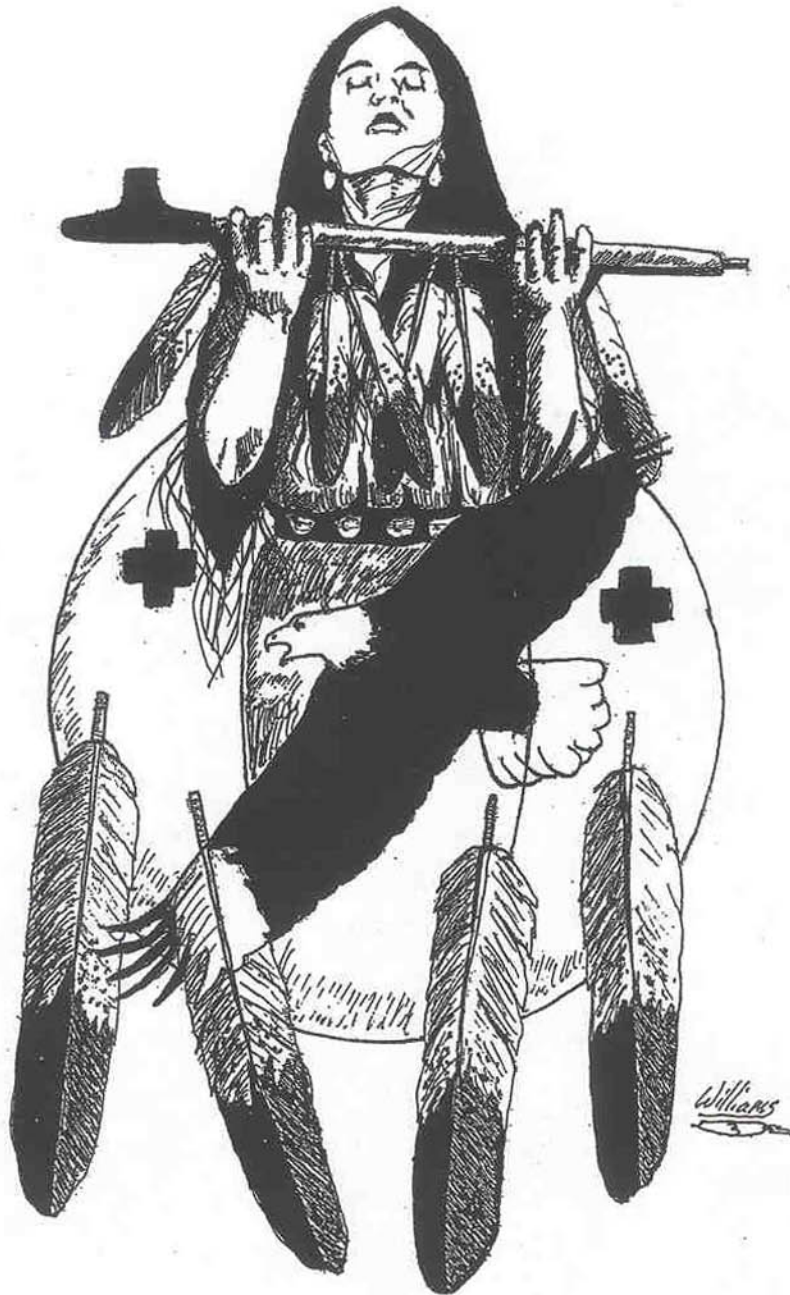


Changing Directions

Strengthening the Shield of Knowledge



Building Understanding that Leads
to Cross-Cultural Competence

TRAINER'S MANUAL

February, 2003

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This curriculum is dedicated to all people living with HIV/AIDS, those who have lost the battle against the disease, those who have been affected by HIV/AIDS and those dedicated individuals who continue the relentless fight against this disease.

The picture shown on the front cover is of an Indian woman holding a pipe intertwined with a shield and eagle. More to the point, the picture is of a Native American two-spirit female who was given the right to be a pipe carrier years ago. The shield is the protection of the warrior; in this case knowledge is the shield of those who are trying to protect us from HIV/AIDS. And the eagle takes our prayers to the creator through his ability to fly.

Special thanks to the artist, Thompson Williams, for providing this beautiful picture and interpretation. Thompson Williams is a Caddo/Comanche Indian from Oklahoma.

Changing Directions: Strengthening the Shield of Knowledge **Building Understanding that Leads to Cross-Cultural Competence**

Training Overview

AM Creating Cross Cultural Understanding		
	Introduction	8:30 – 8:40 am
Section 1-1	Opening Ceremony / Ice Breaker	8:40 – 9:00 am
Section 1-2	Cultural Influences, Values & Identities	9:00 – 10:15 am
	Break	10:15 – 10:30 am
Section 1-3	Sacred Hoop, Four Directions & Animal Totems	10:30-11:30 am
Section 1-4	Sacred Expressions: Gender, Sexuality & Sex	11:30 – 12:00
	Lunch	12:00 – 1:00 pm
PM Building Cross Cultural Competence		
	Introduction	1:00 – 1:05 pm
Section 2-1	Communication – Pitfalls, Tips & Strategies	1:05 – 1:50 pm
Section 2-2	Cross Cultural Healing Elements	1:50 – 2:35 pm
	Break	2:35 – 2:50 pm
Section 2-3	Integrative Approaches	2:50 – 4:05 pm
Section 2-4	Closing Talking Circle	4:05 – 4:30 pm
	Housekeeping: Distribute Participant Manuals Evaluation Forms	4:30 – 5:00 pm

Note: This schedule assumes a maximum group size of 25 participants. For larger groups, additional time may be needed to complete the exercises, activities, and Closing Talking Circle.

Opening Ceremony / Ice Breaker

Time Required: 35-40 minutes

Materials:

- *Lakota Sweat Lodge Cards* (also may use *Sacred Path Cards* or *Medicine Path Cards*)
- Overheads or PowerPoint equipment
- Goals and Objectives overhead transparency or PowerPoint
- Relevance to HIV transparency or PowerPoint

Purpose:

- To create a safe place and a supportive environment for learning and sharing
- To present some of the reasons why participants are attending this training
- To help participants focus and orient themselves to the days events
- To educate participants in the area of HIV/AIDS as it relates to Native American patients/clients in an effort to increase the quality and effectiveness of HIV prevention, care, and treatment received by Native American people

Description:

Step 1. Present goals and objectives of the training (use overhead transparency T-A & T-B).

Step 2. Explain the first activity and describe the process (use overhead transparency T-C).

Note: People come to diversity trainings for a variety of reasons. This activity is intended to surface the range of intentions or reasons that people have come to this training, as well as to identify (for the trainer) those items that people want to get out of their participation.

Step 3. Pick two cards from the deck and demonstrate the exercise.

Note: Pick one card from the deck and answer question 1. Then pick a second card and answer question 2 to the large group.

- Step 4. Have participants form groups of 2 to 4 (note: when two trainers - no more than 10 groups; if one trainer – no more than 5 groups)
- Step 5. Distribute one card to each participant. Explain that this card should be used to help them answer the question:
- “Why am I attending this training?”
- Step 6. Distribute a second card to each participant. Explain that this card should be used to help them answer the question:
- “What do I want to get out of my participation in this training?”
- Step 7. Give participants 2 to 3 minutes to answer those two questions to themselves. Tell participants to use the cards images to identify any symbolism or information that would help them to answer these questions.
- Step 8. Make yourself available to answer any questions or provide additional information about the cards, exercise, etc.
- Step 9. Let participants know when they have one minute left.
- Step 10. Have participants share their answers within their small group; give each person 2 to 3 minutes to share.
- Step 11. Walk around to observe group processing and be available to assist small groups
- Step 12. Bring participants back to large group
- Step 13. Ask for 2 to 5 volunteers to share their answers and any thoughts or observations brought by using these cards
- Step 14. Express to the group that while we all bring skills and abilities to our work in HIV/AIDS; we share a common goal of fostering health and wellbeing in Native communities
- Step 15. Conclude with presenting the relevance to HIV/AIDS Work (use overhead transparency T-D). After presenting the four bullets that are listed, ask participants if there are any other ways that this training could be relevant to HIV Work?

Notes to Trainer:

- I. Some people may raise concern over this activity resembling a Tarot Card reading or other mystic activity that may not be appropriate for their community. If any participants bring this concern to your attention, reassure them that these cards have no magic or mystical meaning. These cards are simply used to help facilitate the participants own thought process through symbolism indigenous to Native American culture and spirituality.
- II. Trainers who are not familiar with the interpretations of all the cards may choose to select a subsection of cards and become familiar with those cards. You may also choose to make copies of the card interpretations to have available for the participants which may help you feel more comfortable using the full set of cards.

Processing the Activity:

Keep the process moving; be sure to time the group sharing so that everyone has the same amount of time to share. If there are more than 5 volunteers for the large group process, include those volunteers if time is allotted.

This activity is designed for use in a full-day training. If you are using this activity during a shorter training (such as luncheon) or other modified training session, please adjust time and schedule accordingly.

Overheads for this section:

- **T-A Goals**
- **T-B Objectives**
- **T-C Opening Exercise**
- **T-D Relevance to HIV Work**

T-A

Goals

The overall goal of this workshop is two-fold:

- * To increase participants' understanding/knowledge of Native American people and culture**

- * To explore attitudes, approaches and skills which foster the development and delivery of culturally competence HIV/AIDS service and care in both Native American communities and urban centers around the county**

T-B**Objectives**

Upon completion of this training, participants will be able to:

1. Identify and dispel myths concerning Native American people;
2. Identify differences between traditional tribal and contemporary urban values;
3. Express key elements of the sacred hoop and teachings of the four directions;
4. Compare and contrast traditional Native American teachings about gender, sexuality and sex, with contemporary American, Judeo/Christian teachings;
5. Explain the concept of multiple, overlapping identities and apply the rainbow identity construct to HIV work;
6. Identify pitfalls to cross cultural competence;
7. List and explain four key factors influencing cross-cultural competence;
8. Identify and explain four key factors that influence cross-cultural communication between Native and non-Native people;
9. Utilize the LEARN model in dealing with HIV/AIDS treatment, casework, and/or prevention issues, and
10. Identify strategies and approaches that foster cross-cultural competence in programs and services.

T-C

Opening Exercise:

Card 1:

“Why am I attending this training?”

Card 2:

“What do I want to get out of my participation in this training?”

T-D

Relevance to HIV Work

- ❖ **To gain awareness of Native American communities**
- ❖ **To identify strategies for engaging HIV+/HIV- Native Americans who are not in care,**
- ❖ **To improve the care received by Native American patients/clients, and/or**
- ❖ **To gain culturally specific knowledge that will help to design effective prevention messages and/or treatment strategies**



Cultural Influences, Values & Identities

Time Required: 75 minutes (40 minute presentation / 35 minute exercise)

Materials:

- Easel pads and markers or crayons (for exercise 1)
- Tape (for exercise 1 & 2)
- Overhead or PowerPoint equipment
- Example Identity Sphere (for exercise 1)
- Paper bags (for exercise 2)
- Value orientation strips (for exercise 2)
- Blank value orientation sheet (for exercise 2)
- Completed value orientation sheet (for exercise 2)
- **Client Assessment Tool**
- Case Examples

Purpose:

- To explain the concept of multiple, overlapping identities and apply the *Rainbow Identity Construct* to HIV work with Native American Peoples.
- To help participants identify and dispel myths concerning Native American Peoples, as well as identify differences between “Traditional Tribal” and “Contemporary Urban” values.

Description:

- Step 1. Present purpose of this session (use overhead T-A).
- Step 2. Distribute one case example to each participant and give participants 2 to 3 minutes to read. (Note: you could use more than one case example if there are more than 15 participants).
- Step 3. Hand out **Client Assessment Tool** to each participant.
- Step 4. Ask participants to complete the tool as they normally would.
- Step 5. Tell the participants that we are NOT going to collect the tool from them, but ask them to hang on to the completed assessment for use later this afternoon.

- Step 6. Give participants 5 minutes to complete.
- Step 7. Tell the participants when they have one minute remaining.
- Step 8. Ask the participants to stop; tell them that they can add to the assessment at break if they are not finished.
- Step 9. Give a 40 minute presentation covering key points from Sections 2C and 2D of the Participant's Manual. (Use PowerPoint slides or transparencies of slides – see PP1-2). Distribute handouts.
- Step 10. Select exercise 1 or 2; if selecting exercise 2, skip to step 20.

Continuing with Exercise 1:

- Step 11. Illustrate these key point issues by giving an example of your own Identity Spheres, an example of someone you've worked with, or one of the examples included in Section 2C of the Participants Manual (use overhead or easel pad).
- Step 12. Hand out one easel sheet of paper and markers/crayons to each participant.
- Step 13. Give participants 5 to 7 minutes to illustrate their own Identity Spheres; encourage creativity; encourage participants to spread out.
- Step 14. Let participants know when they have 2 minutes left, walk around the room to assess the level of completion.
- Step 15. Give additional time if needed; but generally no more than 3 extra minutes.
- Step 16. When time is up, bring the group back together. (in seats or at tables)
- Step 17. Ask for 2 to 5 volunteers to present their Identity Spheres; tape to walls or boards so that participants can see similarities and differences.
- Step 18. Process in large group answering: "What similarities do you see in these examples?" Chart/list the group's responses on easel paper.
- Step 19. Process in large group answering: "What differences do you see in these examples?" Chart/list the group's responses on easel paper. Skip to Step 30.

Continuing with Exercise 2:

- Step 20. If using exercise 2; have participants count off by (3, 4, or 5) so that you have at least 3 teams but no more than 5 people per team.
- Step 21. Hand out blank Values Sheet and a bag containing strips of paper with one value statement per strip (e.g. “Harmony with nature” or “Competition”) to each group.
- Step 22. Instruct teams to tape the strips in the appropriate columns as they see fit on the blank value orientation sheet.
- Step 23. The trainer should use one “value” to illustrate how to complete this exercise.
- Step 24. Give teams 5 to 7 minutes to complete exercise.
- Step 25. Let participants know when they have 2 minutes left, walk around the room to assess the level of completion.
- Step 26. Give additional time if needed; but generally no more than 3 extra minutes.
- Step 27. When time is up, have one team indicate which column they placed the first value orientation in and why; then check to see which groups agreed or disagreed.
- Step 28. Continue this process until all 13 Value Orientations have been assigned.
- Step 29. Distribute a completed copy of the value orientation sheet to each participant; explain that every community has different values and some may include values of both the traditional tribal communities and the urban industrial communities. This exercise illustrates how differing values can impact educational, health, prevention, and social service delivery.
-
- Step 30. Conclude this section by summarizing the main points and make distinction that to be effective, a non-Indian professional needs to understand an AI/AN/NH client as they see and understand themselves.

Notes to Trainer: Exercise 1

1. In Step 11, if you (as the trainer) do not feel comfortable illustrating your own identity sphere, please use one of the example spheres from the manual or make one up to illustrate this activity.
2. In Step 13, reassure the participants that the information they illustrate on the paper will not be seen by anyone but themselves, so they should feel free and comfortable with outlining their true identity. There will be an opportunity at the end of the exercise for a few volunteers to share their spheres with the group

Notes to Trainer: Exercise 2

1. The trainer needs to prepare paper bags of value strips in advance of using this exercise.
2. This exercise isn't a concrete description of every tribal or urban community, but *generally* describes what each community often values.

Key Points: Cultural Influences, Values & Identities

- ✓ See the PowerPoint slides (PP1-2)
- ✓ Use copies of the slides as handouts to present the key points for this section.

Overheads: Cultural Influences, Values & Identities

- T-A Purposes

T-A

Purpose:

- To explain the concept of multiple, overlapping identities and apply the *Rainbow Identity Construct* to HIV work with Native American Peoples.
- To help participants identify and dispel myths concerning Native American Peoples, as well as identify differences between “Traditional Tribal” and “Contemporary Urban” values.

CLIENT NEEDS ASSESSMENT

Name:

Age:

Gender:

HIV Status:

1. Presenting Problems (identify 1-3):

2. Recommended Treatment and/or Service Plan activities:

Case Example 1

Tony, who is Native American, decided to get tested for HIV after hearing a rumor that someone he had had sex with was HIV positive. Even though this man often came into the music store where Tony worked, Tony was not comfortable asking this man directly about his HIV status. Tony knew where to get tested only because he saw a poster advertising a confidential testing site when he brought his mother into the urban community health clinic.

Tony parked his car four blocks away from the testing site and picked up his pace as he walked to the door. When Tony checked in at the registration desk, he reported being in a hurry and that he couldn't wait long to see the counselor. The nurse noted to the pre-test counselor that Tony seemed very nervous and uncomfortable. What the nurse didn't know was that Tony had heard that the pre-test counseling was invasive and embarrassing, which made him even more apprehensive as he waited in the reception area. Tony simply wanted the test and then wanted to leave.

During the pretest counseling session, Tony would only say that he was concerned about HIV because he and his girlfriend were talking about having a baby. After his blood was drawn, Tony was told that he needed to stop by the Eastland Clinic in 2 weeks to get the test results. This was news to him. He had expected to find out his results today. The testing experience had been so stressful, that Tony had second thoughts about going to get his test results.

Tony did get the courage to go to the Eastland Clinic, but missed his scheduled appointment as he was thirty minutes late. This meant that he had to wait a long time to see the nurse. When he was called back to a consultation room, he was told that his HIV test was positive.

Tony was silent for a long time. Meanwhile, the nurse and social worker had already begun to give Tony important information. But Tony couldn't or wouldn't hear what they were saying. Then he asked for his results and indicated wanting to leave. The next thing Tony hears is: "Can you come back next week for a follow up visit?" He says I guess, and schedules an appointment. Tony walks down the hallway into the lobby where he feels that everyone is staring at him. Tony wonders, "Can they tell I tested positive?" as he runs out the door.

Case Example 2

Brenda, who is 29, tested positive for HIV three years ago. She thinks she contracted the virus through unsafe use of injection drugs, but she is not sure. Brenda feels very fortunate to have the emotional support of her grandmother, who has taught her many valuable life lessons through traditional Native American storytelling. Brenda's close, trusting relationship with her grandmother allowed her to open up and reveal her HIV status, which she could not reveal to anyone else. Since then, her Grandmother has helped Brenda get through the emotional struggles that many people living with HIV encounter. But Brenda's Grandmother is very old and wise, and has her own heart and diabetes problems, so Brenda worries about her too. Grandmother, who is knowledgeable about herbal therapy and traditional healing, convinced Brenda to follow a regimen of spiritual healing and traditional medicine, which Brenda is sure has helped her to stay well all this time. Brenda and her Grandmother have been sharing this healing experience for the past couple of years, which has further strengthened their relationship and inter-dependence upon each other.

Brenda's spirits have been high and she has remained physically, emotionally and spiritually healthy. Once every three months, as recommended by her medical doctor, Brenda has a viral load test at the county health department to make sure that the virus is staying at a "controllable level." Just last week, Brenda visited the health department to follow-up on the last round of viral load/CD4 tests. This time, Brenda's physician came into the room to talk with her about the tests. Brenda knew something must be wrong, because during all the other visits the nurse simply went over the "good" results with her.

The physician told Brenda that her viral load was much higher this time, which concerned him. He told Brenda that she needed to start taking a combination of three different medications. All Brenda could do is shake her head. The doctor gave her three prescriptions, which based upon the research he thought best for her. "If you take these medications properly and consistently, we'll be able to bring your viral load down to a safer level again," the doctor told her.

Brenda's boyfriend said, "Hello!" as Brenda walked in the front door of their apartment. He asked her how the trip to the mall was and if she had bought anything. She said that it was "fine" and that she didn't see anything that she thought she had to have. Brenda told her boyfriend that she was tired and that she was going to the bedroom to take a nap. Feeling scared and in shock, Brenda laid down and started to think about what her doctor had told her.

Case Example 3

Luke is a 52-year-old American Indian of the Lakota Nation. He was raised, as were many American Indians of his generation, with a combination of both urban and extremely rural reservation experiences. He reports childhood memories in a home without electricity or running water. Raised with a combination of Native traditional Spirituality and Catholicism (a common mix for many Natives), and Lakota and English, Luke is one of several children. From an early age, Luke recalls an attraction towards a spiritual path, inspired by a Grandmother identified as a Medicine Woman (traditional healer), as well as a more fundamentalist church. His dreams of becoming an ordained minister shattered when he was “outed” as a gay man (this was before the term *Two Spirit* was in use). He reports being demonized and prayed for before being ultimately rejected by the church members.

Luke moved to a major urban area where he completed his higher education and started more fully exploring life in the gay community. Like many gays and many Natives, Luke was involved in a number of episodes of high alcohol use, but has not had any serious problems with alcohol for many years. Following a return to the reservation and a number of jobs involving social services, he was diagnosed with HIV at the local Indian Health Clinic in the late 1980s.

A breach of confidentiality resulted in Luke being “outed” once again – this time as an HIV positive person. He was one of the first people who put an American Indian face to HIV by speaking at conferences and going into schools to discuss HIV prevention. Luke went through the extremes of being reviled by those rejecting him for his HIV status ... to being celebrated and respected for being a role model for HIV issues.

For nearly fifteen years of his positive status, Luke has been repeatedly hospitalized for severe health problems related to the virus and secondary infections. He has continued to work as an activist.

Recently, he had decided to cut back on his activism and concentrate more on his own health and spiritual development and his three-year relationship with another HIV positive man he met during their medical treatments. However, in the last few weeks, Luke learned that his boyfriend has been sexual with other men (mostly during the periods of time that Luke was hospitalized). Luke is challenged by the demands of his many treatments. Luke is hurt and disappointed by his partner’s betrayal. He really wonders how long the Creator will keep him on Mother Earth.

VALUE ORIENTATIONS

Traditional Tribal Values		Contemporary Urban Values
• Group Emphasis	↔	▪ Individual Emphasis
• Present Orientation	↔	▪ Future Orientation
• Time is always with us	↔	▪ Time is limited - use every minute
• Age is valued	↔	▪ Youth is valued
• Cooperation	↔	▪ Competition
• Harmony with Nature	↔	▪ Conquest over Nature
• Giving and Sharing	↔	▪ Taking and Saving
• Pragmatic	↔	▪ Theoretical
• Mystical	↔	▪ Skeptical
• Patience	↔	▪ Aggression
• Listening Skills	↔	▪ Verbal Skills
• Spirituality as a way of life	↔	▪ Religion as a segment of life
• Modesty	↔	▪ Self Promotion or Attention

VALUE ORIENTATIONS

Traditional Tribal Values		Contemporary Urban Values
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪
•	↔	▪

TRADITIONAL TEACHINGS: Sacred Hoop, Four Directions, Seven Grandfathers & Animal Totems

Time Required: 60 minutes (20 minute presentation / 40 minute exercise)

Materials:

- Copies of *Medicine Cards*
- Copies of *Medicine Card* explanations from *Medicine Card* book
- Blanket
- Easel pad and markers
- Transparency of exercise instructions
- Creative tools/props (easel paper, markers, drums, rattles, stones, sticks, etc.)
- Overhead or PowerPoint Slides (PP1-3)
- Handouts (PP1-3 slides)

Purpose:

- To help participants express key elements of the *Sacred Hoop*, discuss teachings around the *Four Directions*, express key elements of the *Seven Grandfathers*, and explain the tradition of *Animal Totems*.

Description:

- Step 1. Present the objectives/purpose of this section (use overhead T-A).
- Step 2. Provide didactic presentation (20 minutes) covering key points addressing *Sacred Hoop, Four Directions, Seven Grandfathers, and Animal Totems*. (Use PowerPoint slides or transparencies of slides – see PP1-3). Distribute handouts.
- Step 3. Distribute copies of selected *Medicine Cards*; do this by keeping the sheets face down and having each participant select one sheet from the stack.
- Step 4. Have participants with like animal cards form groups.
- Step 5. Distribute copies of the card explanations that correspond to the participants' animal cards.
- Step 6. While groups are reading about their cards, place a blanket in the center of the room and place a variety of creative tools/props on the blanket (easel pads, markers, drums, rattles, stones, sticks, etc.) [See Trainer Notes]

- Step 7. Use the overhead transparency (T-B) to explain the exercise. (Keep the transparency up for the duration of the exercise for participants to refer back to)
- Step 8. Give each group 5 minutes to develop their presentation; encourage the participants to be creative and that they are welcome to use any of the items on the blanket for use in their presentation. Each group's presentation should be about 3 minutes in length.
- Step 9. The trainers should walk around to observe and assist groups in developing their presentations.
- Step 10. After 5 minutes, check each group's progress and allow up to an additional 2 minutes for them to complete the exercise.
- Step 11. Bring this part of the exercise to a close; ask for groups to volunteer to present until all groups have given their presentation.
- Step 12. Process the experience in the large group by asking for volunteers to share about (use overhead T-C):
- “What they learned”
 - “How they might apply these teachings to their own life?”
 - “How this helps them to understand their Native clients?”
- Step 13. Chart responses on easel paper.
- Step 14. Conclude the exercise by explaining that one of the goals of this exercise (and of traditional teachings about Animal Totems) is that there is ***no one right way of seeing***...that all vision and perspectives are relevant. The question is not of right and wrong, but what is most appropriate to the situation that you are dealing with.
- Step 15. To close, give an example that is relevant to living with HIV, i.e. choosing to take medication or not.

Notes to Trainer:

- I. The *Medicine Card* exercise should have no more than 4 groups per trainer. Make copies of the number of *Medicine Cards* you will use (example: 2 trainers 40 participants mean a maximum of 8 groups with 5 participants per group; therefore, you will need 5 copies of 8 different cards).
- II. Trainers are encouraged to bring appropriate objects/materials/props that are already available or that can be borrowed.
- III. Encourage each participant to contribute to the presentation, but explain that not everyone is required to speak during the presentation.
- IV. The time frame for this exercise is conducive for having one trainer and 15-20 participants. If there are more participants being trained, then the allotted time for this exercise should be increased.

Lead into Next Activity

In this exercise, you presented the participants with the idea of looking at a situation from different perspectives and through different eyes. This concept is difficult for some participants to accept without hesitation. The next section that you will present takes the participants to a different level and presents the idea of the existence of more than two genders. This idea is more difficult for some participants to accept or deal with.

Therefore, it is important for the trainer to assess the progress of the participants to make sure they are ready to move on to this next level. If you do not feel that all participants are ready, then consider spending more time teaching the animal totem concepts until the participants seem ready to explore gender, sexuality and sex.

Key Points: Sacred Hoop, Four Directions & Animal Totems

- ✓ See PowerPoint slides for the key points for this section (PP1-3).
- ✓ Use copies of the slides as handouts.

Overheads: Sacred Hoop, Four Directions & Animal Totems

- T-A Purpose
- T-B Medicine Card Exercise Instructions
- T-C Processing the Medicine Cards Exercise

T-A

Purpose:

Participants will be able to:

1. Express key elements of the *Sacred Hoop*
2. Discuss teachings around the *Four Directions*
3. Express key elements from the *Seven Grandfathers*
4. Explain the tradition of *Animal Totems*

T-B**Medicine Cards Exercise Instructions**

- * Create a presentation about the teachings associated with your Animal Totem
- * Be creative
- * Have fun
- * Feel free to use the tools/props
- * Each member of the group is encouraged to participate in creating the presentation but not everyone has to speak during the presentation
- * Presentation should be about 3 minutes in length
- * Take the next 5 minutes to work in your group

T-C

Processing the *Medicine Cards* Exercise

- * What did you learn?
- * How might you apply these teachings to your own life?
- * How does this help you to understand your Native clients?

Sacred Expressions: Gender, Sexuality and Sex

Time Required: 30 minutes

Materials:

- Overhead transparencies/PowerPoint
- PP slides as handouts

Purpose:

- To compare and contrast traditional Native American teachings about gender, sexuality and sex, with contemporary American Judeo/Christian teachings.

Description:

Step 1. Present purpose/objectives (use overhead T-A).

Step 2. Illustrate that this section builds upon the spiritual teachings presented thus far.

Step 3. Present primary and secondary worldview information (use overhead T-B).

Step 4. Summarize Western Judeo-Christian perspective (use overhead T-C).

Step 5. Present key points about Native perspectives, attitudes and concepts of gender, sexuality and sex (use overhead T-D).

Step 6. Explain that as trainers we are not asking non-Native professionals to give up or supplant their own personal worldviews – neither are we asking them to assume a new set of beliefs, norms, or teachings for their own life. However, we assert that work with Native American clients (or any other ethnic group or culture that is different from your own) requires that health professionals:

- become open to seeing other's secondary worldviews;
- find ways to acknowledge them and affirm them; and
- utilize the strengths within those systems and communities.

Step 7. Close by explaining that this afternoon (after lunch) we're going to begin to play with concepts and strategies that build upon the cross-cultural information that we've shared this morning, and that will significantly contribute to the creation of competent cross-cultural services for Native American clients who are living with and or affected by HIV/AIDS.

Key Points: Sacred Expressions: Gender, Sexuality & Sex

Overheads: Sacred Expressions: Gender, Sexuality and Sex

- T-A Purposes
- T-B Primary & Secondary Worldviews
- T-C Western Judeo-Christian Perspectives
- T-D Native Perspectives

T-A

Purpose:

- To compare and contrast traditional Native American teachings about gender, sexuality and sex, with contemporary American Judeo/Christian teachings.

T-B

Primary Worldview

DISEASE

The biomedical explanation of sickness

Secondary Worldview

ILLNESS

Your culture's explanation of sickness

T-C

General Western Judeo-Christian Perspectives:

- Only 2 genders: males & female
- Gender roles are generally clearly defined (men's things v. women's things)
- Heterosexuality – sexual activity between a man and a woman – is the Divine and Right plan or order of things
- Sex is for the procreation of the human species

Note: Not all Judeo-Christian people subscribe to these perspectives as written. However, these perspectives are taught as “truths” by the large majority of Jewish and Christian leaders.

T-D

General Native Perspectives (before Christian Influences):

- There are more than 2 genders, in some communities there is documentation of as many as six (6) genders
- While there are definitely gender roles, since there are more than two (2) genders there is generally more variability and flexibility in gender roles
- Heterosexuality – sexual activity between a man and a woman – is the one expression of human sexuality
- Homosexuality – sexual activity between two people of the same gender was not seen as wrong or bad or shameful
- Sexuality in general had a wider variability in many Native communities as a result of multiple genders [i.e. A Two-Spirit Native Person (who may be biologically male) having sex with a man is not necessarily defined as homosexual as within the general American culture]
- Sex is for both the procreation of the human species as well as for pleasure
- Sex is not limited to monogamous heterosexual relationships

Communication – Pitfalls, Tips & Strategies

Time Required: 45 minutes (15 minute exercise/30 minute presentation)

Materials:

- Easel paper and markers
- Client and Provider instruction sheets (instructions for Part 1 and Part 2)
- PowerPoint slides (PP2-1) or overheads
- Handouts of PowerPoint slides (PP2-1)

Purpose:

- To identify and explain four key factors that influence cross-cultural communication between Native Americans and non-Native people;
- To identify pitfalls to cross-cultural competence; and
- To help participants utilize the *LEARN Model* in dealing with HIV/AIDS treatment, casework, and/or prevention issues.

Description:

Step 1. Present the purpose/objectives (use overhead T-A).

Step 2. Have the participants form groups of two, explaining that one should choose to play the role of the client and one the role of the provider.

Step 3. Hand out the **Part 1 Instructions** to each participant. Tell them to read their directions only. Give the participants 2 minutes to read their role. The “provider” should not see the “client” instructions and vice-versa.

Step 3a. Make sure to give the instructions out to the providers first (use colored paper for provider instructions).

Step 3b. Then give instructions to the clients.

Part 1 Provider Instructions:

- Your HIV+ client's viral level has gone way up since his/her last visit;
 - You think it's time for your client to start taking medication;
 - You really care about this client and are concerned about the impact of doing "nothing";
 - You are concerned that this client may leave care if you are unable to meet his/her needs during this visit;
 - You are aware that this client has a history of skipping appointments;
 - You only have ten minutes left before your next appointment; and
 - You want to ask as many questions and get as much information as possible, and offer as much help and assistance to your client (i.e. medication information and decision-making, etc.)
-

Part 1 Client Instructions:

- You are HIV+ and have been healthy without the use of medications;
 - Your viral level has increased and your doctor is concerned;
 - Before responding to any question that your doctor asks, count to 4 (non-verbally meaning only to yourself) before you respond – if the provider begins speaking before you count to 4 (to yourself), don't say anything;
 - As a sign of respect, DO NOT make direct eye contact with the provider, but be genuinely interested in what the provider says;
 - If you are offered help or assistance, respond by saying "NO" (find as many ways to say no as you can);
 - Do not accept help or say "YES" until the provider has ***offered the same assistance at least three (3) times***; and
 - If asked a direct question, either avoid responding directly to the question or respond by asking the provider "what would you do?"
-

Step 4. Tell the provide/client pairs to engage in a dialogue with each other while following the instructions they have just read. Allow 5 minutes for the conversation.

Step 5. Stop the exercise and hand out the 2nd set of instructions to the "provider" and to the "client". Make sure that the provider does not see the client instructions.

Part 2 Provider Instructions:

- Asking the client for information does not seem to be working;
 - Shift your intervention style from asking questions to making statements and giving information designed to elicit client feelings, issues, and/or concerns.
 - Make statements like:
 - a) Well, if I was in your shoes, I would feel ... ; or
 - b) Another client who is looking at this issue, told me that s/he felt ... ; or
 - c) Well, I know that I would want more information about ... ; or
 - d) Some variation of this type of direct intervention style.
-

Part 2 Client Instructions:

- Continue the conversation with your provider;
 - If you feel pressured to respond to a “question,” always respond affirmatively, even if you disagree; and
 - If you feel threatened or unsafe or even uncomfortable at any point, explain that you need to leave.
 - Feel free to get up at any point and excuse yourself. Take a 3-minute break and then come back to the room.
-

Step 6. Give the participants 1 minute to read additional set of instructions.

Step 7. Tell the provider/client teams to role-play that the provider had to step out of the room for a moment, and is now returning to continue the conversation. Tell the participants to resume their role play and that they will have 3 additional minutes before ending their conversations.

Step 8. After the additional 3 or 4 minutes, stop the exercise.

Step 9. Ask for two to three volunteers who played the role of the provider to describe the experience (how they felt, their impression of the client, etc.) Chart responses on easel paper.

Step 10. Ask for two to three volunteers who played the role of the client to describe the experience (how they felt, their impression of the provider, etc.) Chart responses on easel paper.

- Step 11. Ask the participants to give an assessment of what went wrong in the client/provider interactions. Chart responses on easel paper.
- Step 12. Use the PowerPoint slides (PP2-1) or overheads of the slides to give a didactic presentation (30 minutes), which covers the materials in Sections 3A- 3C of the Participants Manual. Also try to tie in some of the participants' responses to the earlier exercise from this section.
- Step 13. Close by explaining that differences in communication styles, cultural backgrounds and common pitfalls can be dealt with and effectively addressed, as non-Indian providers enhance and strengthen their ability to provide competent cross-cultural services.

Notes to Trainer:

- I. It is recommended to use different colored paper for the provider/client instructions (i.e. one color for provider and one color for client).

Lead into Next Activity

Tell the participants that “now we are going to move to looking at what are some of those elements that foster cross-cultural healing, effective communication and delivery of competent cross-cultural services.

Key Points: Communication – Pitfalls, Tips & Strategies

- ✓ See the PowerPoint slides (PP2-1) for the key points for the section.
- ✓ Use copies of the slides as handouts.

Overheads: Communication – Pitfalls, Tips & Strategies

- T-A Purpose

T-A

Purpose:

- To identify and explain four key factors that influence cross-cultural communication between Native Americans and non-Native people;
- To identify pitfalls to cross-cultural competence; and
- To help participants utilize the *LEARN Model* in dealing with HIV/AIDS treatment, casework, and/or prevention issues.

EXERCISE: PART 1

Provider Instructions:

- Your HIV+ client's viral level has gone way up since his/her last visit;
- You think it's time for your client to start taking medication;
- You really care about this client and are concerned about the impact of doing "nothing";
- You are concerned that this client may leave care if you are unable to meet his/her needs during this visit;
- You are aware that this client has a history of skipping appointments;
- You only have ten minutes left before your next appointment; and
- You want to ask as many questions and get as much information as possible, and offer as much help and assistance to your client (i.e. medication information and decision-making, etc.)

EXERCISE: PART 1

Client Instructions:

- You are HIV+ and have been healthy without the use of medications;
- Your viral level has increased and your doctor is concerned;
- Before responding to any question that your doctor asks, count to 4 (to yourself) before you respond – if the provider begins speaking before you count to 4 (to yourself), don't say anything;
- As a sign of respect, DO NOT make direct eye contact with the provider, but be genuinely interested in what the provider says;
- If you are offered help or assistance, respond by saying “NO” (find as many ways to say no as you can);
- Do not accept help or say “YES” until the provider has offered the *same assistance* at least three (3) times; and
- If asked a direct question, either avoid responding directly to the question or respond by asking the provider “what would you do?”

EXERCISE: PART 2

Provider Instructions:

- Asking the client for information does not seem to be working;
- Shift your intervention style from asking questions to making statements and giving information designed to elicit client feelings, issues, and/or concerns.
- Make statements like:
 - a) Well, if I was in your shoes, I would feel ... ; or
 - b) Another client who is looking at this issue, told me that s/he felt ... ; or
 - c) Well, I know that I would want more information about ... ; or
 - d) Some variation of this type of direct intervention style.

EXERCISE: PART 2

Client Instructions:

- Continue the conversation with your provider;
- If you feel pressured to respond to a “question,” always respond affirmatively, even if you disagree; and
- If you feel threatened or unsafe or even uncomfortable at any point, explain that you need to leave.
- Feel free to get up at any point and excuse yourself. Take a 3 minute break and then come back to the room.

Integrative Approaches

Time Required: 75 minutes (50 minute presentation / 25 minute exercise)

Materials:

- Overheads and PowerPoint Slides (PP2-3)
- ***Cross-cultural Client Assessment Tool***
- Case Examples

Purpose:

- To identify strategies and approaches to fostering cross-cultural competence in programs and services; and
- To utilize the LEARN model and traditional Native American teachings to develop effective, culturally relevant approaches to HIV/AIDS treatment, casework, and/or prevention services.

Description:

- Step 1. Present the purpose of this session (use overhead T-A).
- Step 2. Using PowerPoint slides (PP2-3), present key points (50 minutes) on integrating Western and traditional approaches to living with HIV/AIDS. Distribute copies of the PowerPoint slides as handouts.
- Step 3. Ask participants to pull out the ***Case Example*** and ***Client Assessment Tool*** from this morning. (Note: be prepared to have extra copies for anyone who may have lost/misplaced their forms).
- Step 4. Give the participants 5 minutes to reread their case studies and their assessment tools.
- Step 5. Distribute the ***Cross Cultural Client Assessment Tool*** to the participants and put up the Learn Model overhead (T-B).
- Step 6. Ask the participants to complete the ***Cross Cultural Client Assessment Tool***.
- Step 7. Give the participants 5 minutes to complete the tool. Ask participants to note how they could use the new information, actions, strategies, or intervention

styles discussed today, in ways that would foster an integrative approach and demonstrates cross-cultural competency?

Step 8. Ask for 3 to 5 volunteers to share about:

- Differences between the two assessment tools;
- Shifts that they made as providers from utilizing the 2nd tool; and
- Comfort level in utilizing the ***Cross Cultural Client Assessment Tool***.

If time allows, have additional participants share their responses. Chart responses on easel paper.

Step 9. Close the session with summary statements, such as (example provider below):

“Today we’ve shared information about traditional Native teachings in an effort to foster cross-cultural understanding. It is our intention that this understanding, when combined with shifts in intervention and educational styles (some of which we’ve outlined today) will result in your ability to enhance competency in providing effective cross-cultural services.”

Key Points: Integrative Approaches

- ✓ Use PowerPoint slides (PP2-3) or overheads to illustrate integrative approaches; and
- ✓ Use copies of slides as handouts.

Overheads: Integrative Approaches

- T-A Purposes
- T-B Learn Model

T-A

Purpose:

- To identify strategies and approaches to fostering cross-cultural competence in programs and services;

and
- To utilize the LEARN model and traditional Native American teachings to develop effective, culturally relevant approaches to HIV/AIDS treatment, casework, and/or prevention services.

T-B

CULTURALLY-SENSITIVE INTERVENTIONS

“LEARN MODEL”
(Berlin & Fowkes, 1983, modified by Wirth & Tafoya, 1992)

- L** Listen with empathy & understanding -- active listening
- E** Explain *your* perception of the problem/need
- A** Acknowledge & discuss difference and similarities in client/provider perceptions
- R** Recommend Treatment or action plan (Involvement = action)
- N** Negotiate Treatment or action plan (Involvement = action)

Cross Cultural Client Assessment Tool

Name:

Age:

Gender:

HIV Status:

How do you think this client would define the issues, concerns or problems?

What are the issues, concerns or problems as identified by you?

What are the similarities and differences between the client's and your understanding of the issues, concerns or problems?

What resources (skills, strengths, people, etc.) are or may be available to assist the client in addressing these issues, concerns or problems?

What actions, services and/or treatment would you recommend to this client?

What are some issues and strategies that you might want to discuss with this client in helping him/her deal with the issues, concerns or problems from a Native perspective?

What accommodations or shifts could you make which would help facilitate an open and safe environment for discussing and negotiating a plan that differs from the one you recommended?

Case Example

Tony, who is Native American, decided to get tested for HIV after hearing a rumor that someone he had had sex with was HIV positive. Even though this man often came into the music store where Tony worked, Tony was not comfortable asking this man directly about his HIV status. Tony knew where to get tested only because he saw a poster advertising a confidential testing site when he brought his mother into the urban community health clinic.

Tony parked his car four blocks away from the testing site and picked up his pace as he walked to the door. When Tony checked in at the registration desk, he reported being in a hurry and that he couldn't wait long to see the counselor. The nurse noted to the pre-test counselor that Tony seemed very nervous and uncomfortable. What the nurse didn't know was that Tony had heard that the pre-test counseling was invasive and embarrassing, which made him even more apprehensive as he waited in the reception area. Tony simply wanted the test and then wanted to leave.

During the pretest counseling session, Tony would only say that he was concerned about HIV because he and his girlfriend were talking about having a baby. After his blood was drawn, Tony was told that he needed to stop by the Eastland Clinic in 2 weeks to get the test results. This was news to him. He had expected to find out his results today. The testing experience had been so stressful, that Tony had second thoughts about going to get his test results.

Tony did get the courage to go to the Eastland Clinic, but missed his scheduled appointment as he was thirty minutes late. This meant that he had to wait a long time to see the nurse. When he was called back to a consultation room, he was told that his HIV test was positive.

Tony was silent for a long time. Meanwhile, the nurse and social worker had already begun to give Tony important information. But Tony couldn't or wouldn't hear what they were saying. Then he asked for his results and indicated wanting to leave. The next thing Tony hears is: "Can you come back next week for a follow up visit?" He says I guess, and schedules an appointment. Tony walks down the hallway into the lobby where he feels that everyone is staring at him. Tony wonders, "Can they tell I tested positive?" as he runs out the door.

Case Example

Brenda, who is 29, tested positive for HIV three years ago. She thinks she contracted the virus through unsafe use of injection drugs, but she is not sure. Brenda feels very fortunate to have the emotional support of her grandmother, who has taught her many valuable life lessons through traditional Native American storytelling. Brenda's close, trusting relationship with her grandmother allowed her to open up and reveal her HIV status, which she could not reveal to anyone else. Since then, her Grandmother has helped Brenda get through the emotional struggles that many people living with HIV encounter. But Brenda's Grandmother is very old and wise, and has her own heart and diabetes problems, so Brenda worries about her too. Grandmother, who is knowledgeable about herbal therapy and traditional healing, convinced Brenda to follow a regimen of spiritual healing and traditional medicine, which Brenda is sure has helped her to stay well all this time. Brenda and her Grandmother have been sharing this healing experience for the past couple of years, which has further strengthened their relationship and inter-dependence upon each other.

Brenda's spirits have been high and she has remained physically, emotionally and spiritually healthy. Once every three months, as recommended by her medical doctor, Brenda has a viral load test at the county health department to make sure that the virus is staying at a "controllable level." Just last week, Brenda visited the health department to follow-up on the last round of viral load/CD4 tests. This time, Brenda's physician came into the room to talk with her about the tests. Brenda knew something must be wrong, because during all the other visits the nurse simply went over the "good" results with her.

The physician told Brenda that her viral load was much higher this time, which concerned him. He told Brenda that she needed to start taking a combination of three different medications. All Brenda could do is shake her head. The doctor gave her three prescriptions, which based upon the research he thought best for her. "If you take these medications properly and consistently, we'll be able to bring your viral load down to a safer level again," the doctor told her.

Brenda's boyfriend said, "Hello!" as Brenda walked in the front door of their apartment. He asked her how the trip to the mall was and if she had bought anything. She said that it was "fine" and that she didn't see anything that she thought she had to have. Brenda told her boyfriend that she was tired and that she was going to the bedroom to take a nap. Feeling scared and in shock, Brenda laid down and started to think about what her doctor had told her.

Case Example

Luke is a 52-year-old American Indian of the Lakota Nation. He was raised, as were many American Indians of his generation, with a combination of both urban and extremely rural reservation experiences. He reports childhood memories in a home without electricity or running water. Raised with a combination of Native traditional Spirituality and Catholicism (a common mix for many Natives), and Lakota and English, Luke is one of several children. From an early age, Luke recalls an attraction towards a spiritual path, inspired by a Grandmother identified as a Medicine Woman (traditional healer), as well as a more fundamentalist church. His dreams of becoming an ordained minister shattered when he was “outed” as a gay man (this was before the term *Two Spirit* was in use). He reports being demonized and prayed for before being ultimately rejected by the church members.

Luke moved to a major urban area where he completed his higher education and started more fully exploring life in the gay community. Like many gays and many Natives, Luke was involved in a number of episodes of high alcohol use, but has not had any serious problems with alcohol for many years. Following a return to the reservation and a number of jobs involving social services, he was diagnosed with HIV at the local Indian Health Clinic in the late 1980s.

A breach of confidentiality resulted in Luke being “outed” once again – this time as an HIV positive person. He was one of the first people who put an American Indian face to HIV by speaking at conferences and going into schools to discuss HIV prevention. Luke went through the extremes of being reviled by those rejecting him for his HIV status ... to being celebrated and respected for being a role model for HIV issues.

For nearly fifteen years of his positive status, Luke has been repeatedly hospitalized for severe health problems related to the virus and secondary infections. He has continued to work as an activist.

Recently, he had decided to cut back on his activism and concentrate more on his own health and spiritual development and his three-year relationship with another HIV positive man he met during their medical treatments. However, in the last few weeks, Luke learned that his boyfriend has been sexual with other men (mostly during the periods of time that Luke was hospitalized). Luke is challenged by the demands of his many treatments. Luke is hurt and disappointed by his partner’s betrayal. He really wonders how long the Creator will keep him on Mother Earth.

Closing Talking Circle

Time Required: 60 minutes

Materials:

- Rock, shell, Talking Stick, feather or drum stick (an item that can easily be passed around the circle).
- An open space to form a circle that comfortably includes all participants and trainers.

Purpose:

- To utilize traditional Native American approaches in dealing with HIV/AIDS treatment, casework, and/or prevention issues.

Description:

Step 1. Have participants form a circle (they can be standing, sitting on the floor or sitting in chairs).

Step 2. The trainer should share the basic teachings about Talking Circles:

- Only the person speaks
- The person holding the talking stick has the floor – no cross talk
- It's a time to share personal thoughts, observations, ideas, give thanks, give witness, etc.
- When you're finished speaking, pass the talking stick to the person to your right
- Take as much time as you need, but also be respectful of time – knowing that everyone will have a turn
- Any participant is welcome to pass if they don't wish to speak; simply hold the Talking Stick in your hands for a moment, and then pass it to the person to your right
- The Talking Circle is complete after everyone has had a chance to speak and the Talking Stick has made its way around the circle back to the trainer.

Step 3. Then, the trainer starts the Talking Circle; this creates safety and comfort in the room and models for the participants how the process works.

Step 4. While participants share, the trainer “holds” the space and demonstrates respect for all participants during their “sharing.”

Step 5. When the Talking Stick returns to the trainer, trainer acts as witness and gives closing statements and/or acknowledgements about the training and/or about what the participants have shared.

Purpose:

- To utilize traditional Native American approaches in dealing with HIV/AIDS treatment, casework, and/or prevention issues.