number of other Norms and make a commitment to honor during the training. These will be posted on the wall to serve as a reminder throughout the gathering. A similar process will be used for Expectations—*What do you expect to get out of this training?* The facilitators will start with a new list including: *1. Leadership 2. Helping other youth—What are some other expectations?* This list will be posted as well with commitments and clarification from the Facilitators that all or some of the participants' expectations can be accomplished. Some expectations may need additional training(s) to be accomplished. This process allows the participants a sense of ownership and empowerment.

Key Elements Affirmations/Norms/Strengths/Rovers/ Clans/Culture

Facilitators will summarize these elements:

1. Affirmations—*Each of your pictures has been posted in a gallery on the wall. As you get acquainted and observe each other exercising leadership, make a goal to write something positive on each sheet of paper during the breaks. Please make positive comments—We are a healthy TEAM!*
2. Norms—*You have made a commitment to honor the NORMS created.*
3. Strengths—*We are focusing our energy on our STRENGTHS and making commitments to use them to help ourselves and others.*
4. Rovers—During this training, there will be powerful emotional expressions. We have identified ROVERS who are here to assist participants talk one-on-one and in confidence about these emotions. Rovers will be introduced and asked to clarify when referrals are mandatory: 1. Abuse and Neglect 2. Violence 3. Suicide. It is okay to ask for help.
5. Clans—During this training you will each be placed in Clans to share experiences and practice leadership skills. Your Clan leaders will facilitate this process. Utilize the Norms in your attitude and behavior during the Clan sessions.
6. Culture—Our Native Culture is one of our greatest strengths in wellness and leadership. During this training we will be utilizing our songs, stories, ceremonies, and humor. We ask that you honor this process with your participation and willingness to share your culture.

Team/Trust/Communications/Clan Formation

During this session, participants will be challenged to participate fully within the norms adopted, and engage in a process of getting acquainted, working on their communication skills, and forming a Clan group. The time set aside for this session is from 9:45-10:30 a.m. Facilitators will remind participants of the Norms established and commitments made.

Activity One

Do You Know Your Neighbor?

A member of the Facilitation team will be assigned to lead this activity. Participants will be seated in the large circle. Empty chairs will be removed from the circle. Each youth will be asked to introduce themselves to their neighbors on each side of them, told that they will be sitting in different chairs each round of getting acquainted and asked to introduce themselves each time to their new neighbors. The Facilitator explains that the person in the middle where he/she is, is there because they couldn't get to a chair in time (they were all taken). Therefore, you ask someone, *"Do you know your neighbors?"* They introduce their neighbors and then you ask them, *"Who else do you want to know?"* The response is creative and causes everyone to move from their chair to a new one across the circle, i.e. *"I want to know everyone who is an Indian!"* If their statement applies to you, you move quickly to a new chair. Several rounds of this create a fun atmosphere and gets people acquainted. The Facilitator will summarize the teambuilding lessons from the exercise.

Activity Two

Trust Me, I am Here For You!

A member of the Facilitation team will be assigned to lead this activity. Participants are asked to hook up in teams of two with someone they do not know or have not talked to recently by interlocking arms. They introduce themselves and give each other an affirmation of *"You are handsome and beautiful and worthy!"* The Facilitator will also explain the gestures that go with the expression. The Facilitator asks teams to pick being a *"risk-taker"* or a *"support"* person. The teams conduct two rounds of supporting each other and do five standing push-ups without dropping their partner. The Facilitator will summarize the teambuilding lessons from the exercise. Teams high-five each other and move to a large standing circle.

Clan Formation

A member of the Facilitation team counts off participants in teams of 8-10 youth members per Clan with a Clan leader. The Clans move quickly to their own small circle of chairs to conduct getting acquainted activities. The Clan leader asks for a youth to volunteer to write responses on flip chart paper for their clan. During the 2-day Training of Facilitators, the adults/youth are prepared to lead the Clan activities. Each Clan needs flip chart paper, marking pens, masking tape and a table.

Activity one—Getting Acquainted

1. Round One--Starting with the Clan leader, participants introduce themselves—Name, Indian Name, Nickname, and their greatest strength. #10

Highlights of this information are placed on newsprint.

2. Round Two--Starting with the Clan leader, participants are asked to describe a behavior they would like to change to become a stronger leader.
3. Round Three—Starting with the Clan leader, participants are asked to describe how they currently help other peers, their family, and community.
4. Round Four—Clans will brainstorm "Sources of Strength" that assist their peers, family, and community when they are stressed and/or in crisis. These sources of strength will include individuals, programs, and ceremonies.
5. The Clans will be asked to draw on flip chart paper their sources of strength in the form of a shield with the name of their Clan.
6. NOTE: Special prizes will be awarded to Clans that go a step farther and demonstrate a Clan cheer, song and/or dance.

BREAK

During the break from 10:30-10:45 am, Participants will be encouraged to write positive affirmations on the pictures posted on the Gallery wall and to continue to get acquainted with their Clan members. Snacks and beverages will be available during the break.

Drum Call

At 10:40 am, a participant, facilitator, or community member will sing a drum call song to bring people back to the circle. The Facilitation team will make these arrangements.

Energizer

While standing in the large circle, participants will be led in a cheer by the Facilitation team:

1. *Clap Your Hands Once and say, "I am Handsome and Beautiful!!"*
2. *Clap Your Hands Twice and say, "I am Worthy!!"*
3. *Clap Your Hands Three Times and say, "I am a Leader!!"*
4. *Clap Your Hands Four Times and say, I Will Make a Difference!!"*

A second round will be delivered, but this time the Facilitation team will select one Youth that demonstrates the most "ENTHUSIASM". A prize will be awarded. The Facilitator will summarize the teambuilding lessons from the exercise. NOTE—The Facilitation team will arrange for 25-30 prizes to be awarded throughout the gathering.

Clan Presentations

Each Clan will be asked to stand together one at a time and each Clan member will give voice to their Shield

and “Sources of Strength”. Each Clan member is asked to speak during the presentation. The shields will be posted on the wall. Affirmations will be given to each Clan at the conclusion of their presentation. Clans that volunteer to present a song/dance/cheer will be judged by the Facilitation team and the most “Creative” Clan will be given a team award for Leadership. Clans will be given the option to practice their Cheer during lunch and present in the afternoon. The participants are asked to return to the large circle for a presentation.

Healthy Teams and Personal Wellness

One of the Facilitation team members will present these hand-outs on overhead and/or power point presentation (hand-outs included in manual--see Appendix A):

1. **Definition of a Healthy Team.** The emphasis is healthy teams practice cooperation & interdependence and establish reasonable focused goals.
2. **What are the Attributes of an Effective Team Member?** Ask participants to comment on the attributes as they apply to Indian Country due to oppression, trauma, substance abuse, and violence.
3. **Tuckman’s Stages of Group Development.** It is important to note the ability of a team to resolve conflicts in a healthy process.

Circle of Wellness

Healthy families and communities are created when individuals are on a personal wellness path. This hand-out summarizes a holistic approach that turns challenges into strengths and encourages healthy coping skills. A key to this process is embracing Native traditions, culture, ceremonies, and spirituality.

Clan Commitments

A member of the Facilitation team will lead this activity. Clan leaders will ask a clan member to volunteer to highlight the responses on newsprint. Participants will be asked to quickly get into their Clan groups and share--starting with their Clan leader:

Round One--*What did you Hear/See/Feel during this morning’s session?* Remind Clan members there are four kinds of feelings (mad/sad/glad/afraid).

Round Two—Starting with the Clan leader, each participant will make a personal commitment to personal wellness and/or leadership, i.e. *“I commit to be a better listener and be less judgmental.”*

LUNCH

Lunch will be provided onsite so that Clans can continue to share, get acquainted, and prepare for their song/dance/cheer. The lunch is scheduled from 12:00-1:00 p.m. NOTE--During the lunch, a facilitator will ask everyone to go outside and collect a small rock that is symbolic of their life, and bring it to the afternoon session. The Facilitation team will arrange for someone to offer a food blessing with participants standing together in the large circle. Native music will be played during lunch and participants are asked to continue to write positive comments on the affirmation pictures. The Facilitation team will want to “huddle” to review the morning session and prepare for the afternoon. They may want to get started early if everyone is finished with lunch.

Drum Call

The Facilitation team will arrange for someone to conduct the Drum Call at 12:55 p.m. or earlier. Affirmations are given to the singer and time allowed for his/her comments.

ENERGIZER

A member of the Facilitation team will lead this activity: *“Look Over Your Horse!”*

Participants will be asked to stand in the large circle for some friendly competition. Prizes will be awarded to the top 5 finishers. The Facilitation team will serve as judges. The Facilitator will state that you must be quick and get to your spots or you will be asked to step back and cheer from the side lines. He/She explains the categories: 1. *Sweep Your Tee Pee* 2. *Dodge the Gossip* 3. *Look Over Your Horse* 4. *Paddle Your Canoe* 5. *Hit the Trail*. After several rounds, the top five winners will be awarded. The Facilitator will summarize the teambuilding lessons from the exercise. Winners are given an affirmation and participants are asked to sit in the large circle. Clans are asked if any are ready to present their cheer/song/dance.

Creating Positive Change

“Who Moved My Commodity Cheese?” and **7-Stages of Change**

A member of the Facilitation team will lead this activity (see handouts in Appendix A). The message is that when we are faced with changing our attitude or behavior, we assume various roles from being open and flexible to being in denial, bitter, and resentful. The Facilitator will explain the seven stages of change and ask participants to identify where they are in their process of changing their attitudes and behavior to become a better person/leader. Some of the important “teachings” include: 1. *Keep it Simple.* 2. *Maintain Spirit.* 3. *Utilize Humor/Trickster Medicine.*

4. *Be Flexible.* 5. *Be Ready.* 6. *Use your Imagination.* 7. *Do Not Let Fear Stop You.* 8. *Creating Change Requires "Action"*. Crisis and stress can cause individuals to fall back on unhealthy behaviors and this is when peers can make a positive impact through their caring and support. The lead Facilitator will ask for a volunteer to answer this question: *"Who would like to share at what stage you are at with making a change in your attitude/behavior?"* *"What is the change you are working on?"* Have participants give an affirmation for healthy risk-taking.

Breaking Unhealthy Cycles

A member of the Facilitation team will lead this activity. The Facilitation team will have recruited a team of actors during lunch and they will conduct a series of "skits" that demonstrate unhealthy cycles in families and communities. The themes include: 1. *Drinking and Driving.* 2. *Violence in the Family.* 3. *Sexuality.* 4. *Gang involvement.* 5. *Sexual Harassment.* 6. *Teen Pregnancy.* 7. *Depression.* 8. *Date Rape.* 9. *Incest.*

These skits create a safe process to discuss traumatic incidents in the lives of our Native youth. The actors will be asked to stand and be "smudged" to return back from the roles they were portraying and be given an affirmation. A member of the Facilitation team will define Multigenerational Trauma and Cultural Oppression on the overhead and/or power point (see hand-out in Appendix A). The Facilitator will ask, *How many of you have said, "I will never marry someone like that!" or "I will never treat my kids like that!"* It is important to note that Trauma affects individuals, families, communities, and whole Tribes. The challenge is for our Native youth to understand the importance of breaking these unhealthy cycles in their families and communities and that this behavior has a history.

The Facilitator will present the hand-out on Factors that Contribute to Suicide on overhead and/or power point: depression/substance abuse/violence/trauma (see handout in Appendix A). The emphasis is that Native youth, families, and communities are exposed to these risk factors daily and need to develop healthy coping skills. Exposure to trauma can create responses of: FREEZE/FLIGHT/FIGHT. The Facilitator will give examples of these behaviors from the skits. The Facilitator will ask, *"What are some examples of historical trauma that might impact a community or Tribe?"* Some examples will include loss of homeland, language, wars, reservations, boarding schools, etc. It is important that youth understand that trauma is a blend of historical and current trauma.

Clan Sharing

Participants will be quickly moved to their Clan groups and

their clan leaders will begin with three rounds of sharing. Round three is an important process to allow participants to do some healing in a safe place by symbolically placing their trauma in their rock and casting it into the center of their Clan circle. Upon completion of the letting-go process, Clan leaders will ask a volunteer to remove the rocks and place them outdoors. A volunteer will be asked to take notes on newsprint:

Round One—*What personal connections did you make to the skits?*

Round Two—*How can we help our friends who are experiencing trauma?*

Round Three--Share why you picked your rock during lunch and whether you are ready to do some "letting go" of some of your trauma. Clan members may indicate that they are not ready to let go. Facilitators, Rovers, and Clan leaders will work collaboratively to identify individuals that may need individual attention due to the sharing experience. Rovers will intervene as necessary.

BREAK (2:30-2:45 pm)

During the break, participants will be asked to write positive comments on the affirmation pictures and offer support to Clan members who may have had a difficult time emotionally with the previous exercise. Rovers will be available to assist youth individually as needed. Healthy snacks will be available during the break.

Drum Call (2:40 pm)

Facilitators will arrange for someone to conduct the Drum Call and may ask the singer to explain the song. An affirmation will be given for healthy risk-taking and leadership.

ENERGIZER—"Switch"

A Facilitator will lead this activity. Participants will be asked to stand in the large circle and quickly get into teams of two by interlocking arms. The Facilitator standing in the middle of the circle will ask the teams to give an affirmation to their partner: *"You are Handsome and Beautiful!"* *"You are Worthy!"* *"You are a Good Leader!"* *"Use Your Imagination!"* The Facilitator explains that you end up in the middle where I am by not getting a partner because they are all taken! Therefore, you use your imagination and ask the teams of two to do something wild and crazy for several seconds, i.e. *Quack like a duck and walk forward 4-steps* and *"Switch" partners!* Several rounds will be completed and participants will be asked to return to their Clan groups. The Facilitator will summarize the teambuilding lessons from the exercise.

Clan Commitments

The Facilitator will explain that in your Clans you will each make a commitment starting with the Clan leader to use your strengths and leadership to break unhealthy cycles and help/support your friends who are struggling, e.g. “*My commitment is to put to action the skills I learn here for myself, friends, and family.*”

Large Group Process/Closing

The Facilitator will ask for several volunteers to take a healthy risk and share their thoughts/feeling about the day. Affirmations will be given for healthy risk-taking and leadership. Facilitators will ask for feedback in the form of Pluses and Wishes. This will be written on flip chart paper: “*What was a Plus for you today?*” “*What do you Wish could have happened today, but for whatever reason, did not occur?*” Evaluations will be completed/collected. Announcements for Day 2 will be presented. The Facilitators will have arranged for someone to give the Closing Blessing and end Day 1. The Facilitators will conduct a “Debriefing” session to review the day and prepare for Day Two.



Day Two Overview

Day Two of the Native H.O.P.E. curriculum continues the Leadership Journey for Native youth by challenging them to work on personal development and increasing their skills in helping other youth. Today they will complete a Hostility survey that provides awareness on their levels of Anger (feelings); Cynicism (attitude); and Aggression (behavior). The Teaching is that our Native Youth can change their Hostility level. They will practice Communication skills on being Assertive in Stressful situations. They will discuss how to develop Healthy Relationships (in particular Mediation skills), and the relationship to Personal wellness. They will increase their awareness of warning-signs regarding suicide and make commitments to break the “Code of Silence” and learn how to make referrals when their Peers are in trouble. They will learn how to set boundaries in their “Natural Helper” role. They will increase their awareness of Resources available in their schools and community. Each day, the youth will be reminded to honor the strengths of our Native culture, traditions, ceremonies, humor, and **VALUES**.

Native Values

Stay close to Spirit, Our Creator. Pray for guidance and help.
Respect one another as people.
Be honest.
Do what is right.
Be gentle, kind, and peaceful.
Help one another, each doing his share.
Be good to one another, use no harsh words.
Keep ourselves healthy and strong, in body and mind, because Spirit created us.
Have reverence for the earth and all of life.
Know how to take care of ourselves in the best way, learn to be responsible
People, do our share of the responsibilities of living.
Work for the good of all, not just ourselves.

John Woodenlegs
Northern Cheyenne Elder

Purpose:

- Personal Development
- Helping Skills
- Leadership Development

Learning Objectives

1. To recognize the importance of Native culture, spirituality, traditions, and humor to the healing process and development of strengths/resiliency.
2. To create a safe and sacred place for learning and leadership development.
3. To increase knowledge of the impact of hostility and violence on personal/community wellness and make commitments to reduce violence.
4. To develop competency in the six-step “*See It—Say It*” assertiveness Life Skill process in communications with peers demonstrating dangerous behavior.
5. To raise awareness and skills in developing and maintaining healthy relationships.
6. To raise awareness of Risk and Protective Factors of suicide among Native youth, families, community, and cultural/spiritual strengths.

7. To understand the importance of breaking the “Code of Silence” among Native youth, making referrals and setting boundaries.
8. To make personal commitments to increase personal strengths/resiliency, coping, and life skills.

Day Two Agenda

Registration/Affirmations/Snacks/ Socializing

The registration process is scheduled from 8:00-9:00 a.m. Youth have already received their materials the day before, however, they should sign-in for day two. Youth who missed the first day will need to register and receive the packet of information. During this time students will be socializing, listening to Native music, enjoying the snacks, and writing positive comments on the affirmation pictures. The Facilitation team will be conducting their team “huddle” during this time also.

Drum Call

The Facilitation team will have arranged for someone to offer the Drum Call song and signal the participants to sit in the large circle and be ready to begin. The singer may be asked to explain his/her song.

Welcome/Blessing/Introductions/Overview Yesterday-Today.

This will occur from 9:00-9:30 a.m. The Facilitation team will have made arrangements for who shall give the Welcome and Blessing. After the Blessing, someone will offer a “Smudge” to all participants. A Facilitator will introduce new youth and/or adults attending today. A Facilitator will review yesterday’s activities including Norms/Expectations; Team-Trust-Communication Skills; Clan Formation; Sources of Strength; Personal Wellness; Positive Change; Breaking Unhealthy Cycles (skits); and Making Commitments. A reminder will be given regarding the Norms to be demonstrated in Attitude/Behavior and Making Positive Comments on the Photos. A Facilitator will overview today’s Agenda including the Hostility Survey/Assertiveness; Healthy Relationships; Suicide Data for Indian Country; Strengths/Resiliency; Communication Skills; Values Debate; Codes of Silence; Making Referrals and setting boundaries.

Energizers—“Jack Rabbit Shuffle”

A Facilitator will lead this session from 9:30-9:45 a.m. Participants will stand in the large circle. This is a friendly

dance competition that includes everyone except some of the Facilitators who will serve as judges. Participants will do their best to impress the judges while dancing that includes kicking, ducking, yelling, spinning, jumping and chanting “Mingle-Mingle.” Prizes will go to the Top Five. The Facilitator will summarize the teambuilding lessons from the exercise. Affirmations will be given to the winners and all contestants. A Facilitator will move everyone back to sitting in the large circle.

Hostility Survey/Assertiveness Practice (9:45-10:30)

A Facilitator will ask youth to take out the Hostility survey from their packet and complete the 46 questions by answering quickly, either circling *A* or *B* for each question. Youth are challenged to answer honestly, how they would respond to the questions. The Facilitator explains that the 3-columns to the right (cyn-ang-aggr) will be completed later. Native music can be played during the completion of questions. When everyone has completed the questions, the Facilitator will have participants fill in the three columns on the right and input their scores on the last page of the Hostility Survey in the Scoring Key. The Facilitator will explain that Cynicism (attitude), Anger (feeling), and Aggression (behavior), can all be changed to a more positive expression if individuals choose to do so. It should also be noted that Hostile (violent) people often die young from things like incarceration, heart attack, strokes, etc. Anger is a healthy emotion that needs to be expressed appropriately without hurting self or others we love.

Clans

The Facilitator will move youth to their Clan groups and the starting with the Clan leader, everyone will share their Hostility scores and which of the three components of Hostility (cynicism, anger, aggression) they are willing to work to improve. The Clan leaders will ask for commitment statements.

Assertiveness

A Facilitator will present a definition of Assertiveness: *“A tool for making relationships more equal (equality).”* Participants will be asked to find the handout in Appendix A. Assertiveness is not about getting your way; nor is it about getting even, or turning the other cheek. Often, people do not believe they have the right to be assertive. They may lack skills or be too afraid (trauma). Here are some useful ways to express your anger:

“I’m very angry.”

“Stop bothering me.”

“That’s not fair.”

“Don’t do that.”

“I strongly disagree with you.”

Remember, it is not enough to express anger appropriately, but to find a healthy way to resolve it. Also, note that Aggression involves hurting, manipulating, and denying others their expression. Being Assertive is being firm-not pushy; self-confident, not arrogant; open-direct, not dominant.

A Facilitator will lead this activity. *“In your Clan groups practice your Assertiveness skills in this role-play. One of you is the parent who needs to be assertive and the other, the teenage son/daughter who is in trouble.”*

PAST MIDNIGHT: *Your teenager has just returned from a school party. It’s 3 am, and you’ve been frantic, worried mainly if they’re okay. You had expected them home before midnight.*

Remember, in your Assertive communications to your teenager, that only 5% of impact is words; 40% is expressing feelings; and 55% is your body language. Practice your Assertiveness skills!

BREAK—10:30-10:45

During the break, Youth will be encouraged to write positive comments on the affirmation pictures, enjoy the snacks, and continue their sharing. Native music will be playing. The Facilitation team may conduct a team “huddle.”

Drum Call—10:40 am

The Facilitation team will have arranged for someone to offer a Drum Call song and return participants back to the large circle. Chairs will need to be moved from Clans to the large circle.

Energizer—“Giants-Wizards-Elves” 10:45-11:00 am

A Facilitator will lead this session. Participants will be asked to interlock arms in teams of two. They give each other affirmations: *“You are Handsome and Beautiful!” “You are Worthy!” “You are a good Leader!”* This is an exercise in using your “intuition.” It is about moving from your mind to your heart and using good teamwork. There are three characters: Giants-Wizards-Elves. Each character makes an expression (practice). We will conduct three rounds and your goal is to use your intuition/teamwork to “match” each other’s expression. Once the rounds begin, there is no talking. You will use your intuition. Three teams that match all three rounds receive prizes. The Facilitator will summarize the teambuilding lessons from the exercise. Affirmations are given to winners and all teams. Participants are asked to sit in the large circle.

Healthy Relationships/Mediation 11:00-11:30

A Facilitator will discuss the “sacredness” of Relationships as a Ledger-Art image from our Native ancestors is displayed on the screen. A Facilitator will present and discuss the 4-Stages of Relationships on the screen (co-dependence/counter-dependence/independence/co-creation). The goal for participants is to get to stages three and four in all their relationships. Dating and spousal relationships often end when there is violence and infidelity involved. This behavior can be related to multigenerational trauma. Healthy relationships require personal wellness, commitment, and good communication skills. A Facilitator will present a process to mediate conflict in a relationship. Participants will be asked to refer to the handout (**I**-message formula) and see it on the screen. Successful mediation of conflict is the goal. A Facilitator will share that Native youth suicide thoughts, attempts, and completions are often the result of failed relationships. A goal is to possess healthy coping skills and support during this situation.

Mediation Practice

A Facilitator will ask participants to quickly move to their Clan groups and practice the “**I**-Message Formula” to mediate a relationship conflict:

“We Need To Talk.”—You have information that your boyfriend/girlfriend has been going out with your best friend. Use the “**I message formula**” to mediate the situation.

Risk and Protective Factors-Suicide 11:30-12:00

A Facilitator will ask participants to move their chairs back to the large circle and “Turn” around 360 degrees and high-five their neighbors on each side and sit down. A Facilitator will ask participants to refer to the handouts that are placed on the screen. A summary of each will be presented:

1. Risk Factors—Individual Level
2. Risk Factors—Family/Peer Level
3. Risk Factors—Community/Social Level
4. Risk Factors—Cultural Level
5. Summary of Protective Factors
6. Highlights of National/Regional suicide

A Facilitator will ask for responses on, *“How can we use our ‘Sources of Strength’ to reduce the risk factors?”*

LUNCH—12:00-1:00 pm

Lunch will be provided onsite. The Facilitation team will arrange for someone to offer a food blessing with participants standing together in the large circle. Participants are encouraged to write positive affirmations on the pictures, socialize, and eat with their Clan groups to continue the sharing process. Native music will be

played and/or participants can perform their talents as a leadership challenge with prizes and affirmations given. The Facilitation team will conduct a team “huddle” to review the morning session and prepare for the afternoon.

Drum Call—12:55

The Facilitation team will have made arrangements for someone to offer a Drum Call song signaling participants back to the large circle. The singer may be asked to explain his/her song and an affirmation will be given.

Energizer—1:00-1:15 pm "Scavenger Hunt"

A Facilitator will lead this activity. The Clans will stand together in their own small circles inside the large circle and get ready to engage in some friendly competition. There will be 4-rounds of competition with the Clan that wins most rounds receiving a prize for their clan. For each round, the clans will send a new representative to huddle with the Facilitator in the middle of the large circle to receive instructions. The Facilitator will ask the representatives to quickly return to their clan, collect the items, i.e. caps, rings, shoelaces and return them to the middle of the circle. The first representative to complete the task wins that round for their clan. The Facilitator will summarize the teambuilding lessons from the exercise and award the prize to the winning clan and affirmations to all clans.

Values Debate/Codes of Silence 1:15-2:00 pm

A Facilitator will lead this activity. This exercise helps Native youth see the importance of values in making decisions. It will also raise awareness about how everyone can be “conditioned” to respond based on influences from peers, family, culture, celebrities, media, and community. The participants will be asked to stand in the large circle and challenged to continue to honor the “Norms” for this exercise, especially “*Step-Up/Don’t Hold Back and show Enthusiasm!*” The Facilitator will say a word five times and ask all participants to say it with enthusiasm with him/her (white/spot/roast). There will be three rounds and after saying the word five times, participants will be asked a question by the Facilitator that they must quickly answer by shouting their response. Participants will see that they can be conditioned to answer within seconds. The point to understand is that most people have many years of conditioning from multigenerational trauma (substance abuse/depression/violence) and these experiences create attitudes and behaviors. This behavior can result in a spectrum of aggression to apathy (*I don’t care what happens*). The Facilitator will ask for affirmations for good participation and move into the next activity.

Values Debate

The purpose of the Values Debate is to raise awareness of how our experiences in life and education affect our perception of the world and the importance of having empathy for others.

The Facilitator will ask participants to listen carefully to a statement he/she reads and to stand in a designated area in the large circle depending on if they: 1. *Strongly Agree*. 2. *Strongly Disagree*. 3. *Undecided*. The statements are designed to create a value response from participants. After participants make their decision and move to the designated area, the Facilitator will ask 3-4 participants from each of the three groups, “*Why did you choose to stand there?*” Participants will often respond not so much about music, but what parents should do to find out what is going on with their teens and young adults:

Questions

1. *“One review of teen and young adults suicide showed that 35% had death metal music playing at the time of death. These types of statistics have led some to ask for a ban on music with graphic violence or suicide themes. I think this type of music should not be sold to anyone under the age of 16.”*
2. *“You are the parent of a 14 year old. They appear depressed, stay in their room, and rarely come out even to eat meals. Grades have dropped and they have stopped seeing most friends. They listen to one or two songs about death constantly. As a parent I would take this music away from them.”*
3. *“You have an acquaintance you have seen drunk at parties and keggers. Several times while drunk you have heard them joke or comment about killing themselves. I would talk with this person about my concerns.”*
4. *“You have a friend who has made a previous suicide attempt, but received no help. You have talked with him, but they refuse to go for help and told you not to tell anyone. I would honor their wishes and wait until they were ready to get some help.”*

A Facilitator will ask participants to sit in the big circle and get ready for the next activity.

Codes of Silence

The Facilitator will share that in 80% of teen suicide fatalities their close friends knew that the individual was in

trouble, but chose not to tell an adult. In 65% of suicides among teens, they were either drunk or high. In young males, one out of two suicide attempts results in a death. Maintaining “Secrecy” requests is very common in suicide situations. Native youth thinking about suicide are feeling alone, depressed, anxious, and hopeless. The Facilitator will ask participants, “*Why do friends keep suicide behaviors a secret?*” These responses will be written on flip chart paper by a second Facilitator and posted on the wall. The responses will include:

1. *Honoring their friend.*
2. *Don't take them seriously.*
3. *Don't want them locked up.*
4. *Don't want them angry.*
5. *Don't trust the adult professionals.*
6. *Believe that adult helpers will be ineffective.*

The Facilitator will explain that “confidentiality” respects the person’s right to privacy, while maintaining the right to keep a friend safe. Most programs require persons to make a referral when they suspect:

1. Child Abuse and Neglect
2. Imminent Violence
3. Suicide

The Facilitator will ask participants to go to their Clan groups and starting with their Clan leader, share their feelings (mad/sad/glad/afraid) and commitments why “Codes of Silence” should be broken. The “Rovers” will need to be ready to intervene during the Clan sharing.

“See It—Say It” Assertive Communication Process—2:00-2:30 pm

The Facilitator will lead this activity. It is difficult to talk to a friend or family member when you see behaviors that you feel are harmful to them. This activity will give you practice on how to speak up in an assertive manner when you see behaviors such as depression, suicide comments, substance abuse and/or violence. The facilitator will present the 8-warning signs on the screen (see appendix A). This 6-step process will help you in your Natural Helping skills. The Facilitator will put the 6-Step Process on the screen and ask participants to follow in their handout:

1. ***I Care...**(we've been friends for three years now and I consider you a good friend)*
2. ***I See...**(but it seems like you've been really feeling down for quite a few month now, and it seems like you've started drinking more lately)*
3. ***I Feel...**(and I find I'm feeling more and more worried about how you are doing) (have you been*

thinking about suicide?)

4. ***I'm Listening...**(I'm not wanting to come down on you, but can you tell me more about what's going on for you)*
5. ***I Want...**(you to talk to the school counselor about your down mood and depression and stop drinking—I think it's making your depression worse)*
6. ***I will...**(go with you and introduce you to the counselor since I already know him/her pretty well)*

The Facilitator will ask participants to practice the “See It—Say It” process and have them get into teams of two in their Clan groups and practice being the helper in a role play situation. After round One, the facilitator will ask for a team of two to volunteer their role play to the large group. If time allows, the teams of two will switch roles and conduct round Two. The Facilitator will remind participants that in real life situations, they will use their own words, style, and feelings to communicate their concerns to their friends and family. A Facilitator will ask participants to move their chairs back to the large circle before the break.

BREAK 2:30-2:45 pm

During the break participants will be asked to write positive comments on the affirmation pictures, enjoy the snacks, socialize, and continue their sharing. Native music will be played during the break. The Facilitation team may “huddle” to discuss the afternoon session and get ready for the end of the day.

Drum Call—2:40 pm

The Facilitation team will have made arrangements for someone to offer a Drum Call song to bring participants back to the large circle. The singer may be asked to explain his/her song.

Making Referrals/Community Resources 2:45-3:00 pm

A Facilitator will ask participants to sit in the large circle. A Facilitator will review two key points:

1. Asking about suicide does not put the idea of suicide into a person’s mind. The idea of suicide is already there. Your concern and support allows them to explore other options. A Facilitator will review assessment questions youth can ask their friends/family by placing them on the screen (see Appendix A)

- Most suicidal individuals do not want to die. They are often feeling alone, hopeless, and feeling out of solutions to their problems.

It is important to note that all suicide behavior and thoughts need to be taken seriously and referrals are appropriate even with a person having occasional suicidal thoughts.

It is important to make youth aware that they are not counselors and they are not expected to conduct a risk assessment, but they should know who to contact when their friends/family are at risk. The Facilitator can ask if youth know who to contact in their school and community i.e. school counselors, Indian Health Service/Tribal Health, Law Enforcement (**911**), Spiritual Leaders, etc. If a list of formal resources is not available, the participants should be encouraged to have that as an “action-step” in their strategic action plan for Day Three. Representatives from Helping/Support programs should be invited to introduce themselves and share their resources at this time. Participants should be given local/State/National hotlines and Websites for suicide prevention (see Appendix A). Local schools should be encouraged to conduct screening with all students for depression and stress indicators. A sample of these screening instruments is in Appendix H. When schools conduct screening they will generate more referrals and need to be ready to work with community resources for early intervention.

Pluses/Wishes/Evaluations/Open Mic/ Announcements/Closing 3:00-3:30 pm

A Facilitator will ask for several volunteers to take a healthy risk and share their thoughts/feelings about the day. Affirmations will be given for healthy risk-taking and leadership. Facilitators will ask for feedback in the form of Pluses and Wishes. This will be written on flip-chart paper: “*What was a plus for you today?*” “*What do you wish could have happened today, but for whatever reason did not occur?*” Evaluations will be completed and collected. Announcements for Day 3 will be presented. The Facilitators will have arranged for someone to give the Closing Blessing and end Day 2. The Facilitators will meet and conduct a “debriefing” session on the day and prepare for Day 3.



Day Three Overview

The third and final day of the Native H.O.P.E. curriculum is challenging the Native youth to take the knowledge and skills they have been practicing the past two days into a “*Call To Action.*” If Native youth are to create positive changes for themselves, family, peers, school, and community, it requires commitment and action. They also need the support of adults from various programs. Today in their Clan groups they will develop and present short positive messages that are focused on keeping HOPE alive and offering caring support for youth so that they can successfully make it through a suicide crisis by utilizing their “*Sources of Strength.*” They will be challenged to further develop these peer to peer messages and present them to classes and other audiences when they return home. These presentations will be video-taped and highlights will be shown to everyone at the graduation later in the day. The participants will also develop “Strategic Action Plans” for their communities to be implemented when they return home. This process allows youth to conduct an informal needs assessment called the S.P.O.T. Matrix (strengths/problems/opportunities/threats). They will prioritize these 4-themes and create “Bold Steps” that includes a Vision Statement, a Mission Statement, Core Values, and Action Steps to be implemented back home in collaboration with adult advisors and community programs. Sample Strategic Action Plans are included in the manual. A focus of the action plans is cooperation, collaboration, and action. At the end of the day, the participants will participate in a Graduation where they will receive a certificate, their affirmation pictures, possibly other gifts, and rounds of affirmations for successfully completing the Native H.O.P.E. curriculum. The teaching in this process is “Generosity” and giving back to your community.

HOPE

*“What the world needs is HOPE, Faith, Trust,
and a little pixie dust.”*

Peter Pan--*Return to Never Land*

Through the Native H.O.P.E. curriculum, the youth will develop skills (pixie dust) to place in their medicine bags and continue their leadership journey by helping other Native youth through caring and support.

Purpose:

- Personal Development
- Helping Skills

3. Leadership Development
4. Strategic Action Planning

Learning Objectives

1. Recognize the importance of Native culture, spirituality, traditions, and humor to the healing process and development of strengths/resiliency.
2. Create a safe and sacred place for learning and leadership development.
3. Developing the capacity for Native youth to conduct positive peer to peer presentations in their schools and communities on breaking the “Codes of Silence”, suicide awareness, making referrals, and offering caring support.
4. Assist Native youth to develop and implement a “Strategic Action Plan” that is a community response to reducing suicide and increasing strengths and resiliency among youth, families and community.
5. Have Native youth make personal commitments to increase personal strengths and resiliency.
6. Honor Native youth for successfully completing the Native H.O.P.E. curriculum.

Day Three Agenda

Registration/Affirmations/Snacks/ Socializing—8:00-9:00 am

During this time participants will be socializing, listening to Native music, enjoying the snacks, and writing positive comments on the affirmation pictures. The Facilitation team will be conducting their team “huddle” to make final arrangements for the day.

Drum Call—8:55 am

The Facilitation team will have arranged for someone to offer the Drum Call song that signals the participants to sit in the large circle and be ready to begin. The singer may be asked to explain his/her song.

Welcome/Blessing/Introductions/Overview Yesterday-Today 9:00-9:30 am

The Facilitation team will have made arrangements for who

shall give the Welcome and Blessing. After the Blessing, someone will offer a “Smudge” to all participants. A Facilitator will thank the persons that offered the Welcome and Blessing and ask for an affirmation from the participants. A Facilitator will review yesterday’s activities including the Hostility Survey; Assertiveness; Healthy Relationships; Risk and Protective Factors; Values and Decision-Making/Conditioning; Codes of Silence; See It—Say It Life Skills Process, Making Referrals/Assessment Questions; and Setting Boundaries. A Facilitator will overview today’s Agenda including the Peer-to-Peer Presentations, the Strategic Visioning Process and Graduation.

Energizer—9:30-9:45 am—“Moccasins”

A Facilitator will lead this activity. Participants will be asked to stand in the large circle and team up in three’s by interlocking arms. The teams will be asked to give affirmations to their teammates: “*You are Handsome and Beautiful!*” “*You are Worthy!*” “*You are a Good Leader!*” A Facilitator will explain that if you are a good Indian or friend/ally of Indian people, you should have these three shoes in your closet:

1. Moccasins
2. Air Jordans
3. Lace-Up Ropers

Participants will choose one of the three shoes and be told there will be three rounds of affirmations—saying and doing positive things for each other. Moccasins will lead the first round, Air Jordans the second round, and Lace Up Ropers will take the third round. Participants will be challenged to use their “imagination” and pick an affirmation that no one else could possibly think of, i.e. Go sing, “*Do You Believe in Magic*” to four people.” During their round, participants will face their two teammates and ask them to go out and do something positive with other participants. After each round, those activities completed cannot be repeated, for example, if hugs were given, something new has to be done. The Facilitators will pick 5 participants that demonstrated the “most” creativity and give prizes. A Facilitator will explain the lessons from the teambuilding exercise and offer affirmations to all participants for healthy risk-taking and leadership. Participants will be asked to go to their Clan groups for the next activity.

Peer-to-Peer Presentations 9:45-10:30 am

A Facilitator will remind youth that they are often in a good position to recognize other youth at-risk. They can help by showing they care, listen, acknowledge the pain, showing them they have choices and getting them to a counselor and other sources of support. The presentations they conduct will focus on breaking the “Codes of Silence,” promote hope, and encourage peers to seek help. The outline for the

short, positive presentations is as follows:

1. Suicide is a serious problem in Indian Country (depression/substance abuse/trauma/violence).
2. Native youth must break the “Codes of Silence” and make referrals.
3. Sources of Strength come from many places including health professionals, community (individuals/programs) and culture (spirituality).
4. Recovering from suicide thoughts and attempts is a healing journey.
5. Help is available—*You can get through this*.

Participants will be asked to work quickly and cooperatively in their Clans to develop their presentations. As the Clans are ready, they will be asked to video-tape their presentations. Not every Clan may get to this readiness, but those that are will be video-taped for play back at graduation. The Clans will continue to be video-taped during the break and during lunch.

BREAK—10:30-10:45

During the break, the participants will be asked to write positive comments on the affirmation pictures, enjoy the snacks, and video-tape their peer-to-peer presentations. The Facilitation team may “huddle” to prepare for the remainder of the day.

Drum Call—10:40 am

The Facilitators will have made arrangements for someone to conduct the Drum Call song and may ask the singer to explain his/her song. An affirmation will be given for healthy risk-taking and leadership.

Energizer—10:45-11:00 am

Trust Fall

A Facilitator will lead this activity. Participants will stand in the large circle and form teams of three by interlocking arms. They will give affirmations to each other of “*You are Handsome and Beautiful!*” “*You are Worthy!*” “*You are a Good Leader!*” A Facilitator will ask for three volunteers to demonstrate a risk-taking activity. The volunteers stand in the middle of the large circle for the demonstration. Two of the volunteers are “Spotters” that provide support. The third volunteer is the “risk-taker.” The Facilitator leads the three volunteers through a voice sequence starting with the risk-taker, who stands in the middle of the two spotters: Risk-taker—“*I trust you!*” Spotters—“*We are here for you!*” Risk-taker—“*spotter’s ready!*” Spotter’s—“*Spotters ready!*” Risk-taker—“*falling*” Spotter’s—“*fall away!*” The three volunteers demonstrate that a “trust-fall” can occur with support and safety. The Facilitator will ask all teams of three to conduct the “trust-fall” as the three #20

volunteers just demonstrated. The Facilitation team will provide support where needed.

Large Group Trust Fall

A Facilitator will ask for one volunteer to take a trust fall. The rest of the participants who are willing to be “spotters” are instructed as to their role as “spotters” and provide the support necessary for the trust fall to be successful. A Facilitator will share the lessons from the teambuilding exercise and ask the four volunteers to step forward and receive their prize for healthy risk-taking and leadership. Affirmations will be given to all for their participation.

Strategic Action Planning

11:00-12:00

The Facilitation for this exercise can take several options. If the Native H.O.P.E. curriculum is being delivered onsite to one reservation and/or urban community, the Strategic Action Planning can be processed in the same Clan groups and then the results from each Clan are synthesized into one action plan. If the Native H.O.P.E. curriculum is being delivered to a Regional setting with Native youth attending from various geographic areas, then the youth should be placed in their home teams so that their Strategic Action Plan is developed for their community.

A Facilitator will ask participants to find their two handouts in their manual entitled, *S.P.O.T. Matrix* and *5-BOLD Steps*. These will be placed on the screen and a large wall graphic of each will be posted on the wall. The first step is for each Clan to reflect on their communities and complete the *S.P.O.T. Matrix* by brainstorming and prioritizing the top three under the themes of: Strength/Problems/Opportunities/Threats. The Clan leaders will facilitate this process and ask for a volunteer to write this information on flip chart paper. Each Clan gives their input and a Facilitator writes the information onto the large wall graphic. All participants are then asked to go to the wall graphic and place a dot with marking pen on their top two topics under the 4 categories (strengths/problems/opportunities/threats). A Facilitator tallies the overall results and the youth have completed a “needs assessment” of their community. Their top three picks under the four categories are an accurate assessment of their community. They are reminded that the goal for community mobilization and creating positive change is to increase the “strengths” and create some “opportunities.” Affirmations are given for completing the first step in the Strategic Action Planning Process.

A Facilitator will now introduce the second step in the planning process by summarizing the “5-Bold Steps.” Participants are asked to find their handout. In this activity, the Clans will be asked to identify “Core Values” (7-10)

such as spirituality, teamwork, etc. that will guide their decisions and actions. The Clan leaders will ask for a volunteer to write this information on flip chart paper. They will be asked to brainstorm at least 6 goals that will increase “strengths” and create “opportunities.” They will be asked to refer to the *S.P.O.T. Matrix* priorities they just completed. At this point in the process, the Facilitators will ask for 3-4 youth to volunteer to work separately with the Facilitators to develop a “draft” Vision and Mission statement. The Vision statement is a paragraph that is motivating and inspiring. It looks into the future (10-15 years) and if the strengths and opportunities are increased, what would our community look like. The Mission statement is another paragraph that further describes the vision by answering who, what when, and how.

Final Planning Step

The Facilitators will convene all participants to the wall graphic entitled, “5-Bold Steps” and input all Clans information onto the wall graphic. Using the process in the prioritizing of the *S.P.O.T. Matrix*, youth will place a dot on their top two values and a dot on their top two goals. The goals should include topics such as starting a Youth Council, Organizing Support Groups, Conducting Peer-to-Peer Presentations, etc. The Facilitators tabulate the results and share the top values and goals with participants. Participants are then asked to develop several action steps under the top 3-4 goals. The youth volunteers will also share their “draft” Vision/Mission statements and ask for feedback so that they can be finalized. Affirmations are given for completing the Strategic Action Planning Process. If the planning process is not completed, there is time set aside after lunch for its completion.



LUNCH—12:00-1:00 pm

During lunch participants are asked to write positive comments on the Affirmation pictures, socialize, enjoy lunch, and work on completing and video-taping their peer-to-peer presentations and the Strategic Action Plan. Native music will be playing and/or talents presented by participants. The Facilitation team will “huddle” and assess the morning and prepare for the afternoon. Certificates and #21

awards need to be completed.

Drum Call—12:55 pm

The Facilitation team will have made arrangements for someone to offer the Drum Call song. The singer may be asked to explain his/her song. Affirmations are given for healthy risk-taking and leadership.

Energizers—1:00-1:15 pm “Untying the Knot”

A Facilitator will ask each of the Clans to stand in their own circle and get ready for some friendly competition. They will then reach across their clan circle with their right hand and grasp onto another clan member’s right hand. They will do the same thing with their left hand, but cannot clasp both hands with the same person. The challenge is to untie the “knot” as quickly as possible without letting go of hands. The first clan to do this wins a prize. Affirmations will be given to all Clans for healthy risk-taking and leadership.

Sharing Our Wellness

A Facilitator will ask all participants to stand in the large circle. Every other participant will receive a balloon and be asked to blow up the balloon to facial size, tie it-off, and gently hold their balloon. The Facilitator will state “*The balloons symbolize our personal wellness, therefore, we need to be gentle with it, nurture it, and ultimately share it with others!*” The Facilitator will ask for two volunteers to demonstrate how to share their wellness, by asking one of the volunteers to place the balloon between his/her legs (thighs) and without using hands, pass the balloon to the other volunteer, while dancing to the music. After their success, the Facilitator will ask for an affirmation for healthy risk-taking and leadership. The Facilitator will then ask the large circle of participants to do the same thing in a clockwise direction when the drumming and 2-step song begins. The participants will continuously receive and pass on “wellness” balloons until the song stops. Judges will pick the top three “most creative” dancers to receive prizes.

“Hoop Dance”

A Facilitator will ask participants to quickly pass a large hoola hoop to the next person in a clockwise direction while the Drum and 2-Step song is played. Participants will be told that when the song stops (trick song), whoever is holding the hoop will be asked to step out into the large circle. This participant will be given a second hoop and be asked to demonstrate their best “Hoop Dance.” After several rounds, judges will pick the top three dancers to receive their prizes for taking a healthy risk and leadership. Affirmations will be given to all participants.

A Facilitator will quickly process the lessons from these two energizers.

Finalizing Strategic Action Plans/ Peer-to-Peer Presentations 1:15-1:45 pm

It is critical for the participants to complete their Strategic Action Plans and Peer-to-Peer presentations. If the Action plan is incomplete, the Facilitators will convene all participants to the large wall graphic (5-Bold-Steps) and complete that process. The Clans can also complete/video-tape their Peer-to-Peer presentations. The Facilitators will assign someone on their team to video tape the Peer-to-Peer presentations and prepare them for a power point presentation during graduation. Clans can also use this time to develop and present a Clan cheer/song/dance for presentation to the large group. Taking a healthy risk and leadership is encouraged.

Presentation of Strategic Action Plan(s)/Peer-to-Peer Presentations and Graduation—(1:45-3:00)

The Facilitators will identify two youth and assist them to present the Strategic Action Plan to everyone. This will include the Vision Statement, the Mission Statement, the Core Values, the 3-4 Goals and Action Steps for each goal to be implemented. A Facilitator will ask for affirmations for completing this important task.

The Facilitation team will show the Peer-to-Peer Presentations on the screen and/or have the Clans present them in the large circle. The youth will be encouraged to continue these presentations back in their home school/community as part of the Strategic Action Plan. The Facilitators will ask for affirmations for everyone for completing this task.

Graduation

The Facilitation team will conduct the graduation. Youth will be called one at a time to receive their certificate of completion, affirmation picture, and other gifts the hosting agency may have (t-shirts, caps, etc.). The youth will shake hands (hugs) with each Facilitator and high-five each participant in the circle. It is suggested asking the Facilitation team to observe the leadership of participating youth and have them select a male and a female that have demonstrated excellence in their attitude/behavior. These two individuals would receive recognition and an incentive award, i.e. pendletons/shawls. This would also be the time to acknowledge programs/individuals for their leadership. #22

Pluses & Wishes/Evaluations/Open Mic/Announcements/Closing

A Facilitator will ask for feedback in the form of Pluses and Wishes. These comments will be written on flip chart paper. *“What was a Plus for You Today?” “What Do You Wish Could Have Happened Today, But For Whatever Reason Did Not Occur?”* All participants will complete the evaluations/collected. If possible, time will be arranged for “Open Mic,” participants can express their thoughts/feeling on the training. Final announcements are made and the Facilitation team will have selected someone to offer the Closing Blessing.

Debriefing Session

At the conclusion of the Native H.O.P.E. training, the Facilitation team will meet to conduct a “Debriefing” session to review the outcomes and offer suggestions for follow-up. A final report is suggested that includes highlights of the Clans, the Strategic Action Plan, the Peer-to-Peer presentations, and a summary of the evaluation and Pluses and Wishes. Every effort needs to be made by school personnel and representatives from Health, Community-Based, and Tribal Programs to support the implementation of the Strategic Action Plan. A follow-up meeting should be scheduled to launch the Strategic Action Plan and offer ongoing support for success.



Appendix A
Three Day Native H.O.P.E.
(*Helping Our People Endure*)
Manual Handouts

Appendix B
Sources of Strength
Community Strengths
Protective Factors
Search Institute-40 Developmental Assets

Appendix C
Overview of Suicide In Indian Country
Written Testimony of R. Dale Walker, MD, Director
One Sky Center: American Indian/Alaska Native National Resource Center for
Substance Abuse and Mental Health Services
Oregon Health & Sciences University

Oversight Hearing on Indian Health
Before the United States Senate Committee on Indian Affairs
April 13, 2005

Appendix D
Sample Native Youth Strategic Action Plans

Appendix E
Sample School and Community Suicide/Depression Screening Tools

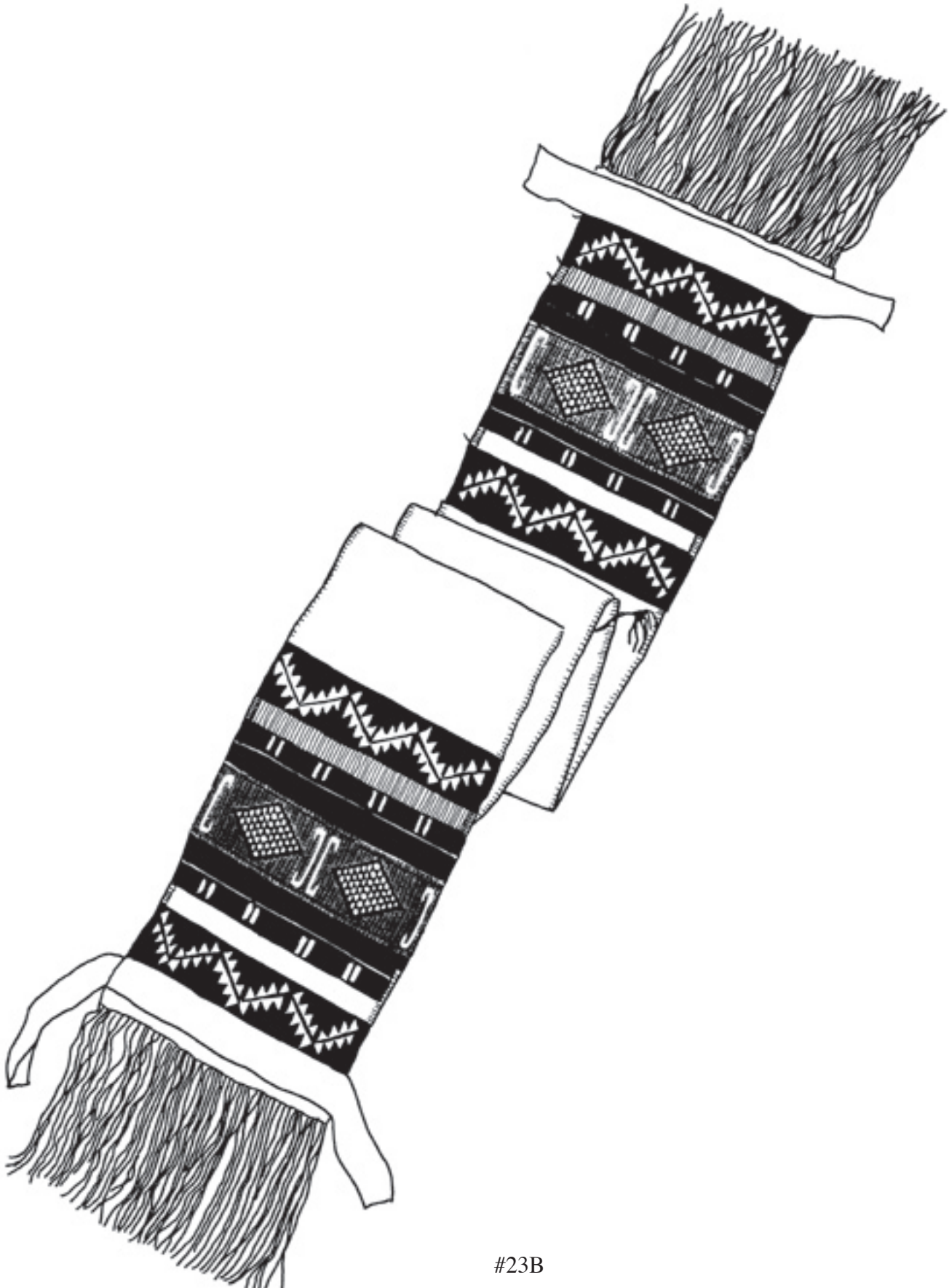
Appendix F
Hotlines and Websites

Appendix G
Evaluation Instruments



Appendix A

Manual Handouts



#23B

“A team is created when a work group has at least one goal that is common to all members and when accomplishment of that goal requires cooperative, interdependent behavior on the part of all group members.”

-W. Warner Burke

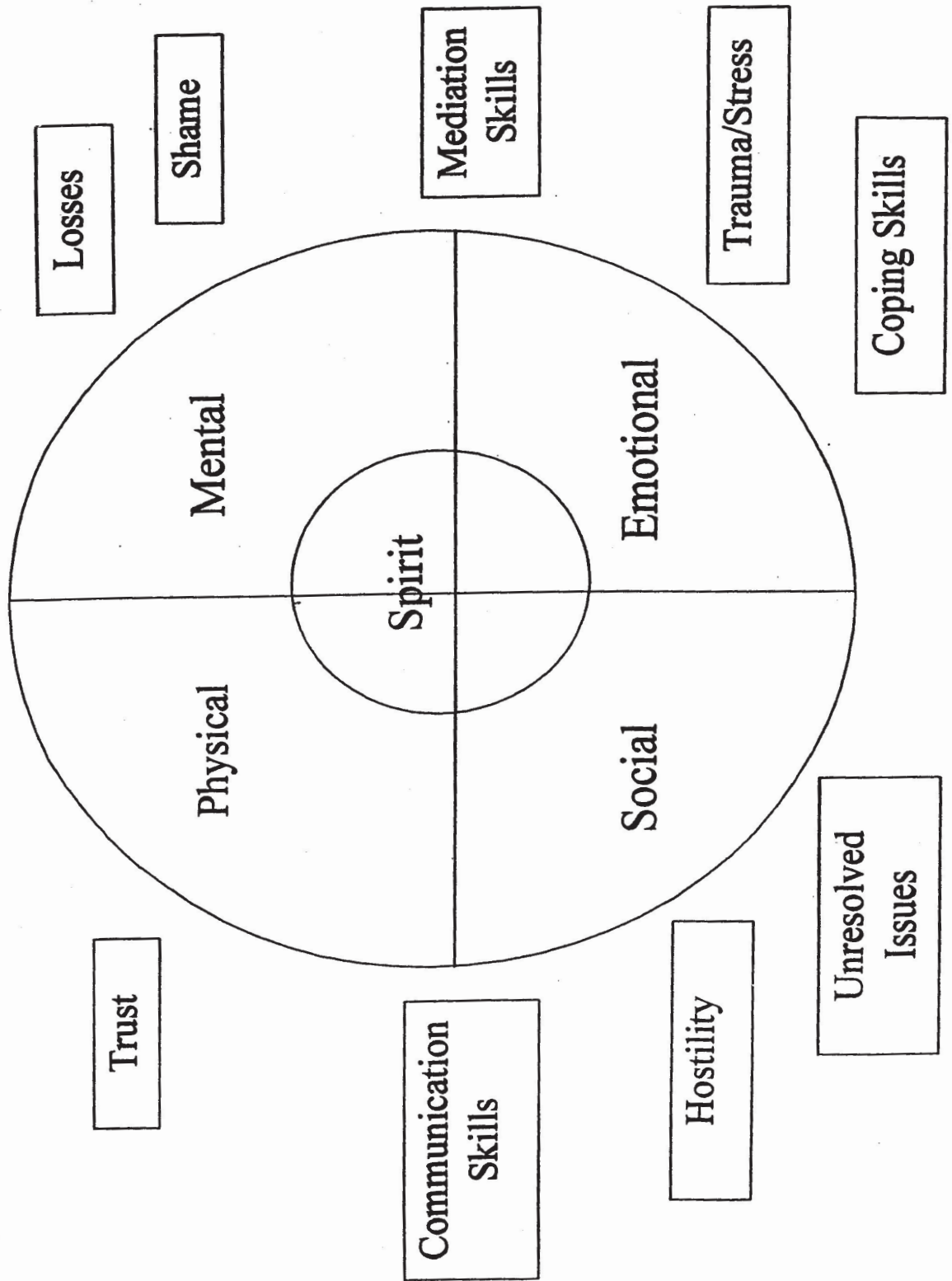
What Are the Attributes of an Effective Team Member?

- Is committed to team goals
- Is concerned about other members
- Recognizes and deals with conflict constructively
- Listens to others objectively
- Includes others in the decision-making process
- Recognizes and respects individual differences
- Contributes ideas and solutions
- Values others' ideas and contributions
- Recognizes and rewards team efforts
- Encourages and appreciates feedback about individual and team performance

TUCKMAN'S STAGES OF GROUP DEVELOPMENT

- **FORMING**
- **STORMING**
- **NORMING**
- **PERFORMING**

Circle of Wellness



**Who Moved My Commodity Cheese!!
Or
Am I Willing to Grow and Walk into the Light?**

Metaphors

Cheese = Our dreams/desires

Maze = Where we look for our dreams/desires

Characters

Sniff – Mouse

Scurry – Mouse

Hem – Little Person

Haw – Little Person

Teachings

-Keep it Simple-

-Maintain Spirit-

-Humor-

-Be Flexible-

-Be Ready-

-Imagination-

-Fear-

-Act-

Remember...

When we're ready to learn; Teachers appear...

and

Some people grow old and wise...

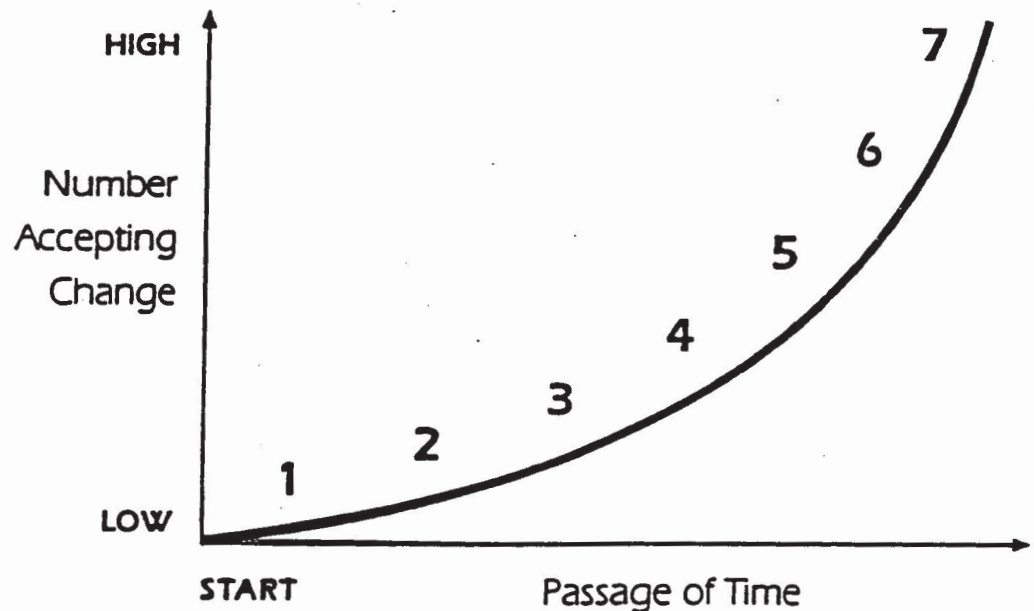
Some people just grow old...

Some people grow old, twisted and bitter...

Diffusion of Innovation

Adapted from Rogers

7 Phases of Change: as time passes and more people become involved with a change, an individual, family, or culture is more likely to change.



Note: The numbers on the graph represent the 7 phases.

1. **Denial**
2. **Awareness**
3. **Getting the facts**
4. **Making a decision**
5. **Understanding the social implications**
6. **Adopting the behavior**
7. **Practicing long term commitment**

Multigenerational Trauma

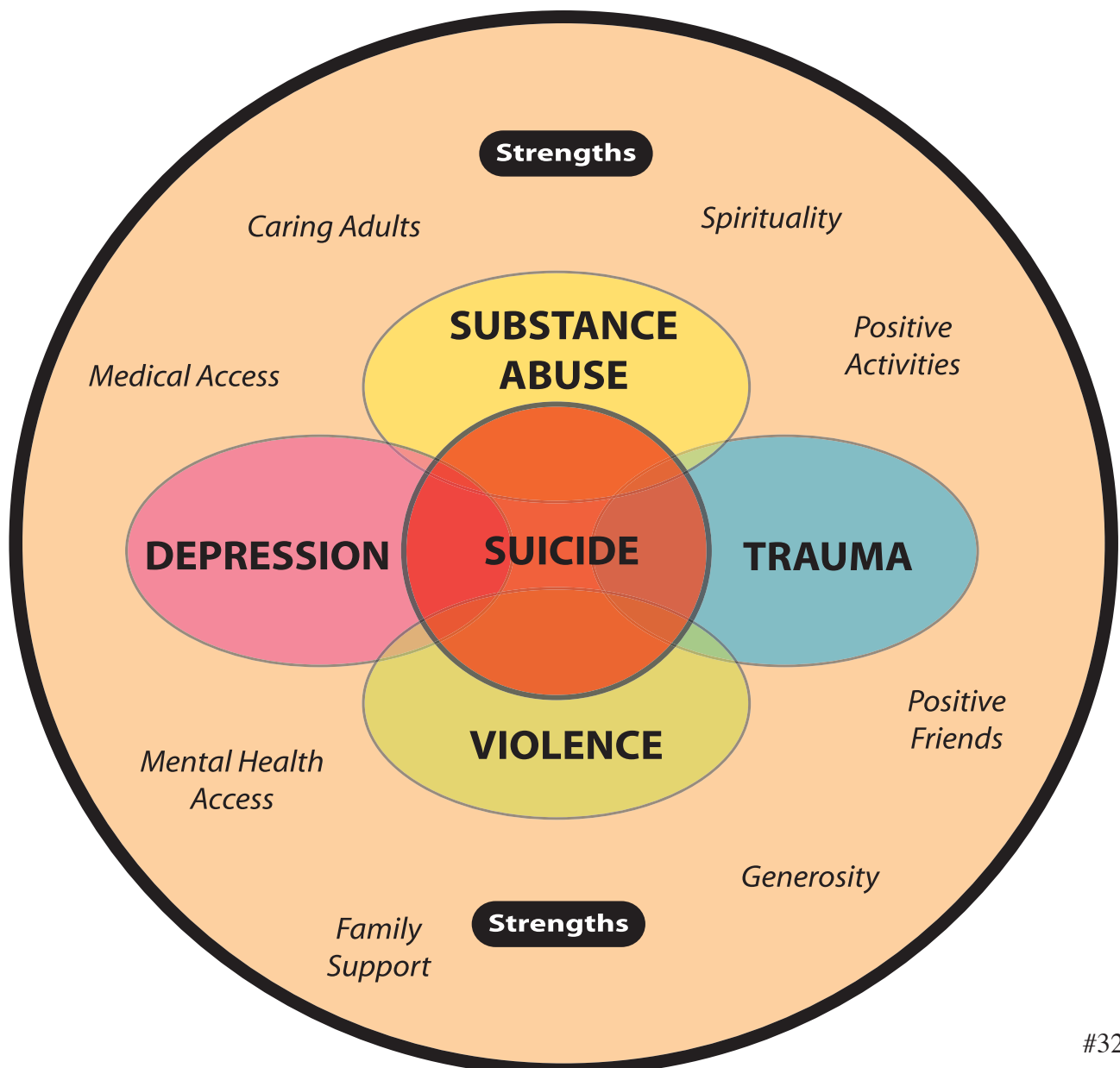
- ▲ Trauma that is passed on from one generation to the next in a family community or population without being resolved or worked through**

Cultural Oppression

- ▲ The condition of a cultural group that is oppressed or dominated by another, in a manner that restricts or prohibits the first culture from practices upon which that culture is based**

Native H.O.P.E. (Helping our People Endure)

Sources of Strength and Four Suicide Contributing Factors

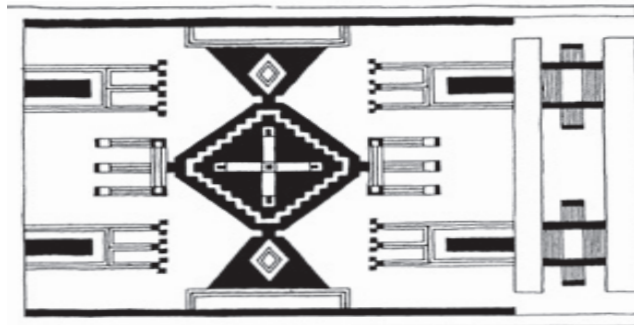


THE ROOTS OF VIOLENCE

In her book **For Your Own Good, Hidden Cruelty in Child Rearing and the Roots of Violence**, Alice Miller points out the five most common steps in people's lives:

1. To be deeply and profoundly hurt as a small child without anyone acknowledging the situation for what it is or was.
2. To never be allowed to express the hurt, pain, and anger which results from such fear and suffering.
3. To be taught to show gratitude for the good intentions of those persecuting you.
4. To dissociate from the pain, deny that it every really happened, and forget everything.
5. And finally, as an adult, to discharge this stored-up anger, rage, shame, guilt, fear, and pain onto others or to direct it against oneself.

This is one of the most profound, astute, and important observations ever made in the history of human development. If it could be understood and taught by every living human being, the world could be transformed.



Hostility Questionnaire

		CYN	ANG	AGGR
1	A teenager drives by my yard with the car stereo blaring acid rock. A. I begin to understand why teenagers can't hear. B. I can feel my blood pressure starting to rise.			
2	The person who cuts my hair trims off more than I wanted. A. I tell him or her what a lousy job he or she did. B. I figure it'll grow back, and I resolve to give my instructions more forcefully next time.			
3	I am in the express checkout line at the supermarket, where a sign reads: "No more than 10 items, please!" A. I pick up a magazine to pass the time. B. I glance ahead to see if anyone has more than ten items.			
4	Many large cities have a visible number of homeless people. a. I believe that the homeless are down and out because they lack ambition. b. The homeless are victims of illness or some other misfortune.			
5	There have been time when I was very angry with someone. a. I was always able to stop short of hitting them. b. I have, on occasion, hit or shoved them.			
6	The newspaper contains a prominent news story about drug-related crime. a. I wish the government had better educations/drug programs, even for pushers. b. I wish we could put every drug pusher away for good.			
7	The prevalence of AIDS has reached epidemic proportions. a. This is largely the result of irresponsible behavior on the part of a small proportion of the population. b. AIDS is a major tragedy.			
8	I sometimes argue with a friend or relative. a. I find profanity an effective tool. b. I hardly ever use profanity.			
9	I am stuck in a traffic jam. a. I usually am not particularly upset. b. I quickly start to feel irritated and annoyed.			
10	There is a really important job to be done. a. I prefer to do it myself. b. I am apt to call on my friends or co-workers to help.			

Hostility Questionnaire - Page 2

		CYN	ANG	AGGR
11	<p>Sometimes I keep my angry feelings to myself.</p> <p>a. Doing so can often prevent me from making a mountain out of a molehill</p> <p>b. Doing so is usually a bad idea.</p>			
12	<p>Another driver butts ahead of me in traffic.</p> <p>a. I usually flash my lights or honk my horn.</p> <p>b. I stay farther back behind such a driver.</p>			
13	<p>Someone treats me unfairly.</p> <p>a. I usually forget it rather quickly.</p> <p>b. I am apt to keep thinking about it for hours.</p>			
14	<p>The cars ahead of me on an unfamiliar road start to slow and stop as they approach a curve.</p> <p>a. I assume that there is a construction site ahead.</p> <p>b. I assume someone ahead had a fender bender.</p>			
15	<p>Someone expresses an ignorant belief.</p> <p>a. I try to correct him or her.</p> <p>b. I am likely to let it pass.</p>			
16	<p>I am caught in a slow-moving bank or supermarket line.</p> <p>a. I usually start to fume at people who dawdle ahead of me.</p> <p>b. I seldom notice the wait.</p>			
17	<p>Someone is being rude or annoying.</p> <p>a. I am apt to avoid him or her in the future.</p> <p>b. I might have to get rough with him or her.</p>			
18	<p>An election year rolls around.</p> <p>a. I learn anew that politicians are not to be trusted.</p> <p>b. I am caught up in the excitement of pulling for my candidate.</p>			
19	<p>An elevator stops too long on a floor above where I am waiting.</p> <p>a. I soon start to feel irritated and annoyed.</p> <p>b. I start planning the rest of my day.</p>			
20	<p>I am around someone I don't like.</p> <p>a. I try to end the encounter as soon as possible.</p> <p>b. I find it hard not to be rude to him or her.</p>			

Hostility Questionnaire - Page 3

		CYN	ANG	AGG
21	I see a very overweight person walking down the street. a. I wonder why this person has such little self-control. b. I think that he or she might have a metabolic defect or a psychological problem.			
22	I am riding as a passenger in the front seat of a car. a. I take the opportunity to enjoy the scenery. b. I try to stay alert for obstacles ahead.			
23	Someone criticizes something I have done. a. I feel annoyed. b. I try to decide whether the criticism is justified.			
24	I am involved in an argument. a. I concentrate hard so that I can get my point across. b. I can feel my heart pounding, and I breathe harder.			
25	A friend or co-worker disagrees with me. a. I try to explain my position more clearly. b. I am apt to get into an argument with him or her.			
26	Someone is speaking very slowly during a conversation. a. I am apt to finish his or her sentences. b. I am apt to listen until he or she finishes.			
27	If they were put on the honor system, most people wouldn't sneak into a movie theater without paying. a. That's because they are afraid of being caught. b. It's because it would be wrong.			
28	I have strong beliefs about rearing children. a. I try to reward mine when they behave well. b. I make sure that they know what the rules are.			
29	I hear new of another terrorist attack. a. I feel like lashing out. b. I wonder how people can be so cruel.			
30	I am talking with my spouse, boyfriend, or girlfriend. a. I often find my thought racing ahead to what I plan to say next. b. I find it easy to pay close attention to what he or she is saying.			

Hostility Questionnaire - Page 4

		CYN	ANG	AGGR
31	<p>There have been times in the past when I was really angry.</p> <p>a. I have never thrown things or slammed a door.</p> <p>b. At time I have thrown something or slammed a door.</p>			
32	<p>Life is full of little annoyances.</p> <p>a. They often seem to get under my skin.</p> <p>b. They seem to roll off my back unnoticed.</p>			
33	<p>I disapprove of something a friend has done.</p> <p>a. I usually keep such disapproval to myself.</p> <p>b. I usually let him or her know about it.</p>			
34	<p>I am requesting a seat assignment for an airline flight.</p> <p>a. I usually request a seat in a specific area of the plane.</p> <p>b. I generally leave the choice to the agent.</p>			
35	<p>I feel a certain way nearly every day of the week.</p> <p>a. I feel grouchy some of the time.</p> <p>b. I usually stay on a even keel.</p>			
36	<p>Someone bumps into me in a store.</p> <p>a. I pass it off as an accident.</p> <p>b. I feel irritated at the person's clumsiness.</p>			
37	<p>My spouse, boyfriend, or girlfriend is preparing a meal.</p> <p>a. I keep an eye out to make sure nothing burns or cooks too long.</p> <p>b. I either talk about my day or read the paper.</p>			
38	<p>A boyfriend or girlfriend call at the last minute to say that he or she is "too tired to go out tonight," and I am stuck with a pair of fifteen-dollar tickets.</p> <p>a. I try to find some else to go with.</p> <p>b. I tell my friend how inconsiderate he or she is.</p>			
39	<p>I recall something that angered me previously.</p> <p>a. I feel angry all over again.</p> <p>b. The memory doesn't bother me nearly as much as the actual event did.</p>			
40	<p>I see people walking around in shopping malls.</p> <p>a. Many of them are either shopping or exercising.</p> <p>b. Many are wasting time.</p>			

Hostility Questionnaire - Page 5

		CYN	ANG	AGGR
41	Someone is hogging the conversation at a party. a. I look for an opportunity to put him or her down. b. I soon move to another group.			
42	At times, I have to work with incompetent people. a. I concentrate on my part of the job. b. Having to put up with them ticks me off.			
43	My spouse, boyfriend, or girlfriend is going to get me a birthday present. a. I prefer to pick it out myself. b. I prefer to be surprised.			
44	I hold a poor opinion of someone. a. I keep it to myself. b. I let him or her know about it.			
45	In most arguments I have, the roles are consistent. a. I am the angrier one. b. The other person is angrier than I am.			
46	Slow-moving lines can often be found in banks and supermarkets. a. They are an unavoidable part of modern life. b. They are often due to someone's incompetence.			

Scoring Key

Cynicism

Anger

Aggression

Total Hostility

Assertiveness

--Assertiveness is a tool for making relationships more equal (equality).

--Assertiveness is not getting your way.

--Assertiveness is not getting even.

--Assertiveness is not turning the other cheek.

--Assertiveness is being firm— not pushy, self-confident— not arrogant, open and direct— not dominant.

--Aggression involves hurting, manipulating, and denying others their expression.

Note:

5% of Communications is words.

40% of Communications is expressing feelings.

55% of Communications is our body language.



Stages in Relationships

1 Co-Dependence

2 Counter Dependence

3 Independence

**4 Inter-Dependence
and
Co-Creation**

You can do it...

Your Handsome and Beautiful and Worthy!

I MESSAGE FORMULA

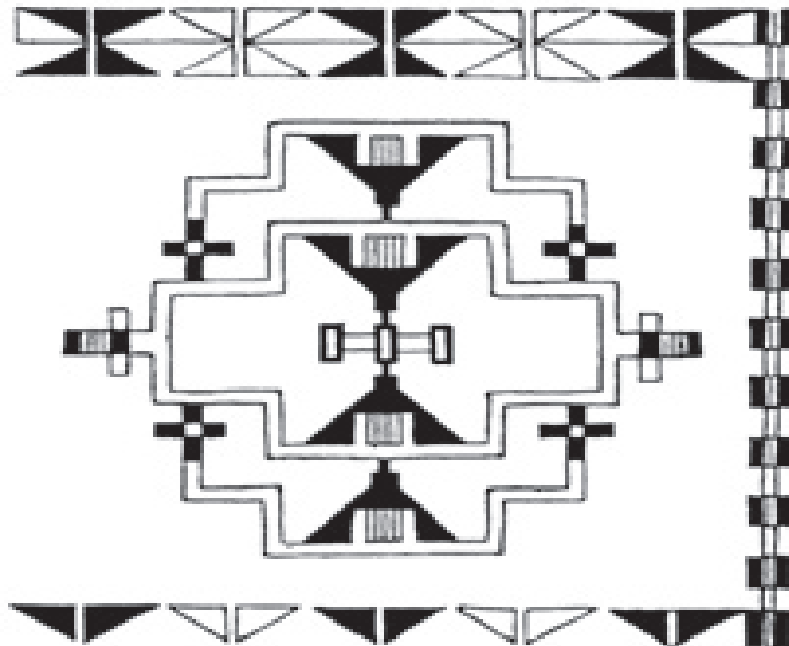
1. When you _____

2. It causes, or the results are _____
and/or

I feel _____

3. I would like it if you would _____

If they do it, be sure to acknowledge their change in behavior!



Risk Factors-Individual Level

- Mental Health Issues**
- Personality Traits, i.e. impulsivity**
- Low Self Esteem**
- Absence of Personal Purpose**
- Previous History of a Suicide Attempt**
- Alcohol and Substance Abuse**
- Sexual Orientation or Two-Spirited Issues**
- Conflict with the Law**

Risk Factors—Peer and Family Level

- Friends or Family Members Attempting or Completing Suicide**
- Change of Caretaker during Childhood or Adolescence**
- Family or Caretaker History of Mental Health Problems, i.e. substance abuse/depression**
- Physical or Sexual Abuse**
- Interpersonal Isolation (withdrawal)**

Risk Factors—Community Level

--Access to Weapons/Firearms

--Poverty

--Community Instability or Lack of Prosperity

--Limited Opportunities for Employment

**--Lack of Proper Housing and Inadequate
Sanitation and Water Quality**

--Isolated Geographic Location

Risk Factors—Cultural Level

- Breakdown of Cultural Values and Belief Systems**
- Loss of Control Over Land and Living Conditions**
- Negative Attitude of the Non-Indian Culture**

Protective Factors

- Early and Appropriate Treatment of Psychiatric Illness**
- Support from Family and Friends**
- Perceived Connectedness to Family and Friends**
- Strong Cultural Ties**
- Good Physical and Mental Health**
- Strong Spiritual Ties, Regular Attendance at Spiritual Events**
- Good School Performance**
- Positive Attitude Towards School**
- Skills in Stress Management, Communications and Problem Solving**
- Fear of Suicide and Moral Objections to Suicide**
- Sense of Belonging**
- Positive Self-Esteem**

8-Suicide Warning Signs

For Native Youth

- If out of-school suspension or a 2nd school detention takes place**
- Any placement out of the youth's home**
- After a second court incident**
- Fired from a job**
- Death of a friend or family member**
- Intense dating break-up**
- Any suicide gesture, attempt, or comments**
- During a fight or harassing incident for both aggressor and victim**

Note: Access to a caring, supportive adult is listed as a key to getting through an intense crisis.

- Males account for 85% of suicide fatalities, but females make 85% of suicide attempts.**
- More suicides are attempted by middle school youth, but more fatalities occur in 17-21 year ages.**
- Substance abuse is involved in 50% of suicide fatalities, and 65% of attempts.**
- 60% of Native American suicides involve hanging.**
- Native American young males need more intense interventions that promote healing.**

See It—Say It

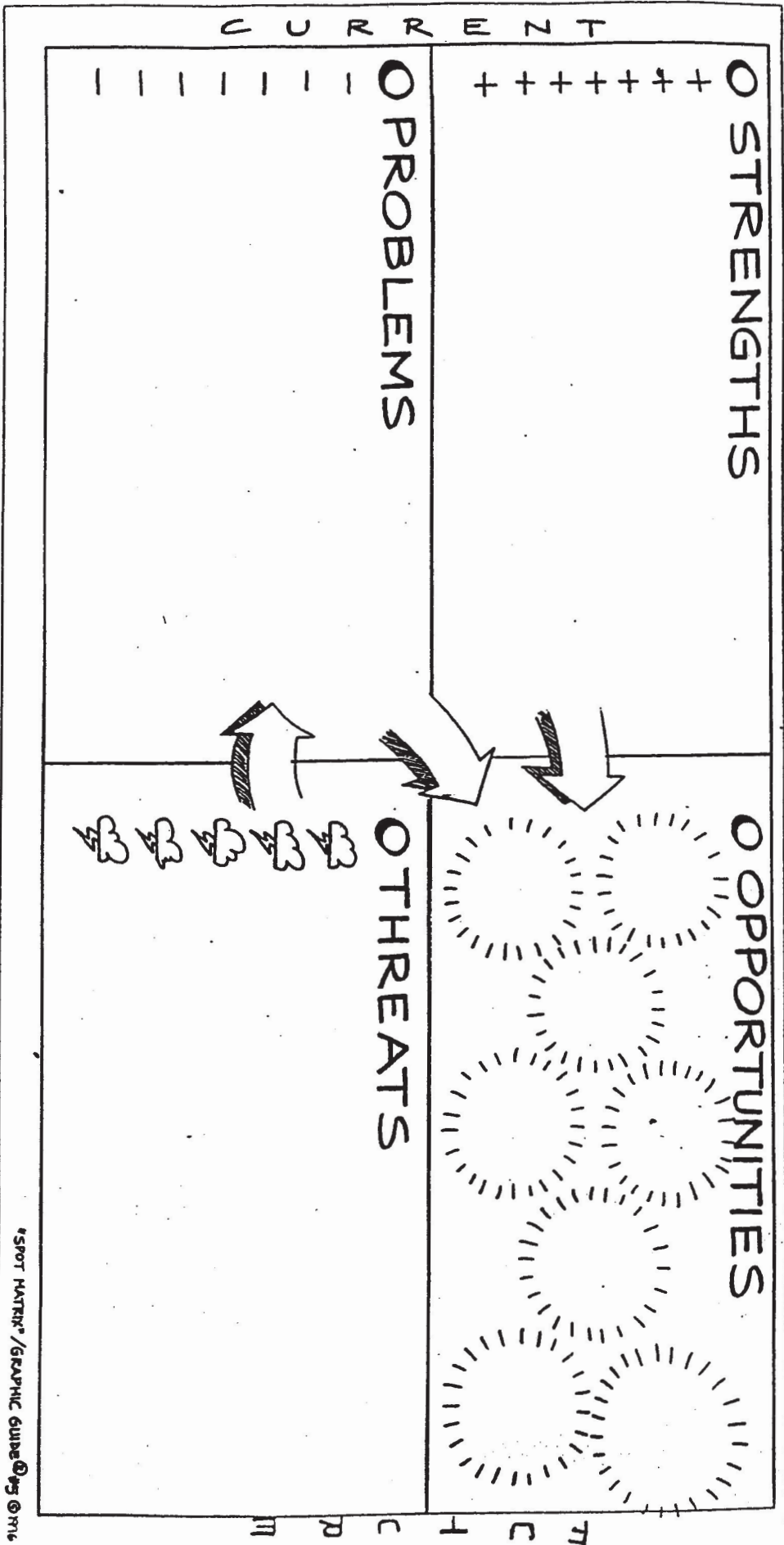
6-Step Assertive Communication Process

- 1. I Care...i.e.-we've been friends for three years now and I consider you a good friend.**
- 2. I See...i.e.-but it seems like you've been really feeling down for quite a few months now, and it seems like you've started drinking more lately.**
- 3. I Feel...-and I'm finding I'm feeling more and more worried about how you are doing. Have you been thinking about suicide?**
- 4. I'm Listening...-I'm not wanting to come down on you, but can you tell me more about what's been going for you.**
- 5. I Want...-you to talk to the school counselor about your down mood and depression and stop drinking-I think it's making your depression worse.**
- 6. I Will...-go with you and introduce you to the counselor since I already know him pretty well.**

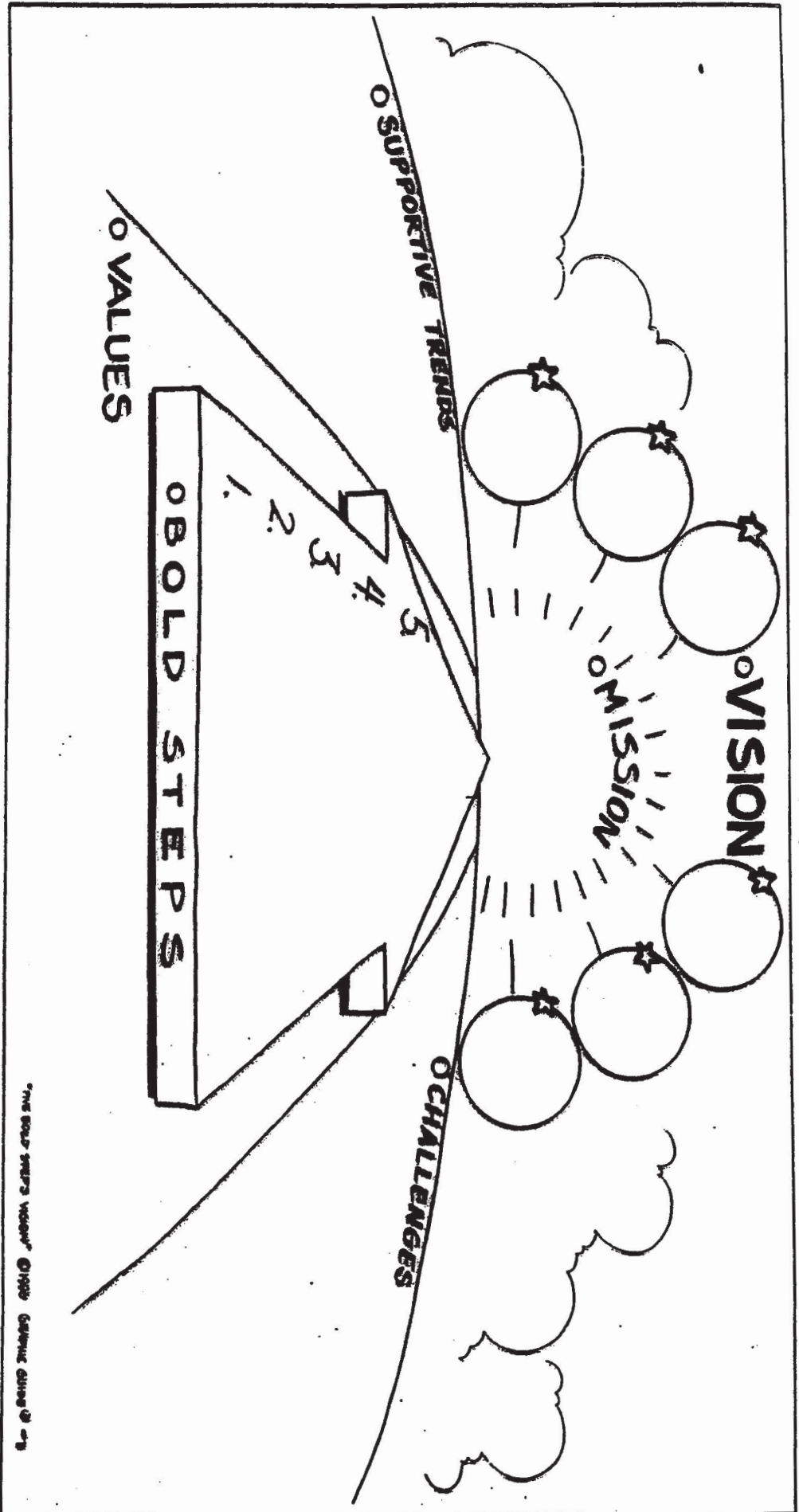
Assessment Questions

- Are you thinking about hurting yourself or ending your life?**
- How often or how long have you been having these thoughts?**
- Have you thought about how you would do this?
Is there a plan?**
- What has triggered the most recent suicide thoughts?**
- Is the method available? How close have you come to making an attempt?**
- Have you attempted in the past? How and when?**
- Have any friends or family members attempted suicide or passed away?**
- Have you been using alcohol or drugs?**
- What has kept you from following through?**
- What are your support systems?**
- Who is a healthy support person for you?**

SPOT Matrix



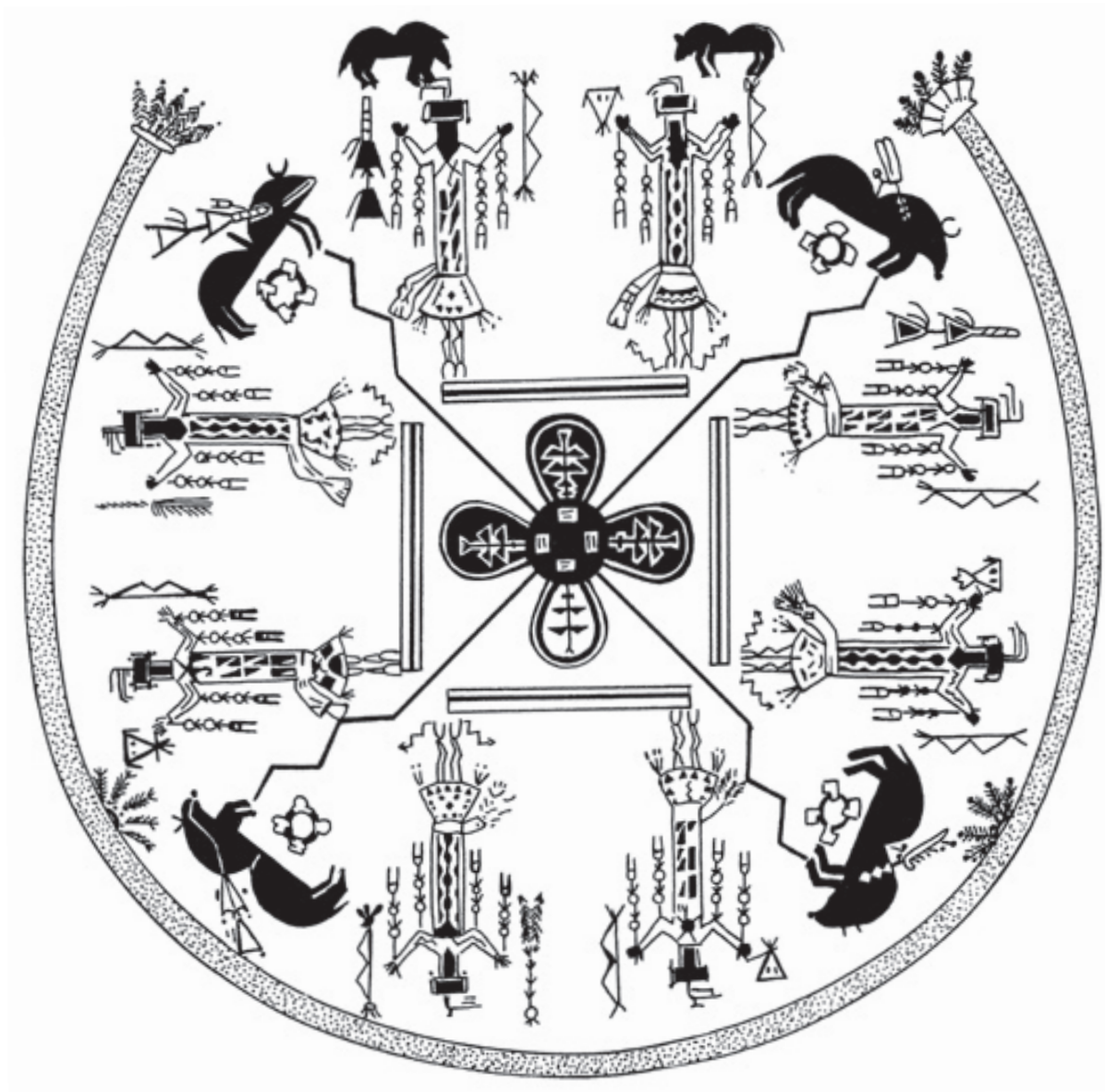
Five Bold Steps Vision



"THE BOLD STEPS VISION" ©1999 GALENIE GROUP, INC.

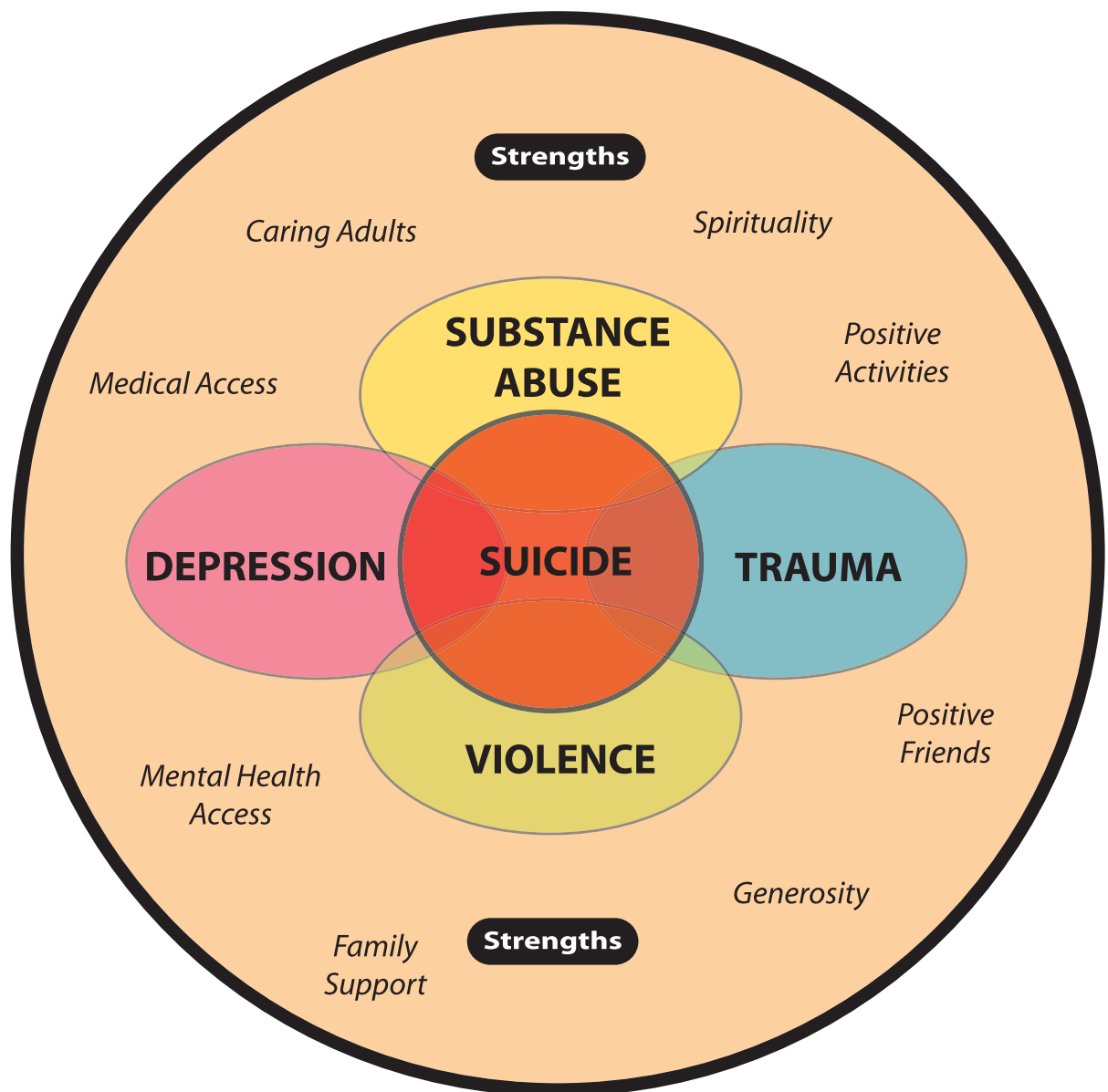
Appendix B

Sources of Strength Community Strengths Protective Factors Search Institute-40 Developmental Assets



Native H.O.P.E. (Helping our People Endure)

Sources of Strength and Four Suicide Contributing Factors



Community Strengths

- ▲ Native Humor/Laughter**
- ▲ Native Mentors/Visionaries**
- ▲ Spirituality**
- ▲ Ceremonies/Rituals**
- ▲ Recovery/Healing**
- ▲ Re-Learning Native Language**
- ▲ Re-Learning Parenting**
- ▲ Family Support**
- ▲ Non-Stressful Pace in Life**

Protective Factors

- **A relationship with a caring adult role model**
- **Having an opportunity to contribute and be seen as a resource**
- **Effectiveness in work, play, and relationships**
- **Healthy expectations and positive outlook**
- **Self-esteem and internal locus-of-control**
- **Self-discipline**
- **Problem solving/critical thinking skills**
- **A sense of humor**

40 Developmental Assets™

Search Institute™ has identified the following building blocks of healthy development that help young people grow up healthy, caring, and responsible.



Category	Asset Name and Definition	
External Assets	Support <ol style="list-style-type: none"> 1. Family Support-Family life provides high levels of love and support. 2. Positive Family Communication-Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents. 3. Other Adult Relationships-Young person receives support from three or more nonparent adults. 4. Caring Neighborhood-Young person experiences caring neighbors. 5. Caring School Climate-School provides a caring, encouraging environment. 6. Parent Involvement in Schooling-Parent(s) are actively involved in helping young person succeed in school. 	
	Empowerment <ol style="list-style-type: none"> 7. Community Values Youth-Young person perceives that adults in the community value youth. 8. Youth as Resources-Young people are given useful roles in the community. 9. Service to Others-Young person serves in the community one hour or more per week. 10. Safety-Young person feels safe at home, school, and in the neighborhood. 	
	Boundaries & Expectations <ol style="list-style-type: none"> 11. Family Boundaries-Family has clear rules and consequences and monitors the young person's whereabouts. 12. School Boundaries-School provides clear rules and consequences. 13. Neighborhood Boundaries-Neighbors take responsibility for monitoring young people's behavior. 14. Adult Role Models-Parent(s) and other adults model positive, responsible behavior. 15. Positive Peer Influence-Young person's best friends model responsible behavior. 16. High Expectations-Both parent(s) and teachers encourage the young person to do well. 	
	Constructive Use of Time <ol style="list-style-type: none"> 17. Creative Activities-Young person spends three or more hours per week in lessons or practice in music, theater, or other arts. 18. Youth Programs-Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community. 19. Religious Community-Young person spends one or more hours per week in activities in a religious institution. 20. Time at Home-Young person is out with friends "with nothing special to do" two or fewer nights per week. 	
	Internal Assets	Commitment to Learning <ol style="list-style-type: none"> 21. Achievement Motivation-Young person is motivated to do well in school. 22. School Engagement-Young person is actively engaged in learning. 23. Homework-Young person reports doing at least one hour of homework every school day. 24. Bonding to School-Young person cares about her or his school. 25. Reading for Pleasure-Young person reads for pleasure three or more hours per week.
		Positive Values <ol style="list-style-type: none"> 26. Caring-Young person places high value on helping other people. 27. Equality and Social Justice-Young person places high value on promoting equality and reducing hunger and poverty. 28. Integrity-Young person acts on convictions and stands up for her or his beliefs. 29. Honesty-Young person "tells the truth even when it is not easy." 30. Responsibility-Young person accepts and takes personal responsibility. 31. Restraint-Young person believes it is important not to be sexually active or to use alcohol or other drugs.
		Social Competencies <ol style="list-style-type: none"> 32. Planning and Decision Making-Young person knows how to plan ahead and make choices. 33. Interpersonal Competence-Young person has empathy, sensitivity, and friendship skills. 34. Cultural Competence-Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds. 35. Resistance Skills-Young person can resist negative peer pressure and dangerous situations. 36. Peaceful Conflict Resolution-Young person seeks to resolve conflict nonviolently.
		Positive Identity <ol style="list-style-type: none"> 37. Personal Power-Young person feels he or she has control over "things that happen to me." 38. Self-Esteem-Young person reports having a high self-esteem. 39. Sense of Purpose-Young person reports that "my life has a purpose." 40. Positive View of Personal Future-Young person is optimistic about her or his personal future.

Eight Categories

The 40 developmental assets are organized into eight categories, listed below. In committing to build these developmental assets, YMCAs in the United States and Canada commit to the following—and to encourage others to support kids, families, and communities in doing the same:

Ensure That Young People Experience Support

Provide Opportunities for Empowerment

Appropriate Boundaries and Expectations

Facilitate Constructive Use of Time

Activate a Lifelong Commitment to Learning

Instill Positive Values

Develop Social Competencies

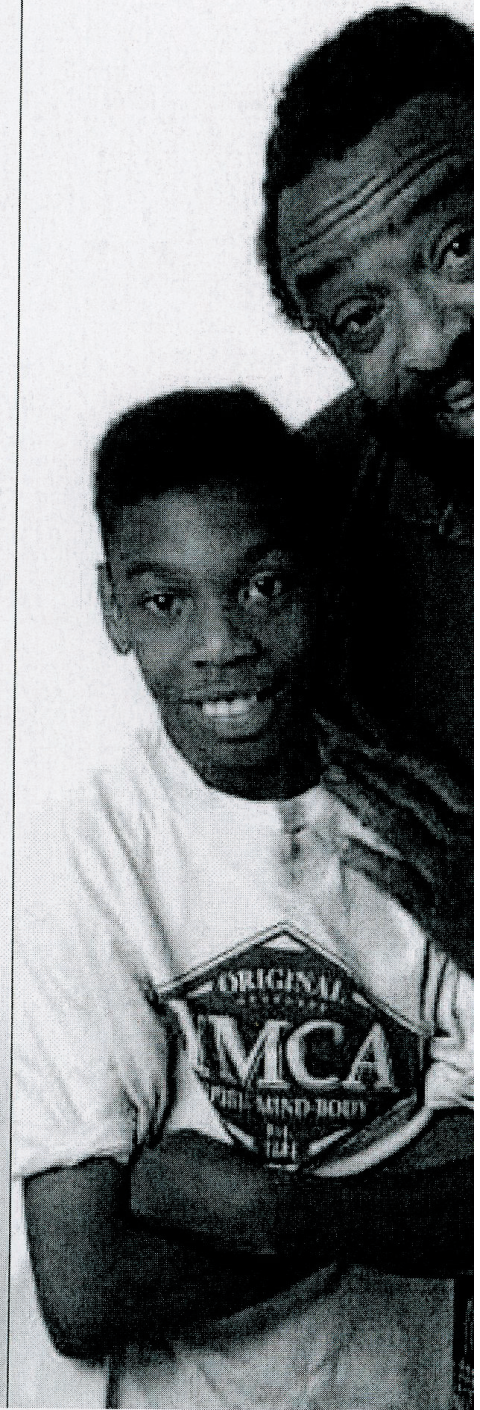
Cultivate a Positive Identity

The research Institute's framework of developmental assets was created to emphasize the role that every person and institution in a community plays in raising strong kids. The original framework and the research behind it were based on developmental needs of youth in middle school and high school.

In this publication, where we have highlighted ways that YMCAs can build all 40 assets for young people from infancy through adolescence, we have made two types of adjustments:

We have broadened the names of the 40 assets in the text to reflect, to a greater degree, the experiences of young people across the first two decades of life. The specific asset names and definitions for each of five age groups (infants, toddlers, preschoolers, elementary-age youth, and high-school-age youth) are included in the charts on pages 32-36.

In providing examples of asset-building in the YMCA movement, we have included some where YMCAs have played a supportive or complementary role in kids' lives, as the primary provider of that asset may be the family or another institution (such as a school or congregation). These examples illustrate the ways YMCAs can be supportive of other institutions and families in their asset-building roles.



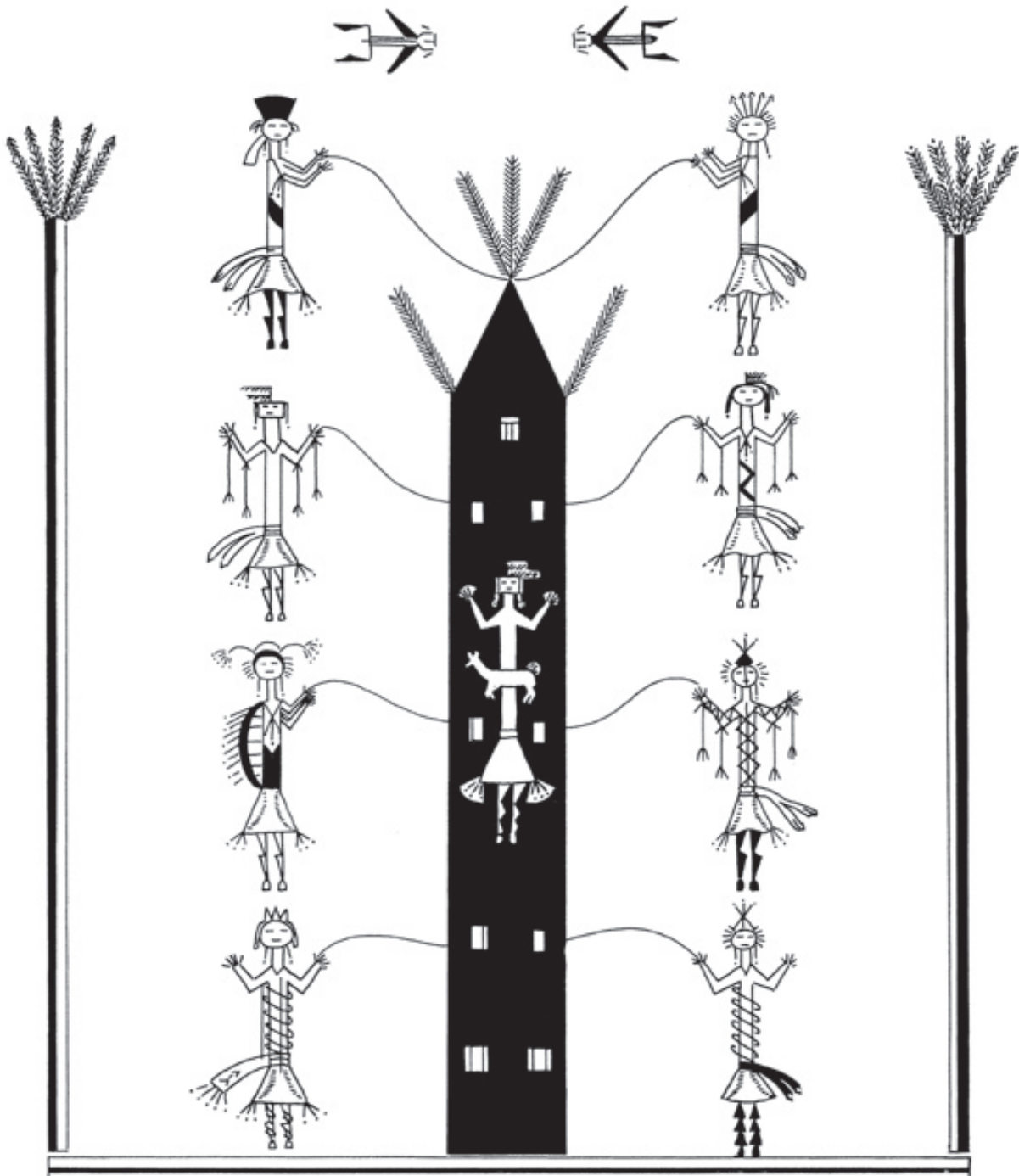
Appendix C

Overview of Suicide In Indian Country

Written Testimony of R. Dale Walker, MD, Director

One Sky Center: American Indian/Alaska Native National Resource Center for
Substance Abuse and Mental Health Services
Oregon Health & Sciences University

Oversight Hearing on Indian Health
Before the United States Senate Committee on Indian Affairs
April 13, 2005





The American Indian/Alaska Native National Resource Center for Substance Abuse Services

**Written Testimony of R. Dale Walker, MD, Director
One Sky Center: American Indian/Alaska Native National Resource Center for Substance
Abuse and Mental Health Services
Oregon Health & Sciences University**

**Oversight Hearing on Indian Health
Before the United States Senate Committee on Indian Affairs
April 13, 2005**

Chairman McCain, Vice-Chairman Dorgan, and members of the Committee, I am R. Dale Walker, MD, Director of the One Sky Center, and Professor of Psychiatry, Public Health & Preventive Medicine at Oregon Health & Sciences University in Portland, Oregon. I am a Cherokee psychiatrist with qualifications and 25 years' experience in the addictions field. I direct the One Sky Center, the first national resource center dedicated to improving the prevention and treatment of substance abuse and mental health among Native people.

I would like to thank the Committee for holding this important oversight hearing on Indian Health, and for the Committee's efforts to reauthorize the Indian Health Care Improvement Act (P.L. 94-437) this Congress.

I anticipate that the recent tragedy on the Red Lake Indian reservation will be a point of discussion at today's hearing, in addition to the related matter of mental health and substance abuse services in Indian country. One Sky Center has been working intensively on the Red Lake, Standing Rock, and other reservations that have experienced cluster suicides and violence. Our role is assessment of the situation and recommendations for fixing it.

The Center's assessments and recommendations may be helpful to this committee or other committees with jurisdiction for potential legislative efforts related to mental health, substance abuse prevention, and treatment of American Indian and Alaska Natives. Therefore, I am pleased to submit written testimony for the committee hearing record.

Mental Health Overview

According to the Indian Health Service, the highest suicide rate found for American Indians and Alaska Natives is between ages 15 to 34 (approximately 2.4 times the national rate). The overall rate of suicide for American Indians and Alaska Natives is 20.2 per 100,000, or approximately double the rate for all other racial groups in the United States.

#59

Violence and trauma related disorders also occur at alarming rates in American Indian and Alaska Native communities. The rates of violence are higher for every age group among American Indians

and Alaska Natives. In particular, the rate of violence for American Indians and Alaska Native youth ages 12 to 17 is 65% greater than the national rate for youth.

Domestic violence and childhood sexual abuse transmit the pathology from one generation to the next. The homicide mortality rate for American Indian and Alaska Native females ages 25 to 34 years is about 1.5 times that for the general population of females in this age group. Over crowding in homes, lack of employment, and other socioeconomic issues are associated with high rates of abuse and neglect. About 25.9% of American Indian and Alaska Native families are at or below the poverty level, a significantly higher rate than for the general population. Consequently, there are high rates of physical and mental health problems. The implications for American Indian and Alaska Native individuals, families, and communities are troubling.

These health disparities are attributable to long-term effects of cultural oppression, racism, loss of traditions, “assimilation policies” of boarding schools, severe erosion of family and parenting tradition, promotion of alcoholism and substance abuse. Consequently, sustained, multi-generational behavioral problems are prevalent in our American Indian and Alaska Native communities.

The United States has a trust responsibility and treaty obligation to provide quality health care to American Indians and Alaska Natives. Unfortunately, the Indian Health Service continues to be woefully under-funded. The Indian Health Service (IHS) is funded at \$1900 per capita, which is one-half the amount federal prisoners are funded on a per-capita basis. Local resources cannot make up the difference. Some reservations are so destitute that there is no swimming pool or basketball court for the youth, let alone a counselor.

Mental health care including addictions treatment and prevention—if available—is crucial for the well-being of American Indian and Alaska Native people and their communities. Mental health care contributes to preventing tragedies such as we have recently witnessed and, when tragedies do occur, is essential to healing devastated families and communities.

The One Sky Center

The One Sky Center (www.oneskycenter.org) created in 2003, is the first national resource center dedicated to improving the prevention and treatment of substance abuse and mental health among Native people. The One Sky Center’s reach is extended by consultants and subcontractors located throughout the country including the Alaska Native Tribal Health Consortium, the National Indian Youth Leadership Project in New Mexico, and United American Indian Involvement in California. A more detailed description is provided in the endnote.¹ Our mission includes assessing communities’ needs and strengths, then developing strategic plans, both in culturally appropriate ways. One Sky Center helps to identify the numerous strengths communities have to face challenges including the prevention and treatment of substance abuse, and availability of mental health services. One Sky Center helps identify support and technical assistance from external sources to make changes happen.

Standing Rock, and Red Lake

#60

One Sky Center has responded to federal requests for assistance in recent crises at the Standing Rock and Red Lake Indian reservations. Center staff joined a team of IHS and SAMHSA officials to conduct a community survey leading to a strategic plan (and some incidental psychiatric support for survivors). Persons affected by the suicides and violence, community leaders, school personnel,

and other service personnel participated in strategic planning, beginning with a collective community assessment. Although each tribe and reservation facing suicide and violence are unique, there are major commonalities.

One Sky Center's analysis is that three related initiatives are required. Tribal initiatives bring the key parties together to develop and follow a plan. SAMHSA initiatives include creating funding opportunities to support efforts at the local level and to provide technical assistance. Finally, Interagency initiatives create policy alignment, service coordination, and support among multiple agencies, resulting in a more effective response to community needs.

Recommended Tribal Initiated Activities

- Tribal Health Department should request the development of a suicide and violence prevention plan, which it will review, and refer to the Tribal Council for endorsement.
- Tribal Health Department should organize a *tribal interagency committee on suicide and violence prevention* to improve coordination, communication, and implementation of the tribe's suicide and violence prevention plan.
 - The tribal interagency committee should examine the current organizational structure of providing mental health, addictions, suicide prevention, violence prevention and other social support with the goal of creating a single system of behavioral health care.
 - The interagency committee should establish partnerships (faith-based, traditional cultural leadership, health, schools, law enforcement, etc) dedicated to implementing the plan.
 - The interagency committee should increase the number of professional, volunteer, faith community, traditional cultural leaders and other groups that integrate suicide and violence prevention activities and policies.
 - The interagency committee should promote accurate youth suicide and violence data collection, evaluate preventive interventions attempted on the reservation, and produce an annual report on youth suicide and violence.
- Identify a tribally appointed liaison to newspaper, radio, television, and other news media in regards to suicide and violence. This individual should have available written guidelines on the depiction of suicide, violence, substance abuse and mental illness and be able to represent these events on behalf of the tribe.
- The tribe should seek assistance in accessing federal funding to support suicide and violence prevention measures.

Recommended SAMHSA Activities

- ***Establish a Suicide/Violence Crisis Hotline:*** Hotline to be manned by youth and volunteers trained in programs similar to ones developed by the Oregon Partnership in Portland, Oregon. This team of hotline participants will also serve as a network support team for local crises and patient/family follow-up. The team will be comprised of an even mixture of adolescents and adults, with elders, healers, teachers, etc. welcome.
- ***Provide Support for Community Healing and Recovery*** delivered by traditional cultural leaders and others.
- ***Provide Technical Assistance:*** The Tribal health care systems are fragmented and understaffed. The tribes will require technical support from the beginning stages of developing their plans, to helping the tribal interagency committees on suicide and violence prevention work in an effective integrated fashion, to negotiating interagency support for

the tribe. There are local sources available to do the on-site work and the One Sky Center could assist in coordinating activities at the local, regional and national level. As a resource center, we will follow the issues closely, hoping that this effort may be a model for other reservations.

- ***Provide a Broad Range of Training and Educational activities:*** There are several levels in which training and education are necessary.
 - ⊙ Open community meetings to provide understanding of the issues and reduction of stigma.
 - ⊙ Training for clergy, traditional cultural leaders, teachers and other school staff, corrections workers, children and youth case workers, child welfare personnel, juvenile justice personnel, child protection services and medical/behavioral health workers to help the community learn how to screen, identify, and respond to youth at risk for suicide.
 - ⊙ Training for “adult mentors” and “peer mentors” to provide a more capable support system on a reservation with severe access and transportation problems.
 - ⊙ Educational programs for family and friends focusing on recognition of and response to at-risk behavior.
 - ⊙ Foster the education of providers of mental health and substance abuse services in dealing with youth at risk of suicide or violence.

Recommended Interagency Support Strategies

There are multiple local, state, and federal systems and agencies operating on reservations. At times, these systems do not interface well and that defeats logical, effective health care planning and implementation. It is critical that the various tribal programs be interconnected, coordinated and aligned. Among the benefits, interagency collaboration will increase early detection and remediation of potential suicide and violence.

Create an interagency task force comprised of an official from each of the agencies involved to address the issues below:

- Define and implement screening guidelines for schools, along with guidelines on linkages with service providers.
- Develop a systematic communications plan for all health care, social, educational, and legal services.
- Improve the quick access to behavioral health treatment for youth who are suicidal and potentially violent with underlying behavioral disorders.
- Improve the interface that youth experience between primary care, emergency care, and mental health.
- Change procedures and policies in certain settings, including primary care settings, hospital emergency departments, substance abuse treatment centers, specialty mental health treatment centers, and schools, to include screening and assessment of youth suicide risk.
- Ensure that youth treated for trauma, sexual assault, or physical abuse in any healthcare setting, including emergency departments, receive consultation, referral, mental health services, and support services. These support services may include domestic violence centers, rape crisis centers, etc.

This strategic plan is a model for addressing similar problems in other reservations and communities. In a broader sense, the model could be considered as a SAMHSA initiative on AI/AN suicide prevention, much like the Circles of Care grants.

Conclusion

1. The One Sky Center is willing to offer its expertise in the areas of substance abuse treatment and prevention, mental health, and best practices if the Committee should seek guidance on those matters. The One Sky Center is qualified to offer insight, experience, and recommendations addressing these problems for the Committee's consideration.
2. Both HHS and SAMHSA have seen the wisdom and advantages of cross agency support and funding for strategic nation-wide efforts. As the Nation's only National Resource Center in behavioral health for this population, it is our sincere recommendation that resources be directed to SAMHSA through HHS for a five year demonstration project to bring the full efforts of all federal and state agencies together to address the issues related to suicide and violence for all American Indian and Alaska Native communities across the nation. The demonstration project approach will allow model programs to develop in all regions of the country. They can be integrated with other native and nonnative communities.

It is safe to conclude that the Indian health community, a majority of federally-recognized tribes, and most Indian health organizations generally agree that the Indian Health Care Improvement Act reauthorization or any other moving legislative initiatives must include provisions to enhance or improve the delivery of mental health services for American Indian and Alaska Native communities. The alarming health disparities, domestic violence, suicide, and major crimes committed on Indian reservations are escalating, and show no signs of relenting unless crucial federal programs are fully funded, which includes critical mental health programs for American Indian and Alaska Native.

The nightmare of having a Columbine School scenario on an Indian reservation has now become a reality. The countermeasures include integrating substance abuse, mental health and social services into comprehensive behavioral health programs. Many tribes and tribal organizations, including the National Indian Health Board, support integrating programs which are nurturing, fulfilling, accountable, and responsible. These local efforts and federally supported programs offer an opportunity for wellness and balance in tribal communities.

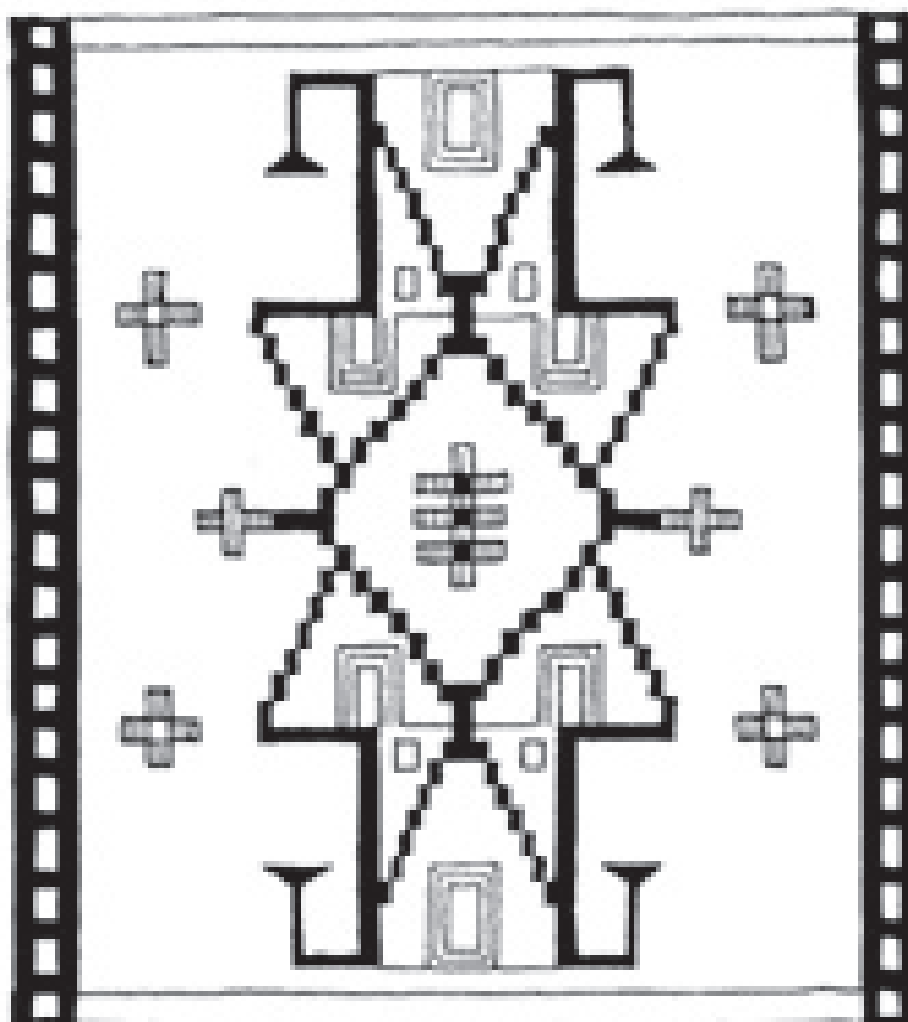
Tribal communities are taking a leadership role in addressing the myriad of needs associated with behavioral health problems. Building upon that local leadership and initiative offers a strategic opportunity to improve coordination of local and federal services, to bring services up to critical level of capacity, and to get going a renaissance in American Indian and Alaska Native communities. One Sky Center has been honored over the past two years to help empower tribal communities with the tools and resources to be pro-active in creating their own better futures.

(Endnotes)

The One Sky Center's mission is to promote best practices in substance abuse and mental health services for American Indians and Alaska Natives. The goal of the One Sky Center is to improve prevention and treatment of substance abuse among native people. The objectives of the One Sky Center include (a) identifying culturally appropriate best practices in prevention science and treatment services designed for American Indians and Alaska Natives, (b) facilitating the implementation of evidence-based preventive programs and care systems for native people, (c) providing continuing education in substance abuse prevention and treatment so as to enhance the capabilities of educators and clinicians serving American Indian and Alaska Natives, and (d) recruiting native youth into education and health care training programs aimed at prevention and treatment of chemical dependency among American Indians and Alaska Natives.

These goals and objectives continue to be informed by advice from a nation-wide Council of Stakeholders representing consumers, families, educators, clinicians, youth, elders, spiritual leaders, healers, and tribal governments. The Center is overseen by a National Steering Committee representing tribal governments, educators, clinicians, the Indian Health Service, the Bureau of Indian Affairs, the Addiction Technology Transfer Centers, and the Centers for the Application of Prevention Technology as well as the Substance Abuse and Mental Health Services Administration (SAMHSA). The National Steering Committee strengthens existing linkages to the Addiction Technology Transfer Centers and the Centers for Application of Prevention Technology.

The One Sky Center's reach is extended by consultants and subcontractors located throughout the country including the Alaska Native Tribal Health Consortium, the National Indian Youth Leadership Project in New Mexico, and United American Indian Involvement in California. In addition to conferences, workshops, and coalitions, distance learning technology is used to facilitate technology transfer, technical assistance, and consultation. The Center continues the University's linkages with tribal colleges and universities to facilitate entry of American Indian and Alaska Native youth into education and health careers focused on substance abuse prevention and treatment. Feel free to visit One Sky Center's website at www.oneskycenter.org for more information.



Appendix D

Sample Native Youth Strategic Action Plans



**Native American Youth
Preventive Health Initiative
August 1st – 4th, 2005 (Day 2)
Hampton Inn
Billings, Montana**

The Wind River Reservation

- **Strengths**
 - Tradition
 - Education
 - Role models
 - Boys and Girls Clubs (recreation)
 - Summer youth
 - Sports
 - Family support
- **Problems**
 - Drugs/alcohol
 - Domestic violence
 - Gangs
 - Friends
 - Child abuse (gambling)
 - Health
 - Environment problems
 - Problem relationships
 - School drop outs
- **Threats**
 - Lack of community/family support
 - Low self esteem
- **Opportunities**
 - Role models
 - Sports
 - Elders
 - Learning centers
 - Youth council
 - Education
 - Boys and Girls Club
 - Upward bound
- **Values**

Spirituality, trust, family, love, education, self-esteem, responsibility and leadership!
- **Visions Statement**

Native American Youth will lower suicide and teen pregnancy rates among being drug and alcohol free in a healthier lifestyle and a well-supportive community.
- **Mission Statement**

The youth council will serve as role models to educate and teach leadership!
- **Bold Steps**
 1. Establish a youth council
 2. Be positive role models
 3. Provide the right education (to address issue)
 4. Following through with plans and not give up
 5. Request support from the community
- **Wind River Group Includes**

Paulita Day, Kacey Armajo, Bobbi C'hair, Daniel Reyos, Cole Weed, Dwight Thayer, Matt Brennan, and Jolynn Tillman with the help of Karen Hearod and Bea Johnson

Fort Peck Reservation

- **Strengths**
 - Community culture/heritage
 - Tribal thinking
 - Friendship
 - Tribal S Preventive (SW)
 - I.H.S. funding
 - Peer models
 - Grants (Big families, extended)
 - School Secretary in WP
- **Threats**
 - Jealousy
 - Isolation
 - Suicide
 - Violence
 - Drugs/alcohol
 - Peer pressure
 - Low self-esteem
 - Lack of communications
 - Historical trauma
- **Values**

(Individual) honesty, loyalty, respect, trust, and spirituality
(Tribal) family-extended, revival of native spirituality, honor, tribal ways of being in world-i.e. group thinking, respect for elders, communal lifestyle influence, education
- **Vision Statement**

For Ft. Peck Indians to create family of respect living lives soberly and healthily, without suicide in our communities.
- **Mission Statement**

Suicide prevention youth council, recruiting youth/consortium/network and resource agents/mentoring new leaders, SP Conference, Safe houses reservation wide, continued/on-going community training, and media spots by SPYC.
- **Bold Steps**
 1. Suicide prevention youth council-develop protocol (work plan)
 2. Suicide prevention youth conference (reservation wide, speakers)
 3. SP media/radio spots SPYC
- Shame
- **Problems**
 - Suicide
 - Misunderstood youth
 - Communication (between generations)
 - Drugs
 - Domestic violence
 - Poverty
- **Opportunities**
 - Grants (reporting systems)
 - Community acknowledgment
 - Enrolled professionals
 - Leadership opportunities
 - Small schools
 - Big families (extended)
 - Revival of culture
 - Ft. Peck Community College
 - I.H.S. scholarships



Standing Rock Reservation

- **Strengths**
 - Preventing suicide (activities, suicide prevention/coordinator)
 - Youth group (religious/spiritual, cultural camps)
 - Sitting Bull College (language, school sports like basketball and golf)
 - Radio Station: KLND
 - Teton Times U.N.I.T.Y.
 - Natural Human Resiliency
 - Tribal Program Personnel
- **Threats**
 - No support from tribal leaders
 - Unemployment
 - Loss of focus/follow through
 - No youth involvement (speaking)
 - Suicide attempts
- **Problems**
 - Lack of coordination in activities
 - Need for better data to support increase in behavior health (suicide)
- **Values**

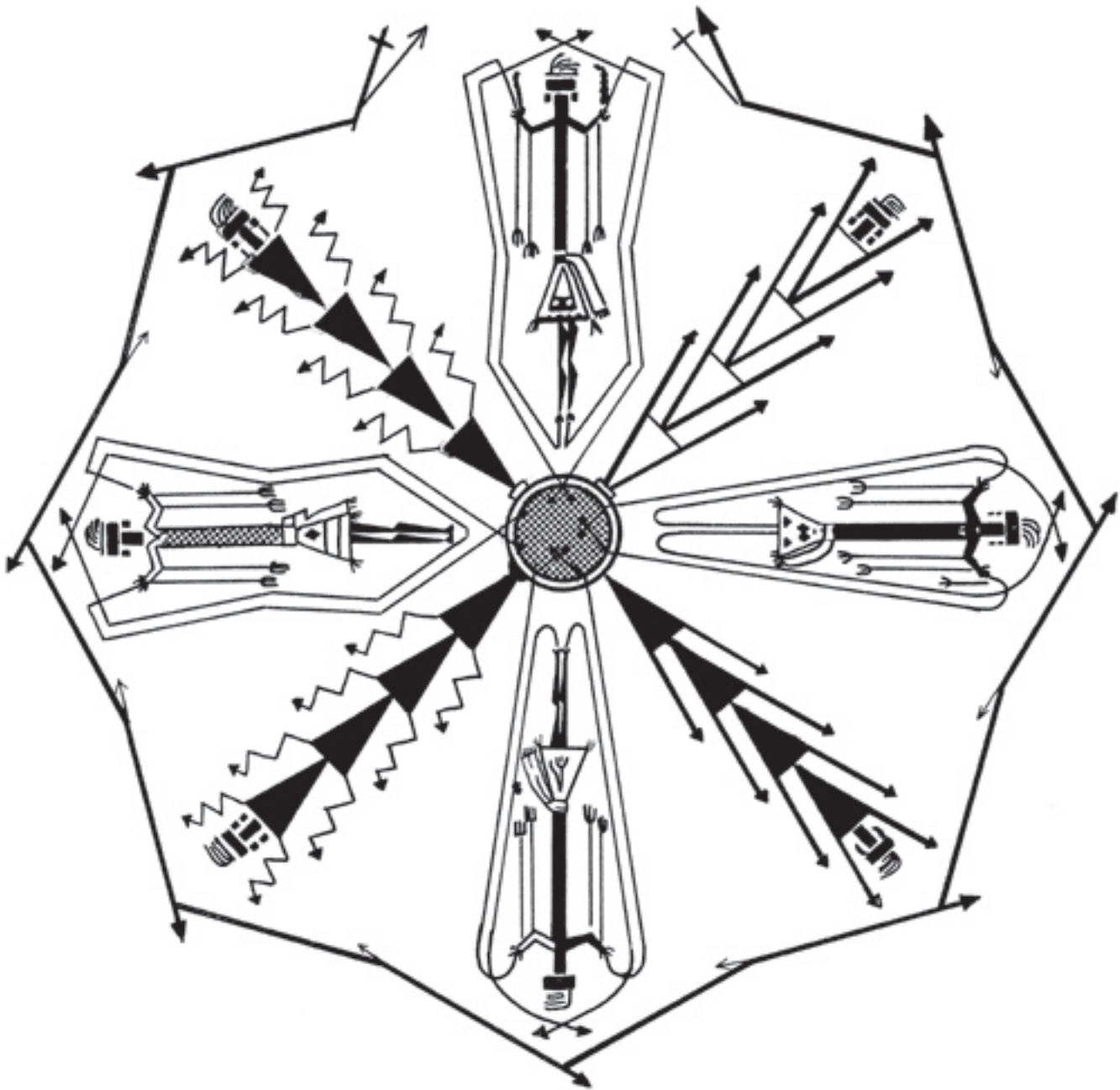
Respect, spirituality, trust, self-respect, responsibility, family, education, love honesty, being positive, and friends
- **Vision Statement**

We envision our D/Lakota youth having the opportunity to actively create positive, healthy, life styles, through leadership, respect, spirituality, family, friendship and love.
- **Mission Statement**

WHO: alliance of youth with the support of healthy adults.
WHAT: Reduce self-destructive behaviors by creating hope and healing.
WHERE: All Standing Rock communities.
WHEN: For the generations to come.
WHY: Because life is precious and our youth are the FUTURE!
- Long wait on drug/alcohol evaluations for adults/youth
- Need for outreach of survivors of suicide
- Gang activity
- No parent involvement
- No youth center
- Lack of mentors (lack of spirituality, no kids)
- Boredom connecting to drugs/alcohol
- Place for stabilization
- No support from the tribal leaders
- **Opportunities**
 - Casino revenue (employment)
 - Community center (every district)
 - Community vehicles
 - Summer youth programs (yard work)
 - Boys and Girls Club
 - Public Aid (Where to get help, signs and symptoms)
 - Radio
 - Newspaper
 - T.V. Standing Rock Cable
 - Youth council represented from each district

Appendix E

Sample School and Community Suicide/Depression Screening Tools



School and Community Suicide/Depression Screening

Research suggests that screening large numbers of students to find those with mental health problems and arranging for treatment could be an effective prevention strategy. Early identification is critical as the research shows strong links between depression, substance abuse, and previous suicide attempts and teenagers who commit suicide.

Suicide/depression screening should be likened to hearing and vision tests for students. It is recommended that all students receive at least a quick mood screening yearly with support from community, school, and parents.

Schools, communities, and faith-based groups, all can be actively screening Native youth and adults for signs. Medical and mental health treatment services, support groups, Peer helpers, and community/spiritual resources should all be available to youth who have been identified and need support and mental health services. NOTE-When screening programs are implemented, an increase in referrals will be generated.

We have enclosed information on three sample school and community screening instruments:

1. Columbia University Teen Screen Program
2. Burlison Mood Inventory
3. Beck Depression Inventory





Comprehensive Program Overview

Overview

The Columbia University TeenScreen Program is a national mental health and suicide risk screening program for youth. The goal of the National TeenScreen Program is to make voluntary mental health check-ups available for all American teens. TeenScreen works by assisting communities throughout the nation with developing locally operated and sustained screening programs for youth. Screening can take place in schools, doctors' offices, clinics, youth groups, shelters, and other youth-serving organizations and settings. While all local TeenScreen programs operate independently, they all agree to adhere to the national program's implementation standards and requirements. Key among these is that screening is always a voluntary activity that requires both parental consent and teen assent for participation.

TeenScreen screens for the risk factors that are associated with depression and other mental illnesses but does not make a formal diagnosis. Parents of youth found to be at possible risk are notified and helped with identifying and connecting to local mental health services where they can obtain a complete evaluation by a qualified mental health professional. The TeenScreen Program does not involve treatment and does not recommend or endorse any particular kind of treatment for the youth who are identified by the screening. The results of the screen are confidential and are not shared with educational staff.

The TeenScreen Program offers paper-and-pencil and computerized mental health screens. While the TeenScreen Program has been thoroughly researched in a variety of settings with diverse youth populations since 1991, the research supporting Columbia University's screening tools began in the 1970s. Recent research published in the *Journal of the American Medical Association* has also established that screening is a safe and effective method to identify youth at risk for depression, suicide, and other mental disorders.¹

The President's New Freedom Commission on Mental Health has specifically cited TeenScreen as a model program,² and the national Suicide Prevention Resource Center has included TeenScreen on its list of "promising" evidence-based programs.³ Further, 35 of the 41 states with suicide prevention plans recommend screening—seven mention TeenScreen by name. To date, 34 national organizations are on record as supporting voluntary mental health screenings for youth.

TeenScreen is funded by private foundations, individuals, and organizations committed to the early identification of mental illness in youth and the prevention of teen suicide. The national TeenScreen Program is not affiliated with or funded by any pharmaceutical companies.

The Problem

Unidentified mental illness and suicide in teens are widely recognized as public health crises in the United States.

- Suicide is the third leading cause of death among young people aged 10–24 years, and almost as many teens die from suicide as do those from all natural causes combined.⁴
- In addition to completed suicides, 606,500 other youth require medical services as a result of suicide attempts each year.⁵
- Four million US children and adolescents suffer from a serious mental disorder that causes significant functional impairments at home, at school, and with peers.⁶
- Twenty-one percent of US children and adolescents have a diagnosable mental or addictive disorder that causes at least minimal impairment.⁶
- In any given year, only 20% of children with mental disorders are identified and receive mental health services.⁷
- Half of all mood, anxiety, impulse-control and substance-use disorders start by age 14.⁸
- Approximately 50% of students age 14 and older with a mental disorder drop out of high school; this is the highest dropout rate of any disability group.⁹

For many teens, undiagnosed mental illness is a serious barrier to well-being and success. Screening can help find those youth who are suffering from symptoms of undiagnosed mental illness or who are at risk for suicide before they fall behind in school, end up in serious trouble, or, worst of all, die by suicide.

The Screening Process

Screening involves the following stages:

1. **Parental Consent**—Parental consent is always required. Parents receive a letter that explains what the screening is about and what will happen if the screen shows their child may have a mental health problem.
2. **Participant Assent**—Teens are given a description of the program and are informed about their rights to confidentiality. They are told that the screen is entirely voluntary and that they may refuse to answer any question.
3. **Screening**—Participants complete one of three self-administered screening instruments: Columbia Health Screen (CHS), Diagnostic Predictive Scales (DPS), or Columbia Depression Scale (CDS).
4. **Interview**—Participants who score positive on the screening instrument are immediately interviewed by an on-site mental health professional to determine if further evaluation is necessary. Only some teens who score positive will need a complete evaluation.
5. **Case Management/Parent Notification**—TeenScreen staff contact parents of youth who received a recommendation for a complete mental health evaluation. Parents are informed about the screening results and offered information and assistance with obtaining an appointment with a qualified mental health professional. TeenScreen staff do not discuss or recommend specific treatments to teens or their parents.

How We Work With Local Communities and What We Offer

Columbia University offers free consultation, training, screening tools, and technical assistance to qualifying communities that wish to implement their own screening programs using the TeenScreen model. Groups that wish to implement the TeenScreen Program complete TeenScreen's site development process. This process involves developing a comprehensive screening plan, creating partnerships with other local entities that can help in the successful implementation of the screening program, and completing the TeenScreen Application. More information about TeenScreen's site development process can be found in the *Getting Started Guide*.

History of the TeenScreen Program

The Columbia University TeenScreen Program was developed in 1991 in response to research revealing that 90% of youth who die by suicide suffer from a diagnosable mental illness at the time of their deaths, and that 63% experience symptoms for at least a year prior to their deaths.¹⁰ This study was among the first to shatter the myth that suicide is a random and unpredictable event in youth. It also highlighted the fact that we have ample time to intervene with at-risk youth and connect them with the mental health services that can save their lives.

TeenScreen was developed with these facts in mind and was tested on approximately 2,000 high school students between 1991-94. Research revealed that the program effectively identified at-risk youth.¹¹ It also showed that most of the youth identified through the screening were not previously known to have problems.¹² After the conclusion of the program's evaluation, TeenScreen was transformed from a research-based initiative to a public health initiative that could be implemented in an efficient and cost-effective way by schools and other organizations throughout the country. In 2001, TeenScreen set the goal of making voluntary mental health check-ups available to all American teens.

References

- ¹Gould, M., Marrocco, F., Kleinman, M., Thomas, J., Mostkoff K., Cote, J., Davies, M. (2005) Evaluating iatrogenic risk of youth suicide screening programs: A randomized controlled trial. *Journal of the American Medical Association*; 293: 1635-1643.
- ²New Freedom Commission on Mental Health. (2003) *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.
- ³Suicide Prevention Resource Center (2005). Available at http://www.sprc.org/whatweoffer/ebp_factsheets.asp.
- ⁴Anderson, R. and Smith, B. (2005) Deaths: Leading Causes for 2002 *National Vital Statistics Reports* 53 (17). Hyattsville, MD: National Center for Health Statistics.
- ⁵Grunbaum J. et al. Youth Risk Behavior Surveillance — United States, 2003. (2004) *Surveillance Summaries, May 21, 2004*. MMWR 2004;53 (No. SS-2).
- ⁶U.S. Surgeon General. *Mental Health: A Report of the Surgeon General*. (1999) Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- ⁷U.S. Public Health Service. (2000) *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services, 2000.
- ⁸U.S. Department of Education. (2001) *Twenty-third annual report to congress on the implementation of the Individuals with Disabilities Education Act*, Washington, D.C..
- ⁹Kessler RC, Berglund P, Demler O, Jin R, Walters EE (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. *Archives of General Psychiatry*; 62:593-602.
- ¹⁰Shaffer, D., Gould, M., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., and Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, 53: 339-348.
- ¹¹Shaffer, D. et al. (2004) The Columbia SuicideScreen: Validity and Reliability of a Screen for Youth Suicide and Depression. *Journal of the American Academy of Child and Adolescent Psychiatry*; 43(1):71-79.
- ¹²Scott, M. and Shaffer, D. (2004). The Columbia Suicide Screen: Does screening identify new teens at risk? Poster presented at the annual meeting of the American Academy of Child and Adolescent Psychiatry; Washington, DC.

Burlison Mood Inventory Scoring

Name: _____

Age: _____

Sex: M F

Date: _____

School: _____

Please put a check in the column which best describes how you have felt over the past week. Please answer as honestly as you can. There are no right or wrong answers. It is important To say how you have felt over the past week. Thank you.

	<u>Most of the Time</u>	<u>Sometimes</u>	<u>Never</u>
1. I look forward to things as much as I used to.....	___ 0 ___	___ 1 ___	___ 2 ___
2. I sleep very well.....	___ 0 ___	___ 1 ___	___ 2 ___
3. I feel like crying.....	___ 2 ___	___ 1 ___	___ 0 ___
4. I like to out.....	___ 0 ___	___ 1 ___	___ 2 ___
5. I feel like running away.....	___ 2 ___	___ 1 ___	___ 0 ___
6. I get stomachaches.....	___ 2 ___	___ 1 ___	___ 0 ___
7. I have lots of energy.....	___ 0 ___	___ 1 ___	___ 2 ___
8. I enjoy my food.....	___ 0 ___	___ 1 ___	___ 2 ___
9. I can stick up for myself.....	___ 0 ___	___ 1 ___	___ 2 ___
10. I think life isn't worth living.	___ 2 ___	___ 1 ___	___ 0 ___
11. I am good at things I do....	___ 0 ___	___ 1 ___	___ 2 ___
12. I enjoy things I do as much as I used to.....	___ 0 ___	___ 1 ___	___ 2 ___
13. I like talking with my family.	___ 0 ___	___ 1 ___	___ 2 ___
14. I have horrible dreams.....	___ 2 ___	___ 1 ___	___ 0 ___
15. I feel very lonely.....	___ 2 ___	___ 1 ___	___ 0 ___
16. I am easily cheered up.....	___ 0 ___	___ 1 ___	___ 2 ___
17. I feel so sad I can hardly stand it.....	___ 2 ___	___ 1 ___	___ 0 ___
18. I feel very bored.....	___ 2 ___	___ 1 ___	___ 0 ___

Scoring of 17 or above – adult should have a caring conversation about how things are going, possible refe mental health evaluation

Scoring on question #10 – definitely follow through with conversation, mental health referral

HOW TO DIAGNOSE YOUR MOODS!: THE FIRST STEP IN THE CURE

Beck Depression Inventory

- | | | | | | |
|-----|---|---|----|---|---|
| 1 | 0 | I do not feel sad. | 15 | 0 | I can work about as well as before. |
| | 1 | I feel sad | | 1 | It takes an extra effort to get started at doing something |
| | 2 | I am sad all the time and I can't snap out of it | | 2 | I have to push myself very hard to do anything |
| | 3 | I am so sad or unhappy that I can't stand it | | 3 | I can't do any work at all |
| 2 | 0 | I am not particularly discouraged about the future. | 16 | 0 | I can sleep as well as usual. |
| | 1 | I feel discouraged about the future | | 1 | I don't sleep as well as I used to |
| | 2 | I feel I have nothing to look forward to | | 2 | I wake up 1 - 2 hours earlier than usual and find it hard to get back to sleep |
| | 3 | I feel that the future is hopeless and that things cannot improve | | 3 | I wake up several hours earlier than I used to and cannot get back to sleep |
| 3 | 0 | I do not feel like a failure. | 17 | 0 | I don't get more tired than usual. |
| | 1 | I feel I have failed more than the average person | | 1 | I get tired more easily than I used to |
| | 2 | As I look back on my life, all I can see is a lot of failures | | 2 | I get tired from doing almost anything |
| | 3 | I feel I am a complete failure as a person | | 3 | I am too tired to do anything |
| #74 | 0 | I get as much satisfaction out of things as I used to. | 18 | 0 | My appetite is no worse than usual. |
| | 1 | I don't enjoy things the way I used to | | 1 | My appetite is not as good as it used to be |
| | 2 | I don't get real satisfaction out of anything anymore | | 2 | My appetite is much worse now |
| | 3 | I am dissatisfied or bored with everything | | 3 | I have no appetite at all anymore |
| 5 | 0 | I don't feel particularly guilty., | 19 | 0 | I haven't lost much weight, if any, lately. |
| | 1 | I feel guilty a good part of the time | | 1 | I have lost more than two kilograms |
| | 2 | I feel quite guilty most of the time | | 2 | I have lost more than five kilograms |
| | 3 | I feel guilty all of the time | | 3 | I have lost more than ten kilograms |
| 6 | 0 | I don't feel I am being punished. | 20 | 0 | I am no more worried about my health than usual. |
| | 1 | I feel I may be punished | | 1 | I am worried about physical problems such as aches and pains, or upset stomach, or constipation |
| | 2 | I expect to be punished | | 2 | I am very worried about physical problems and it's hard to think of much else |
| | 3 | I feel I am being punished | | 3 | I am so worried about my physical problems That I cannot think about anything else |
| 7 | 0 | I don't feel disappointed in myself. | 21 | 0 | I have not noticed any recent change in my interest in sex. |
| | 1 | I am disappointed in myself | | 1 | I am less interested in sex than I used to be |
| | 2 | I am disgusted with myself | | 2 | I am much less interested in sex now |
| | 3 | I hate myself | | 3 | I have lost interest in sex completely |

Interpreting the Beck Depression inventory.

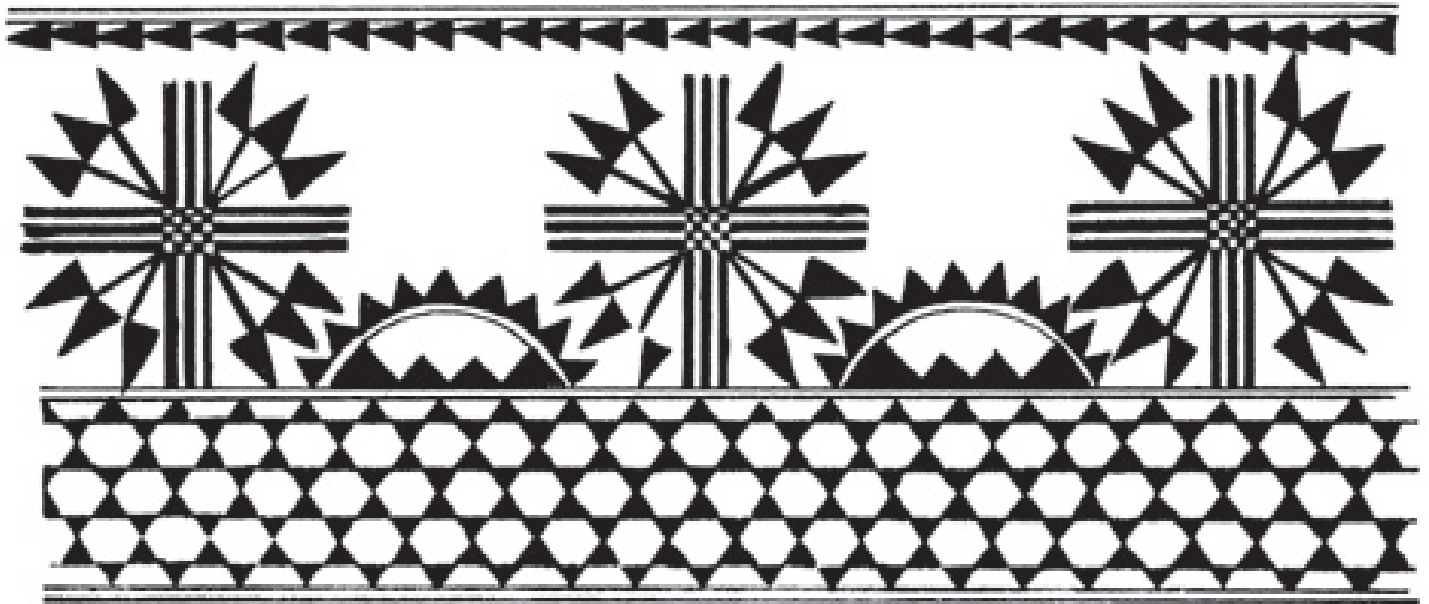
Now that you have completed the test, add up the score for each of the twenty-one questions and obtain the total. Since the highest score that you can get on each of the twenty-one questions is three, the highest possible total for the whole test would be sixty-three (this would mean you circled number three on all twenty-one questions). Since the lowest score for each question is zero, the lowest possible score for the test would be zero (this would mean you circled zero on each question).

You can now evaluate your depression according to Table 2-2. As

Table 2-2. Interpreting the Beck Depression Inventory

<i>Total Score</i>	<i>Levels of Depression</i>
1 -10	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate_ depression
31-40	Severe depression
over 40	Extreme depression

* A persistent score of 17 or above indicates you may need professional treatment



Appendix F

Hotlines and Websites



HOTLINES

1-800-SUICIDE
(1-800-784-2433)
National Hopeline Network

1-800-273-TALK
(1-800-273-8255)
National Suicide Prevention Lifeline

1-877-209-1266
The Native Youth Crisis Hotline

WEBSITES

Suicide Hotlines.com (<http://suicidehotlines.com/>)
Turtle Island Native Network (http://turtleisland.org/front/_front.htm)
Suicide Prevention Resource Center (<http://www.sprc.org/>)
Indian Health Service Director's Initiatives (<http://www.ihs.gov/>)
Office of Juvenile Justice Model Programs (http://www.dsgonline.com/mpg2.5/mpg_index.htm)
One Sky Center (<http://www.oneskycenter.org/>)
Jason Foundation (<http://www.jasonfoundation.com/home.html>)



#77



Appendix G

Evaluation Instruments



1. I feel my family cares about me, spends time with me, and is a strong support for me.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

2. I feel I have healthy friends and a peer group that makes good decisions and stays out of trouble.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

3. I feel I have good caring relationships with adults (other than my parents) who truly care about me.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

4. I feel I keep involved in healthy activities like sports, music, art, teams, organizations or other groups.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

5. I feel I am regularly involved in helping others, showing generosity, and have leadership opportunities.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

6. I feel I have healthy beliefs and that I actively develop my faith, spirituality, or culture.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

7. I feel I have good access to a counselor, support group, or other mental health services.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

8. I feel I have good access to a doctor, nurse, or other medical help if I was ill, injured, or needed medicine.

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

9. I participate in leadership programs at my school

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

10. I am working on personal wellness and positive changes in my behavior

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

11. I take time to volunteer at school or in my community

1 2 3 4 5 6 7 8 9 10
strongly disagree agree strongly agree

EVALUATION OF THE Native Hope Training Day One

To learn how the program met your needs and expectations, please complete the following evaluation form by circling the number that best represents your opinion of this session. Thank you.

1. To what extent was each trainer/facilitator knowledgeable, well organized and effective:

Rating scale: 5=excellent to 1=poor

Facilitators	5	4	3	2	1
Clan Leaders	5	4	3	2	1
Rovers	5	4	3	2	1

2. To what extent was each objective met? The objectives of this session were for participants to:

Objective 1:	To build trusting groups (clans)	5	4	3	2	1
Objective 2:	To use skits to portray problems and solutions	5	4	3	2	1
Objective 3:	To identify unhealthy cycles and how to break them	5	4	3	2	1
Objective 4:	To learn our sources of strength	5	4	3	2	1
Objective 5:	To learn how to maintain healthy relationships	5	4	3	2	1

- | | | | | | |
|--|---|---|---|---|---|
| 3. Forming into clans provided me a sense of support and belonging | 5 | 4 | 3 | 2 | 1 |
| 4. The information helped me in my Personal Wellness | 5 | 4 | 3 | 2 | 1 |
| 5. I understand the steps in creating Positive Change | 5 | 4 | 3 | 2 | 1 |
| 6. I enjoyed the Team-building Activities | 5 | 4 | 3 | 2 | 1 |
| 7. The skits helped me learn to use my sources of strength | 5 | 4 | 3 | 2 | 1 |
| 8. I am aware of the 4 factors contributing to suicide | 5 | 4 | 3 | 2 | 1 |

The 3 most important things I learned from the sessions today were:

\

One thing I can do with the information I learned today is:

**EVALUATION OF THE
Native Hope Training
Day Two**

8. I know who to make referrals to in my
Community
5 4 3 2 1

To learn how the program met your needs and expectations, please complete the following evaluation form by circling the number that best represents your opinion of this session. Thank you.

The 3 most important things I learned today were:

1. To what extent was the trainer knowledgeable, well organized and effective in presenting his material:

One thing I can do with the information I learned today is:

Facilitators	5	4	3	2	1
Clan Leaders	5	4	3	2	1
Rovers	5	4	3	2	1

2. To what extent was each objective met? The objectives of this session were for participants to:

Objective 1:	Gain awareness about value differences between people	5	4	3	2	1
Objective 2:	Use the "See It – Say It" Communication Skills	5	4	3	2	1
Objective 3:	Feel comfortable making a referral for help	5	4	3	2	1
Objective 4:	Set boundaries between what you can do and what a health professional should do	5	4	3	2	1
Objective 5:	Be committed to break the code of silence	5	4	3	2	1
Objective 6:	Learn to be assertive and reduce violence	5	4	3	2	1
Objective 7:	Learn about Risk and Protective Factors	5	4	3	2	1

3. I am aware of my hostility levels
5 4 3 2 1

4. The energizers helped break up the day
5 4 3 2 1

5. I can be assertive in difficult situations
5 4 3 2 1

6. I intend to honor or complete the commitments I made in my clan today
5 4 3 2 1

7. I know how to resolve conflicts in relationships
5 4 3 2
1

EVALUATION OF THE Native Hope Training Day Three

To learn how the program met your needs and expectations, please complete the following evaluation form by circling the number that best represents your opinion of this session. Thank you.

1. To what extent was each trainer/facilitator knowledgeable, well organized and effective:

Rating scale: 5=excellent to 1=poor

Facilitators	5	4	3	2	1
Clan Leaders	5	4	3	2	1
Rovers	5	4	3	2	1

2. To what extent was each objective met? The objectives of this session were for participants to:

Objective 1:	Learn how to do Peer-to-Peer” Presentations	5	4	3	2	1
Objective 2:	Develop and implement a Strategic Action Plan	5	4	3	2	1
Objective 3:	Make commitments to use my “Sources of Strength”	5	4	3	2	1
Objective 4:	To be of service and practice generosity	5	4	3	2	1
Objective 5:	Improve my Leadership and Helping skills	5	4	3	2	1

- | | | | | | |
|--|---|---|---|---|---|
| 3. The Peer-to-Peer Presentations are effective | 5 | 4 | 3 | 2 | 1 |
| 4. The information was valuable in increasing my knowledge and competence in this area | 5 | 4 | 3 | 2 | 1 |
| 5. This program was presented fairly and objectively | 5 | 4 | 3 | 2 | 1 |
| 6. The physical facilities were conducive to learning | 5 | 4 | 3 | 2 | 1 |
| 7. I know about Strategic Action Planning | 5 | 4 | 3 | 2 | 1 |
| 8. I plan on using my “helper” skills with others | 5 | 4 | 3 | 2 | 1 |

The 3 most important things I learned from the sessions today were:

One thing I can do with the information I learned today is:

Overall Evaluation of the Native HOPE Training

1. What was the best part of the Native Hope Training?
2. What suggestions would you have to improve this training?
3. What information will you be most likely to use at home, school, work or in your community?
4. I am most interested in participating in these future training activities: