



Students Together Against Negative Decisions

# Facilitation Guide

## Native STAND Overview

Native Students Together Against Negative Decisions (Native STAND) is a comprehensive sexual health curriculum for Native high school students that focuses on life goals, communication, healthy relationships, sexually transmitted infections, HIV/AIDS, and teen pregnancy prevention, while also covering drug and alcohol misuse, suicide, and dating violence.

The program includes 18 lessons that support healthy decision-making through interactive discussions and activities that promote self-esteem, goals and values, diversity, team building, negotiation and refusal skills, and effective communication skills.

Each 50-minute lesson contains teachings and stories from tribal communities that ground learning in cultural teachings. Native STAND is an inter-tribal curriculum that draws on cultural teachings and values from across Indian Country and Alaska. We believe that learning about Native cultures, traditions, and perspectives strengthens pride and understanding of Indigenous communities.

- **Age Group Designed For:** High School
- **2SLGBT+ inclusive:** Yes
- **Trauma Informed:** Yes
- **Program Setting:** Flexible
- **Duration:** 18 sessions (50 minutes each)
- **Cost to Purchase:** Free (plus cost of materials for class activities, roughly \$500)
- **Teacher Training or Certification Required:** No



# How to Use the Curriculum

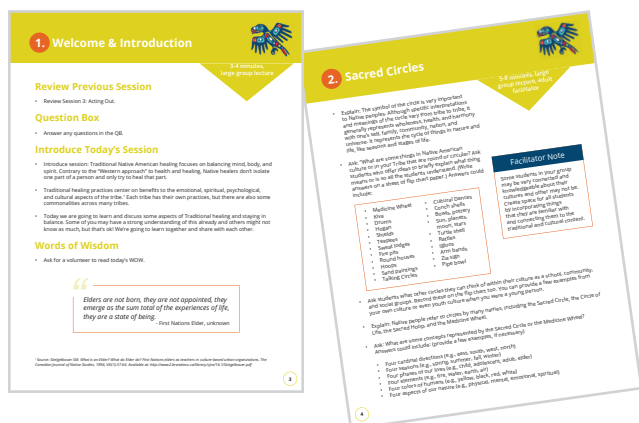
Everything you need to deliver Native STAND is available on the Healthy Native Youth website ([www.HealthyNativeYouth.org](http://www.HealthyNativeYouth.org)). The curriculum includes 18 lessons. Each lesson is 45-50 minutes long. The curriculum is flexible and can be easily adapted to include specific stories and traditions from your own community. Throughout the curriculum, we encourage facilitators to use tribe-specific teachings where appropriate.



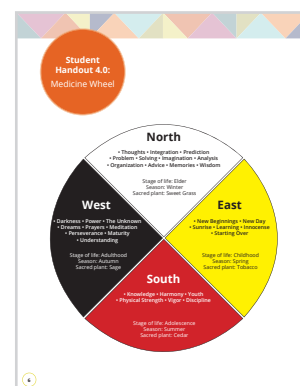
We estimate that facilitators will spend about 1 hour a week getting ready for that week's session. This will vary somewhat from session to session and should take less time as facilitators become more familiar with the curriculum. Taking 15 minutes or so at the end of each session to document how the lesson went and plan the next session are both good strategies.

Each lesson begins with an **Outline** that provides an overview of the core components of that session, along with the instructional methods and timing for each activity.

Each lesson includes a detailed activity guide, discussion talking points, Words of Wisdom (WoW), and tips for facilitators.



**Student Handouts** are imbedded with each lesson and are depicted using an orange circle.



# Native Teens and Young Adults

American Indian and Alaska Native (AI/AN or Native) teens and young adults are smart, diverse, creative, passionate and engaged. Nearly 75% of Native youth live in urban communities, the rest live on reservations, rancherias, villages and other tribal lands [1].

There are currently 574 federally-recognized Tribes in the United States. Each tribe is distinct, with its own culture, traditions, language, stories and ceremony. These Tribes are recognized as sovereign Indian Nations by the United States Constitution [1].

For all teens, adolescence is a critical time for identity development [2]. While each of us carries multiple identities (gender and sexual orientation, cultural, religious, and national, to name a few), the development of ethnic and racial identities are particularly meaningful for minority youth, because they also experience the contrasting and dominant culture of the ethnic majority [3].

Many Native youth face daily micro-aggressions, fueled by negative stereotypes, the perpetuation of Indian mascots, invisibility in the mainstream media and the historical record. Building cultural pride and positive identity must be central to programs and curricula promoting health and resilience for AI/AN youth.

There are many curricula for youth that address the prevention of STIs/STDs, HIV, teen pregnancy, and interpersonal violence. However, few curricula take a comprehensive healthy decision-making approach. Importantly, there are very few curricula that are culturally relevant for AI/AN youth.

## Native STAND's Core Values

1. Promotes skills development (e.g., communication, negotiation, refusal, assertiveness, contraceptive use) with practice and feedback.
2. Teaches youth to initiate risk reduction conversations with friends and family.
3. Teaches youth how to communicate with messages that target risk-related attitudes, norms, intentions, and self-efficacy.
4. Uses active learning techniques.
5. Uses non-heterosexist language and positive role modeling.
6. Is "sex-positive," teaching that sexual expression under the right circumstances is normal and healthy.
7. Focuses first on knowledge, attitudes, and behaviors, then on how to promote positive social norms in the community.
8. Supports youth participants as they set specific goals to engage in risk reduction conversations.

# Design and Evaluation

To develop a culturally-relevant curriculum, the Indian Health Service's National STD Program partnered with the National Coalition of STD Directors and the Centers for Disease Control and Prevention, and identified Students Together Against Negative Decisions (STAND) to adapt [4]. The STAND curriculum is based on the Transtheoretical Model (Stages of Change) and the Diffusion of Innovations Theory (using popular opinion leaders). Evaluation data show that STAND can lead to increased communication about sexual issues, improvements in knowledge and self-efficacy, and substantial adoption of risk-reducing behaviors among teens who completed the program [5] [6].

To adapt the curriculum, they formed a multi-disciplinary workgroup with AI/AN health educators and topical experts, to review drafts. The team also carried out pilot trainings with AI/AN youth groups, before making final revisions.

In 2010, the team carried out a mixed-methods study to evaluate Native STAND in four Bureau of Indian Education (BIE) boarding schools. Native STAND was delivered in 1½ hour classes by two or three adult staff at each school, each of whom had been trained to facilitate the curriculum. A comprehensive pre- and post- survey was administered to participating students to assess changes in knowledge, attitudes, intentions, behaviors, and skills over time. At the end of the program, a series of focus groups and key informant interviews were held to identify programmatic strengths and weaknesses and inform final program revisions [6]. Shortly after, the Oregon Prevention Research Center at Oregon Health & Science University (OHSU), a Northwest Tribe, and the Northwest Portland Area Indian Health Board (NPAIHB) collaborated to evaluate Native STAND in a tribal Jr/Sr High School [7].

## In both studies:

- Teens demonstrated improvements in knowledge of STD/HIV prevention, reproductive health, and healthy relationships.
- Teens reported sharing information they learned in the class with other teens.
- Adults who facilitated the curriculum learned strategies to better communicate with teens and teach sensitive health topics.
- School staff and administrators felt Native STAND was addressing critical gaps in sexual health education that were present in their schools.

Building on this momentum, the Oregon Prevention Research Center at OHSU and the Northwest Portland Area Indian Health Board teamed up to evaluate Native STAND in AI/AN communities across the U.S. from 2015-2019. Over three years, 48 sites signed up to participate in the study [8] [9].

At the end of the project, site facilitators reported strong community support for the Native STAND program. During the study, over 925 AI/AN youth completed pre- and post-surveys:

- Youth reported improved confidence using a condom correctly.
- We observed encouraging shifts in attitudes and knowledge towards condom use. This was especially true for girls who reported higher levels of confidence being able to negotiate condom use with steady partners and new partners.
- There was a positive shift in the number of youth who reported getting tested for STIs.
- Additionally, more youth reported having a conversation about sex with their friends after completing Native STAND, compared to before.

Findings can be found on the Healthy Native Youth website under the Evaluation Tab of the Native STAND curriculum section at [www.HealthyNativeYouth.org](http://www.HealthyNativeYouth.org).

## Effectiveness of Native STAND: A five-year study of a culturally-relevant sexual health intervention



**Native  
STAND**  
*Students Together Against Negative Decisions*

### Methods

2014 to 2019,  
American Indian  
Alaska Native  
youth (N = 960)



48 communities  
throughout the US



Pre- post study  
design to evaluate  
efficacy



### Findings

Results demonstrate immediate post-  
intervention effect on participants.

**20%** decrease in past year bullying

**29%** increase in sexual health  
communication skills

**46%** increase in how to use a  
condom correctly

**224%** increase in promoting serious  
peer to peer conversations about sex

**395%** increase in reflecting on  
lessons learned during Native STAND

### Implications

Native STAND is an effective  
Evidence Based Intervention  
(EBI) for AI/AN high school  
youth.

Demographics, including age  
groups, gender, sexual identity  
(straight and 2SLGBT), geography  
(urban/rural), and tribal  
affiliation.



**Conclusion:** This study demonstrated the effectiveness of Native STAND when delivered in a variety of school and community settings. Efforts are now underway to update Native STAND for medical accuracy, improve alignment with typical class periods, and promote its use and an effective EBI for AI/AN youth on [www.HealthyNativeYouth.org](http://www.HealthyNativeYouth.org).

**Reference:** Skye M, et al.  
Effectiveness of Native STAND: A five-year  
study of a culturally-relevant sexual health  
intervention. Journal of Adolescent Health, 2021

# Native STAND 2.0 Updates

In 2019, the Healthy Native Youth team at the Northwest Portland Area Indian Health Board, hosted a two-day gathering for Native STAND facilitators, to gather feedback and ideas to improve Native STAND for future use in diverse community settings.

Discussion centered on lesson enhancements, classroom & time management, and modernizing vocabulary to be inclusive and teen friendly. As the Native STAND curriculum has been tested and implemented in diverse urban and tribal communities, educators reported ways they modified the curriculum to better support youth participants.

As we incorporated their feedback, we:

- Streamlined the number of lessons, focusing on the most important skills
- Ensured lessons could be delivered in a 50-minute class
- Updated content for medical accuracy
- Improved inclusion for Two Spirit and LGBTQ+ participants
- Made trauma-informed adjustments to each lesson
- Updated the teaching methods and formats used
- Brought lessons and handouts together in a single manual

We are proud to share  
Native STAND 2.0 with you.

We hope it will be a useful and  
effective tool for supporting healthy  
decision-making among AI/AN youth.

We welcome your comments  
and feedback.

## Lesson Summary:

**Lesson 1.....** Welcome & Introductions

**Lesson 2.....** Team Building

**Lesson 3.....** Acting Out

**Lesson 4.....** Culture & Tradition

**Lesson 5.....** Honoring Diversity &  
Respecting Differences

**Lesson 6.....** Goals & Values

**Lesson 7.....** Healthy Relationships Pt. 1

**Lesson 8.....** Healthy Relationships Pt. 2

**Lesson 9.....** Goal Setting

**Lesson 10 .....** Sexual & Reproductive  
Health Pt.1

**Lesson 11 .....** Sexual & Reproductive  
Health Pt. 2

**Lesson 12 .....** Safe Snagging

**Lesson 13 .....** Condoms & Contraception

**Lesson 14 .....** Sexually Transmitted  
Infections

**Lesson 15 .....** HIV AIDS

**Lesson 16 .....** Taking Care of the Whole  
Person

**Lesson 17 .....** Drugs & Alcohol

**Lesson 18 .....** STAND Together



# Getting Community Approval and Buy-In

One of the lessons we learned throughout this process is the importance of taking a holistic approach when approaching communities to discuss the curriculum. Just as the curriculum itself is comprehensive, so are the lives of the youth we hope to reach with Native STAND. Youth need support in making healthy decisions in every aspect of their lives. We hope that Native STAND will promote healthy decision-making for Native youth throughout their lives.

How Native  
STAND is  
implemented  
in your  
community  
depends on  
many things:

- Will it be part of a school health curriculum?
- Will it be an after-school program?
- Will it be used in a public, private, tribal, or BIA-operated school?
- Is the school physically located on Tribal, Federal, public or private lands?
- Is the school located in a state with restrictions on what can be taught in schools?

Once you know the answers to these questions, you can begin to identify the approval process that needs to happen, if necessary. Depending on the situation, this can add time to the start-up process, especially if Tribal or school administration approval is required. You may have to make presentations to get community buy-in, including Tribal Councils, Boards of Education, School Boards, community groups, etc. Start early! Raise awareness about the need. Get input and support from interested stakeholders.

If possible, it is very important to have an information session for parents, guardians or caring adults before the program starts. Again, depending on the situation, you may or may not need parental consent for the students to participate in Native STAND. In some cases, an “active” or “opt-in” consent may be necessary. (This is a consent that the parents or guardians must sign and return a form for a student to participate in an activity.) In other settings, a “passive” or “opt-out” consent will suffice.



# Tips for Delivery

## Where to meet?

When thinking about space for Native STAND to meet, keep these considerations in mind:

- The space should be private. Some Native STAND conversations can be very personal.
- The space should be large enough for the students to spread out for small group work, role plays, and other activities that require ample space.
- The facilitator should plan for a laptop projector or tv monitor with internet capabilities to show videos.

## Important Considerations & Recommendations

- The ideal group size should not exceed 20 students.
- The curriculum can be modified as needed to be developmentally and culturally appropriate for your group. Other health topics or enrichment activities can be woven in as needed based on needs assessments conducted prior to program implementation.
- Ideally, Native STAND should be co-facilitated by a male and female adult.
- Involve guest speakers, clinicians, and elders (who are supportive of the program) whenever possible.
- Facilitators must be open and honest with students, parents and guardians, about topics covered by the curriculum.

## Enrichment Opportunities

Educators from across the country have given us some great ideas about ways to enrich Native STAND. They suggested:

- Add a service learning component, such as a school-wide sexual health awareness day or a school health fair.
- Add a journal component to the curriculum.
- Provide incentives for participation (e.g. as part of a summer jobs program, youth council, athletics, youth treatment, juvenile justice or scholarship).
- Provide high school or college credit.
- Use Native STAND as an add-on to an existing peer educator program.
- Have students discuss what they are learning with their parents or guardians (Parents can text EMPOWER to 94449).






## MANDATORY REPORTERS

As adult facilitators of a peer education program for Native youth, you are required by most state law to report suspected or known child abuse or neglect, including physical neglect, physical abuse, emotional abuse, sexual abuse, sexual assault, child pornography, and drug or alcohol consumption.

Inform students that while you will respect confidentiality, there are certain situations that you are required by law to report so as to ensure their safety or that of others.

An excellent resource with up-to-date information on each state's reporting requirements is the Child Welfare Information Gateway of the Administration on Children, Youth, and Families at <http://www.childwelfare.gov>.



# Acknowledgements

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**Mike Smith**  
*(Developer of the original STAND curriculum)*

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## Native Youth Groups who reviewed portions of the Curriculum:

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The National Congress of  
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The Laguna-Acoma 4 Youth  
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The Navajo AIDS Network's  
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**Native STAND Project Sites,  
also known as  
“Native STAND Nation”**

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# Citations

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7. Rushing, S.N.C., et al., *Healthy & Empowered Youth: A Positive Youth Development Program for Native Youth*. American Journal of Preventive Medicine, 2017. 52(3): p. S263-S267.
8. Skye, M., et al., *Effectiveness of Native STAND: A Five-Year Study of a Culturally Relevant Sexual Health Intervention*. Adolescents, 2021. 1(3): p. 321-334.
9. Skye, M., Craig, S., Donald, C. et al. *Are American Indian/Alaska Native Adolescent Health Behaviors Different? A Review of AI/AN Youth Involved in Native STAND Curriculum, 2014–2017 United States*. Matern Child Health J (2021). <https://doi.org/10.1007/s10995-021-03256-7>

