

Honoring Innovations Report

“A Newsletter for Systems of Care Communities in Indian Country” Issue #5, March 2012

A newsletter published by the National Indian Child Welfare Association (NICWA), describing best practices in American Indian/Alaska Native systems of care for current and graduated systems of care communities.

A “best practice” in the field of American Indian/Alaska Native children’s mental health is a process, method, training, or event that is believed to have a direct link to providing the desired outcome.

NICWA believes that such a designated practice requires attention to seven specific criteria listed below.

- Longevity
- Replicability*
- Harmony with Indigenous Values and Teachings
- Sustainability
- Community Acceptance
- Input of Stakeholders Across Generations
- Culturally Competent Staffing

*When/Where applicable

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“Gathering of Native Americans”

I remember the time I attended a train-the-trainers workshop to learn about Gathering of Native Americans (GONA), the community organizing tool. The facilitator was Theda New Breast, and I was intrigued by the idea of an outreach mechanism that integrated positive concepts as a way to increase community wellness, despite the presence of negative social problems, such as alcoholism or gang violence.

There were hilarious ice-breakers and humorous moments, along with a balance of personal contributions and team-building exercises. Mostly, I remember how it all seemed to make perfect sense

to me—the concepts and the approaches were comfortable, and I was engaged throughout.

In this newsletter, we are going to examine the community organizing tool known as GONA. This process has been utilized by tribal communities across the nation, including the system of care at Sinte Gleska University. We will also present the origins and evolution of GONA, and compare the values of GONA with the values of systems of care long-term organizing.

Live well, Live Native
Kristy Alberty

Using GONA Events Within a Systems of Care

GONA is a community organizing tool used to address social problems that might be taking place in an American Indian/Alaska Native (AI/AN) community. The GONA curriculum was originally designed as an intervention to drug and alcohol abuse problems but has since been useful in addressing other social problems, including suicide and gang violence.

Marlies White Hat, director of the Tiwaha Glu Kinipi (“Bringing the Family Back

to Life”) system of care at Sinte Gleska University on the Rosebud Reservation, spoke about how GONA has impacted their community. “GONA is a real healing process for individuals, families, and communities, from history, trauma, and resulting substance abuse and violence,” White Hat said. “It’s also strength-based and helps break the cycle of dependency and co-dependency.”

Three years ago, the Rosebud Sioux

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Check out information online

An example of GONA curriculum

<https://preventionplatform.samhsa.gov/macrohq/54curricula/cti05/manpm.htm>

SAMHSA’s Native American Center for Excellence slide show on GONA

http://www.justice.gov/tribal/docs/fv_tjs/session_11/gona.pdf

News media clip on a GONA event

<http://www.youtube.com/watch?v=E6T0xBOW64M>

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Tribe Suicide Task Force collaborated with Native Aspirations, an AI/AN youth violence, bullying, and suicide prevention grant project, to sponsor a GONA train-the-trainers session. The intent was to reach out to the community with opportunities for healing, prevention, and organizing, according to White Hat. After the three-day training, 40 participants became GONA facilitators.

The first training was facilitated by Theda New Breast and Amanda Old Crow. The training was extremely useful because the attendees themselves experienced healing and felt hope for the future. White Hat said, "The nice thing about the GONA process is you start with yourself and then take it to your family and community."

"GONA is a real healing process for individuals, families, and communities, from history, trauma, and resulting substance abuse and violence," White Hat said.

One of the facilitators trained at the first GONA was a young woman working for the Boys & Girls Club of Rosebud, explained White Hat. During the "Belonging" phase of that event, which focuses on creating a sense of identity and companionship within the community, she made a banner with her team that represented their companionship. The young woman would use this same "Belonging" activity one month later when a young girl from the Boys & Girls Club was injured in an accident and died. She led the children at the Boys & Girls Club in creating a banner to express their

grief and to foster healing as individuals and as a community. Each child made something to put on the banner that represented their friend and the feelings they were experiencing. The banner was given to her family and displayed at the child's wake.

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White Hat noted that the desire to implement a GONA started over 20 years ago among local service providers, but the curriculum package at the time was "huge," and they actually burned out a photocopier trying to make copies. While the single GONA curriculum has not changed, still consisting of three days to explore four themes that represent the four levels of life's teaching, it has been revised and condensed to be more accessible for communities with a team of excellent facilitator trainers.

Rosebud has had at least four community GONA events since the first one, and the most recent GONA was 10 months ago. The organization and facilitation for these events came from staff who work in different systems, as well as members of the community who wanted to get involved, White Hat noted. People collaborated and volunteered their time with teams to plan, organize, share resources, and facilitate. Young adult service providers and community members took on leadership roles in the process.

"Once you have one, and train facilitators, then people from within your community can organize one themselves," said White Hat. A young woman from the White Earth Reservation also came to Rosebud to participate in the initial facilitator training. She then returned to White Earth and organized a GONA for their nation.

Even though the purpose is to address problems within a community, the mood is

often quite light. "There is so much humor involved, and the humor is what really helps people," White Hat said, referring to the "ice-breakers" and other team activities.

In the last step of a GONA, "Generosity," possible action plans for healing are discussed among participants, including convening more GONAs. While there is a focus on historical trauma and healing to come, there is also a strong focus on the strengths within the community.

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Every year, the Native American Health Center (NAHC) Youth Services Program in San Francisco partners with several Native centers in the area, including the NAHC Youth Services in Oakland and the Friendship House Association of American Indian Inc. Youth Program, to hold a Youth GONA. The summer 2011 Youth GONA was the tenth annual event, according to Crystal Marich, youth coordinator for the NAHC Youth Services Program in San Francisco.

"Bringing our community together in this urban sprawl is a really good opportunity, and our youth really remember it," Marich said of the Youth GONA.

During a GONA event, there is not only focus on the healing and prevention curriculum, but also on traditional cultural activities, which get a good response and involvement from the youth, according to Marich; that's why the Youth GONA has become a tradition for the community.

Since becoming a system of care community in October 2009, NAHC has integrated its programming resources to contribute to the annual event. "It makes sense, as a system of care community, to participate in what is already working in our Native communities," said Marich.

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Protecting our children • Preserving our culture

Gathering of Native Americans

The Structure of a Native Grassroots Event

Training for a GONA intervention takes place over three days and is organized around four central themes that reflect the four levels of life's teachings. Using a structure based on these teachings and personal development, the curriculum creates understanding and healing of self, family, and community.

To prepare for a GONA in a community, you should allow for at least six months of planning. Create a planning team that will determine a host site, food, promotional resources, audio and visual equipment, arts and crafts supplies, and the necessary participation of community leadership.

GONA facilitators should commit to one day of preparation to review the curriculum and make decisions together as a team; typically there are at least four facilitators to cover the logistics and the roles in the curriculum.

The four goals for a GONA training are:

- To provide a training experience that offers hope, encouragement, and a positive basis for Native community action.
- To provide Native communities with a framework to examine historical trauma and its impact on alcohol and substance abuse issues today.
- To provide a training experience that emphasizes skills transfer and community empowerment.
- To create a prevention strategy framework that is based on values inherent in traditional Native cultures such as belonging, mastery, interdependence, and generosity.

Avis Archambault, MA, DCM, PhD, (2004). "A Gathering of Native Americans" GONA Community Prevention Model: A Journey of Hope and Healing curriculum

The Four Levels of Life's Teachings

Belonging

This is a time when infants and children learn who they are, where they belong, and a sense of protection.

Mastery

This is a time when adolescents and young adults learn to understand their gifts, their vision, where they come from, and how to master their talents.

Interdependence

This is a time for adulthood, responsibility to others, and an understanding of our interconnectedness with all things.

Generosity

This is a time when, as elders, we can give back to our families and communities, through sharing of wisdom, teachings, culture, ritual, stories, and song.

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GONA is a nice fit within a system of care because both involve healing, according to White Hat. As a catalyst for organization within a community, system of care work could easily extend to coordinating a GONA. White Hat thinks that, in the future, GONAs will be part of the Tiwahe Glu Kinipi work and that it will be a wonderful collaboration of health care providers, mental health care providers, social service agencies, and the community.

White Hat's advice for other system of care sites who might be considering

organizing a GONA is that it is definitely worth exploring if your partnership can contribute time and resources for preparation, facilitation, space, meals, and materials.

Marich also thinks that system of care work can extend to organizing GONA events, especially if they are youth-specific, since system of care focus on children's mental health. She encourages system of care sites to contribute to GONAs that are being held in their communities. It is a natural way to "plug-in" their resources.

For those communities that are being

introduced to the GONA community organizing tool, Marich thinks that an initial GONA could be a culmination of the resources and tools developed through system of care. Coordinating with other community programs to hold a community-inclusive GONA, or following the success of NAHC and holding a youth GONA, could become a community tradition.

"GONA is a good curriculum that is timeless," Marich said.

Reflection on the Origins and Evolution of GONA

Theda New Breast (Blackfeet), MSW, has lived and worked the GONA curriculum for many years and across many Native communities. She is a master trainer and facilitator for The Native Wellness Institute.

New Breast spoke on the origins of GONA, created through a contract with SAMHSA in 1990. At that time, she was a training coordinator for the Center for Substance Abuse Prevention and a member of the American Indian Core Curriculum Committee working to develop a drug prevention program that could be adapted for different types of communities using cultural traditions in the process. Focus groups consisting of Native elders, youth, and tribal members were held nationally, and after eight pilot tests, the GONA curriculum was created.

“As soon as Indian people went through it [GONA], they would feel the healing from historical trauma,” New Breast said. “And they would look at why Indian people use drugs and alcohol as a coping mechanism. It changed people’s lives, so people kept having them and kept requesting them.”

“In the ‘90s, before everything was on the internet, it was word of mouth,” New Breast said. “One Indian would tell another Indian, ‘This is what worked for me.’” She added that the GONA model has now been used for other problems, such as suicide prevention, and attendees of a 1994 train-the-trainers event are still doing GONA facilitation.

New Breast defined GONA as “an Indigenous strategic planning prevention process.” It emerged via a grassroots movement with important and lasting assertions: cultural involvement can act as a form of prevention; resiliency factors are inherent in the traditional teachings of our ancestors; and change has to be developed by Native people themselves, not by outsiders looking in.

The GONA curriculum ensures that common elements are upheld in different GONA events. Whether the social problem being addressed is alcohol abuse or suicide prevalence, GONA events use the same agenda or outline starting the GONA with

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trust building and team building processes, identifying the strengths that will help heal a community, and using themes such as “belonging, mastery, interdependence, and generosity.” Aside from differing social problems, diversity among GONA events can also relate to the individual tribal communities and regions. While the curriculum maintains basic GONA elements, it is customizable to incorporate traditional practices and healing beliefs across multiple tribal communities.



Four veteran GONA trainers: Dr. Clayton Small, Madam Chairwoman Cecelia Fire Thunder, Janice Richards, and Theda New Breast.

When comparing the system of care model with GONA, New Breast commented on what their many similarities are. She called them “sister programs,” each encouraging a collaboration of systems by identifying key players and urging them to work together toward common goals. System of care and GONA both build on cultural strengths, put a focus on asset building, integrate a wraparound approach to community resources and systems, improve communication between and within agencies, and share budgets, which can eliminate turf issues.

The obvious difference, according to New Breast, is that GONA is a three-day process, which leaves the community to carry out their plan, while system of care organizing is more intensely involved with larger systems, such as federal and state organizations, for a longer period of time.

Looking at the bigger picture, both GONA and the system of care model have similar principles through which they work. As explained by New Breast, these basic principles are stated once again: culture is prevention; resilience is inherent in traditional teachings; and change must be created by Native people themselves.



Gathering of Native Americans at Northern Cheyenne Reservation in Lame Deer, Montana.