



# *TRAIN THE TRAINER MANUAL*

## *THE DINE` PROJECT*

*Building Partnerships between  
State Vocational Rehabilitation Agencies  
and Native American Organizations*

*1995 TO 1998*

The Legislative Branch  
The Navajo Nation

*Kelsey A. Begaye*  
Speaker of the Navajo Nation Council

April 2, 1997

Colleen Fox, Director  
Region X Rehabilitation Continuing Education Program  
6912 220th Street SW, Suite 105  
Mountlake Terrace, WA 98043

Dear Ms. Fox:

The Navajo Nation is honored by the Region X RCEP recognition of its leadership in the establishment and development of Native American vocational rehabilitation. In acknowledgment, Western Washington University is naming its proposed "Diné Project", with the purpose to improve and expand services to Native Americans with disabilities across the country.

The Education Committee of the Navajo Nation Council supports the "Diné Project" proposal at Western Washington University for the RSA National Short Term Project to improve and expand services to American Indians and Alaska Natives with disabilities by working in a consultative and educational role with the state vocational rehabilitation agencies around the country. Although, the Education Committee of the Navajo Nation Council supports the "Diné Project", I would like to clarify that the term "Diné" is how we refer to ourselves and our society. Under the Navajo language, the term, "Diné" does not mean all Native American people. Please note, however, the use of the word "Diné" should not be utilized to claim or imply a direct affiliation between the Project and the Navajo Nation.

There is a real need for the provision of equitable and quality vocational rehabilitation services to American Indians with disabilities by the State Vocational Rehabilitation agencies. The findings that American Indians have the highest disability rate of all population groups supports the need for additional quality services for American Indians with disabilities. Therefore, we support the purpose of the "Diné Project" to provide culturally sensitive training, development service delivery models and educational materials for staff development training for state VR agencies.

The Navajo Nation will continue to support the improvement and expansion of VR services to individuals with disabilities. If you have any questions, please call Treva M. Roanhorse, Director of Office of Special Education and Rehabilitation Services at (520) 871-6338.

Sincerely,

  
Leonard Chee, Chairperson  
Education Committee  
NAVAJO NATION COUNCIL

## TRAINER INSTRUCTIONS

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# ≈Introduction

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*The Dine` Project* is a training program designed to address issues and build strategies to improve services provided to Native Americans with disabilities. The program is proposed for use by human resource development specialists in conducting sessions for vocational rehabilitation professionals.

## Project Background

In order to understand the philosophy behind the Dine` Project, examination of how services were being provided to Native Americans with disabilities must be made. The Dine` Project was developed in response to a training priority identified by the Rehabilitation Services Administration in 1995. Major considerations leading to the identification of this priority included:

1. The Rehabilitation Act, as amended in 1992 and 1998, requires state vocational rehabilitation agencies to actively consult American Indian tribes, tribal organizations, and Native Hawaiian organizations in the development of the state plan.
2. The Act requires states to develop outreach to minorities and those who have been traditionally underserved, underrepresented, or unserved.
3. In some states, vocational rehabilitation services are provided to American Indians residing on reservations under Section 121 (formerly Section 121 of the Act), Native American Rehabilitation Programs.
4. American Indians have one of the highest disability profiles of all population groups in the United States. Yet, American Indians receive the lowest level of vocational rehabilitation services, and, when services are received, American Indians have a very low successful rehabilitation rate.

Providing services to American Indians with disabilities present unique issues which may include:

1. Lack of outreach efforts to rural and isolated areas.
2. Language and communication barriers.
3. Cultural differences that make use of standard rehabilitation practices less effective which may lead to lack of mutual understanding and trust between provider and recipient of services.

#### 4. Limited employment opportunities in rural areas and on reservations.

Some of the issues identified are being addressed by the American Indian Vocational Rehabilitation Programs (Section 121) and collaborative efforts between states and tribes with Section 121 projects. However, in 1998, there were only 50 projects in 18 states. Additionally, the Act is very clear in relating state responsibility for continued service to American Indians within the state. Rehabilitation Services Administration recognized the need for training counselors and other staff still existed regarding how to effectively work with this population.

Preparation and submission of the grant application for the Dine' Project was the culmination of a collaborative effort between the Region X Rehabilitation Continuing Education Program (RRCEP), the American Indian Research and Training Center (AIRRTC), with guidance and support from the Consortium of Administrators of Native American Rehabilitation (CANAR).

Funded by Rehabilitation Services Administration as a short-term training project in 1995 to address the need for culturally-relevant and sensitive training materials, the Dine' Project has sought to improve the skills and knowledge of personnel providing services to American Indians with disabilities.

From the initiation of the Dine' Project, the team philosophy has been that education will massage understanding and substantive increases in services lie in building and nurturing relationships and partnerships. Region X RCEP Director, Colleen Fox, recognized the value of increasing services to the Native population and encouraged and supported the efforts of tribes and consortia of tribes which brought about the largest contingent of 121 projects in a region. Region X is home to fourteen American Indian Vocational Rehabilitation Projects.

Dine' staff were selected for their strengths. Colleen Fox brought to the project a "big picture" perspective which translated to the vision which ultimately became the Dine' process. Her experience in management, education, and liaisons with other regional personnel opened doors for the project. Colleen is a graduate of the University of Wisconsin-Stout and has been director of the Region X RCEP for over 12 years.

Carleen Anderson brought experience of Native America from the perspective of a person born and raised in a reservation community. She brought the knowledge of the boarding school experience and an intimate knowledge of traditional healing practices in her community as well as an insight into those practices in other areas of Indian Country. Carleen holds a Masters in Education with an emphasis on guidance

and counseling and was employed at the Director of the Colville Tribal Vocational Rehabilitation Program for three years before coming to the project.

Jim E. Warne added an urban Indian dimension to the Dine` Project. He was born and raised in Phoenix, AZ, attended college there and played sports both in the collegiate and professional arena. Jim experienced the challenges of maintaining a Lakota sense of identity while living within a metropolitan setting. He additionally holds a Masters degree from San Diego State University and was previously a Director of the Sycuan Tribal Vocational Rehabilitation Program for three years prior to coming to the Dine` Project.

## ≈Why Dine`?

### Trainer's Note:

Handout #1 is a sample agenda for conducting the vocational rehabilitation administrator session

For this piece, the trainer can use HO # 2 to further explain how the name Dine` was selected for the project.

Dine` (pronounced Din`-eh) is a Navajo word meaning “the people”. Most American Indians have words in their languages in which they refer to themselves as “the people”. We wanted to retain this identification and, because the Navajo Nation was the groundbreaker for American Indian vocational rehabilitation, we wanted to honor them for forging the way for the rest of us in American Indian vocational rehabilitation. We requested permission from the Navajo Council and received a letter (see letter following the title page) permitting the project to use the “Dine`” name. Therefore, in summation, we wanted to have a program that was for “the people” and honor the Navajo “Dine`”.



# Contents of the Training Package

The Dine` Training package includes the following:

≈ *Trainer's Guide* - The guide contains suggested narrative for the instructor(s) that may be used in presenting the program. Instructors may add or modify components to match individual training style. It is highly recommended that this material be presented by an RCEP trainer or other professional vocational rehabilitation trainer and a member of the Native American community. The Native American trainer should have an understanding of tribal government, be familiar with different methods of traditional healing of the tribes in the area, and possess experience or knowledge of vocational rehabilitation philosophy and processes.

Forms used in preparing for the Dine` sessions are also included in this package. For instance, there is a planning a session guide that may be used in setting up the sessions.

≈ *Participant Materials* - There are within this package handouts used during Dine` sessions. Instructors are urged to review to decide which materials are most appropriate for their area. These materials can be handed out individually during the session or may be included in the package for the session (color-coding of the each topic area likely will be very helpful).

≈ *Handout Materials* - These materials are handout materials which are recommended for use in the Dine` sessions. There are also numerous resources which can be used by trainers in their sessions.

≈ *Overhead Transparencies* - There are transparency masters which are included within this package which can be copied to transparency film prior to the sessions. Instructors may use any or all of the transparencies as their training style dictates.

≈ *Miscellaneous Resource Materials* - Other materials are shared for use by Dine` trainers. There are Pow-wow rules and Fry Bread recipes which trainers may want to include in their sessions. The Dine` team have found these materials very helpful in some sessions.

## Trainer Instructions

The Dine` Project training package is designed to encourage relationships and partnerships. The exercises seek to go beyond standard training to provide an atmosphere which is both safe and educational. Participants are told at the onset of the session that this is a “safe” setting in which to ask questions and to learn from one another. At the same time, the training encourages appreciation for all heritage and ancestry because, only by acknowledgement and respect for diversity can we come to common ground. The Dine` process does not ask anyone to give up their values or their birthright, it asks only for respect and acceptance of the richness found only in multiplicity.

- ≈ *Number of Participants* – The Dine` Project team found the most effective group size to be between 25 and 35 persons. It is recommended that no more than 35 participants register for the session.
- ≈ *Participant Selection* - In the session for *administrators*, the group should include at least four or five persons with connections to the Native American community. During the *vocational rehabilitation counselor* session, about half of the participants should be individuals from Native American organizations.
- ≈ *Session Preparation* – When participants from the state vocational rehabilitation agency have been identified, a questionnaire is to be mailed to them well in advance of the sessions. This form responses will be used to model parts of the training to ensure questions are answered. (Questionnaire is HO#3)
- ≈ *Set Up* – Setting the training environment is a critical component of the Dine` sessions. All sessions will be conducted in a circle (or as close to a circle as possible). The circle reflects the value of Native Americans for the importance of all things being a part of the universe. Additionally, the circle allows everyone to see one another which encourages an eclectic engagement between participants and trainers.
- ≈ *Opening and Closing Ceremonies* – In Indian Country, an opening and closing ceremony are integral parts of any group or community activity. We’ve been told by elders that it is the first thing and the last thing to do when folks gather together to work or play. This piece is usually conducted by the eldest member of the Native American group and, while many call it a prayer, we prefer to think of it as a way to talk to the Maker to help us our endeavors. Participants are requested

to stand and bow their heads and say their own words, if that makes them more comfortable.

## ≈ Description of Approach

### Trainers' Notes:

The following section sets the mood and atmosphere for presenting the Dine` Project materials. It includes the approach and an overall picture of what the session will be.

The overall goal of the project is to provide a multi-faceted development and training program to rehabilitation practitioners in state agencies, Section 121 programs, and related service and educational programs in order to improve and enhance services to Native Americans with disabilities.

To respond to the objectives of developing a model of vocational service delivery to Native Americans utilizing collaborative approaches between state Vocational Rehabilitation (VR) agencies and Native American (Section 121) programs and to create a consumer-based model of VR service delivery in states with significant Indian populations, a process model was used.

## ≈ Description of Process

### Trainer's Notes:

The Dine` sessions were designed to be conducted in a Native American setting. Within an urban setting, we attempted to hold the meeting at an American Indian Center and, whenever possible, the sessions were held within reservation communities. The idea was to have state VR workers experience another environment outside the normal office setting and to illustrate to them the usually hospitable Native community.

Sample Agenda for Administrator sessions – See HO#1

A two-prong approach was initiated in the states identified and served. The initial sessions in each state targeted **administrators** of Vocational Rehabilitation Programs as a component focusing upon organizational issues related to vocational rehabilitation service delivery. A sample agenda is included in the Appendices at the back of the book. The belief of the Dine` team was in order to motivate change in services, a systemic shift was necessary. By engaging administrators initially, the hope was that line personnel would be able to see an organizational benefit to changing the manner of doing business with Native Americans with disabilities.

The second state sessions targeted **vocational rehabilitation counselors** and included persons from Native American organizations. The VRC session focuses on information most useful and relevant to vocational rehabilitation front-line staff. Acculturation and assimilation, paradigm shifting, and the areas in the vocational rehabilitation process in which cultural implications may arise are discussed.

The following will describe the steps taken by the Dine` team in setting up a session.

1. The Project Director (Colleen Fox) contacted, by phone or in person, the state vocational rehabilitation director and the Regional RCEP Director to inquire about interest of a Dine` session in their state and region. Based on positive feedback from those contacts, session planning was initiated.
2. State VR directors were asked to identify managers or area supervisors to be included in a planning and session process. A date was scheduled in this portion of the planning and state representatives were contacted for participation. If Native organizational directors were identified at this stage,

they were also invited for the planning session. Examples of Native organizational directors would be leaders of American Indian community centers found in major cities across the nation; directors of Indian Health Service, if applicable; or other Native American organizations.

3. The planning session was held on-site in the state. The Dine` process was explained and a sample Dine` agenda was shared. Collaboration and partnership building were stressed throughout all phases of the Dine` process. If Native American sources hadn't been identified by this stage, State VR personnel were asked to provide names and organizations that could be contacted for participation.
4. American Indian participants were identified as early as possible. In urban areas, Indian community centers are a good starting point. The leaders of the centers can be valuable resources in conducting the Dine` sessions. The directors of any services to Indians should also be contacted and requested to join the training.
5. As part of the session planning, it is vital to have a time when state agency staff and the Native people share a meal. The meal can be a lunch or an evening meal. It is important to have the meal prepared and served by Native people in the community and traditional foods should be part of the fare. Finding these meal preparers can be challenging, but with solid relationship building with the Indian community leaders, cooks will be easily found.

Costs of the meals should be worked out well in advance of the sessions.

6. Cultural exchange is another critical component of the Dine` session. The Native American contacts will know who the dancers, drummers, and singers are in the community and will assist usually in having a group share their cultural traditions for a time after the meal. Payment of the group should also be planned and worked out before the session. Many of the groups are folks who aren't necessarily rich in money.

Having drummers, singers, and dancers come to share the meal will encourage the relationship building the session is designed for. In the Dine` experience, singers, drummers, dancers, storytellers, which included both children and adults, were a strong added dimension that made the Dine` experience more concrete. The dancers, drummers, and singers were asked to explain their songs or their dance and, without fail, most were more than

happy to do so. The group, including state agency people, were almost always invited to dance with the group. Members should be advised that it would be impolite to not accept this invitation.

7. Participants in both the administrative and vocational rehabilitation counselor sessions were told of the importance of staying through the entire session and encouraged to be present through the entire process.
8. When site selection had been made, cooks identified, and cultural exchange group confirmed, confirmation of attendees will be necessary. Draft agendas should be sent to attendees at least three weeks before the session w/the final agenda available to the participants within a week of the get together.

## ≈States and Models

### Trainer's Notes:

The following section gives information regarding the model states – why and how they were selected and Native American population profiles in those states. Distinctions and similarities are discussed. Trainers will find the materials most useful if they identify which state is most like their own and build a session which follows the criteria. Training modality will be lecture and participant discussion.

### Training Materials:

Trainers will want to have information about the Native population in their specific state. Helpful are statistics of the demographics of the state, health profiles of the Native population, and other distinguishing information of interest.

The co-trainer (who is American Indian) should work with a Native from one of the organizations to develop a historical perspective of the Native population of the state to present. Overhead transparencies will likely be useful.

All targeted states were chosen because of the distinct tribes and cultures within their area; however, there were some similarities identified at each session. Trainers need to know there are extremely diverse Native groups represented throughout the United States; they *are not* a homogenous group.

Generally, states were identified for service based on Native American population. For example, Ohio was served by the project because of the unique features it offered for comparison to other states. In all, six states participated in Dine' Project sessions. A discussion of their distinctions are presented as follows:



## 1. *Ohio*

Ohio is unique in that it had, at one time, a number of tribes located within its area. Through the passage of time, the tribes were moved to other states and reservations were never created within its boundaries. Ohio's native population is \*\*\* (according to the 1990 Census) and today much of the Native populace represent numerous tribes across the country.

Much of the tribal population existing now may have arrived as a result of a program promoted by the U. S. government in the late 1950's to the late 1960's called "relocation". Relocation was designed to move Indians off reservations by sending them to vocational schools across the country. It was believed that Indians would become educated with a vocation, get a job, and fade into the "mainstream" or "melting pot" of the country.

What actually occurred was Indians were sent to various cities in the Nation (Los Angeles, San Francisco, Chicago, Cleveland, Seattle to name a few) and they formed their own subcultures within the urban settings. Native American Community Centers were organized and urban Indians basically carried on their culture and traditions within the urban areas in which they lived. Many relocated Indians still maintain strong ties to their reservations and families by going home as often as they can to participate in ceremonies.

Cleveland was a relocation city and Columbus, too, has a vibrant Native American population so the model for Ohio takes on the following distinctions:

- a. It has no reservations.
- b. There are no Native American 121 Vocational Rehabilitation Programs (because there are no reservations).
- c. There are high numbers of Native Americans located in the urban areas.
- d. The Native population includes not only federally-recognized Indians, but State-recognized Indians, which creates interesting dynamics for service provision.

In Ohio, this was the method used to initiate contact with the Native community because there weren't any Native American vocational rehabilitation programs (Section 121). Here, we contacted a Native American Community Center in Columbus as a key contact to assist in planning the Dine` session.

## 2. *California*

The state of California has a Native population that is both urban and rural. It is distinguished from other areas of the country in that the state has within its boundaries numerous rancherias (rancheria is like a reservation but is often a very small acreage) and reservations. The rancherias and reservations are notably small in comparison to other reservations in the country, some encompassing only a few acres.

California is also characterized by a large minority population including, Hispanics, African Americans, Asians, and Pacific Islanders. Compounded by a vast land base, service to Native Americans with disabilities is further problematic.

The distinctions of California's Native population present with the following profile:

- a. California is host to approximately 117 rancherias or reservations.
- b. There is a high Native American population in the urban areas of San Francisco, Los Angeles, and San Diego. Los Angeles and San Francisco were major relocation sites in the 1950's and 1960's.
- c. Large numbers of other minority and ethnic populations reside throughout the state.
- d. In 1997, there was only one Native American vocational rehabilitation project (Section 121) in the state and it was located at Sycuan in Southern California. There are now three such projects, two more have been located at Fort Mojave and Hoopa Valley.

In California, the American Indian college at D-Q University near Sacramento were enlisted to assist in orchestration of the planning and set up for the sessions.

### 3. *Oklahoma*

Oklahoma was designated “Indian Territory” in the 1800’s when governmental policy was to remove Indians from eastern states to open lands for settlement by Euro-heritage emigrants. Thousands of Indians were taken from their homelands and forcibly moved to Oklahoma. This movement has come to be known as the “Trail of Tears”. Because Oklahoma was so designated, today much of the state is recognized as Indian lands; however, there are no reservations per se. There are areas of the state that are identified as tribal territories.

The characteristics of Oklahoma are:

- a. Most of the state is considered Indian lands.
- b. Oklahoma domiciles the highest Native American population in the country.
- c. The urban Indian populations are seated in Tulsa, and Oklahoma City.
- d. There are nine American Indian vocational rehabilitation programs in the state.
- e. The degrees of acculturation/assimilation vary greatly – some Native Americans adhere to traditional ways of living and there are those who are acculturated urbanized Indians.

Directors of Indian Health Service Clinics were contacted in Tulsa and Oklahoma City, Oklahoma to identify Indian community centers and leaders in the vicinity.

#### *4. South Dakota*

South Dakota is a state in which state/tribal relations historically can be best characterized as having an “uneasy” peace. It was not so long ago, Wounded Knee, AIM (American Indian Movement), and civil unrest were in the headlines in South Dakota. The majority of South Dakota’s Native population still embrace traditional ways of living, spirituality, and healing. The Native Americans in South Dakota are also noted to be the most impoverished Native American people in the country.

South Dakota holds this population profile:

- a. There is a high population of Native Americans in the state.
- b. There are large numbers of Native Americans who reside both in the urban areas of Rapid City and Pierre, as well as in reservation communities.
- c. At first glance, it would seem the population could be described as homogeneous because of the Native and the Scandinavian and German populations; however, there are clear distinctions within the Native peoples.
- d. Armed conflict between the state and some of the tribes have been part of the recent history.
- e. Old, traditional, and cultural ways of living are still very much in existence.

This was a state having a Section 121 projects, so a project director was enlisted to assist with the planning and identifying potential sites for the Dine` sessions.

## 5. *Alaska*

Alaska is in a class all it's own – its Alaskan Native population is spread out throughout the vast territory that make up the state. Native villages are frequently available only by bush plane and extreme weather conditions prevail in the winter months. Alaskan Native government is comprised of 13 regional corporation and over 200 village corporations. The Alaska Native populations must travel to the cities of Anchorage, Fairbanks, or Juneau for services and many do, but must return to their village. The languages, culture, and ways of life are well preserved by the many of the Native groups, but the groups are not homogeneous.

Characteristics of the population include:

- a. Very rural and remote Alaska Native population
- b. High urban, transient Alaska Native population
- c. Populations within the state have vast differences
- d. Historical issues regarding land and tribalism are very prominent
- e. Seems to be a strong traditional and cultural foundation. Native languages are still spoken.
- f. Village living is preferred. Most of the Alaskan Native population travel to the city for services, but return home after services are received.

This, too, was a state having a Section 121 projects, so a project director was enlisted to assist with the planning and identifying potential sites for the Dine' sessions.

## *6. New York*

New York state hosts, according to the 1990 Census, about 62,651 American Indians and much of this population live within New York city. While New York is a vastly peopled state, there are reservations which can be considered rural in nature. New York's profile looks like this:

- a. New York state has both a rural and an urban Native American population.
- b. There are reservations within the state.

The Director of NAILS (Native American Independent Living Services), an independent living organization providing services to American Indians in the state of New York and the project director of the AIVRP assisted in identification of participants, tribal leaders, and state vocational rehabilitation staff willing to aid in session planning.

<i>State</i>	<i>Reservations</i>	<i>Native Population</i>	<i>Urban Indian Population</i>	<i>Rural Indian Population</i>
Ohio	None	Low	Low	None
Oklahoma	Yes	High	High	High
South Dakota	Yes	High	Medium	High
Alaska	Native corporations	High	Medium	Very High
California	Reservations And Rancherias	High	High	Low
New York	Yes	Medium	Medium	Low

## ≈Preparing the Environment

### Trainer's Notes:

Before going into the session, participants are asked to remove their watches. This is intended to help participants realize the power of this inanimate object.

The trainer advises the group to remove and put away their wristwatches. The group is then advised about the power of this inanimate object and how much of our lives are controlled and ruled by it.

Also shared by the Native American presenter (if true) that elders tell us that when it is time, it is time... we should spend our time together based on our interaction and not on an object. This is a baseline for respect. We do not stop our dialogue or time together by a watch.



# ≈ Ancestry Ceremony

## Trainers' Note:

The Ancestry Ceremony is an opportunity for everyone in the group to acknowledge who they are and where they came from. It is a time set aside during the Dine` session which is designed to bring all participants to the common ground of acknowledging and respecting one another's history.

Trainers are asked to set the atmosphere by telling participants this is a safe time and place to ask questions that perhaps they haven't had an opportunity to ask before. There are no dumb questions. Stress the issue of safety because participants must feel secure before they can begin to work with people they may never have met.

An acknowledgment of our commonalities and our distinctions by looking at our personal histories is the goal of this piece of the session. We provide a safe environment to ask questions about issues desirous of knowing, but afraid to ask. This is an opportunity to respect one another and one another's history. All families had challenges and we have commonalities as well as differences. Consider this a celebration of our diversity.

Each participant is asked to reveal a piece of their lives that often aren't spoken about in daily interactions. Each person is asked to limit their response to five minutes and are asked to answer these questions:

1. What is your name?
2. Where do you come from?
3. How did your parents get to this country?
4. What challenge did your family face?

Because some folks get into this part of the session, one of the trainers should be assigned the duty of timekeeping. Before the sharing begins, the participants will be told there is a timekeeper who will signal when the five minutes are up. This exercise is also a way of showing respect for one another by honoring and keeping the time limits.

### Trainer's Notes:

After this exercise is completed, the trainer will debrief with participants, asking for the following:

1. What did this feel like?
2. Did you learn something you never knew about someone you've worked with for some time?
3. Stress the commonalities of challenges faced in all of our lives.
4. Talk about the common grounds of being who we are because of who our ancestors were and the need for respect for this history.
5. Advise that we call upon all of our ancestors to come into our session to help us work through issues that are important for all people with disabilities.

# Who We Are and Why We Are Here

## Trainer's Notes:

At this juncture, the Training Team can introduce themselves and their backgrounds. This is the place that the Dine` Project process can be explained and the letter from the Navajo Tribe allowing the use of the word Dine` can be shared with participants.

### *Training Materials*

For this section, you are provided the following materials:

≈OHT #1: Dine` Introduction

Statistics (HO #7 and OHT #2)

## ≈History of Native Population of the State

### Trainer's Notes:

In preparation for this section of the session, a Native person from the community will need to be identified to present the history and background of the Native population in the state. The person presenting should provide information that may not be known about the Indian population by the general public. This is a good place to incorporate issues of the Trail of Tears and other incidents of removal of tribes to other areas of the country.

It was learned early on that existing research of Native populations in each state may not correspond to the history held by the local Native groups. In order to present information that is accurate and appropriate, it is recommended that the historical context of a state be presented by a Native American person from the state. This person should be a Native person knowledgeable and willing to share the American Indian perspective of the history of the tribal groups in the state.

Customized for each state and presented and researched by a local Native American. Information is developed by Internet research, local reservation history, Section 121 information, library research and local area expertise.

≈Maps and Native American population/disability statistics can be included in this part of the session.

## ≈ What is Vocational Rehabilitation?

### Trainer's Notes:

At this point in the session, a person from the state vocational rehabilitation program (preferably the state director) gives the background and basic information of vocational rehabilitation, history, philosophy, and practice. This is done because there may be American Indian participants who haven't an awareness of the program.

Having the state director provide this portion of the session illustrates tangible commitment on the part of the state to work with the Native American population.

The state presenter may want to hand out brochures describing the state vocational rehabilitation program in their state. The intent is to give an overview of how vocational rehabilitation services are delivered within the specific state system. For many Native Americans, the vocational rehabilitation program is new and so the presenter should formulate the presentation to an audience that is new to the concept and process.

## ≈What is Section 121?

### Trainer's Notes:

If a director of an American Indian Vocational Rehabilitation Project is participating in the session, it would be appropriate for him/her to present information about Section 121. See HO# 4

Time should be allowed for questions and answers from the participants.

## ≈ Myths Quiz

### Trainers' Note:

During this exercise, you will use HO# 6 and Trainer's Key #1 and the accompanying information as an answer key. Please be aware that there may be some variance with different tribes in different areas of the country. Stress again that this is a safe place to clear up misconceptions and allow folks to learn more about the American Indians in this country.

This exercise provides an opportunity for participants to explore misconceptions and beliefs about American Indians. This piece inspires discussion and allows for introduction of concepts such as boarding schools, relocation, Religious Freedom Act, Tribal enrollment; what is an Indian, who defines Indians, and the prevalence and effect of casinos in Indian Country.

## ≈Values in Both Worlds

### Trainer's Notes:

Presented as variations on a theme – opposite ends of the continuum from a traditional Native American to an acculturated Native. The intent of this piece in the session is to address cultural differences, not in terms of black or white, but as an attempt to acknowledge differences in ways of living and believing. Use HO#8.

Discussion of acculturation and assimilation becomes a part of this process and the trainer will likely use HO #9 as tools and resources.

We want to bring to awareness that there are people who do not want to be like the dominant culture and that part of being culturally competent in working with other cultures is being respectful of other ways of living.

## ≈Values and Traditions

We are who we are because of our life experiences. If we haven't had formal education, we might not know that our behavior and way of being has been attained because of where we were born, how we were raised, what our families believed were valuable or nominal; all these teachings had an impact on us to mold the way we are today.

British anthropologist Edward B. Tyler in 1871 defined culture as "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society".

For Native Americans, culture has been significantly different than culture accumulated in the Western tradition. For us in the Pacific Northwest, our first contact with people who were not natives was about 1804 - a mere 57 years before Tyler defined "culture". When we allow ourselves to think of the contrasts between the dominant and native cultures in these terms, we hopefully can begin to appreciate our differences and the resilience of a race which has retained its "cultures" even in the face of much adversity.



The movement from a mainly “hunter-gatherer” society to a society of “cyberspace, SST’s, cell phones, etc.” in a period of a little over 500 years is indeed a lesson in survival.

When we address tribes, it is well to remember there are still about 500 distinct Native American tribes having over 200 different languages. All tribes, just as the population in this country, are not the same. There are similarities in the way we view the world and the manner in which we conduct our lives, but we cannot be perceived as being homogenous. Thus, what is presented here today should be digested as indicators of difference only - it is not a formula or a recipe for all Native Americans.

For some, the use of the words “dominant culture” brings a defensiveness. It is not intended to offend anyone and is used for lack of a better descriptor.\*\*\*

# ≈Native American Issues of Acculturation/Assimilation

## Trainer's Notes:

There are no formulas or recipes for determining the degree of acculturation or assimilation of Native American consumers you may encounter. The information shared should not be construed to be conclusive, thus, please use the data *only as an indicator* for evaluating your consumer's inclination. Refer to HO#9.

Your willingness to "engage" with Native American consumers will be your best measure. You may be able to glean insight by considering the following information. You will attempt to discover the extent to which the original culture of the client remains intact and which values and behaviors of the dominant society have been adopted.

## ≈Relevant Federal Regulations

### Trainer's Note:

The following regulations were timely prior to the passage of the amendments to the Rehabilitation Act of 1998. This component of the session is usually done in lecture-style. New regulations are being formulated at the present time and should be used when available. Until then, trainers should be able to use the HO# 5 as a teaching aid.

Attention should be paid to the section of the regulations which address the use of traditional healers (34 CFR 361.71b).

## ≈ Spirituality and Traditional Healing

### Trainer's Note:

This likely is the most challenging portion of the training. For nearly 500 years, American Indians have been forbidden to practice their ways of staying healthy and the rituals they used to maintain their personal and community health. Traditional healing is a very difficult topic for Native Americans to share. The boarding schools and the policy of the government was to tear away the "heathen" beliefs our people held, so for many years our people had to hide to practice their "medicine".

It is critical for this part of the presentation to be made by an American Indian person who is knowledgeable of the practices of the tribe(s) in the area in which this session is presented.

As a preface to the discussion of these ways, the trainers will ask for participants to respect what they hear, take the information shared and use it only in a good way. Talking about our medicine ways is, for many of us in tribal world, sacred talk and we ask people we talk to please try to understand the difficulty it bears for us to share these things with folks who may not honor these words.

There will be no handouts in this part of the Dine' session because each area and each tribe has their own way of viewing these practices. To write these things may taint the value they have for all people who still today practice many of the rituals.

The talk presented by the American Indian trainer can be of the sweat, seasonal dances, medicine people of their particular area. The key is it must feel comfortable enough to share.

See HO # 10 and 11

## ≈Video “The Medicine Wheel”

### Trainer’s Note:

The film presented at this point of the session is the culmination of a collaborative effort between Don Warne, M.D., Lakota Sioux and Region X RCEP. Dr. Warne addresses the power and the meanings of the Medicine Wheel for most Native Americans.

It is a poignant and honorably-presented description of the vision of wellness and the Native belief that, for health, all parts of our existence must be brought into harmony.

The film is shown at the end of the day so participants can ruminate the meaning and value of the Medicine Wheel.

The film is about one-half hour long.

# ≈Demographics

## Trainer's Note:

Talking about the Native American statistics sheds light into the population profile across the country. For most, this is new information. Trainers are encouraged to foster discussion of the data to further enlighten participants.

As noted, the information included herein is a national perspective. Trainers are challenged to bring to the table similar information regarding the state in which they are operating. These additional materials will need to be added to this package.

Questions and answers will likely be the mode for presentation of this piece. HO #12 and OHT #3 will be used.

# ≈Group Process

## Issues and Strategies

### Trainer's Note:

Items needed: Marker pens, poster sheets, masking tape

This segment of the session is the most important part for arriving at solutions to issues identified and both the administrative and counselor sessions will include this component. Trainers will need to plan in advance the makeup of group participants. In most sessions of Dine', groups were split into regional clusters. After the groups have been identified, their first task is to identify issues/barriers to providing service to Native Americans with disabilities. The groups are instructed:

1. Only address barriers or issues (solutions are not encouraged at this point. It is a reality that most counselors are "fixers" so this will be an exercise in self-control for most participants – **ADDRESS ONLY THE BARRIERS AND ISSUES!!!**)
2. Have the groups give themselves a name (eagles, group A, etc.)
3. Write on the poster paper those items identified as barriers/issues
4. Identify a spokesman for the group who will report out their findings.

Allow about 45 minutes for this exercise.

When done, the group will reassemble and each group will report out. For this exercise, the one of the trainers will be taking the information either by notetaking or by computer.

The second piece of this exercise is the identification of solutions. Participants (in same groups) are encouraged to think "outside the box". They are told to let their imaginations be their guide. **Again, allow about 45 minutes for this exercise.**

They are told:

1. Come up with solutions to the issues/barriers they identified
2. The solutions are noted again on the poster paper
3. The challenge is: for every solution, there must be an activity listing who, what, when, and where the item will be addressed.
4. The groups are brought together again and each group reports out their solutions (one of the trainers will also take note of these findings).

# VRC Component

## ≈ The Culturally-Skilled Counselor

### Trainer's Notes:

This segment of the session is designed to provide practical knowledge to vocational rehabilitation counselors. In the initial stages of the session, it will look much like the administration session. The change in presentation comes later when there is discussion regarding culturally-skilled counseling, assessment and evaluation, employment and placement issues, and case studies.

Providing information for counselors so they are more comfortable in service provision to American Indians with disabilities is the key to this segment of the Dine` session.

Trainers may want to present this piece of the session as a discussion model initiated by asking the group what, in their estimation are the qualities or skills needed to be a culturally-skilled counselor. HO #12 and OHT #4.



## ≈ Assessment and Evaluation

### ≈ Trainer's Note:

For this component of the session, trainers are encouraged to use the HO #15, as well as their own research to initiate discussion. Timothy C. Thomason's article regarding the "Assessment of American Indians" (1995) is included in the package and has very good data about various tools for use in working with this population.

Additionally, HO #16 offers additional insight into the culturally-sensitive and appropriate means of assessing and evaluating American Indians.

This session may inspire lively discussion and is fraught with the potential for controversy, which is all right. Participants may learn from one another about differing points of view and why some instruments are biased.

# Employment/Placement Issues

## Trainer's Note:

In order for counselors to engage in culturally-relevant and culturally – sensitive case management, they must strive for an level of understanding which encourages deeper perspective and an unwillingness to take the “easy” way of doing the job. Trainers are charged with the responsibility of being in the position of inspiring change – not because counselors have to, but because they’ll have enough information, that they will want to change their manner of interacting with not only Native Americans, but all persons of different backgrounds.

Trainers are encouraged to draw from the information provided below for the basis of discussion and dialogue with participants. Also available for use is OHT #5

As reported in the *American Indian Rehabilitation Programs: Unmet Needs* report:

- ◇ “It is important for us to understand that Native Americans missed out on the Industrial Age and simply cannot afford to miss out on the Information Age. This is particularly meaningful in light of the 35 to 43 million persons with disabilities in the United States, of which Native Americans have the greatest number of persons with disabling conditions of all ethnic groups of the United States (U.S. Congress, 1990). In fact, the rate of work-related disabilities for Native Americans is about **one and a half times** that of the general population.”

Dr. Fredric Schroeder, 9<sup>th</sup> Commissioner of the Rehabilitation Services Administration, stated:

- ◇ “The ability of the rehabilitation establishment to deliver services to the Native American population and other minority populations is something I have always had a keen interest in. I would like to believe we have outgrown the melting pot concept that we obliterate our differences because we washed them out by assuming the dominate culture’s values and living by those values. I hope as a society we can say we value people according to who they are and what they contribute and what they believe, how they live their lives, the values they hold, and not according to the way they’re like us...”

In *A Study of the Special Problems and Needs of American Indians with Handicaps Both on and Off the Reservation* (1987), the following barriers to VR service delivery to American Indians were consistently identified:

- ◇ a lack of employment opportunities for VR clients on or near the reservation;
- ◇ cultural differences, which affect VR ability to appropriately serve Indian clients and the ability of Indians to fit into the traditional VR service delivery patterns;
- ◇ isolated geographic location of reservation-based Indians and associated problems with transportation for accessing services;
- ◇ lack of interagency cooperation, in both identifying and serving VR clients;
- ◇ itinerant service delivery strategy;
- ◇ high level of substance abuse, resulting in a more difficult condition to rehabilitate.

*Other information which may be helpful:*

- ◆ California has the second highest population of Native Americans living within the state at 242,000 persons.
- ◆ The educational attainment levels of American Indians improved significantly during the 1980's, but remain considerably below the levels of the total population.
- ◆ In 1990, 66 percent of the 1,080,000 American Indians 25 years old and over were high school graduates or higher compared with only 56 percent in 1980. Despite the advances, the 1990 proportion was still below the total population (75 percent).
- ◆ Only 9 percent of American Indians have completed a bachelor's degree or higher, much lower than the 20 percent for the total population in 1990.
- ◆ In 1990, 729,000 American Indians were employed in various occupations. A smaller proportion of American Indians than of the total population were employed in managerial and professional specialty occupations. This was also true to technical, sales, and administrative support jobs.
- ◆ A larger proportion of American Indians than of the total population were employed in service occupations; farming, forestry, and fishing jobs; precision production, craft, and repair occupations; or were employed as operators, fabricators, and laborers.

◆ Occupations 1990

Job Choice	American Indian	Total Population
Managerial/professional	18.3%	26.4%
Technical, sales, administrative support	26.8%	31.7%
Service	18.5%	13.2%
Farming, forestry, fishery	3.3%	2.5%
Precision production, craft, repair	13.7%	11.3%
Operators, fabricators, and laborers	19.4%	14.9%

- ◆ 31% or about 603,000 American Indians lived below the poverty level versus the national level of about 13% (31.7 million persons).

*(1990 Census-We, the First Americans)*

# ≈COMPETITIVE EMPLOYMENT

## Trainer's Note:

This phase of the session challenges the trainer to encourage participants to move outside the realm of common and comfortable ways of viewing employment. Trainers will introduce topics listed below which is a paradigm shift for most general vocational rehabilitation counselors and administrators. The points of issue require a stark departure from the generally held value that work is for pay for eight hours a day and forty hours a week.

For some, this may be a provocative and welcome shift, but for most, it will likely be an uncomfortable deviation from commonly-held values.

This same report ( *A Study of the Special Problems and Needs of American Indians with Handicaps Both on and Off the Reservation*, 1987) stated "Vocational rehabilitation goals within the context of the American Indian culture should be reassessed. The rehabilitation of American Indians should take full advantage of rehabilitation outcomes that include, but are not limited to, competitive employment, in order to incorporate consideration of the socioeconomic, employment and cultural factors of the American Indian people.

*≈Paradigm shift: What does "competitive employment" mean to you? What other definitions may be appropriate taking into consideration Native American values, culture, and traditions?*

## FAMILY INVOLVEMENT

Strategies in providing services to American Indian people should incorporate the individual's immediate and extended family into the rehabilitation process (when appropriate)

*≈Paradigm shift: If working with a grandmother who has been the providing childcare services to a daughter in the household, what will happen if the grandmother returns to the workforce?*

## LOCAL INDIAN SUPPORTS

Local, tribal people can be utilized in the delivery of rehabilitation services to the extent possible; for example, interpreters, transportation providers, interviews, counselors.

*≈Paradigm shift: Local tribal resource persons may be the critical element for successful provision of rehabilitation services. Generally, the Native community maintains a close-knit relationship. VR services are not provided in a vacuum. Who do you know that can help with accessing information related to work availability, Indian community centers, BIA or IHS service units, other job-training/education programs which could assist with comparable benefits?*

## SELF EMPLOYMENT PLANS

Self employment through cottage industries, vending businesses, crafts production, and opportunities in other industries should be explored.

*≈Paradigm shift: How receptive is your agency to developing IPE's for self employment goals? Native American rehabilitation programs throughout the country have been on the "cutting edge" in the development of self employment plans. It can and does work!*

## RELATIONSHIP BUILDING

For many tribal folks, their life experience may not have lent itself well to information on occupational opportunities. Couple this with the paucity of jobs in Native communities and high unemployment rates, many Native Americans have little trust in the system.

*≈Paradigm shift: How can VR assist Native Americans with disabilities seek and find meaningful employment? More time may be needed for exploration of occupational opportunities. Trust is a critical issue in successfully working with Native Americans with disabilities. Will VR take the time to develop relationships?*

## EMPLOYMENT FOLLOWUP

Native American consumers may need more counseling and guidance services while in this phase of the VR process. VR services will include monitoring the placement?

*≈Paradigm shift: Will you, as a VRC, be willing to take a “pulse” on the Native American consumer about every two weeks at least initially? Are there any special needs or problems that can be worked through? Is the work suitable given disability issues?*

## OTHER ISSUES TO CONSIDER

- ◆ **Transportation** may be a barrier to employment - how will you assist your Native American consumer in addressing this need?
- ◆ **Telephone service** may not be available to the Native American consumer. How will you assist?
- ◆ **Child Care** may be an item which a consumer may desire family services. Will the VR system be able to be work with a Native American in assisting with this service?

Can you think of any other items which you may encounter in assisting a Native American with a disability to gain and retain employment?

## ≈ Case Studies

### Trainer's Notes:

The case studies (HO#14) are presented for use during the vocational rehabilitation counselor sessions to let participants explore and utilize what they've learned and the resources they've discovered during the session.

Participants are placed in groups (by geographical areas) of four or five, given chart paper, markers, and allowed to explore how they would handle the case study. Each group is provided a different case study. The group is given about 30 minutes to work with the case study.

Each group will designate a recorder and a presenter to share the case with the rest of the group.



# ≈Innovative Approaches from Other State Activities

## Trainer's Note:

Trainers have available for their use OHT #6 and HO #17 for their use. It is recommended to trainers that, if these materials are used, they be shared at the end of the session. This allows more free thinking for developing strategies to address the issues identified.

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## ≈Resources

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# ≈GLOSSARY

# Glossary

## Relocation:

U.S. Governmental policy to assimilate Indian people in the 1950's to late 1960's. Indian people and families were sent to training in major cities across the country and expected to become educated, find job, and ultimately sever their ties to their reservations. What ultimately occurred is that many Indian people returned to their reservations without completing their education and the ones who remained in the urban areas formulated areas and centers in which they could continue their tribal connections. Many today who live in the urban areas return back to the reservation frequently to visit family and friends, attend pow-wows and ceremonies. Some of the major relocation cities were San Francisco, Chicago, Los Angeles, and Minneapolis.

## BIA:

Bureau of Indian Affairs – it is the federal agency charged with oversight of Indian lands and funds. In the past 20 years, the BIA has, in the name of self-determination, given most of its powers over to tribes under contracts entitled “638 contracts.

## Indian:

Various definitions exist about who is an Indian. Generally, tribes decide who may enroll in their membership and many adhere to a blood quantum criteria. For instance, in order to be enrolled in the Colville Tribe, a person must prove that he/she has at least one-fourth blood degree from one of the 12 bands comprising the Colville Confederated Tribes.

In other tribes, a person need only prove they had a relative that was enrolled at one time and do not have a blood quantum requirement.

The BIA requires one-quarter degree blood quantum and enrollment in a recognized tribe.

Some tribes have criteria that requires the person enrolled to have been born and/or resided on the reservation for a period of time.

The U.S. Census depends solely on self identification (it is for this reason, that census figures may be misleading).

## Section 121:

Prior to 1998, American Indian Vocational Rehabilitation Projects which provided services to enrolled American Indians living within the boundaries of a specific Indian reservation were oftentimes referred to as “Section 121” projects. Section 121 referred to the section in the Act. In 1998, with the



amendments to the Rehabilitation Act, the American Indian projects fall under Section 121 of the Act. The amendments also permitted tribal governments to define their service area by including in the Act language that refers to service to American Indians with disabilities residing “on or near” the reservation.

# ≈Handouts

HANDOUTS

# Sample Agenda

## *State Administrators' Session*

State Rehabilitation Services  
and the Dine' Project of  
Western Washington University

## Developing Partnerships with Native American People

### Day 1

Opening Ceremony	Elder from group
Ice Breaker - Ancestry Ceremony	
Who we are and why are we here	Team member
History of State Native Population	State Native American
State Rehabilitation Services	State Director (preferably)

### Lunch

Section 121 Projects	Native American Team Member
Myths Quiz	Native American Team Member
Values and Culture	Team Member
Traditional healing/spirituality	Native American Team Member
Film - Medicine Wheel	Team Member

### Day 2

State statistics	Team Member
Participation Questionnaire Issues	Team Member
What are the Issues?	Group process

### Lunch

Groups Report Out	
Video – Mending Spirits	Team Member

### Day 3 (1/2 day)

What can we do to do (Strategies) better service delivery?	Group process
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**Groups Report Out  
Innovative Service Delivery  
Systems  
Closing**

**Team Member  
  
Elder from group**

## *The Dine` Project*

The Dine` (pronounced Din-eh) Project was initiated in October of 1995 to assist states with high Native American populations to improve vocational rehabilitation services to Native Americans with disabilities. Western Washington University, the Center for Continuing Education in Rehabilitation and the Dine` Project which is intended to utilize the human resources within the identified states to enhance working relationships between state vocational rehabilitation agencies and tribal organizations. Targeted states will serve as models for other states with similar demographics. In all, sessions were held in six states, Ohio, California, Oklahoma, Alaska, South Dakota, and New York. The service delivery models emerging from the sessions in targeted states will be disseminated through a variety of approaches, including a "train the trainer" session which will include persons from each Regional Rehabilitation Continuing Education Program (RCEP). The RCEP's will be asked to identify and bring a Native person from their state to attend the session to serve as co-trainers with the RCEP trainer.

Native Americans have one of the highest disability profiles in the nation and one of the lowest successful rehabilitation rates. Disabilities prevalent in the American Indian population include: diabetes, traumatic brain injury, specific learning disorders, and alcoholism/substance abuse.

Native American vocational rehabilitation projects were established in 1981 when the Navajo Nation received funding to serve the disabled on their reservation. The Navajo project was the sole project until 1985 when two other reservations initiated vocational rehabilitation services to Native Americans with disabilities. Since that time, these projects, formerly referred to as Section 130 projects and presently called Native American or American Indian Vocational Rehabilitation projects, have evolved to a total today of 49 programs throughout the country. Congress recognized that many Native Americans with disabilities, residing within on reservations or Alaska Native villages, were not being served by state vocational rehabilitation agencies and, in response, initiated Native American Vocational Rehabilitation, which is in the Title I section of the Rehabilitation Act.

While Native American rehabilitation projects are meeting the needs of many of the disabled population on Indian reservations; Native Americans with disabilities living in urban settings and those residing in states without reservations, are still not being served to the degree their needs warrant.

It is for this reason, the Dine` Project was funded and it is our mission to work with states and Native American organizations to increase understanding, provide tools, and initiate linkages so that this population will be more successfully served.

# Dine' Questionnaire

1. Do you know what the Native American population is in your state?

Yes \_\_\_\_\_ No \_\_\_\_\_

Circle one of the estimates below:

- |                                  |                       |
|----------------------------------|-----------------------|
| a. 5,000 to 10,000               | e. 101,000 to 200,000 |
| b. 11,000 to 20,000              | f. 201,000 to 500,000 |
| c. 21,000 to 50,000<br>1,000,000 | g. 501,000 to         |
| d. 51,000 to 100,000             | h. 1.5 to 3 million   |
| i. Over 3 million                |                       |

2. Do you have data available regarding the disability rates for your state? Yes \_\_\_\_\_ No \_\_\_\_\_

a. Rate for Native Americans in my state is \_\_\_\_\_

b. Overall disability rate for my state is \_\_\_\_\_

3. What are the main obstacles to your provision of rehabilitation services to the American Indian/Native American disabled population? ("a" being the most important)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



d. \_\_\_\_\_

e. \_\_\_\_\_

4. What information would be most useful to you if you had an opportunity to select a training session targeting provision of services to Native Americans? (Number in order of preference with one being most preferred).

\_\_\_\_\_ a. Information on obtaining funding such as establishment grants.

\_\_\_\_\_ b. How to work with State Rehabilitation Services to coordinate with tribes on hiring Native Americans for rehabilitation services.

\_\_\_\_\_ c. How to work with tribes to develop extended supported employment.

\_\_\_\_\_ d. How to obtain more information or better information on types of incidence of disabilities, such as spinal cord injuries, diabetes, alcoholism, or visual impairments.

\_\_\_\_\_ e. How to promote culturally appropriate services such as use of native healers.

\_\_\_\_\_ f. How to collaborate with state rehabilitation services to better serve Native American/Alaska Native populations.

\_\_\_\_\_ g. How to get assistance from state rehabilitation services to promote awareness of disability issues.

5. Do you know anything about Native American healing practices?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Have you had successful rehabilitation with Native American consumers?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please share your ideas about what made the process successful:

7. What do you believe are your major barriers to success in rehabilitating Native Americans with disabilities? (1 being the most important).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

8. Are you aware of Native American activities taking place in your community?

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does your agency provide outreach services to the Native American disabled community?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are those services?

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10. Please list the five most important needs of American Indians/Alaska Natives with disabilities that you feel the state rehabilitation services should address (1 being the most important).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

11. Please list 5 methods that could be incorporated into the delivery system at the state rehabilitation services in order to meet the above-listed needs of Native Americans/Alaska Natives with disabilities (1 being the most important).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

12. Please list five state rehabilitation services' training activities that could improve services to American Indians/Alaska Natives (1 being the most important).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## ≈What is Section 121?

### *(Now called Native American Rehabilitation Projects or American Indian Rehabilitation Projects)*

Section 121 (formerly 130) refers to the section in the Rehabilitation Act which addresses American Indian vocational rehabilitation (AIVR) programs. Quite often folks will hear Native American rehabilitation referred to as “Section 121”.

AIVR projects arose out of recognition that, while Native Americans had one of the highest disability profiles in the country, they were the least successfully served by state vocational rehabilitation agencies throughout the country. The Navajo Nation initiated tribal vocational rehabilitation in the early 1980's with a state grant from the state of New Mexico. Their program was so successful in getting services to Navajos with disabilities, the Navajo Nation approached Congress with the model and in about 1983, Section 121 became a part of the Rehabilitation Act.

Since then, AIVR has expanded to the size it is today. There are presently about 50 projects throughout the country and it is anticipated, by the fiscal year 2000, there will be about seventy-five Section 121 programs.

The AIVR programs are distinct in a number of ways and, yet similar to state vocational rehabilitation programs as well. Some of the distinctions are:

1. The purpose of the Section 121 projects is to provide vocational rehabilitation services to American Indians with disabilities **who reside on or near Federal or State reservations** consistent with their individual strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, so that they may prepare for and engage in gainful employment.
2. Section 121 applications can only be made by the **governing bodies of Indian Tribes or consortia of those governing bodies** located on Federal or state reservations.
3. These are not rich programs! Most generally, awards to tribes are about **\$300,000 per year and are three years in duration**, with the potential for a two year extension.

4. Section 121 projects are charged with provision of vocational rehabilitation services **comparable to those provided by state programs**; however, tribes are not required to provide identical services. A priority in delivery of services is given to those American Indians with disabilities who are the most severely disabled.
5. Decisions regarding eligibility for and the nature and scope of vocational rehabilitation services are **made by the tribal vocational rehabilitation program and cannot be delegated to another agency or individual.**
6. The AIVR must expect to have ample resources to **serve all** eligible American Indians with disabilities who are expected or apply **or give a description of the order of selection**, prioritized on the basis of severity of disability, giving highest priority to those who are most severely disabled.
7. An IPE (**Individualized Plan for Employment**) will be developed jointly by the VR staff and the American Indian with disabilities being served.
8. AIVR is mandated to establish **a cooperative working agreement with the appropriate state** vocational rehabilitation agency (ies).
9. The Section 121 must assure the utilization of “**comparable services and benefits**” available through other programs.
10. An assurance must state that **due process procedures** will be implemented or developed in a timely fashion, if funded.
11. Regulations permit **expenditures for services reflecting the cultural background** of the American Indian being served. This may include treatment provided by **native healing practitioners** recognized as such by the tribal vocational rehabilitation program when the services are necessary to assist an individual with disabilities to achieve his or her vocational rehabilitation objective.

## ≈Regulations dealing specifically with Native American vocational rehabilitation

<u>Section</u>	<u>Content</u>
34 CFR 361.14(b)	Definitions of “American Indian”, “Indian tribe”, “Local agency”, and “Reservation”
34 CFR 361.14 (b)	361.55 - The designated state unit shall include on its staff or make available personnel able to communicate in the native languages of applicants for services and state unit clients who have limited English-speaking ability if those languages are spoken by substantial segments of the population of the state...
34 CFR 361.18	The designated state unit shall actively consult, as appropriate, in the development of the state plan with those Indian tribes and tribal organizations and native Hawaiian organizations that represent significant numbers of individuals with handicaps within the state;
34 CFR 361.38	Designated State vocational rehabilitation unit(s) must provide vocational rehabilitation services to American Indians to the same extent that services are provided to other significant groups of the State’s population; and... (American Indian Vocational Rehabilitation Services Manual [AIVRSM) 4501.2]
34 CFR 361.38	The designated state unit shall continue to provide vocational rehabilitation services including, as appropriate, services traditionally used by Indian tribes, to American Indians with handicaps on reservations serviced by a special tribal program under Section 121 of the Act;
34 CFR 361.71(b)	Federal financial participation may be available for costs... of Native Healing practitioners who are recognized as such by an Indian tribe when services are being provided to handicapped American Indians under the state plan and

when the native healing practitioner services are necessary to achieve the individual's vocational rehabilitation objective...

Section 130 (now Section 121) - Native American VR Projects 34 CFR 371

Section 130 of the Rehabilitation Act of 1973, as amended.

Section 110 (d) of the Act states each fiscal year, the Commissioner reserves from the amount appropriated for the VR services program not less than ½ of 1% and not more than 1 ½% of the state allocation to carry out the purposes of Section 130.

- 34 CFR 371.21(a) Efforts will be made to provide a broad scope of VR services in a manner and at a level of quality comparable to those services provided by the state unit(s) under the state VR services program;..
- 34 CFR 371.21(b) All decisions affecting eligibility for Section 121 services, the nature and scope of vocational rehabilitation services be provided, and the provision of these services, will be made by the tribal vocational program through its vocational rehabilitation unit and *will not be delegated* to another agency or individual...
- 34 CFR 371.21(c) & (d) Priority for receiving tribal VR services will be given to those American Indians with the most severe handicaps, and if services cannot be provided to all eligible clients, an order of selection will be specified...
- 34 CFR 371.21(e) All vocational rehabilitation services will be provided in accordance with an individualized plan for employment (IPE formerly individual written rehabilitation plan - IWRP) which is jointly developed by the representative of the service providing organization and the individual with handicaps being served;
- 34 CFR 371.21(f) American Indians with handicaps living on reservations where Tribal vocational rehabilitation service programs are being carried out under 34 CFR 371 will have an opportunity to participate in matters of general policy development and



implementation affecting vocational rehabilitation service delivery on the reservation;

- 34 CFR 371.21(g) Cooperative working arrangements will be developed with the designated state unit(s) which are providing vocational rehabilitation services to other individuals with handicaps who reside in the state or states being served;
- 34 CFR 371.21(h) & (k) Maximum use will be made of community resources including public or other vocational or technical training facilities, and any comparable benefits or services available to applicants or clients which might meet in whole or in part, the cost of any VR service. The program must fully consider any available comparable services and benefits in accordance with 34 CFR 261.47 (b);
- 34 CFR 371.21(i) Any American Indian with handicaps who is an applicant or recipient of services, and who is dissatisfied with a determination made by a Section 121 counselor or coordinator, and who files a request for review under procedures developed by the grantee comparable to those under the provisions of section 102(d) of the Act.
- 34 CFR 371.21(j) Minimum standards will be established for facilities and providers of service which will be comparable to the standards set by the designated state unit(s) in the state or states in which the program is being provided;



## Dine' Myths Quiz

Please respond True or False to the following statements:

1. Native Americans are easily identified by physical features, body shape, and skin and hair coloring.
2. Native Americans are alcoholic.
3. Native Americans don't pay taxes.
4. There are over 700 tribes and over 200 languages currently.
5. Section 121 (formerly 121) of the Rehabilitation Act serves all eligible Native Americans with disabilities.
6. All tribes have seen a 50% increase in income/benefits due to casino revenues.
7. Less than half of all Native Americans receive their high school diplomas.
8. Native Americans learn and communicate differently.
9. All Native American people receive monthly or annual U.S. Government checks.
10. 75% of all Native Americans reside on reservations.
11. Indians do not have the right to own land.
12. Laws that apply to non-Indians do not apply to Indians.

13. The U.S. is still making treaties with Indians.
14. Most tribes will allow you to enroll in their tribes.
15. Indians were made citizens of the United States in 1924.
16. Indians do not serve in the Armed Forces.
17. Indians are wards of the government.
18. The government says who is Indian and who is not.

### MULTIPLE CHOICE

1. Members of tribal nations prefer to be identified as:
  - a. Native Americans
  - b. American Indians
  - c. Indigenous people of the Americas
  - d. First Americans/First Nations
  - e. All of the above
  - f. None of the above
2. Native Americans were “permitted” to practice their spiritual ceremonies and belief systems when:
  - a. Indian Religion Treaty of 1887 was signed.
  - b. American Indian Religious Freedom Act of 1932 was enacted.
  - c. Native Americans have always been free to practice their spiritual life styles.
  - d. American Indian Religious Freedom Act of 1978 was passed.

# Response to Dine` Myths Quiz

1. False. Native Americans come in all shapes, sizes, and shades. As a result of intermarriage, there are some very light-skinned and light-haired Indians and there are also some very dark-skinned, dark-haired Indians.
2. False. Native Americans are not all alcoholic. Historically, there has been a high incidence of alcoholism among Indian people, but there are many, many Indians who do not or have never drank alcoholic beverages.
3. False. Alas, were this true! Indians pay taxes just like everyone else. Some tribes do not have to pay excise or sales taxes in their states for goods delivered on the reservation; but generally, Indians pay income taxes.
4. Trick question. True and False. There are over 700 tribes in the nation; however, only 510 are federally-recognized and there are about 200 Native languages still spoken by Indian people, but the numbers of fluent speakers is dwindling. In the past ten years or so, there has been a reawakening of the value of culture and language, so many tribes have initiated language programs to encourage the revival of the languages.
5. False. Section 121 programs serve enrolled Indians with disabilities that live on or near reservations having American Indian vocational rehabilitation programs. The tribal government defines what is considered "near" and there are tribal V.R. programs that continue to serve only enrolled Indians living within the boundaries of their reservation.
6. False. Despite beliefs to the contrary, all tribes in the nations do not have casinos. There are some casinos that are located in very populated, accessible areas and the tribal memberships low in number that are doing very well. Most tribes having casinos are located away from metropolitan and populated areas, and while they may make enough money to sustain some jobs, most tribes haven't gotten rich from casino business.
7. True. Unfortunately, this is true.
8. False. Although, it may be that some American Indians possess different styles of learning; a general statement of difference would be inappropriate.

9. False. Again, if only this were true! Some tribes receive monthly income from business enterprises; some tribes derive income from the sale of timber, oil, gas, etc. located on tribal lands and intermittent dividends are paid to their membership.
10. False. As of 1990 (according to the Census), about 50% of all Indians lived on reservations.
11. False. Indians can be private landowners just as any other racial or ethnic group can. Tribal land, owned by the tribe as a whole, is generally held in trust by the U.S. Government for the tribe that allows non-tax status. Some reservations also have provisions for individual members to have their land also held in trust by the government.
12. False. Indians must abide by all local, state, and federal laws. Most Indians, however, have an additional layer of legislation invoked by their tribal governments that have formulated their own judicial systems. These tribal governments generally have a police force, detention facilities, and tribal courts.
13. False. The U.S. Government ceased making treaties with Indian tribes in the late 1800's. The treaties that exist today are ones made prior to this time.
14. False. Most tribes have very specific enrollment laws. Some tribes will allow enrollment in their tribe if the person can prove an ancestor possessed the specific tribal blood. Others follow a blood quantum, most often one-quarter degree Indian blood of the specific tribe(s) for enrollment. There are instances in which tribes will not enroll a person if they haven't lived on the reservation.
15. True. Indians were not formally recognized as citizens of the United States until 1924.
16. False. Many tribal persons have served in the Armed Forces; in fact high numbers served in WWI, WWII, and the Viet Nam Conflict. Folks may remember the Navajo Code Talkers that spoke their language to relay orders during WW\*\* which was a language that the enemy was unable to decode.
17. False. Indians aren't wards of the government. Historically, this idea was likely planted when the government placed Indians on reservations and their usual and accustomed hunting, fishing, and gathering grounds were no longer available to them and they were forced to rely on the government for food and clothing.

Gradually, Indian people were able to find ways to survive without governmental assistance.

18. True and false. The government determines who it will recognize as Indian for some services and benefits. Generally, the government requires a one-quarter degree blood quantum of a federally-recognized tribe in order to qualify for many services. The U.S. Census Bureau, when taking census every ten years, relies on **self disclosure**; thus census data should be viewed in this light.

#### Multiple Choice

1. e. All of the above. Most Indians prefer to be addressed respectfully. If in doubt, ask respectfully how the person wants to be identified.
2. d. American Indians were not free to practice their ceremonies and rituals openly until the American Indian Religious Freedom Act of 1978 was enacted.

## Disability Statistics in Indian Country

### Background Statistics

According to the 1990 Census, there are about 2 million Indian people in the United States. (The census relies on self-reporting of persons claiming to be Indian.)

Native American population has changed since the 1890's:

<u>Date</u>	<u>Size</u>
1890	248,000
1910	276,927
1930	343,352
1950	357,499
1970	792,730
1990	1,959,234

2. The states with the highest Indian populations are (again based on 1990 Census):

Oklahoma	252,000
California	242,000
Arizona	204,000
New Mexico	134,000
Alaska	86,000
Washington	81,000
North Carolina	80,000
Texas	66,000
New York	63,000
Michigan	56,000

Ten States with the Highest Percentage American Indian, Eskimo, or Aleut

Alaska	15.6%
New Mexico	8.9%
Oklahoma	8.0%
South Dakota	7.3%
Montana	6.0%
Arizona	5.6%
North Dakota	4.1%
Wyoming	2.1%
Washington	1.7%
Nevada	1.6%

#### Total Native Population in Urban Areas

<u>Date</u>	<u>Percent</u>
1940	5%
1960	30%
1980	49%
1990	51%

#### Urban Areas with the Greatest American Indian Population

<u>City</u>	<u>Population</u>
Los Angeles, California	87,500
Tulsa, Oklahoma	48,000
New York, New York	46,000
Oklahoma City, Oklahoma	45,700
San Francisco, California	40,800
Phoenix, Arizona	38,000
Seattle-Tacoma, Washington	32,000
Minneapolis-St. Paul, MN	24,000
Tucson, Arizona	20,000
San Diego, California	20,000 <sup>1</sup>

In the Survey of Income and Program Participation (SIPP) collected by the Census Bureau in 1991 and 1992, Native Americans were identified as having the highest rate of disability of any racial/ethnic group. Among people between the ages of 15 and 64 years, the Native American rate was 26.9%. Out of this group, the most severely disabled comprised 11.7%.<sup>2</sup>

<sup>1</sup> [piaseckj@lahs.losalamos.k12.nm.us](mailto:piaseckj@lahs.losalamos.k12.nm.us)

<sup>2</sup> McNeil, John M., Americans With Disabilities: 1991-92, U.S. Bureau of the Census, Current Population P79-33, U.S. Government Printing Office, Washington



Within the same age category, the SIPP reported the lowest prevalence of disability was for Asians and Pacific Islanders at 9.6%; among whites, 17.7%, 20.8% among Blacks, and 16.9% among persons of Hispanic origin.

In this country, there are approximately 38 million Americans with disability reporting 61 million disabling conditions – which is defined as any chronic health disorder, injury, or impairment that contributes to a person’s being limited in social or other activities. This comprises 42 million chronic conditions classified as physical health disorders, 16 million as impairments (such as orthopedic and sensory impairments, paralysis, learning disabilities, and mental retardation), 2 million as mental health disorders, and about 1 million injuries that are not classified as impairments.

In another study released in 1999 by NIDRR titled Chartbook on Women and Disability in the United States, it is reported that “women have higher disability rates than men in all of the major ethnic and racial groups except Native Americans. Among females, Native Americans face the highest disability rate (21.8%), followed closely by Black females at 21.7%.

The Native American population is a young population. According to the 1990 Census, 33% of the Indian populace was younger than 15 years and 6% were older than 64 years. For all U.S. races, corresponding percentages were 22% and 13%. Economic profiles for the Native American population illustrate the following:

*Educational attainment (persons 25 years and older)*

	<u>Native American</u>	<u>All Races</u>
Less than 9 <sup>th</sup> grade	14.1%	10.4%
9 <sup>th</sup> to 12 <sup>th</sup> grade (no diploma)	20.6	14.4
High school graduate or higher	65.3	75.2
Bachelor’s degree or higher	8.9	20.3

*Employment Status by Sex (persons 16 years and older)*

Percent unemployed, males	16.2	6.4
Percent unemployed, females	13.4	6.2

<u><i>Median Household Income</i></u>	\$19,897	\$30,056
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*Percent Below the Poverty Line*

All ages	31.6	13.1
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## IHS Morbidity Statistics<sup>3</sup>

The two leading causes of death for American Indians and Alaska Natives, ages 15 to 24 years (1992-1994) and U.S. Whites (1993) were accidents and suicide. For all U.S. races (1993), they were accidents and homicides. (Overheads – IHS)

The two leading causes of death for American Indians and Alaska Natives (1992-1994) and the U.S. All Races and White populations (1993) were diseases of the heart and malignant neoplasms. This is a recent change for the Indian population; accidents had been the second leading cause of death.

Why look at causes of death for our people? What kinds of conclusions can we draw from examining these statistics?

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<sup>3</sup> 1997 Trends in Indian Health, DHHS, IHS, 1997.

What are the common disabilities we see Indian Country?  
In your community?

Diabetes

Lupus

Substance Abuse

Closed Head Injury

Specific Learning Disorder

Cancer

Liver Disease/Cirrhosis

Pulmonary Diseases

Heart Disease

Disabilities Associated w/Accidents

# ≈Values and Culture

HO # 8

## Dominant Culture

Life force is only in humans and animals.

Self focus (looking out for #1).

Time (controlled by inanimate object)

Young and beautiful is good

Competition is the name of the game.

Aggression is necessary for success.

Nature must be leashed and controlled.

The future must be planned for and preparedness is needed.

Religion and spirituality are distinct  
And separate elements in one's life.

Wealth and security are the goals  
sought after.

## Native American Culture

There is life in all things - trees, plants,  
and even stones have life.

The group/tribe is important - what is  
good for the tribe is good for us.

Time to be used as it comes - elder  
saying, "When it's time, it is time".

The elders hold the wisdom of the  
ages and they are to be cherished.

Cooperation is commodity more  
valued than competition.

Things will happen when they are  
supposed to happen. Trying to force  
people, places or things won't change  
when something will occur. Patience is  
better.

Nature is the way it is because it is the  
way the Creator intended it We try to  
live in harmony with it.

Today is pretty good and we've learned  
much from our history.

Religion and spirituality are a way  
of living - it encompasses all aspects of  
existing.

We generally do not "bond" well  
with money or saving.

Father, mother and children are the most important others.

Father, mother, brother, sister, aunt, uncle, grandfather, grandmother are all important and hold special places in our lives.

Become “like us” attitude - the “melting theory” - everyone should blend

Our history and our heritage are vital to our existence - we remember from whence we came.

Land is to be changed and used to acquire wealth.

The earth and water were put here to help us survive - it will take care of us if we take care of it.

Medicine treats physical and emotional symptoms

Our medicine treats our mind, body, and our spirit - if one is out of “synch”, then the rest of our existence is not well. We see our medicine people even when well.

# ≈ACCULTURATION/ASSIMILATION TOOLS

## Pan-Indian Indices

Should be used in urban settings, with individuals of mixed tribal origins, or whenever marginality is suspected.

- ◆ Traditional - thinks and speaks in the native language, knows little English; holds to traditional values of the tribe; and participates in tribal ceremonies and religious practices.
- ◆ Transitional - speaks both their native and English language; questions traditionalism but cannot fully accept the culture and values of the dominant culture. This person tends to feel some stress due to being pulled between two cultures.
- ◆ Marginal - has a painful time of coping with both traditional and dominant society and has little identification with either.
- ◆ Assimilated - has abandoned traditional way of living and has adopted dominant culture and values and is accepted by the dominant culture. This person will feel comfortable in the dominant culture but not in the traditional tribal culture.
- ◆ Bicultural - lives effectively between traditional and dominant world - has multiple loyalty versus dual loyalty. These persons can select roles that support their way of living and moves fairly comfortably between the two cultures.

## Tribe-Specific Acculturation Scale

This is an example of a scale for Navajos:

- ◆ What languages are spoken by the client's mother?
- ◆ What languages are spoken by the client's father?
- ◆ What language does the client use to speak to parents in the home?
- ◆ How close do the parents live to the client?
- ◆ What is the structure of the client's home? (e.g. hogan vs. standard?)
- ◆ Does the client's home have utilities?

- ◆ What is the client's source of income? (e.g. sheepherding vs. store clerk)
- ◆ Where is the client's home located? (e.g. on the reservation vs. urban area)
- ◆ Does the client own livestock?
- ◆ What is the client's parent's religion? (e.g. traditional vs. Christian)
- ◆ What is the client's religion?
- ◆ Has the client or a family member been involved in a traditional healing ceremony in the past year?
- ◆ Did the client grow up in a non-Indian foster home?

Indian consumers who are highly acculturated to the dominant society may be treated in assessment and counseling the same as other clients. In other words, if the client is Indian by heritage but does not hold Indian values, live on the reservation, speak a tribal language, practice Indian religion, etc., then standard tests and counseling approaches are appropriate and have a good chance of being successful. However, it is essential to assess an Indian client's degree of acculturation before using standard tests and procedures.

### *Zitzow & Estes Indicators*

#### Heritage-Consistent Native American

- ◆ Native Americans who retain a tribal orientation
- ◆ Grew up on or near a reservation
- ◆ Maintain an extended family orientation
- ◆ Continue to be involved in tribal ceremonies/rituals or other cultural activities
- ◆ Were educated on or near the reservation
- ◆ Social activities are primarily with other Native Americans
- ◆ Are knowledgeable about their culture
- ◆ Other indicators may include low materialism, shyness, silence as a sign of respect, unfamiliarity with dominant culture expectations, non-verbal communication may be viewed as more important, low value on long-term planning.

#### Heritage Inconsistent Native American

- ◆ Denial and lack of pride in being a Native American
- ◆ Pressure to adopt the majority culture values
- ◆ Guilt because of not knowing or participating in traditional activities
- ◆ Negative view of Native Americans
- ◆ Lack of support or belief system

### *Lowery Indicators*

Lowery provides another set of tools which may assist in identifying degrees of assimilation and acculturation.

### Traditional Native American

- ◆ One who keeps the dominant society influences to a minimum
- ◆ Retains language, customs, and belief systems and sees no need to change

### Autonomous Native American

- ◆ Can move between both cultures
- ◆ May be college educated
- ◆ Values traditions, culture, and language
- ◆ Is determined to bring their tribe into the modern world without compromising their traditional systems

### Acculturated Native American

- ◆ Educated in university setting
- ◆ Returned to the reservation (Relocation plan of the 1950's and 1960's)
- ◆ Want tribe to move into the modern world
- ◆ May not be comfortable in either setting



You have noticed that everything an Indian does is in a circle, and that is because the Power of the world always works in circles, and everything tries to be round. In the old days when we were strong and happy people, all our power came to us from the sacred hoop of the nation, and as long as the hoop was unbroken, the people flourished. The flowering tree was the living center of the hoop, and the circle of the four quarters nourished it. The east gave peach and light, the south gave warmth, the west gave rain, and the north with its cold and mighty wind gave strength and endurance. This knowledge came to us from the outer world of our religion. Everything the Power of the World does is in a circle. The sky is round, and I have heard that the earth is round like a ball and so are all the stars. The wind, in its greatest power, whirls. The sun comes forth and goes down again in a circle. The moon does the same, and both are round. Even the seasons form a great circle in their changing, and always come back again to where they were. The life of man is a circle from childhood to childhood, and so it is in everything where power moves. Our teepees were round like the nest of birds, and these were always set in a circle, the nation's hoop, a nest of many nests, where the Great Spirit meant for us to hatch our children.

Black Elk in *Black Elk Speaks*  
as told through John G. Neihardt

# ≈Health From An Indian Perspective

HO #11

by Roberto Dansie, Executive Director, Pit River Health Service, Inc., Burney, CA

Bernal Diaz del Castillo, the official historian of the conquistadors, tells us in his book, "La Verdadera Historia de la Conquista de la Nueva Espana" (The Real History of the Conquest of New Spain that the indigenous peoples of what is now Mexico believed that Europeans were gods, because where they went they were received with flowers, perfumes, and incense. No one back then asked the Indians what they really thought about the whole situation. As a matter of fact, Indians were forbidden to either write or speak their own version of those events. Five hundred years later, relying on a collection of Indian writings compiled by Mexican anthropologist Migue Leon-Portilla in his book "The Reverse of the Conquest," we read an account of the Indians in their first encounter with Europeans. They say, "And we smell them even before we saw them. And not even with flowers, perfume, or incense could we get close to them."

One event, two different interpretations. After 500 years, it is time we considered the Indian perspective. It is my opinion that there are common characteristics that most Native American Indians, as well as other ethnic groups, share when it comes to healing and health. These include the following:

- ≈ Life comes from the Great Spirit, and all healing begins with Him.
- ≈ Health is due to the harmony between body, heart, mind, and soul.
- ≈ Our relationships are an essential component of health.
- ≈ Death is not our enemy, but a natural phenomenon of life.
- ≈ Disease is not only felt by the individual, but also by the family.
- ≈ Spirituality and emotions are just as important as the body and the mind.
- ≈ Mother Earth contains numerous remedies for our illnesses.
- ≈ Some healing practices have been preserved throughout the generations.
- ≈ Traditional healers can be either men or women, young or old.
- ≈ Illness is an opportunity to purify one's soul.

There are good reasons why these principles have been around for so long; they make sense; they work. They are also practical. Those of us working in Indian health programs can enhance our efforts and abilities by incorporating the Indian perspectives of health and wellness into our work. Just as Indians have their own

perspective of history, they also have their own perspective of health. Healing begins by first being aware and, then, by respecting this perspective.

#### References

≈ Bernal Diaz del Castillo. *La Verdadera Historia de la Conquista de la Nueva Espana*. Editorial Porrúa. 1984.

≈ Miguel Leon-Portilla. *El Reverso de la Conquista*. Editorial Fondo de Cultura Economica. 1988

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# ≈ Sample Agenda

Vocational Rehabilitation Counselors

HO #7

Division of Vocational Rehabilitation  
and the Dine` Project of  
Western Washington University

## Developing Partnerships with Native American People

Day 1 - 10:00 a.m. Start time to approximately 5:00 p.m.

Opening Ceremony	Elder from the Native group
Ice Breaker - Ancestry Ceremony	Native Trainer
Welcome	State VR Representative
Who we are and why we are here	Training team member
History of the State Native Population	State Native American
State Rehabilitation Services	State Director (preferably)
Section 121 Projects	Native American Team Member
Federal Requirements	Training Team Member
Myths Quiz	Native American Team Member
Lunch	
Values and Culture	Native American Team Member
Traditional Healing/Spirituality	Native American
Film – Medicine Wheel	

Day 2 (9 a.m. to 5:00 p.m.)

Day 1 review	Training Team Member
State Statistics and Demography	Training Team Member
Cases - Work Groups	All Participants (group process)
Report Out of Cases	All Participants (group process)
Issues Discussion	All participants (group process)
Report out - Issues	All participants (group process)
Video - <u>Mending Spirits</u>	

**Day 3 - 9 a.m. to 1:30 p.m.**

**Strategies Identification**

**All participants (group process)**

**Report out of strategies**

**(who, what, when, where?)**

**Group reports**

**Innovative Service Delivery**

**Training Team Member**

**Closure**

**Conference participant**

## ≈The Culturally-Skilled Counselor

In Sue and Sue (1990), an emphasis is placed on counselors knowledge of the following when working with culturally different clients:

1. be aware of the sociopolitical forces that have impacted the person
2. understand that culture, class, and language factors can act as barriers to effective cross-cultural counseling
3. point out how expertness, trustworthiness, and lack of similarity influences the minority client's receptivity to change/influence
4. emphasize the importance of world views/cultural identity in the counseling process
5. understand culture bound and communication style differences among various racial groups
6. become aware of one's own racial biases and attitudes.

## ≈Case Studies

### Case Study #1

Jill, a female in her mid-thirties, was referred to the VRP by Indian Health Service. She is a single parent residing on the reservation and lives with relatives. She's an enrolled member of the tribe. Her presenting disability is morbid obesity, which has led to problems of anxiety, depression, diabetes, and chronic low back pain. At the time of her referral, Jill was unemployed. She has limited job skills, financial problems, and personal/family problems. Her physical and mental health are issues. She seems to be overwhelmed with stress and has little or no confidence, low self-esteem, very conscious of her weight, and is quiet and extremely shy. She presents with symptoms of depression.

## Case Study #2

Sadie is a middle-aged female who lives in a small rural town on the reservation. She is married and has two grown children. She is a licensed R.N. with eighteen years' experience and had previously been a director of a home healthy agency. She was recently diagnosed with osteoarthritis and fibromyalgia. She was very distraught when she came to the program because she felt she had no future because she couldn't work.



### Case Study #3

Joe is a middle-aged, full-blood Indian living in a town on his reservation. He has been a substance abuse counselor for 25 years. He was diagnosed with glaucoma about 10 years ago and recently was found to be legally blind. He is concerned about his ability to perform his job and came to VR for assistance.

## Case Study #4

Ed became a quadraplegic when he was 14 years old. He was able to complete high school, but as he got older, his parents felt they no longer could take care of him. He was placed in a nursing home and had resided there for many years. While in the home, Ed met a lady with young children and they eventually were married. He left the nursing home and he and his new family moved to a city in their state. There, he applied for vocational rehabilitation services, was found eligible, and received an electric wheel chair to begin his search for training and employment. Ed and his family got very lonely and moved back to the reservation. They were able to find housing that allowed disabled access. He went to the VRP and asked for assistance. His wife wasn't able to move him from his bed to his chair. His requests for assistance to Indian Health Service and Medicare were denied.

## Case Study #5

Joanie is 39 years old. She has been in and out of treatment centers numerous times for alcoholism and substance abuse. She was referred to VR by the halfway house where she presently resides. She also has significant hearing loss in one ear. She's divorced, doesn't have custody of her four children, and will have to pay child support if and when she finds employment. She's scheduled to leave the halfway house in about a month, but has no where to go. She additionally has had her driver's license revoked.

## ≈Innovative Approaches Initiated in other areas

How are other vocational rehabilitation organizations modifying their service delivery systems to better meet the needs of Native Americans with disabilities? Listed below are some methods implemented:

### 1. Rehabilitation Technicians (RT)

This is probably the most-often used method of expanding and providing services to disabled Native Americans. The use of rehabilitation technicians (assistants, liaison counselors, or outreach workers) varies by state and area.

- a. An RT is stationed at Native American sites to be the front piece for VR service initiation.
- b. RT's are persons who are Native American knowledgeable of the Native American population in their setting.
- c. RT's may be hired by the state or by a local tribal organization. The most successful method involves collaboration and planning by both the state VR agency and local tribal organizations in development of the functions of an RT. In some states, the hiring of the RT is delegated to the tribal organization and, in others, the state implements a contract for those services with input from the Native community.
- d. Critical to the success of RT arrangements is the ongoing linkage with state VR staff. Mentorship by partnering an RT with an experienced VRC (one who is enthused about the idea) is a way of training an RT in the VR processes and procedures.
- e. Access to state VR training sessions enhances and strengthens the RT's ability to increase services to disabled Native Americans. In some areas, the RT's are provided the CORE training sessions so the individual has a foundation in VR practice.
- f. Ongoing education and training will strengthen the effectiveness of the RT. There are states which have placed an RT on an educational track to ultimately becoming a vocational rehabilitation counselor.

- g. RT positions are, at times, viewed as the focal point for interaction between Native American organizations and the state VR system. The RT serves as an advisor to the VR agency, taking an active role in policy development and maintaining a “pulse” on program or policy effectiveness.
- h. The RT is instrumental in identifying local resources, providing technical assistance to staff, and encouraging outreach approaches.
- i. A component of the RT function would be to promote and practice culturally-responsive services by serving as an mentor to state VR agency staff.
- j. An RT can serve as the reservoir of information about Native American organizations, activities, and existing services. The position may assist in the development of a Native American resource manual for all state agencies.

## 2. Outreach

Expansion of outreach services has been another aspect some states and agencies have adopted to enhance and increase services to disabled Native Americans. Some methods employed are listed:

- a. Contacting and initiating meetings with the Native American organizations in the service area with the goal of developing relationships with the Native community to allay mistrust and doubt regarding governmental services. Initiating dialogue and continuing association amplifies relationship building.
- b. Educating the Native American community about what VR is and what is available through vocational rehabilitation services for disabled Native Americans.
- c. Ways of getting the word out about vocational rehabilitation services may include use of local tribal newsletters or newspapers. *Indian Country Today* is a national Indian newspaper. It is a weekly edition and is published with information from various regions throughout the country. It is sent from Rapid City, SD. Other methods may include radio, television, and other media transmission to get the word out about vocational rehabilitation services.
- d. Developing brochures which are culturally sensitive with distribution to Native American gathering sites. Collaboration with local Native organizations in development of a brochure likely strengthens relationships.

- e. Setting up informational booths at local powwows to distribute information about vocational rehabilitation has been an additional method of “getting the word” out.. Being visible at Native American functions has been viewed as willingness to acknowledge and respect Native American culture and traditions.
- f. Exploration of employment opportunities in the Native American community is also an aspect utilized to increase service. What is the Native American unemployment rate in your locale? What services and potential employment opportunities exist within the local Native American organizations? Are there deficiencies not being met by the Native American population?
- g. Inviting the local Native American organizers in to provide insight into the Native American population in your area is viewed positively. They may be able to enlighten staff regarding traditions and the culture of the Native populace. Ask them to present at an office staffing or in-service training.
- h. One state organized an “Ethnic Convention” and Career Fairs to bolster minority, not only Native American, participation. The sessions were held annually.
- i. Some states have initiated establishment grants to Native American organizations to implement vocational rehabilitation services to disabled Native Americans. The Navajo Nation was the recipient of this type of grant in the late 1970’s and early 1980’s and from this collaboration, was able to become the forerunner and leader in Section 121 (Native American Vocational Rehabilitation) projects in the country.
- j. Creation of Native American task forces within states also has been a method employed to glean feedback, create linkages, nurture understanding of culture and traditions, and pulse-taking.
- k. Cooperative agreements have been undertaken between the state and Native American organizations outlining the times and places in the Indian community a state VRC will be available for intake or information (once or twice a month)
- l. Issues of transportation are real in both urban and rural settings for Native American consumers. Initiating meetings between state and tribal organizations to address these challenges for meeting the needs of disabled Native Americans, cooperation and partnership can be cultivated.

### *3. Service Delivery*

Traditional service delivery concepts were challenged in some of the approaches. Various agencies diverged from standard vocational rehabilitation processes to recognize that working with disabled Native Americans required a different frame in which community-based service is fundamental. Some of those thoughts are listed below:

- a. Consideration of time frames is a reality for any consumer-centered vocational rehabilitation service. A number of states and agencies recognized that case flow, in substantively working through the VR process, with Native Americans was at a deliberate pace. There is recognition that historical contact and experience may negatively impact service movement. Building trust and exhibiting a willingness to acknowledge cultural differences (even amongst tribes) likely will take more time.
- b. Thus, plan development and progress, in many instances, did not take place as quickly as a typical VR case.
- c. Acknowledgment of family and extended family considerations is genuine in working with most disabled Native Americans. Familial strengths or weaknesses can have relevance in the rehabilitation process and those staff, charged with working with the Native American disabled community, will be well served in respecting those interrelationships.
- d. A recognition by some agencies that there are employment goals in the VR process that may not be "competitive employment". Competitive employment for some Native Americans could mean subsistence employment. Subsistence employment may mean working the summer to earn enough to make it through the winter. It may mean seasonal work and it may mean looking seriously at self-employment plans in which customers select a line of work to sell their crafts during a specific season.
- e. Some agencies intensified their endeavors to hire Native American counselors by offering paid internships for Native Americans in the higher education milieu and stimulating interest in the VR field by having those interns work closely with seasoned (and willing) VRC's.
- f. Most organizations implemented procedures to identify the needs of their minority population, which included Native Americans. Many initiated systems which checked the ebb and flow of the disabled Native American caseload.

Checks and balances were introduced to detect stages in the VR process where consumer plans were disintegrating and attempted to avert unsuccessful closures by working through the issues with the RT(s) or Native American liaison(s).

g. Most agencies realized the need to implement policies or procedures which encouraged use of testing and evaluation instruments which are culturally-unbiased.

h. In Oregon, a collaborative effort was undertaken initially focus to on Native Americans completing a substance abuse treatment program. The participants attended four full-day sessions and nine 90-minute follow-up sessions. The effort, spearheaded by Oregon VR and University of Arizona, addressed cultural and historical information, and included concepts such as: PCSD (Post-colonization Stress Disorder), traditional healing and health practices, traditional beliefs, and Native American tribal history. Additional sessions were devoted to Dr. Paul Skinner's Self Empowerment Program (University of Arizona College of Medicine). Participants in the project were asked to explore the impact of PCSD on their daily living and how the principles of self-empowerment can assist in their lives. Referrals to the project were made by a treatment program, tribal organization or a VR counselor. Of the 20 participants participating in the initial cadre, 100% were still involved some months later; 25% were employed 25% were in training, and the remainder were still working through plan development activities.

i. Most effective in encouraging services was the commitment by state(s) to recognize services Native American as a priority.



## ≈Issues Most Often Identified During Dine` Sessions

Lack of communication and coordination (between agencies)	29
Lack of knowledge of services/program awareness	38
Trust	27
Transportation	31
Inadequate pools of qualified personnel (Native, non-Native)	19
History of poor relationships between tribes and state	16
Time issues (no time to deliver services) push for #'s	11
Lack of knowledge about Native American community/culture	35
Discrimination/prejudice	21
Funding	22
Not enough opportunities/jobs	14
Value differences	12
Chronic unemployment and poverty	16
Disability awareness	17
Provider agencies unavailable in community	36
Hesitancy to leave community for services	12
Language	7
Culturally-biased tests and evaluations	7
Organic systems do not mesh (tribal/state jurisdiction)	4
Advocates for persons with disabilities	12
Isolated communities	16
Apathy	3
Communication technology (telephones, etc.)	10
No mechanism to identify minority populations	6
State policies discourage innovation and differences	30
Lack of accessible housing and transportation	12
State is in order of selection	2
Jurisdictional issues	5
Personnel changes	7
Politics (Tribal and State)	12

## ≈ Strategies to Address Issues Identified During Dine` Sessions

Cultural training (Native healing and spirituality)	30
Use of tribal media to inform about VR (newspapers, etc.)	21
Regular meetings (held in Native settings)	24
Cross training between State VR and tribal programs	20
Improve lines of communication between agencies/communities	19
Share resources available in both communities (resource directories)	19
Initiate new position within VR (Native liaison, Rehab techs, etc.)	24
Increase outreach initiatives to Native American community	30
Increase case coordination (in states with Section 121)	8
Begin mentor recruitment from Native community to VR	13
Increase networking	11
Coordinate transportation services between tribes/state	8
Increase job development activities in community	13
Place more effort into follow along of Native American consumers	3
Look for additional funding sources to address unmet needs	6
Change state VR policies and procedures (self employment, etc.)	3
Urge rehabilitation programs in colleges and universities	4
Build core of volunteers to provide transportation services	7
Give technical assistance to tribal organizations re: ADA, disability	3
State VR collaborate with tribes to increase 130 tribal funding	9
State and tribe collaborate on applying for transportation funding	15
Simplify state policies	5
Develop more cooperative agreements between tribe and state	7

## OVERHEAD TRANSPARENCIES