

## Using Strengths to Address Alcohol Abuse and Suicide Among American Indian and Alaska Native Youth

Suicide and substance abuse—particularly alcohol abuse—disproportionately afflict American Indian and Alaska Native (AI/AN) youth, even after decades of growing awareness about these related problems. The persistence of these problems is troubling for AI/AN youth and their communities, as well as for public health professionals and policymakers. One reason why existing prevention efforts may fall short is that they fail to address the full cultural and social context in which suicide and alcohol abuse occurs.

Traditionally, prevention professionals fighting suicide and alcohol abuse have sought to understand and address their associated risk factors, especially the historical trauma that has uniquely burdened tribal communities. However, current research suggests that prevention programs serving tribal communities may focus too exclusively on risk factors.<sup>1</sup> It is equally important for prevention practitioners to consider the protective factors present in AI/AN communities that help young people resist suicide and alcohol abuse—factors that are often ignored and underutilized.<sup>2</sup>

### A PROMISING APPROACH

Prevention efforts that use a *positive youth development* framework address both risk and protective factors in a more balanced and holistic way. Positive youth development can be defined as: “an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”<sup>3</sup> Several prevention efforts in Indian Country have adapted and employed positive youth development approaches,<sup>4</sup> offering promising progress in the fight against suicide, alcohol abuse, and other public health problems in tribal communities.

#### PROTECTIVE FACTORS

“Risk factors tell only one, incomplete part of the story. AI/AN communities are richly endowed with a wealth of unique strengths, assets, and resources that protect members from engaging in harmful behaviors.”

This resource is intended to introduce prevention practitioners to the positive youth development framework as an effective approach to preventing alcohol abuse and suicide among Native youth. After providing a brief overview of the scope of these related problems in Indian Country, we present four key factors that have been shown to protect AI/AN young adults from alcohol use and suicide, accompanied by illustrative examples of positive youth development programs designed to

strengthen these factors. Prevention practitioners working in Indian Country can use this resource to inform their prevention planning and guide their selection of effective prevention interventions.

### SUICIDE AND ALCOHOL ABUSE AMONG AI/AN YOUTH

---

#### *Suicide and Alcohol Abuse*

High suicide rates among AI/AN youth tragically persist. Suicide is the second leading cause of death—after unintentional injury—among AI/AN young people ages 10 to 24 nationwide.<sup>5</sup> Across the U.S., 14.7% of AI/AN high school youth attempted suicide, compared to 7.8% of U.S. high school students overall.<sup>6</sup> Suicide rates vary by age, region, and tribal community.<sup>7,8</sup> Between the ages of 16 and 20, the suicide rate among AI/AN increases with each passing year.<sup>9</sup> In Alaska, health disparities are especially profound: suicide is the state's leading cause of death among AI/AN young people ages 15 to 24.<sup>10</sup> Rates also vary among tribes and differ from national data.<sup>11</sup>

AI/AN youth also drink more alcohol and start drinking earlier than youth overall. Seventy percent of AI/AN high school students report ever having drunk alcohol, compared with 66% of high school students overall.<sup>12</sup> In high school, 28.2% of AI/AN students reported drinking alcohol before age 13, compared to 18.6% of students overall.<sup>13</sup> Alcohol abuse patterns also vary by demographic group—notably by residence on a reservation, age, gender, and region.<sup>14,15,16,17</sup>

The association between alcohol abuse and suicidal behavior is well-documented among AI/AN youth and youth overall, though the nuances underlying the association could benefit from further research.<sup>18,19,20,21</sup> A large study of reservation-based high school students found that alcohol use was frequently associated with suicide attempts.<sup>22</sup> Urban AI/AN girls were more than six times more likely to have attempted suicide if they reported past substance abuse than if they did not; and urban AI boys were more than four times more likely.<sup>23</sup>

#### *Historical Trauma and Related Risk Factors*

An understanding of alcohol abuse and suicide among AI/AN youth must be contextualized by acknowledging historical trauma, or “cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”<sup>24</sup> AI/AN communities have experienced much historical trauma in many forms over the years;<sup>25</sup> and it persists in the present day, often compounded with economic inequality, loss of culture, discrimination, and unresolved grief.<sup>26</sup> Because of increased exposure to historical trauma and other forms of trauma, AI/AN youth are at increased risk of alcohol abuse and other risky behaviors.<sup>27,28</sup> The effects of historical trauma play out at individual, relationship, and community levels.<sup>29</sup>

At the individual level, some AI/AN youth feel conflicted about their Native identity, influenced in part by the dominant society's pressures to assimilate.<sup>30</sup> A small study of Lakota service providers examined the trauma resulting from the boarding schools that forced AI/AN youth to abandon their own cultures, languages, and religions and adopt the Anglo culture.<sup>31</sup> It found that the largest effect of this assimilation on AI/AN youth today was an erosion of self-image and the perceived need to look less Indian.<sup>32</sup> Cultural discomfort is also experienced by AI/AN students in Anglo school systems that don't reflect their cultural worldviews or traditions, causing feelings of inadequacy and

disengagement from academics and the school environment.<sup>33</sup>

AI/AN are exposed to other risk factors for alcohol abuse and suicide, as well, such as higher rates of exposure to others engaging in risky behaviors.<sup>34,35</sup> This persistent exposure increases the likelihood of AI/AN youth engaging in risky behaviors themselves.<sup>36,37,38</sup> As a result, suicide contagion—the phenomenon by which a suicide or unintentional death in a community influences a youth to attempt suicide—is a major concern in tribal communities.<sup>39,40,41,42</sup> Tribal leaders have expressed alarm about suicide contagion; some communities have experienced dozens of suicide deaths within short periods of time.<sup>43</sup>

### FACTORS PROTECTING AGAINST SUICIDE AND ALCOHOL ABUSE

---

But risk factors tell only one, incomplete part of the story. AI/AN communities are also richly endowed with a wealth of unique strengths, assets, and resources that protect members from engaging in harmful behaviors. Some of these have been identified through the literature on resiliency. Resiliency has many definitions, but one definition describes resilient people as: "...those who 'beat the odds.' They have good, healthy outcomes, even in the presence of enormous adversities in their lives."<sup>44</sup> Presented below are four key protective factors that contribute to resiliency in the face of historical trauma and other socio-ecological risks for alcohol abuse and suicide.

- **Attachment.** Some researchers argue that a positive bond with parents and caregivers, starting at the first year of life, is the most important vehicle for building resiliency in youth. In AI/AN tradition, family and relatives hold a particularly high place of importance and significance in the lives of youth.<sup>45</sup> As young people grow, they ideally form attachments with other caring adults whom they view as trustworthy, such as teachers, mentors, and community elders. One study with AI/AN youth showed that increasing three protective factors related to attachment—family connectedness, emotional health, and discussing problems with friends or family—was more effective in reducing the probability of a suicide attempt than was decreasing risk factors.<sup>46</sup> Another found that AI adolescents were less likely to engage in substance use if they had positive parent-child relationships.<sup>47</sup>
- **Mastery and Self-Control.** In many Native cultures, adults raise their children emphasizing mastery—being able to do things well and taking pride in doing them well.<sup>48,49</sup> Some AI/AN adults expect and teach youth to master various activities, including responsibility for household chores; care of younger children; and cultural arts such as beading and making canoes, drums, and jewelry.<sup>50,51</sup> As youth develop mastery in a particular topic and are supported to cultivate newly found skills, they are more likely to make healthy choices, withstand external pressures to make poor choices, and participate in their own positive development as well as the development of their community.<sup>52</sup> Some AI/AN youth are also taught and expected to exhibit self-controlled, respectful behavior around elders, which has been linked to a lower likelihood of alcohol use, perhaps because AI/AN youth are taught that there are other adults beyond their parents who are available for advice and support.<sup>53</sup> These examples of positive role-modeling and high expectations are strategies valued not only in

Native cultures, but also in non-Native cultures and understandings of healthy youth development.<sup>54</sup>

- **Sense of Belonging (i.e., Social Connectedness).** For many Native cultures, belonging is a core value that extends beyond the nuclear family and encompasses a young person's tribe and the natural world.<sup>55,56</sup> This sense of belonging has been found to be negatively associated with suicidal ideation in AI communities<sup>57</sup> and with lower substance abuse among AI high school students.<sup>58</sup> Some AI/AN youth are also connected to their communities through Tribal Youth Councils, which help them form trusting and positive relationships with caring adults, link to purposes greater than themselves, and develop leadership skills and strong peer relationships. Youth Councils often engage in community-based projects that address pressing issues for youth, such as suicide, substance abuse, gangs, and violence.
- **Spirituality.** Spirituality is central to many Native cultures. The ability of Native peoples to practice their spiritual ceremonies and beliefs has been hindered for hundreds of years.<sup>59</sup> In spite of this oppression, many communities have retained and are revitalizing their spiritual practices as a pathway for healing and restoration. One large study of reservation and urban youth found that "...by promoting cultural pride/spiritual and religious affiliation, particularly in the presence of problematic peers and family situations, adolescents may reduce alcohol involvement and, consequently, prevent problems."<sup>60</sup>

### POSITIVE YOUTH DEVELOPMENT APPROACHES TO PREVENTION

---

Many risk and protective factors influence the trends of alcohol abuse and suicide among AI/AN youth. Because the mix of these factors differs from community to community, it is important to use available epidemiological data and community input to identify and prioritize the risk and protective factors at play in a given community. Prevention efforts, especially those at the community level, often do not have the capacity to address all relevant risk and protective factors, so must choose to focus on one or more. During this prioritization process, protective factors should not be overlooked. Positive youth development approaches offer an effective option for holistically addressing protective factors that contribute to resiliency, as well as risk factors that contribute to alcohol abuse and related behavioral health problems.

Positive youth development approaches are important for AI/AN communities because they build on cultural norms and practices and draw on strengths that already exist in communities but that are often overlooked.<sup>61</sup> They are also congruent with the tendency of Native communities to pursue social change from the bottom up—by acknowledging, valuing, and actively involving target populations—as opposed to top-down, expert-driven, deficit-based models.<sup>62</sup> Further, positive youth development approaches are more intuitive and familiar for tribal communities, which regularly conceive collective efforts with broad community input and seek to serve and nurture their youth populations as a whole, rather than singling out sub-groups of youth at greatest risk.

### POSITIVE YOUTH DEVELOPMENT PROGRAMS FOR AI/AN YOUTH: EXAMPLES

---

Many AI/AN communities are implementing positive youth development approaches to strengthen the next generations and prevent suicide and alcohol abuse. Below are some illustrative examples of programs that employ strengths-based strategies for children and youth. Some of these were identified through a search of SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). Others were identified with assistance from SAMHSA's Tribal Training and Technical Assistance Center Expert Panel: these programs build on practice- and research-based evidence about positive youth development in tribal communities and are undergoing evaluation using rigorous methods.

Many of these programs were developed specifically for one AI/AN community and are not necessarily generalizable to all AI/AN youth—particularly given the considerable diversity within the AI/AN population. Programs such as those described below proved successful because they were carefully tailored to the needs and strengths of the specific groups that they served.

#### *Programs Included in NREPP*

- **American Indian Life Skills Development Program.** Originally developed with the Zuni Pueblo, this program has been broadened for all AI youth. Its school-based suicide prevention curriculum addresses risk factors and improves protective factors among Native youth ages 14 to 19. Teachers co-deliver between 28 and 56 lesson plans with community resource leaders and staff from local social service agencies. Topics include developing self-esteem; understanding emotions and stress; strengthening communication and problem-solving skills; identifying and avoiding self-harming behavior, learning about suicide; role-playing, in which “helpers” practice responding to news of a suicidal peer; and making personal and community goals. For more information, visit: <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=81>.
- **Family Spirit.** Recognizing the importance of starting prevention early—when efforts are likely to be more effective and less costly over time—Family Spirit is a culturally tailored intervention for AI teenage mothers, who often have high rates of substance abuse along with school dropout and unstable housing.<sup>63</sup> The intervention seeks to increase parenting competence (e.g., parenting knowledge and self-efficacy), reduce maternal psychosocial and behavioral risks (e.g., substance abuse, depression, externalizing one's own faults onto others), and promote healthy infant and toddler development. It is delivered by health educators during 52 one-on-one home visits from 28 weeks of gestation through 36 months postpartum. Each visit includes warm-up conversation, a lesson, a question-and-answer session, and handout materials. For more information, visit: <http://caih.jhu.edu/programs/family-spirit>.
- **Project Venture.** This outdoor experiential program is designed to build social and emotional competence to support youths' resistance to using alcohol, tobacco, and other drugs. It promotes traditional AI values such as honoring family, gaining knowledge from the natural world, being spiritually aware, and serving and respecting others. The program fosters the

## SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

development of positive self-concept, prosocial interaction, a community-service ethic, an internal locus of control, and strengthened decision-making and problem-solving skills. Program components include classroom-based problem-solving games and initiatives, skill-building activities (e.g., hiking, camping) after school and during weekends and the summer, and service learning and service leadership projects. For more information, visit:

<http://www.niylp.org>.

- **Red Cliff Wellness School Curriculum.** Based in AI tradition and culture, this K-12 school-based curriculum seeks to reduce risk factors and strengthen protective factors related to substance use. It is delivered by teachers who have received training in facilitation and interactive, cooperative learning techniques. Each age-based component includes 20-30 developmentally appropriate lessons and activities designed to promote the concepts of sharing, respect, honesty, and kindness, and assist children in understanding their emotions. The program relies largely on talking circles—a culturally specific type of small-group discussion—as well as independent workbook activities and group projects for older students.<sup>64</sup> The curriculum is part of a broader wellness initiative that includes a community curriculum and home wellness kit. Since its initial development for AI youth, this curriculum has been used in schools with a wide range of populations, including some with only a small percentage of non-Native students. For more information, visit: <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=182>.

### *Other Recognized Programs*

- **Native H.O.P.E. (Helping our People Endure).**<sup>65</sup> Native H.O.P.E. comprises a three-day curriculum for AI/AN youth that trains youth to be peer leaders who can support and refer their friends at risk for suicide to programs that can help them. It also seeks to encourage dialogue about substance abuse, violence, and trauma. The program incorporates Native traditions and spirituality. For more information, visit: <http://www.nativeprideus.org/programs.html>.
- **Wiconi Ohitika (Strong Life) Suicide Prevention Project.** Based on the culture, language, values and history of the Spirit Lake Dakota (Mni Wakan Oyate), this approach to youth suicide prevention is designed to promote positive self-identity, increased self-esteem, and greater knowledge of the Dakota way of life. Adapted from the American Life Skills program, Wiconi Ohitika works to reduce risk factors that contribute to high rates of substance abuse and suicide by increasing connectedness between youth and young adults, their families, and the community. For more information, visit: <http://share.nned.net/2013/06/wiconi-ohitika/>.
- **Arrowhead Business Group Apache Youth Entrepreneurship Program.** Developed by the White Mountain Apache, this 22-session curriculum, delivered by AI paraprofessionals from the community, promotes resilience and empowerment by blending Western entrepreneurship topics with Apache traditions. Youth receive approximately 60 hours of training focused on entrepreneurship and business development, communication and life skills, and personal finance. The project culminates in a business plan competition, awards presentation, and closing ceremony. The curriculum was adapted from a Native-focused

## SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES

youth entrepreneurship program called “Making Waves,” originally developed by Four Bands Community Fund, a nonprofit organization located in the Cheyenne River Indian Reservation in South Dakota. For more information, visit: <http://caih.jhu.edu/programs/youth-entrepreneurship-education-program-arrowhead-business-group>.

- **The Healing of the Canoe Project (HOC).** HOC uses a culturally based prevention and intervention life skills curriculum for AI youth that builds on community strengths and resources. It was developed by the Suquamish Tribe, the Port Gamble S’Klallam Tribe, and the University of Washington’s Alcohol and Drug Abuse Institute using a community- and tribally-based participatory research model. The project team first spoke with community members to identify strengths and resources present in the community for addressing the issue of substance abuse among youth. Based on their findings, they formulated an intervention that centered on teaching youth about their cultural identity, strengthening community connections, and increasing community support systems.

The traditional Coastal Salish Canoe Journey serves as the organizing metaphor for the program. Over the course of the program, youth learn lessons and develop skills that prepare them to navigate through life without getting off course by drugs or alcohol. Topics include Suquamish cultural and spiritual beliefs, media awareness and literacy, self-awareness and integrity, help-seeking, goal-setting, problem-solving, listening, effective communication, coping with moods and emotions, strengthening the community, and finally, a celebratory Honoring Ceremony. Traditional stories, cultural activities, and community guest speakers are involved throughout. For more information, visit: <http://healingofthecanoe.org>.

## HELPFUL RESOURCES

---

### **SAMHSA’s Center for the Application of Prevention Technologies (CAPT)**

<http://www.samhsa.gov/capt/>

The CAPT is a national substance abuse prevention training and technical assistance system dedicated to strengthening prevention systems and the nation’s behavioral health workforce.

### **SAMHSA’s Suicide Prevention Resource Center (SPRC)**

<http://www.sprc.org/aian>

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 Tribal Training and Technical Assistance Center**

<http://beta.samhsa.gov/tribal-ttac>

This Center uses a culturally relevant, evidence-based, holistic approach to support Native communities in their self-determination efforts through infrastructure development and capacity building, as well as program planning and implementation.

- <sup>1</sup> Rumbaugh Whitesell, N., Beals, J., Big Crow, C., Mitchell, C.M., & Novins, D.K. (2012). Epidemiology and etiology of substance use among American Indians and Alaska Natives: Risk, protection, and implications for prevention. *American Journal of Drug and Alcohol Use*, 38(5), 376-382.
- <sup>2</sup> Thomas, L.R., Donovan, D.D. & Sigo, R.L. (2010). Identifying community needs and resources in a Native community: A research partnership in the Pacific Northwest. *International Journal of Mental Health Addiction*, 8(2), 363-373.
- <sup>3</sup> Find Youth Info. (2014). *Positive Youth Development*. Retrieved August 21, 2014 from <http://youth.gov/youth-topics/positive-youth-development>
- <sup>4</sup> Baete Kenyon, D. & Hanson, J.D. (2012). Incorporating traditional culture into positive youth development programs with American Indian/Alaska Native youth. *Child Development Perspectives*, 6(3), 272-279.
- <sup>5</sup> U.S. Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System*. Retrieved from <http://www.cdc.gov/injury/wisqars/fatal.html>
- <sup>6</sup> U.S. Centers for Disease Control and Prevention. (2011). *High school Youth Risk Behavior Survey data: 2010*. Retrieved from <http://apps.nccd.cdc.gov/youthonline>
- <sup>7</sup> Shaughnessey, L., Doshi, S.R., & Jones, S.E. (2004). Attempted suicide and associated health risk behaviors among Native American high school students. *Journal of School Health*, 74(5), 177-182.
- <sup>8</sup> Pettingell, S.L., Bearinger, L.H., Skay, C.L., Resnick, M.D., Potthoff, S.J., & Eichhorn, J. (2008). Protecting urban American Indian young people from suicide. *American Journal of Health Behavior*, 32(5), 465-476.
- <sup>9</sup> U.S. Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System*. Retrieved from <http://www.cdc.gov/injury/wisqars/fatal.html>
- <sup>10</sup> U.S. Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System*. Retrieved from <http://www.cdc.gov/injury/wisqars/fatal.html>
- <sup>11</sup> Mullany, B., Barlow, A., Goklish, N., Larzelere-Hinton, F., Cwik, M., Craig, M., & Walkup, J.T. (2009). Toward understanding suicide among youths: Results from the White Mountain Apache tribally mandated suicide surveillance system, 2001-2006. *American Journal of Public Health*, 99(10), 1840-1848.
- <sup>12</sup> U.S. Centers for Disease Control and Prevention. (2014). *High school Youth Risk Behavior Survey data: 2013*. Retrieved from <https://nccd.cdc.gov/youthonline/>
- <sup>13</sup> U.S. Centers for Disease Control and Prevention. (2014). *High school Youth Risk Behavior Survey data: 2013*. Retrieved from <https://nccd.cdc.gov/youthonline/>
- <sup>14</sup> Shaughnessey, L., Doshi, S.R., & Jones, S.E. (2004). Attempted suicide and associated health risk behaviors among Native American high school students. *Journal of School Health*, 74(5), 177-182.
- <sup>15</sup> Stanley L.R., Harness, S., Swaim, R.C., & Beauvais F. (2013). *Comparing rates of substance use among AI students to national rates: 2009-2012*. Retrieved from Colorado State University, Tri-Ethnic Center website: [http://triethniccenter.colostate.edu/ai\\_epi1.htm](http://triethniccenter.colostate.edu/ai_epi1.htm)
- <sup>16</sup> Yu, M. & Stiffman, A.R. (2007). Culture and environment as predictors of alcohol abuse/dependence symptoms in American Indian youths. *Addictive Behaviors*, 32(10): 2253-2259.
- <sup>17</sup> Miller, K.A., Stanley, L.R., & Beauvais, F. (2012). Regional difference in drug use rates among American Indian youth. *Drug and Alcohol Dependence*, 126(1-2): 35-41.
- <sup>18</sup> Suicide Prevention Resource Center & Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Newton, MA: Education Development Center, Inc.
- <sup>19</sup> Felitti, V.J. et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245-258.
- <sup>20</sup> Brave Heart Yellow Horse, M. & DeBruyn, L.M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56-78.
- <sup>21</sup> Shaughnessey, L., Doshi, S.R., & Jones, S.E. (2004). Attempted suicide and associated health risk behaviors among Native American high school students. *Journal of School Health*, 74(5), 177-182.
- <sup>22</sup> Borowsky, I.W., Resnick, M.D., Ireland, M., & Blum, R.W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine*, 153(6), 573-580.
- <sup>23</sup> Pettingell, S.L., Bearinger, L.H., Skay, C.L., Resnick, M.D., Potthoff, S.J., & Eichhorn, J. (2008). Protecting urban American Indian young people from suicide. *American Journal of Health Behavior*, 32(5), 465-476.
- <sup>24</sup> Brave Heart, M.Y. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), p. 7.
- <sup>25</sup> Brave Heart, M. Y. & DeBruyn, L.M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56-78.
- <sup>26</sup> Whitbeck, L.B., Adams, G.W., Hoyt, D.R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3-4), 119-130.
- <sup>27</sup> Szlemoko, W.J., Wood, J.W., & Thurman, P.J.. (2006). Native Americans and alcohol: Past, present and future. *Journal of General Psychology*, 133(4), 435-451.

- <sup>28</sup> Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V.,... Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245-258.
- <sup>29</sup> SAMHSA's Center for the Application of Prevention Technologies. *Risk and protective factors for substance abuse and/or mental health problems among Alaska Native and Native American populations*. Retrieved from <http://www.samhsa.gov/capt/sites/default/files/resources/factors-substance-abuse-mental-health.pdf>
- <sup>30</sup> Brave Heart, M.Y. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7-13.
- <sup>31</sup> Weaver, H. & Brave Heart, M.Y. (1999). Examining two facets of American Indian identity: Exposure to other cultures and the influence of historical trauma. *Journal of Human Behavior in the Social Environment*, 2(1-2), 19-33.
- <sup>32</sup> Weaver, H. & Brave Heart, M.Y. (1999). Examining two facets of American Indian identity: Exposure to other cultures and the influence of historical trauma. *Journal of Human Behavior in the Social Environment*, 2(1-2), 19-33.
- <sup>33</sup> Whitbeck, L. B., Hoyt, D.R., Stubben, J.D., & LaFromboise, T (2001). Traditional culture and academic success among American Indian children in the Upper Midwest. *Journal of American Indian Education*, 20(2), 48-60.
- <sup>34</sup> Szlemoko, W.J., Wood, J.W., & Thurman, P.J. (2006). Native Americans and alcohol: Past, present and future. *Journal of General Psychology*, 133(4), 435-451.
- <sup>35</sup> Szlemoko, W.J., Wood, J.W., & Thurman, P.J. (2006). Native Americans and alcohol: Past, present and future. *Journal of General Psychology*, 133(4), 435-451.
- <sup>36</sup> SAMHSA's Center for the Application of Prevention Technologies. *Risk and protective factors for substance abuse and/or mental health problems among Alaska Native and Native American populations*. Retrieved from <http://www.samhsa.gov/capt/sites/default/files/resources/factors-substance-abuse-mental-health.pdf>
- <sup>37</sup> Szlemoko, W.J., Wood, J.W., & Thurman, P.J. (2006). Native Americans and alcohol: Past, present and future. *Journal of General Psychology*, 133(4), 435-451.
- <sup>38</sup> Yu, M. & Stiffman, A.R. (2007). Culture and environment as predictors of alcohol abuse/dependence symptoms in American Indian youths. *Addictive Behaviors*, 32(10), 2253-2259.
- <sup>39</sup> Goldston, D.B., Davis Molock, S., Whitbeck, L.B., Murakami, J.L., Zayas, L.H., & Nagayama Hall, G.C. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatment. *American Psychologist*, 63(1), 14-31.
- <sup>40</sup> Bechtold, D.W. (1988). Cluster suicide in American Indian adolescents. *American Indian and Alaska Native Mental Health Research*, 1(3), 26-35.
- <sup>41</sup> Suicide Prevention Resource Center & Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Newton, MA: Education Development Center, Inc.
- <sup>42</sup> Borowsky, I.W., Resnick, M.D., Ireland, M., & Blum, R.W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine*, 153(6), 573-580.
- <sup>43</sup> U.S. Department of Health and Human Services, Indian Health Service, Division of Behavioral Health, Office of Clinical and Preventive Services. (2011). *American Indian/Alaska Native Behavioral Health Briefing Book*. Retrieved from [www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/documents/2011\\_Letters/AIANBHBriefingBook.pdf](http://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2011_Letters/AIANBHBriefingBook.pdf)
- <sup>44</sup> Substance Abuse and Mental Health Services Administration. (2006). *Roadmap to seclusion and restraint free mental health services*. Retrieved August 22, 2014 from <http://store.samhsa.gov/product/Roadmap-to-Seclusion-and-Restraint-Free-Mental-Health-Services-CD-/SMA06-4055>
- <sup>45</sup> Walters, K.L., Simoni, J.M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska Natives: Incorporating culture in an "indigenist" stress-coping paradigm. *Public Health Reports*, 117(1), S104-S107.
- <sup>46</sup> Borowsky, I.W., Resnick, M.D., Ireland, M., & Blum, R.W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatric and Adolescent Medicine*, 153(6), 573-580.
- <sup>47</sup> Whitesell, N.R., Asdigian, N.L., Kaufman, C.E., Big Crow, C., Shangreau, C., Keane, E.M., ... & Mitchell, C.M. (2014). Trajectories of substance use among young American Indian adolescents: Patterns and predictors. *Journal of Youth and Adolescence*, 43(3), 437-453.
- <sup>48</sup> Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. Bloomington, IN: National Educational Service.
- <sup>49</sup> Gilgun, J.F. (2002). Completing the circle: American Indian Medicine Wheels and the promotion of resilience of children and youth in care. *Journal of Human Behavior in the Social Environment*, 6(2), 65-84.
- <sup>50</sup> Whitesell, N.R., Asdigian, N.L., Kaufman, C.E., Big Crow, C., Shangreau, C., Keane, E.M., ... & Mitchell, C.M. (2014). Trajectories of substance use among young American Indian adolescents: Patterns and predictors. *Journal of Youth and Adolescence*, 43(3), 437-453.
- <sup>51</sup> U.S. Department of Health and Human Services, Indian Health Service, Division of Behavioral Health, Office of Clinical and Preventive Services. (2011). *American Indian/Alaska Native Behavioral Health Briefing Book*. Retrieved from [www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/documents/2011\\_Letters/AIANBHBriefingBook.pdf](http://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/2011_Letters/AIANBHBriefingBook.pdf)
- <sup>52</sup> Perkins, D.F. (2009) Community youth development. In Wood, J. & Hine, J. (Eds.) *Working with young people* (pp. 104-113). Los Angeles, CA: Sage Publications.
- <sup>53</sup> Beebe, L.A., Vesely, S.K., Oman, R.F., Tolma, E., Aspy, C.B., & Rodine, S. (2008). Protective assets for non-use of alcohol, tobacco and other drugs among urban American Indian youth in Oklahoma. *Journal of Maternal and Child Health*, 12(1 Suppl), S82-S90.

- <sup>54</sup> Perkins, D.F. (2009) Community youth development. In Wood, J. & Hine, J. (Eds.) *Working with young people* (pp. 104-113). Los Angeles, CA: Sage Publications.
- <sup>55</sup> Gilgun, J.F. (2002). Completing the circle: American Indian Medicine Wheels and the promotion of resilience of children and youth in care. *Journal of Human Behavior in the Social Environment*, 6(2), 65-84.
- <sup>56</sup> Gilgun, J.F. (2002). Completing the circle: American Indian Medicine Wheels and the promotion of resilience of children and youth in care. *Journal of Human Behavior in the Social Environment*, 6(2), 65-84.
- <sup>57</sup> Hill, D.L. (2006). Relationship between sense of belonging as connectedness and suicide in American Indians. *Archives of Psychiatric Nursing*, 23(1), 65-74.
- <sup>58</sup> Jones, M.D. & Galliher, R.V. (2007). Ethnic identity and psychosocial functioning in Navajo adolescents. *Journal of Research on Adolescence*, 17(4), 683-696.
- <sup>59</sup> Walters, K.L., Simoni, J.M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska Natives: Incorporating culture in an "indigenist" stress-coping paradigm. *Public Health Reports*, 117(1), S104-S107.
- <sup>60</sup> Yu, M. & Stiffman, A.R. (2007). Culture and environment as predictors of alcohol abuse/dependence symptoms in American Indian youths. *Addictive Behaviors*, 32(10), 2253-2259.
- <sup>61</sup> Walters, K.L., Simoni, J.M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska Natives: Incorporating culture in an "indigenist" stress-coping paradigm. *Public Health Reports*, 117(1), S104-S107.
- <sup>62</sup> Kana'iaupunit, S.M. (2004). Ka'akalai Ku Kanaka: A call for strengths-based approaches from a Native Hawaiian perspective. *Educational Researcher*, 33(26), 65-84.
- <sup>63</sup> The National Early Childhood Technical Assistance Center. (2011). *The importance of early intervention for infants and toddlers with disabilities and their families*. Retrieved from [www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf](http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf).
- <sup>64</sup> Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. In J. Valentine, J. A. De Jong, & N. J. Kennedy (Eds.), *Substance abuse prevention in multicultural communities* (pp. 147-162). New York: Haworth Press.
- <sup>65</sup> Substance Abuse and Mental Health Services Administration. (2010). *To live to see the great day that dawns: Preventing suicide by American Indian and Alaska Native youth and young adults*. Retrieved from [www.sprc.org/sites/sprc.org/files/library/Suicide\\_Prevention\\_Guide.pdf](http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf)