National American Indian & Alaska Native
ATTC Addiction Technology Transfer Center Network
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# NEWSLETTER

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## DIRECTOR'S CORNER

The suicide epidemic in Indian Country is an urgent issue; however, the epidemic has not received enough attention outside tribal communities. There may be many underlying factors contributing to the alarmingly high number of suicidal ideations, attempts, and completion in Native communities across the country. The rate of mental health and substance use disorders may be the tip of the iceberg, hiding issues of poverty, disillusionment, difficulties finding meaning with life in general, and specifically, the lack of ability to control one's own destiny and influence the development of their own society.

People with substance use disorders are six-times more likely to attempt suicide than people without; the strongest predictor of suicide is alcoholism, not a psychiatric diagnosis, and one in three people who die from suicide are under the influence of drugs. Co-occurring disorders like depression and substance use disorders are making Native communities lose generations of teens and young adults; a generation that is meant to carry the traditions forward, and to facilitate the development of thriving tribal communities. Our center has worked closely with communities with serious suicide epidemics, and has come to appreciate the importance of understanding the strength in the community rather than focusing solely on the deficits. We utilize a community-based participatory approach to engage the tribal members in finding their own solutions within their community. One way of doing this among teens and young adults is to give them more control of their school environment and assist them in implementing their own solutions. Our framework of supporting the development of a peer support network, reducing marginalization and bullying, and focusing on student contributions to the development of a positive school environment is based on the Recovery Schools movement. Teens we have worked with are proud of their culture and their community. They do not want to focus solely on what is wrong, but on building on existing strengths.

When a community is in crisis, the whole community is hurting (including the professionals), and seeing solutions often is difficult. I have rarely found a colleague or a friend in a Native community who is not affected by the trauma of suicide. Hence, when we work with a Native behavioral health provider, we need to assume we are also working with a victim or a bystander of suicide. We can offer suggestions and support to help alleviate compassion fatigue and burnout. Furthermore, we can encourage tribal leaders, tribal council members, elders, spiritual leaders, medicine men/women, and the community in general to engage with us in finding solutions for getting out of the traumatic situation. Community members and professionals outside of the affected communities have identified the need for infrastructure development like housing, school access, roads, etc.

It takes a village to solve serious community issues, and the whole country needs to take responsibility for providing the assistance and support Native communities need in order to heal. In addition, it is important to increase behavioral health resources in the community to support families affected by suicide. In this issue, we have focused on research and literature on suicide prevention in Indian Country, as well as examples of communities that have succeeded in reducing and eliminating the suicide rate. However, this effort cannot stop. When we sign on to support a Native community in healing; we must stand by the community for as long as it takes to create a healthy, suicide-free community for generations to come.

Regards,
Anne Helene Skinstad

*"...do good for the people, always look forward, and never forget what happened to the people in the past."*

*- Dr. Duane Mackey*

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# SUICIDE AND NATIVE COMMUNITIES

By: Mary K. Winters, MEd

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## Overview

Suicide is a major health challenge for American Indian and Alaskan Native (AI & AN) communities. Epidemiological data continue to yield alarming statistics; AI & AN adults and youth experience increased suicide rates compared with other groups in the United States *(Centers for Disease Control & Prevention, 2013)*.

There is a body of research that focuses on underlying factors associated with AI & AN suicide. Perhaps the largest research has focused on protective and risk factors, and this literature has identified factors that are also relevant for non-AI & AN groups (substance use; underlying mental illness; interpersonal support; identity with a social or cultural group) *(Alcántara & Gone, 2008; LaFromboise et al., 2007; Pharris, Resnick, & Blum, 1997; SAMHSA, 2016)*. Of note is that the association between alcohol abuse and suicidal behavior is well-documented among AI & AN youth *(Shaughnessey, Doshi, & Jones, 2004)*. Researchers have also examined the interpersonal theory of suicide *(Joiner, 2005)*. This theory has conceptual merit with respect to AI & AN suicide risk given the theory's attention to social connectedness, cultural identity and shared experience of culture-related trauma; factors that have been viewed as associated with AI & AN psychological distress *(Brave Heart et al., 2011)*.

The interpersonal theory of suicide posits that three factors contribute to suicide risk: (1)thwarted belongingness (lack of meaningful social connections in one's life), (2)perceived burdensomeness (perception that the individual is a burden on the family and the community), and (3)acquired capability (the individual being fearless about death). This theory has been supported by virtue of these factors being associated with suicidal ideation among a wide range of groups (e.g., college students; military members; several ethnic/racial groups) *(O'Keefe & Wingate, 2013)*, and the presence of all three is associated with greater suicidal ideation compared to the presence of less than all three *(Joiner, 2005)*. There is some empirical research supporting the theory among AI & AN individuals. O'Keefe and colleagues found that thwarted belongingness and perceived burdensomeness was a significant predictor of suicidal ideation for AI & AN college students, after controlling for demographic variables and depressive symptoms *(O'Keefe et al., 2014)*.

A parallel line of research is investigating the role of historical loss and suicide risk. O'Keefe and her research group *(Tucker et al., 2015)* examined whether frequency of historical loss thinking is a potential risk factor for suicidal ideation among AI & AN individuals. The results of the study did not demonstrate a direct link between the two variables; there was not a significant correlation between

frequency of thinking about historic loss and suicide ideation. But the frequency of historical loss thinking was positively associated with ruminative tendencies, specifically brooding. And brooding can have an indirect effect on suicide ideation.

These results by O'Keefe's group, as well as the work of others in this field, suggest that the effectiveness of prevention efforts and programs can be maximized by capitalizing this body of work. Research suggests that reducing risk factors, increasing protective factors, promoting the connectedness of the individual to his or her social surroundings, and coping with historical losses in a non-destructive way can serve to reduce risk of suicide in the AI & AN community.

## Tribal Suicide Prevention

Several prevention programs have been developed specifically for AI & AN communities, and many are evidence-based or evidence-informed. Two select programs are described below.

### White Mountain Apache Suicide Surveillance and Prevention System

The White Mountain Apache Tribe was experiencing an alarming rate of suicides, many by youth from 2001 to 2006. During this period, the suicide rate among tribe members between the ages of 15 and 24 was 13 times that of the general US population, and seven times the rate for all American Indians and Alaska Natives *(Cwik et al., 2011)*. In response, a suicide prevention task force was established (now named the Celebrating Life Prevention Team) in an effort to address this devastating problem. The task force implemented three major initiatives: 1) a creation of a referral form for all first responders and task force members to fill out after interacting with individuals expressing suicidal behaviors; 2) a partnership with the Johns Hopkins University to expand and improve its surveillance system and database; and 3) a training of paraprofessionals from the community to conduct in-person follow-up visits on every suicide report and to facilitate a referral for mental health or related services as needed.

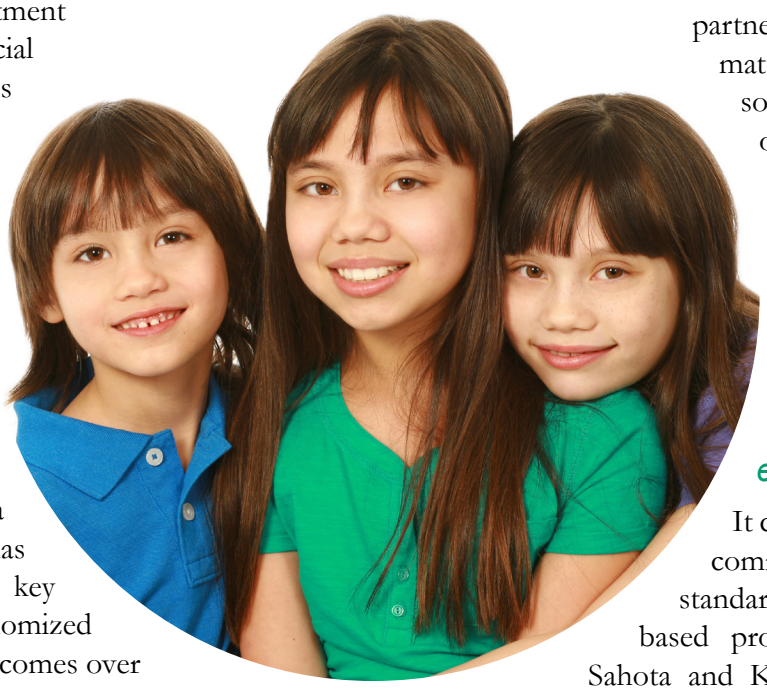
An evaluation of the program was conducted by the tribe's Johns Hopkins partners and the study showed impressive results *(Cwik et al., 2011)*. Using data from the tribe's surveillance system, rates, numbers, and characteristics of suicide deaths and attempts were compared from 2007 to 2012 with those from 2001 to 2006. The overall Apache suicide death rates dropped by 38%, and the rate among those aged 15 to 24 years dropped by 23% *(Cwik et al., 2011)*. Researchers hypothesized that the tribe's initiatives, particularly the surveillance system, increased recognition of the problem and reinforced the importance of helping friends and family who may be at risk for suicide *(Program document available at this link)*.

### The Entrepreneurship Education Program for AI & AN Youth

This program was developed through a partnership between an Apache tribal community and researchers at the Johns Hopkins Center for American Indian Health. Referred to as an "entrepreneurship education" program, it targets known protective factors for suicide and substance abuse on individual, peer, and community levels *(Tingey et al., 2016)*. Entrepreneurship education is a prevention strategy that promotes protective factors to improve health and has been shown to increase several favorable attitudes and values in youth (e.g., self-efficacy, self-confidence, and achievement) *(Youth Entrepreneurship Strategy Group, 2008)*. Involvement in the AI & AN program for youth seeks to increase motivation to complete formal education, to learn vocational and social skills, and to participate in the community's economic development *(Tingey et al., 2016)*.

*Photo: Shutterstock*

Program development followed an iterative process; stakeholders identified conventional entrepreneurial concepts for the Apache cultural context, and then developed program content and activities that both represented these concepts, and were likely to promote community engagement. The core content of the program supported these goals of the program: 1) to teach entrepreneurship education blended with life skills; 2) to promote school connectedness (e.g., a commitment to school, attachment to prosocial peers, belief in school norms about positive behavior); and 3) to foster supportive relationships among youth, positive peers, and caring adults. Existing best practices from both Native and non-native youth entrepreneurship education were incorporated *(e.g., Cwik et al., 2016)*. The program developers are conducting a process evaluation (which has already contributed to some key program changes), and a randomized controlled trial to examine outcomes over a 2-year period is planned *(Program document available at this link)*.



## Evaluating Prevention Programs

Based on a literature review and feedback from a comprehensive interview with key informants, Sahota and Kastelic *(2012)* offer five policy and practice recommendations that support the evaluation of tribally-based suicide prevention programs. Their recommendations are summarized below.

### 1. Fund evaluations of tribally-based suicide prevention programs.

Documenting that a program is evidenced-based requires evaluation. However, there is a lack of resources for evaluation. Evaluation is often not possible or unlikely when tribes find it difficult to obtain support for developing the suicide prevention program. It is often necessary to seek a separate grant to support program evaluation.

### 2. Utilize outside evaluation services.

There are several advantages of seeking evaluation consultation from an outside agency or group. Evaluation expertise may not exist in the tribe. For example, federal agencies could contract with evaluators to provide technical assistance to tribes for evaluating their own suicide prevention programs. Of course, outside evaluators should be properly vetted, able to work with tribes as equal partners, sensitive to cultural matters, and respectful of tribal sovereignty and ownership of data (for an expanded discussion, see *National AI & AN Newsletter, Spring 2014, vol 1, issue 2*).

Photo: Shutterstock

### 3. Broaden the definition of acceptable evidence.

It can be difficult for AI & AN communities to always meet the standards for establishing evidence-based programs and practices. As Sahota and Kastelic (2012) note, tribes highly favor research-based data and findings and frequently incorporate the scientific literature into program development; and research methods used to evaluate AI & AN community programs can retain their rigor while being culturally adapted. Nonetheless, in the absence of evidence-based data, funders should be willing to accept evidence-informed data or practice-based evidence *(Sahota & Kastelic, 2012)*.

### 4. Maintain tribal confidentiality.

Because suicide is a sensitive topic, data confidentiality takes on more salience than with many other types of health data. Confidentiality can be maintained by reporting aggregated data, despite the need to provide data to funders and the necessity to report findings in evaluation reports. For example, Macro International has accepted aggregate data for AI & AN grantees in the cross-site evaluation, which balances SAMHSA's need for data with tribal concerns about confidentiality *(Sahota & Kastelic, 2012)*.

### 5. Develop or utilize tools for tribes to share data securely with one another.

AI & AN communities can take advantage of technology to securely share confidential data. Examples include developing 1) a web site for access only by tribal communities working together on a suicide prevention project, and 2) a password-protected data portal for centralizing program evaluation data. Technology-based systems with health data would require its users to get training on confidentiality compliance with the Health Insurance Portability and Accountability Act of 1996 privacy and security rules.

## Suggested Resources

*SAMHSA's Suicide Prevention Resource Center (SPRC).*

SPRC provides training, technical assistance, and resources specific to American Indian and Alaska Native populations to support suicide prevention and mental health promotion.

*SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).*

NREPP provides summaries of several youth practice- and research-based evidence programs for healthy development of youth (e.g., American Indian Life Skills Development Program; Family Spirit; Red Cliff Wellness School Curriculum; Wiconi Ohitika (Strong Life) Suicide Prevention Project).

**Life is precious, Time is short**

*When we undergo hardships, especially those very important from which we should grow; they may seem unbearably agonizing, seeming they will never end, and sadly…hopeless. It is at this point that we must make very difficult decisions to move forth through this dark hardship, because this is where our growth will come from, and later graduate and experience a great spiritual growth from this when we reach those inner answers by letting it go and healing from the experience. This is also a means for being able to assist in the healing of others. Those who undergo suffering will eventually learn that suffering does not need to be painful. It is because we realize that we often bring more pain to ourselves just by the way we believe in its power over us.*

*- Sean Bear*

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# The Front Lines of Suicide Response

*Photo: Shutterstock*

## *A task force works to support the suicide response network on the Pine Ridge Reservation in South Dakota*

*By: Lena Thompson, MPH*

In February 2015, the National American Indian and Alaska Native ATTC responded to reports of recent suicides on the Pine Ridge Reservation by convening a taskforce of local Pine Ridge community members, local health professionals, and national behavioral health professionals. For over two years, this taskforce has met weekly to address challenges and discuss options and resources to help reduce suicide rates.

The task force has planned two site visits, has worked with the Tribal Council to organize a surveillance effort through the National Native Children's Trauma Center at the University of Montana, has promoted events, and has written letters of commitment for other members. The National American Indian and Alaska Native ATTC provides one staff person who organizes the calls and resource-sharing each week. This administrative support helps the task force keep track of agenda items. "[The] calls here are really valuable because it helps us stay on track," stated one community member. The weekly calls offer a place of support for health professionals in the front lines to talk about frustrations and problem solve with other professionals. They also provide a time for local and national partners to coordinate their efforts to avoid gaps and overlap in resources and services provided. Taskforce members have noted that on some weeks, the calls have many participants and last a full hour or longer, while on other weeks, the calls have one or two participants and last no longer than fifteen minutes. "The consistency is important," one taskforce member said. The opportunity is available each week at the same time, regardless of how many people are able to join. "[The taskforce] has responded to our requests when we would have had no other resources to do so. I know our need is huge here at Pine Ridge" stated one Pine Ridge provider.

The Pine Ridge Reservation is a community with great strength and resilience. There are many individuals and organizations that work to implement innovative programs to support community members. One such event is the Teca Woapiye Wicoti (Healing Camps for the Youth). The goal of the camp is to "give life to the values, gifts, and teachings provided by the Tunkansila and Unci (Grandfather and Grandmother) ancestors for the well-being and healing of our people." Pine Ridge youth who have experienced trauma who attend the camps are provided with education and healing opportunities with emphasis on nurturing their Nagi (spirit) toward a strong mind and body. The healing camps will take place from July 5-9th 2017, and include a boys and young men's camp, a girls and young women's camp, and a children's camp. Registration forms for the camps are included at the end of this newsletter. Should you or your organization decide to donate to the healing camps, visit *https://www.globalgiving.org/dy/v2/content/search.html?q=knife+chief+buffalo+nation.*

*Within the midst of despair, all seems hopeless; We struggle to move forward, not knowing what lies ahead.*

*Though the Valleys are deep and the mountain so high An echo of the past whispers, do not give up, nor give in.*

*Persevere through this, and you will gain more than you realize Suffering is not about enduring pain, but the road to peace.*

*- Sean Bear and Lena Thompson*

# TECA WOAPIYE WICOTI

## (Healing Camps for the Youth)

## Pine Ridge Reservation, SD, Home of the Oglala Lakota

Hoksila/Koskala(Boys/Young Men) Camp

Wakanyeja (Children) Healing Camp

Wikoskala (Girls/Young Women) Healing Camp

## July 5-9th 2017

## *Camp Bob Marshall, Custer, SD*

The *Pte Oyate* (Buffalo Nation) care for and protect their young by putting them in the center of the herd. Our Young Relatives, **ages 0-17**, who have experienced trauma, loss and /or grief are invited to come to the "center" and participate in healing camps. They will be provided with education and healing opportunities, with emphasis on nurturing their Nagi (spirit) toward a strong, mind and body. *Young women, up to age 18, who are pregnant and have experienced trauma are welcome to attend either the children's camp or Young Women's camp.*

## Wicoti Wokiglega

### Camp Goal

**To give life to the values, gifts and teachings provided by Tunkasila and Unci (Grandfather and Grandmother) ancestors for the well-being and healing of our people, which include:**

- ***Wacante Ognaka***- To have a warm and compassionate environment for youth who have experienced trauma, grief and loss and their parent/guardian and siblings. All youth are treated as relatives and addressed as such
- ***Woapiye***- To offer an opportunity for the youth (and their family if they wish) to receive a spiritual purification or "wiping off" of the spiritual residue left by the trauma they have experienced
- ***Wopakinte***-To offer an opportunity for the youth to begin or strengthen their healing through traditional healing
- ***Woyuskin***- to provide a happy, fun and accepting environment
- ***Lakol Caswicatun Pi***- To provide an opportunity for those youth who do not have a spirit name to receive one through ceremony and to have a public acknowledgement of their spirit name to reinforce their Lakota cultural identity
- ***Wicozani***- To provide an opportunity for wellness screenings health and mental health
- ***Wowasake***- To provide an opportunity to strengthen the mind, body and spirit

**Camp Directors/Advisors – Rick and Ethleen Two Dogs, and Gene and Cindy Giago**

For registration, contact Camp Coordinators as listed below. *Once registration is confirmed, additional information will be provided for preparation and participation in the camp. There is a limit of 20 participants per camp due to limited resources and space. See registration deadline on registration form.*

Camp Coordinators

**Koskalaka (Young Men, age 12-17) Wicoti - Joe Giago, joe.giago@gmail.com, 605-441-2794**

**Wakanyeja (Children, age 0-11) Wicoti – Ethleen Iron Cloud- Two Dogs, knifechiefbuffalonation@gmail.com, Fax 605-593-0123**

**Wikoskalala Wicoti (age 11-17)– Randilynn Giago, isantiwinyan@gmail.com, 605-454-5178**

*Sponsored by: Knife Chief Buffalo Nation Society, Fiscal Agent Village Earth Inc., P.O. Box 797, Fort Collins, CO 80522*

# Registration Form

Teca Woapiye Wicoti (Healing Camps for the Young)

**Dates: July 5-9, 2017 Deadline: June 16th, 2017**

NAME _____ AGE _____ DOB _____ M_____ F_____ Gender

Lakota Name _____ School Name _____

Grade _____

Shirt/Blouse Size (indicate youth or adult size) _____ Boys Jeans size _____ Girls Skirt Size _____ Shoe/sock size _____

Parent/Guardian Name _____ Mailing Address _____

Parent Home and/or Cell Phone Number _____ Directions to Home _____

## Alternative Emergency Contacts

Primary Emergency Contact _____ Secondary Emergency Contact _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

## Health and Other Considerations Information

Allergies/Special Health/Medication or Diet considerations:_____

_____

I believe my son/daughter/relative will benefit from the camp for this reason (list strengths and needs):

_____

_____

## PARENT/GUARDIAN UNDERSTANDING AND CONSENT

I give consent for my _____ to attend and participate in the camp; and understand that he/she will be camping in Tipis. He/She is willing and able to participate in all camp activities which includes sports, hiking, Inipi, healing ceremonies, horseback riding, games, and talking circles. I understand camp sponsors are not responsible for theft or injury while youth are participating in camp activities. I understand that I am welcome and encouraged to participate also; and that I am responsible for transportation to and from the camp. I understand that parents/guardians are required to be present and participate with their child during the Children's Healing Camp.

Parent/Guardian Name (Please print) _____ Date _____

Parent/Guardian Signature _____ Date _____