



**Suicide Prevention Resource Center**

Promoting a public health approach to suicide prevention

# **SPRC Research to Practice Webinar**

## **Promoting Connectedness to Prevent Suicide**

February 28, 2013

# SPRC Research to Practice Presenters



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# Building Connectedness for Suicide Prevention

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National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Feb 28, 2013

National Center for Injury Prevention and Control  
Division of Violence Prevention



# Acknowledgments

## CDC Colleagues:

- ❑ Alex Crosby
- ❑ Jim Mercy
- ❑ Jennifer Kaminski
- ❑ Colleagues who developed the “Strategic Direction for the Prevention of Suicidal Behavior”

**CDC'S STRATEGIC DIRECTION  
FOR SUICIDE PREVENTION: A  
FOCUS ON CONNECTEDNESS**

# Criteria for Selection of Strategic Direction

- 1) **Impact**
- 2) **Fills a *unique* niche in the field**
- 3) **Consistent with CDC's role and mission**
- 4) **Evidence for prevention exists**
- 5) **Cross-cuts other areas of violence prevention**
- 6) **Support from the field**
- 7) **Political viability**
- 8) **Marketing potential**

## **CDC's Unique Niche**

- ❑ **Historically suicide addressed only as a mental health issue**
- ❑ **Mental illness is just one of many risk factors**
- ❑ **Majority of people with mental illness do not engage in suicidal behaviors**
- ❑ **CDCs approach complements methods used by other federal initiatives**

# CDC's Role in & Mission for Prevention

- ❑ Emphasis on primary prevention
- ❑ Development of a rigorous science base
- ❑ Multi-disciplinary and multi-sectoral perspective
- ❑ A population approach
- ❑ Improve information





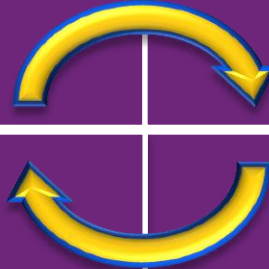
# Public Health Approach

- Describe problem
- Track trends
- Identify risk factors

**Surveillance**

- Develop, test, and evaluate interventions
- Identify what works

**Research and program evaluation**



**Translation**

- Move from data to policy and programs

**Dissemination of effective interventions**

- Adaptation based on needs of community/state

# Scientific Evidence

- ❑ **Scientific research and conceptual thinking converged:**
- ❑ **Suicidal behavior results from a combination of factors**
  - Genetic
  - Developmental
  - Environmental
  - Physiological
  - Psychological
  - Social
  - Cultural

**operating through diverse, complex pathways.<sup>1</sup>**

- ❑ **Connectedness is a common thread**

<sup>1</sup> World Health Organization. Prevention of suicide: Guidelines for the formulation and implementation of national strategies. New York: United Nations; 1996.

## Support From the Field

### Aims of the National Strategy for Suicide Prevention (2001)

- ❑ Prevent premature deaths due to suicide across the life span.
- ❑ To promote opportunities and settings to enhance resiliency, resourcefulness, respect, and *interconnectedness* for individuals, families, and communities.<sup>1</sup>

<sup>1</sup> US Public Health Service. National strategy for suicide prevention: Goals and objectives for action. Washington, DC: US Department of Health and Human Services; 2001.

# CDC's Strategic Directions for Suicide Prevention

Prevent fatal and nonfatal suicidal behavior by  
working to promote and enhance  
**CONNECTEDNESS**  
within and among individuals, families & communities

Centers for Disease Control and Prevention. *Strategic Direction for the Prevention of Suicidal Behavior*. Atlanta, GA: U.S. Department of Health and Human Services; 2009.

[http://www.cdc.gov/ViolencePrevention/pdf/Suicide\\_Strategic\\_Direction\\_Full\\_Version-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/Suicide_Strategic_Direction_Full_Version-a.pdf)

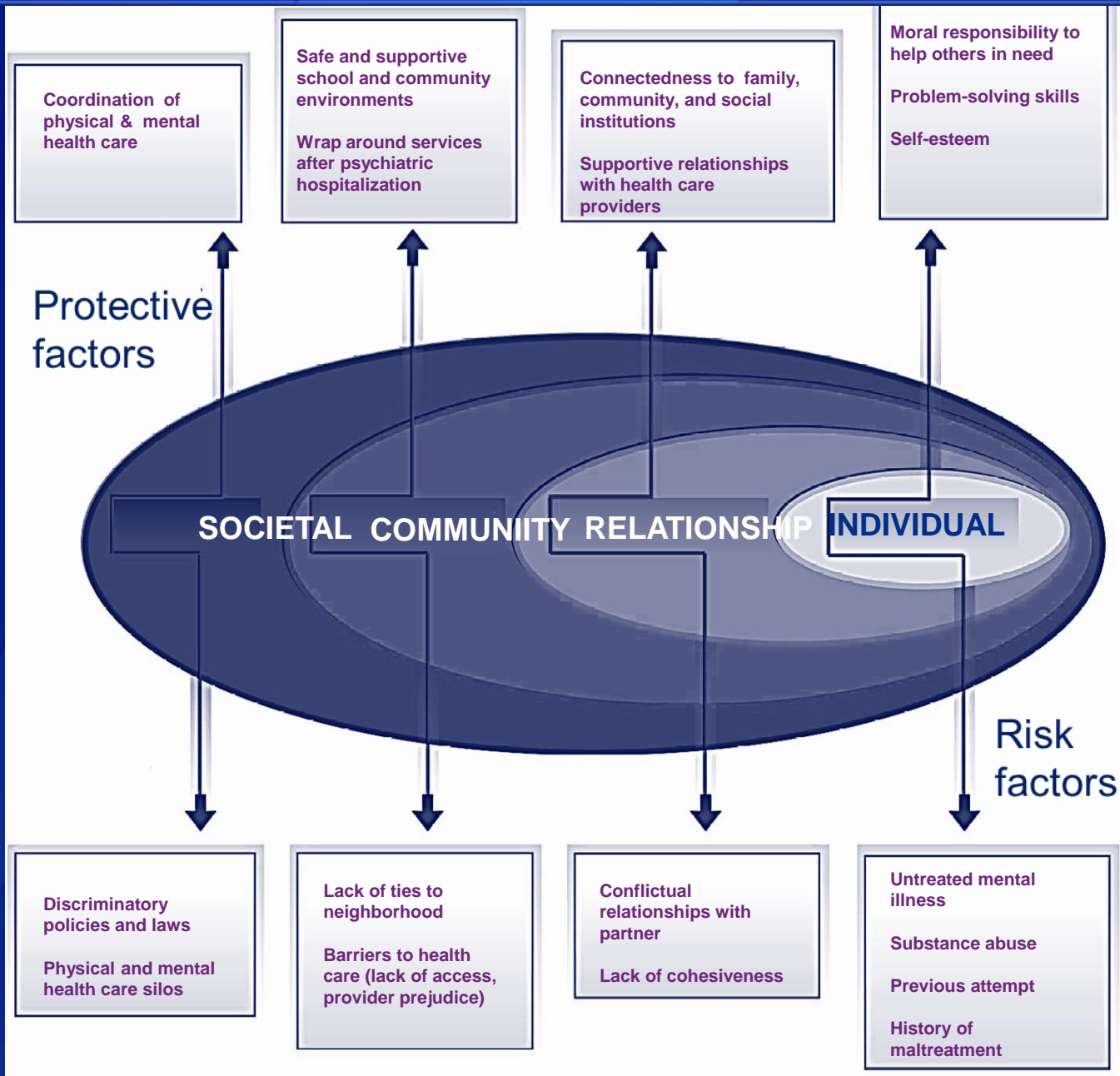
# What is Connectedness?



- ❑ “The degree to which people feel socially close, interrelated, or share resources within and between individuals, families, communities, and society”<sup>1</sup>
- ❑ Related to social support, participation and integration into society, sense of belonging, social networks, social capital
- ❑ Link between connectedness and suicide dates back to Durkheim (“*Le Suicide*” 1897)<sup>2</sup>

<sup>1</sup> Centers for Disease Control and Prevention (2009). Strategic Direction for the Prevention of Suicidal Behavior. Atlanta, GA: US Department of Health and Human Services.

<sup>2</sup> Durkheim, É. (1897/1930). *Le suicide. Étude de sociologie*. [Suicide: A study in sociology]. Paris: Felix Alcan/PUF



# Connectedness Between Individuals

## ❑ Benefits of close and supportive relationships

- Decrease perception of threat or problem
- Encourages adaptive coping behaviors (e.g. help-seeking) and discourages maladaptive coping (e.g. substance abuse)<sup>1</sup>

## ❑ Finding from the field:

- Gatekeepers who reported a stronger connection to youth in their program were 2x more likely to accurately identify suicidal youth. (Tennessee Lives Count Program—Enhanced Evaluation grantee)

## ❑ Research says:

- Connectedness between adolescents and families associated with decreased suicidal behaviors, cross-cultural finding. <sup>2</sup>



1 Cohen S. Social relationships and health. Am Psychol 2004;59:676–84.

2 Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm: findings from the National Longitudinal Study on Adolescent Health. JAMA 1997;278:823–32.



# Connectedness of Individuals and Their Families to Community Organizations

## □ Benefits of positive attachments to community groups

- Increased sense of belonging
- Access to formal helping resources
- Strengthen sense of identity



## □ Finding from the field:

- NARA 's youth survey of 233 tribal youth found that involvement in Tribal/Native community cultural activities and connection to traditional beliefs and values protected against risks for suicidal behavior.

## □ Research says:

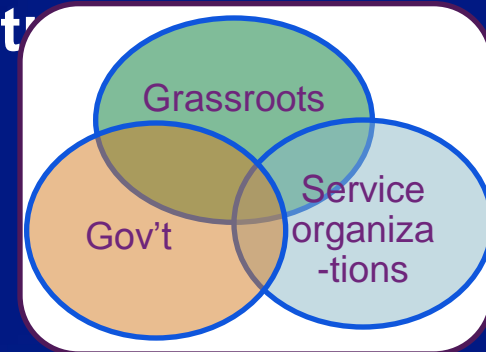
- Connectedness of adolescents to school protects against suicidal thoughts and behavior cross-sectionally and over time. <sup>1</sup>



# Connectedness Among Community Organizations and Social Institutions

## □ Benefits of formal relationships between community organizations and institutions

- Ensure that high-quality services are accessible and actually delivered
- Promote overall well-being by linking helping systems
- Promote consistent and unified vision for prevention
- Leverage social and political will



## □ Finding from the field:

- The Maine YSPP found that a formal referral network connecting organizations with service providers was important for the success of a comprehensive school-based suicide prevention program.

## Many More Examples!

- ❑ May PA, Serna P, Hurt L, DeBruyn L M. Outcome evaluation of a public health approach to suicide prevention in an American Indian Tribal Nation. Am J Public Health 2005;95:1238–44
- ❑ Oyama H, Koida J, Sakashita T, and Kudo K. Community-based prevention for suicide in elderly by depression screening and follow-up. Community Ment Health J 2004;40:249–63.
- ❑ Knox KL, Litts DA, Talcott GW, Feig JC, Caine ED. Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. Br Med J 2003;327:1376–380
- ❑ Motto JA and Bostrom AG. A randomized controlled trial of postcrisis suicide prevention. Psychiatr Serv 2001;52:828–33. (Adults)
- ❑ Kaminski, J.W., Puddy, R.W., Hall, D.M., Cashman, S.Y., Crosby, A.E. & Ortega, L.A.G. (2010). The Relative influence of different domains of social connectedness on self-directed violence in adolescence. J Youth Adolescence. 39:460-473.
- ❑ Eisenberg ME and Resnick MD. Suicidality among gay, lesbian and bisexual youth: the role of protective factors. J Adolesc Health 2006;39:662–68.

# Challenges and Opportunities for the Future

- Making measures collectable and usable

## **Studies of Connectedness and Suicide, 1980-2009**

- ❑ **33 quantitative studies measured connectedness**
  - 9 examined connectedness between individuals only,
  - 7 examined connectedness to institutions only
  - 17 examined connectedness to a combination of individual and institutional factors
- ❑ **72 studies measures social support**
  - 53 measured social support between individuals
  - 17 between individuals and institutions
  - 2 institutional support only
- ❑ **13 studies measures social networks**
  - 6 studies examined social networks of individuals
  - 2 examined social networks of institutions only
  - 5 examined social networks of combo
- ❑ **9 studies measured social capital**

## **Challenges and Opportunities for the Future**

- ❑ **Making measures collectable and usable**
- ❑ **Transforming measures into practical program components**
- ❑ **Testing and putting them to use**
- ❑ **Identifying effective prevention approaches**
- ❑ **Disseminating and translating approaches**
- ❑ **Providing assistance and guidance to state agencies**
- ❑ **Together, we are poised to make a difference by working across the social ecology and across population groups!**

# Thank you!

For more information visit  
[http://www.cdc.gov/violence  
prevention/suicide](http://www.cdc.gov/violence-prevention/suicide)

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Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Injury Prevention and Control  
Division of Violence Prevention



# **Social Connectedness & Preventing Suicide among Black Americans**

**Sean Joe, PhD, LMSW**

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School of Social Work  
University of Michigan

February 28, 2013

SPRC Research to Practice (R2P) Webinar  
Promoting Connectedness to Prevent Suicide



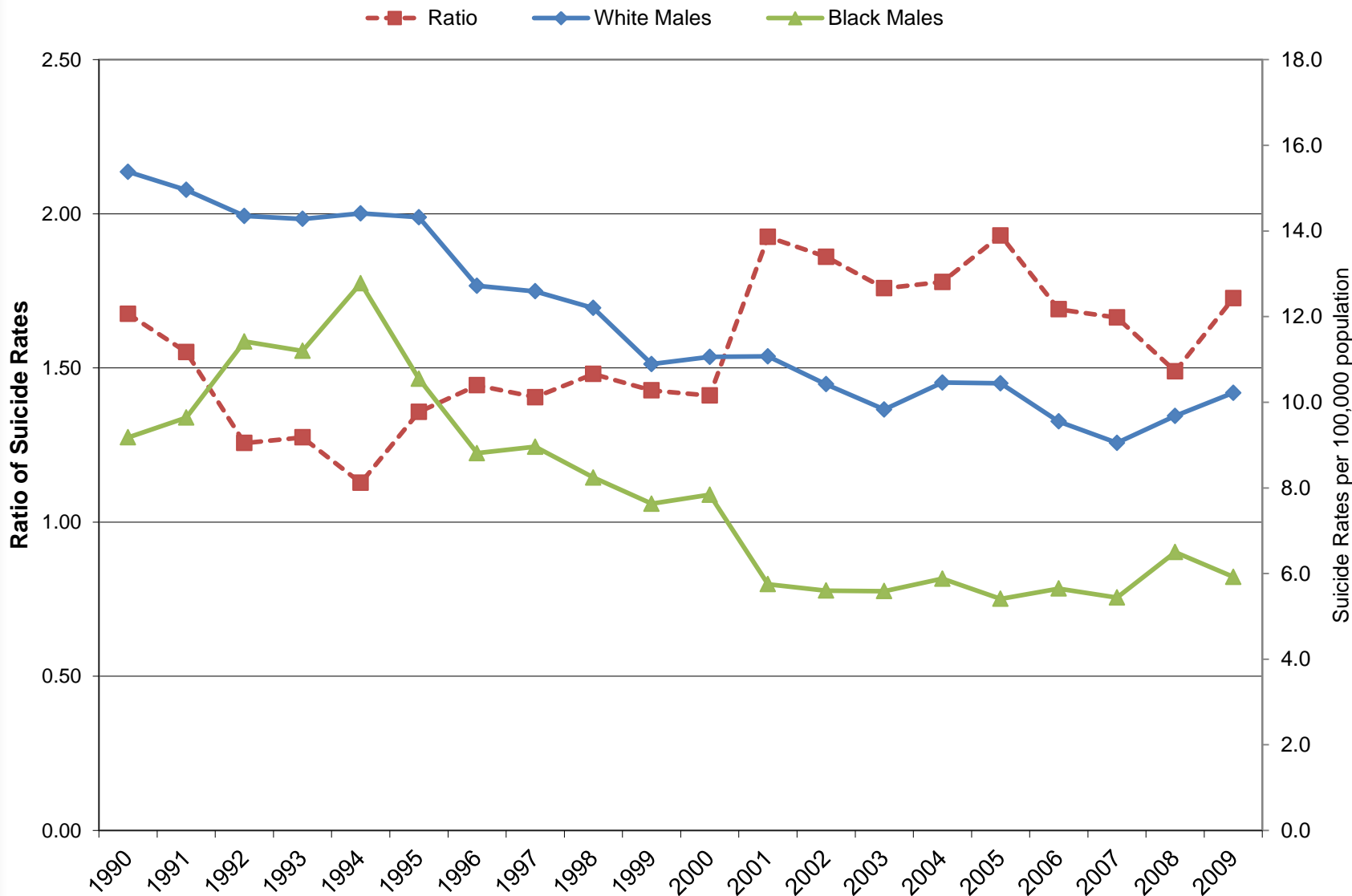


# Racial Advantage

- Suicide is among the few racial health disparity areas for which Black Americans traditionally fare better than whites.
- Despite noted increase in the rates of suicide between the two groups at younger ages, particularly among males (Joe & Kaplan, 2001).



## Trends in Racial Disparity in Suicide Rates in White to Black ages 13-19, 1990-2009

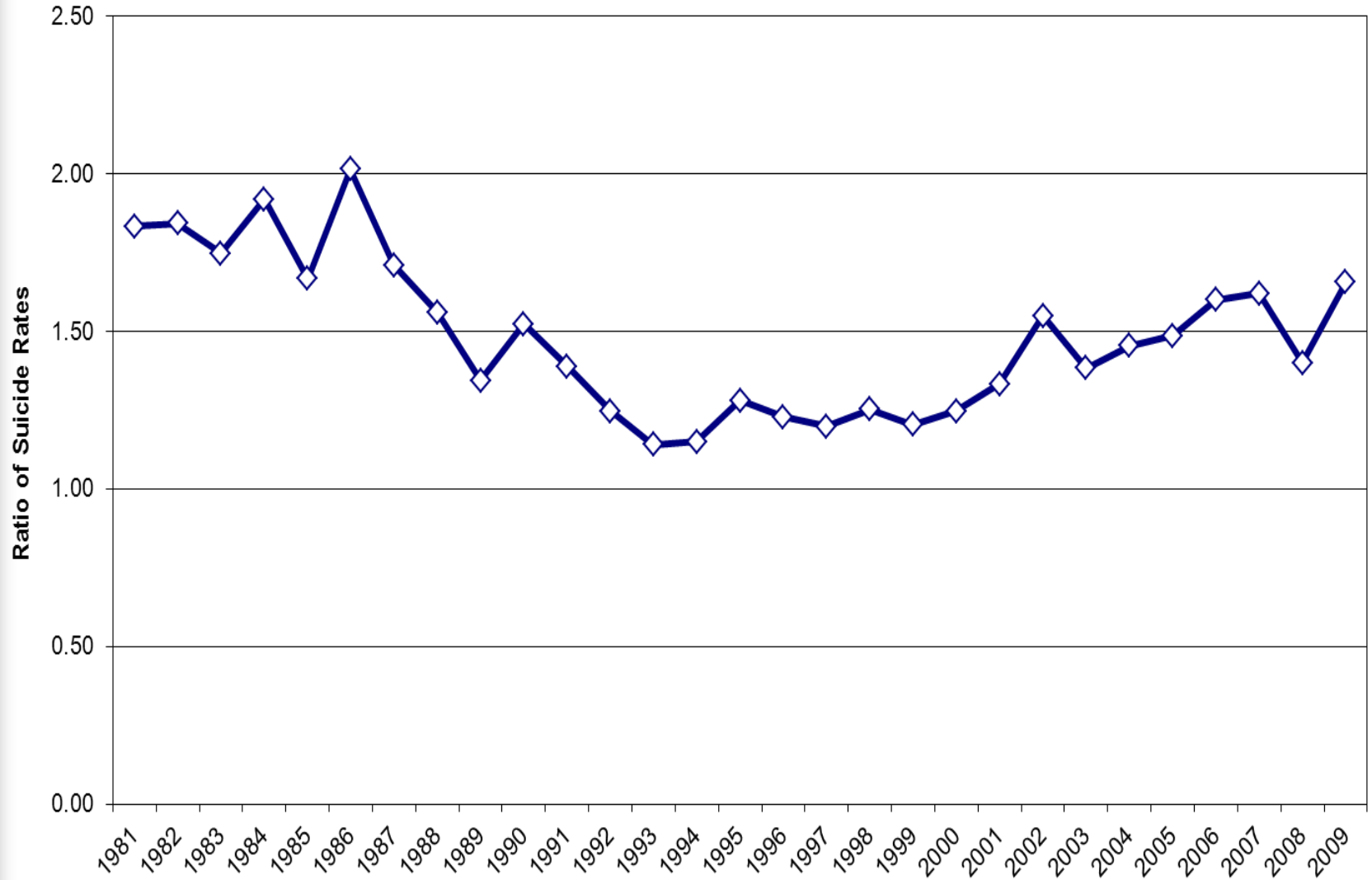


Source: Centers for Disease Control, Web-based Injury Statistics Query and Reporting System, 1990-2009

# Changes in Patterns

- Although once regarded as a low-risk population for suicide, Black Americans, particularly young males' rates of increase in suicidal behaviors has resulted in a significant reduction in the racial disparities in suicide between them and their white counterparts (Joe, 2006).

## Trends in Racial Disparity in Suicide Rates of White to Black Males Aged 15-24, 1981-2009



Source: Centers for Disease Control, Web-based Injury Statistics Query and Reporting System, 1981-2009



# White Remain at Greater Risk

- Black Americans continue to have lower rates of suicides when compared to other ethnic groups, yet few studies have empirically examined potential protective factors against suicide in this group.

# What is protective?

- It is widely believed that Black Americans are significantly exposed to many of the precursors of those who develop suicidal behavior including:
  - psychiatric disorders, deleterious social stressors,
  - poor access and use of mental health treatment,
- In fact, the rate of suicide of black females remains the lowest in the United States (IOM, 2002).



# Religion

- Although religiosity is frequently proposed for examination as a buffer against suicidal behavior among Black Americans.

# Religion Suicide Nexus

- For example, religious involvement measured as :
  - **Public behaviors** (e.g., service attendance)
  - **Self-ratings of religiosity,**
  - **Stated importance of religion in life,**
- Are associated with lower suicidality measured as lower rates of ***suicides, fewer suicide attempts, lower rates of ideation, and more negative views toward suicide*** (Hovey, 1999; IOM, 2002; Joe et al. 2007, Koenig et al., 2001; Lester, 2000).



# Religion Suicide Nexus

- The investigations of the impact of religion on suicidal thoughts and acts, based primarily on aggregate level data, has not yielded consistent results (Lester, 2000; S. Stack & David Lester, 1991).



# Important of Church Attendance

- Recent research suggest that church attendance confers the greatest protection against suicide risk, possibly through the benefits of the **social connectedness** that comes with being immersed in social and spiritual community of like-minded people.

-Chatter et al 2011



# Major Findings

- First, subjective closeness to church members was inversely related to suicidal ideation.
- Ancillary analysis additionally indicated that receiving emotional support from church members was also inversely associated with suicidal ideation, but **only when subjective closeness with church members was not included** in the model.



# Subjective Closeness

- Church attendance is ineffective in reducing suicidality in the presence of church-based supports (i.e., subjective closeness).
- Positive effects for service attendance noted in prior studies may, in fact, have been due to unmeasured qualitative aspects of these relationships.



# Black Church Centrality

- Collectively, the Black Church has provided a wealth of material, psychological, and spiritual resources, skills and strategies to cope with the negative impacts of racial discrimination, social exclusion and other life stressors on the mental health and well-being of African Americans.



# Black Church Centrality

- These combined efforts have shaped the Black Church into an institution that provides social support, spiritual and physical nurturing, a sense of belonging, and a source of assistance for psychological and/or mental health problems.

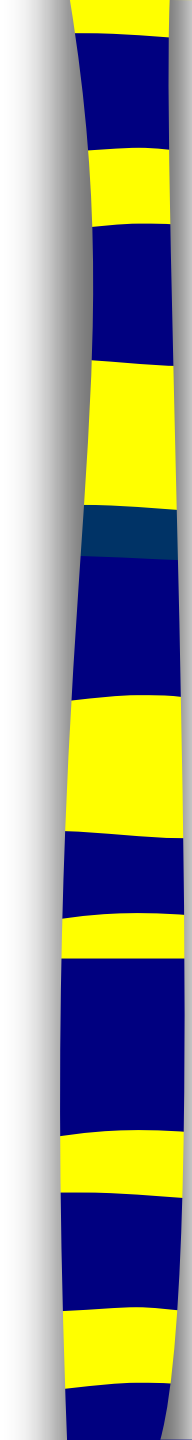


# Connectedness to Support

- Being connected to a religious community also helps people receive both instrumental and emotional support from church members.
- A subjective sense of closeness (reduced burdensomeness, increased belongingness).

# Conclusion

- Social interaction may function as a preventive strategy or as an effort to mobilize social resources for individuals who are at known risk for future attempts.
- The positive association between subjective closeness and suicide ideation confirms prior theory (Ellison & Levin, 1998; Koenig et al., 2001) on the protective aspects of church-based social relations (e.g., social integration) on mental health.



# Why Should Clinical Professionals Attend to the Spiritual Concerns of Patients?

- Respect for patients ought to entail attention to meaning that the patient assigns to the encounter with illness and the relationship with the clinician.
  - Sulmasy, 2009



# Treatment Seeking & Adherence

- Spiritual issues may be interfering with treatment and patients may not be readily forthcoming about the reasons.
- For example, a patient with Bipolar Disorder may believe she is being punished by God for an abortion she had as a teenager and might therefore fatalistically refuse treatment.
- An astute, sensitive clinician can uncover such a problem and make referrals that help patients to cope with the spiritual and religious aspects of their conditions.



# Spiritual Crisis

- Many patients are frightened by their condition and its meaning.
- They may, for a variety of complex reasons ranging from fear to guilt to the cognitive effects of serious illness, neglect to request a visit from a chaplain.
- An astute clinician might discover that the patient is in a serious spiritual crisis and make the appropriate referrals.



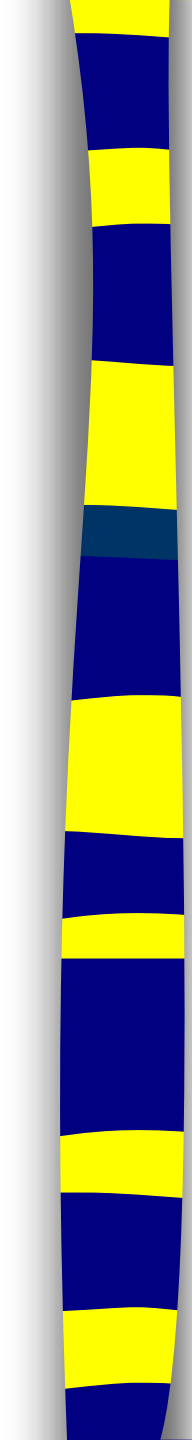
# **CBT: Change the Video Tape Responses**

- Feed the spirit with new cognitive thought process (e.g., hope)
- The spirit in turn feeds positive ideas to your soul (e.g., quiets the negative voice of the soul convicting you, which you often quiet with alcohol, drugs, abuse).

# Lack of Social Connectedness

- A close connections to other people
- Deep connections to moral and spiritual meaning.
- The absence of connectedness (Robert Karen)
  - “the superficial relationships,
  - “the poverty of feeling for others,
  - “the inaccessibility,
  - “the lack of emotional response,
  - “the often pointless deceitfulness and theft,
  - “and the inability to concentrate in school





“The most authentic thing  
about us is our capacity to  
create, to overcome, to endure,  
to transform, to love and to be  
greater than our suffering.”

Ben Okri (Nigerian Author)



**Thank You!**



# **Social Connectedness & Health in Older Adults**

**Kim Van Orden, PhD**

Center for the Study and Prevention of Suicide  
University of Rochester Medical Center





# I. Aging and social connections





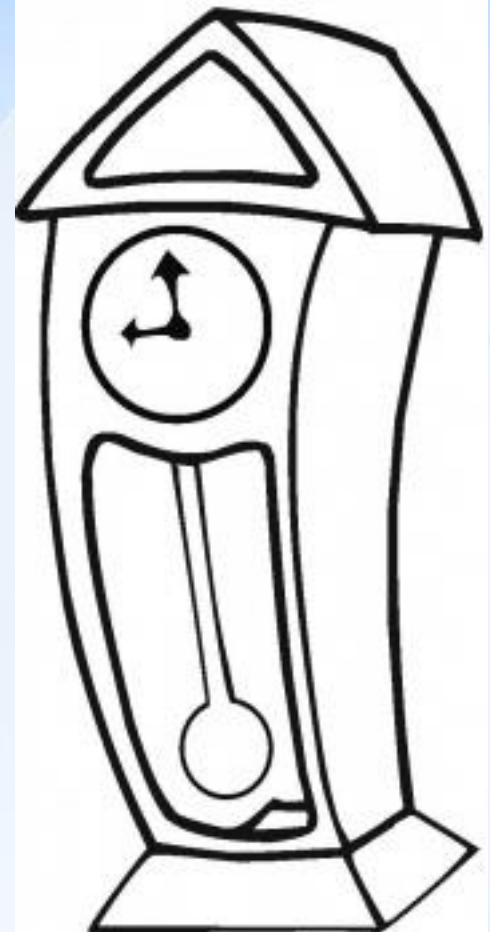
# Our social networks as we age...

- Changes in relationships
  - Fewer overall connections



# Motivation across the lifespan

- Aging makes time and endings come to the forefront.
  - Socioemotional Selectivity Theory
- Positive social connections key to emotion goals.



# Relationships across the lifespan



- Changes in relationships
  - Fewer overall connections in friendship network
  - Greater investment and closeness in key meaningful relationships!



Carstensen, L. L., Isaacowitz, D. M., & Charles, S. T. (1999). Taking time seriously - A theory of socioemotional selectivity. *American Psychologist*, 54(3), 165-181.

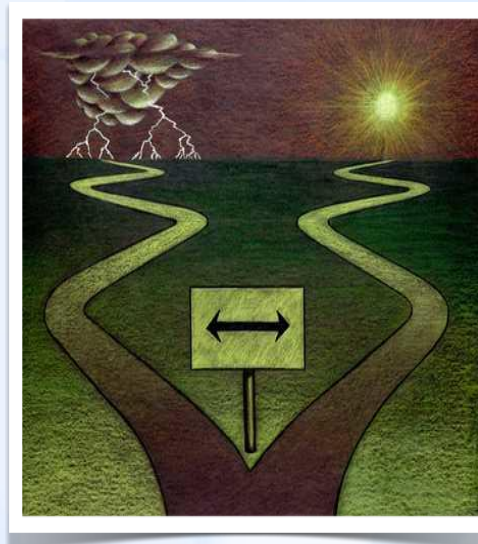
Wrzus, C., Hanel, M., Wagner, J., & Neyer, F. J. (2012). Social Network Changes and Life Events Across the Life Span: A Meta-Analysis. *Psychological Bulletin*. doi: 10.1037/a0028601

# Developmental Trajectories

Suicide in late-life is not an expected or “normal” response to the stresses of aging

## • Risk

- psychiatric illness
- social disconnectedness
- functional impairment
- physical illness
- pain



## • Resiliency

- Positive emotions
- Emotion regulation
- Closeness in relationships

Conwell, Y., Van Orden, K., & Caine, E. (2011). Suicide in Older Adults. *Psychiatric Clinics of North America*.

Charles & Carstensen (2010); Gatz et al. 1996



## II. Disconnectedness in later life



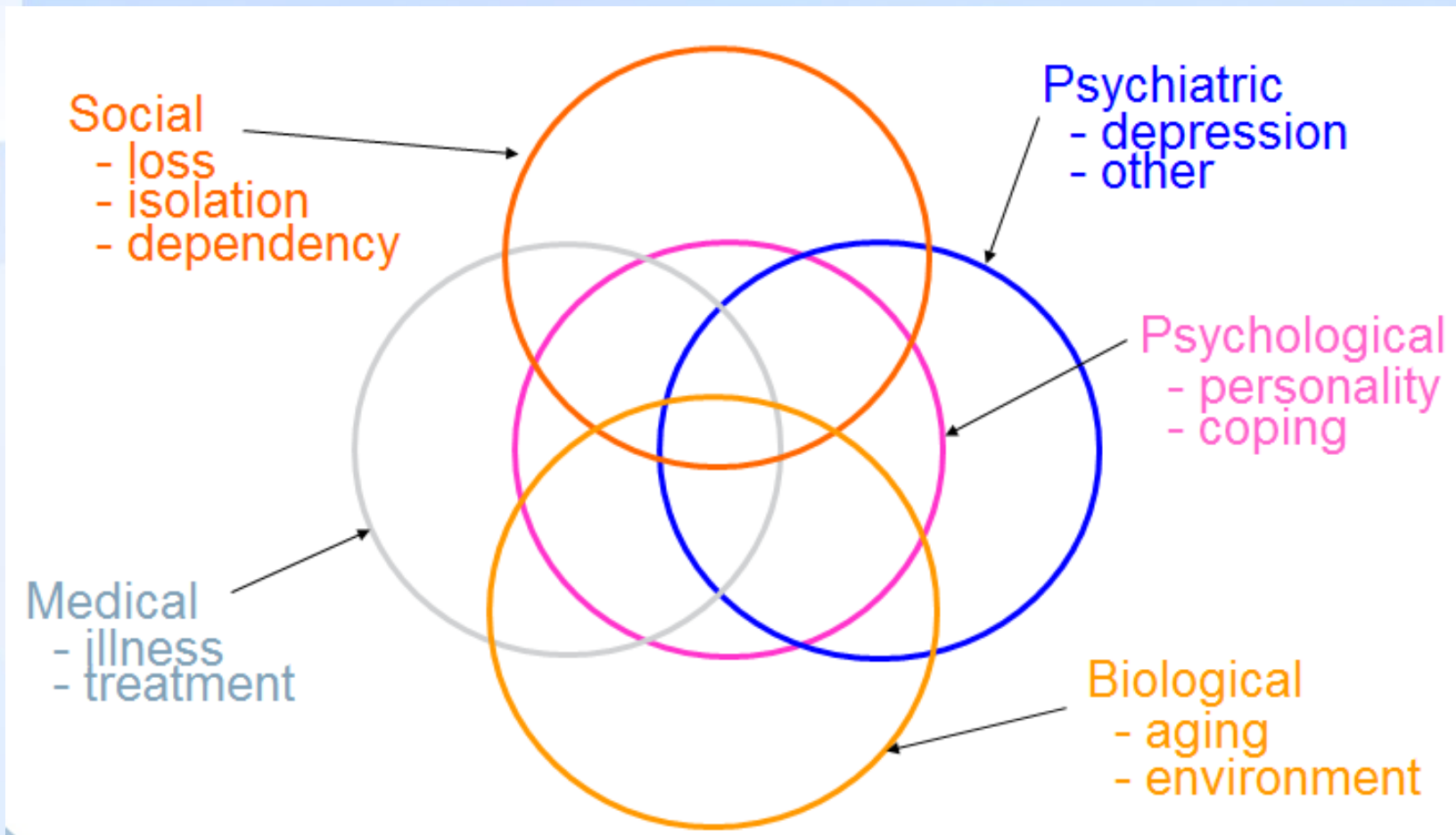
# Late Life Suicide & Disconnectedness



- Indices of social isolation in later life associated with suicide deaths:
  - **Loss of a spouse**  
(Conwell et al, 1990; Erlangsen et al, 2004)
  - **Loneliness**  
(Rubenowitz et al, 2001)
  - **Interpersonal discord**  
(Harwood et al, 2006; Beautrais, 2002; Duberstein et al, 2004)
  - **Low social support**  
(Turvey et al, 2002)
  - **Fewer people in whom to confide**  
(Miller, 1978)
  - **Less community engagement**  
(Duberstein et al, 2004)
  - **Living alone**  
(Waern et al, 2002; Barraclough, 1971)



# DOMAINS OF SUICIDE RISK IN LATER LIFE





# Social connectedness → Psychological health



- Less depression
- Less hopelessness
- Subjective well being (Quality of connections)



Cacioppo, J. T., Hawkley, L. C., & Thisted, R. A. (2010); Golden, J., Conroy, R. M., Bruce, I., Denihan, A., Greene, E., Kirby, M. (2009); Hong, S. I., Hasche, L., & Bowland, S. (2009); Krause, N. (2007); Pinquart, M., & Sorensen, S. (2000); Thomas, P. A. (2010).



# Social connectedness → Cognitive functioning/decline



- **Better memory & planning**
- **Lower risk of dementia**
  - Including Alzheimer's Disease

Bassuk, S. S., Glass, T. A., & Berkman, L. F. (1999); Karp, A., Paillard-Borg, S., Wang, H. X., Silverstein, M., Winblad, B., & Fratiglioni, L. (2006); Wang, H. X., Karp, A., Winblad, B., & Fratiglioni, L. (2002); Wilson, R. S., Krueger, K. R., Arnold, S. E., Schneider, J. A., Kelly, J. F., Barnes, L. L. (2007).

# Social connectedness → Physical health



- **Subjective: How healthy you feel!**
- **Objective: lower rates of...**
  - Diabetes
  - Hypertension
  - Liver disease
  - Arthritis
  - Emphysema



Moak, Z. B., & Agrawal, A. (2010); Tomaka, J., Thompson, S., & Palacios, R. (2006).

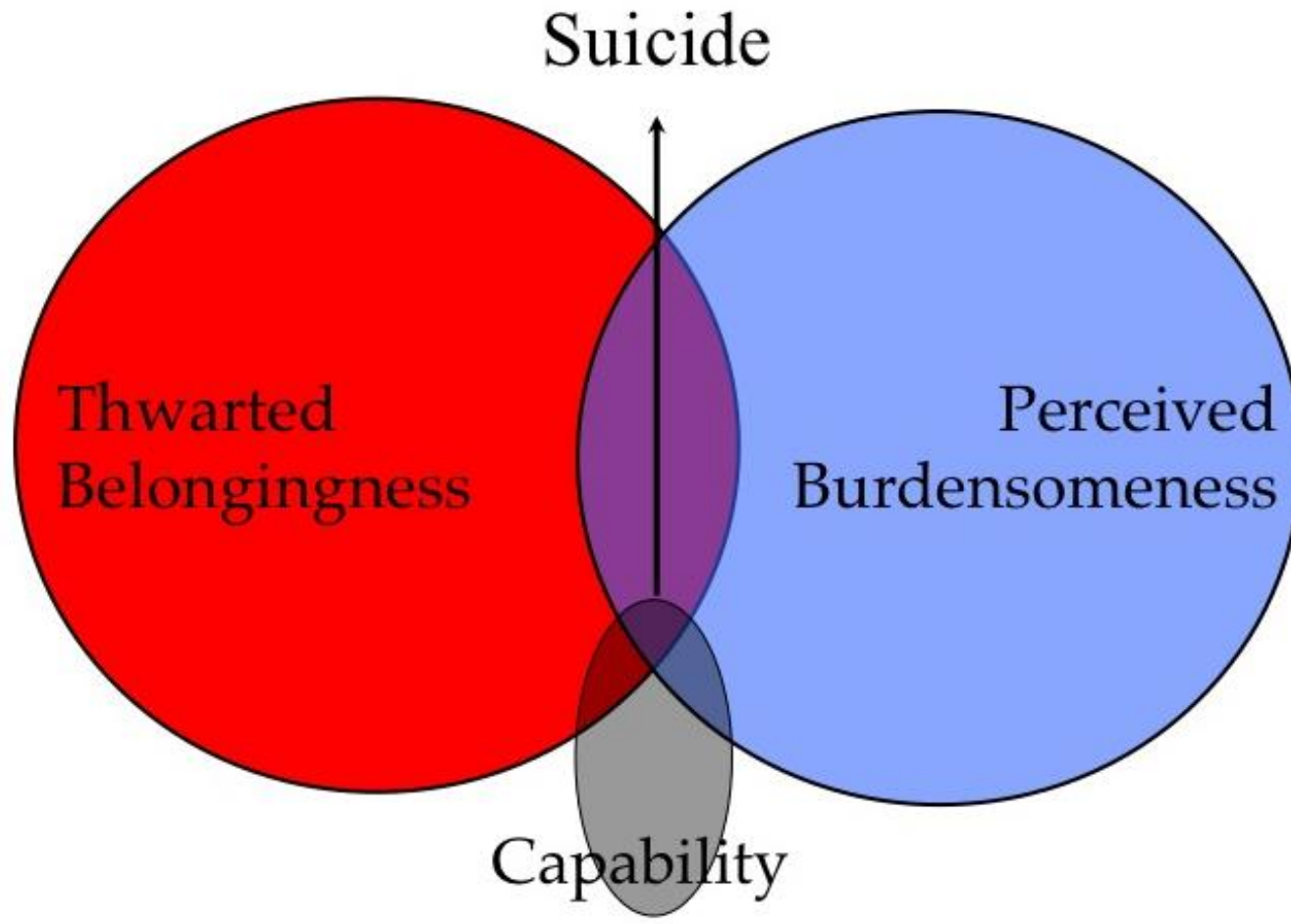
# Social connectedness → Functional capacity/impairment

- **Mobility**
- **Self-care**
- **Strength-based activities**



Lund, R., Nilsson, C. J., & Avlund, K. (2010); Mendes de Leon, C. F., Glass, T. A., & Berkman, L. F. (2003);

# The interpersonal theory of suicide

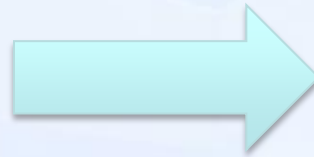


Joiner, T. (2005). *Why people die by suicide*. Cambridge, MA, US: Harvard University Press.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr. (2010). The Interpersonal Theory of Suicide. *Psychological Review*, 117(2), 575-600.

# Thwarted belongingness:

- Living alone, unmarried
- Few social supports
- Lack of confidant
- Loneliness
- Social withdrawal
- Loss
- Family conflict

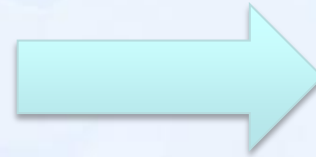


“I don’t  
belong  
anywhere or  
with  
anyone.”



# Perceived burdensomeness

- Physical illness
- Functional impairment
- Unwanted, expensibility in children
- Low self-esteem
- Unemployment



“I am a burden on others”

# Older adult case example: *Thwarted belonging & perceived burden*



- **Thwarted belongingness:**

- “I’ve had difficulty making friends since I moved here about a year ago.”
- “I don’t belong anywhere”
- Communal dinner each night: “I think I’m driving everyone nuts.”
- Spending time with adult children: “I was sitting around their place feeling like I don’t have a place...”

- **Perceived burdensomeness:**

- “I’m a burden, but I try not to be. I’ve made life more difficult for my son and daughter in law here.”

- Positive social connections *not completely absent:*

- “I want to kill myself but I can’t do that to my family.”

# III. ASSESSING & INTERVENING





# Integration with risk assessment:



Figure 1. P4 Screener for Assessing Suicide Risk<sup>a,b</sup>

Have you had thoughts of actually hurting yourself?

NO

YES

4 Screening Questions

1. Have you ever attempted to harm yourself in the past?

NO

YES

2. Have you thought about how you might actually hurt yourself?

NO

YES → [How? \_\_\_\_\_]

3. There's a big difference between having a thought and acting on a thought. How likely do you think it is that you will act on these thoughts about hurting yourself or ending your life some time over the next month?

a. Not at all likely \_\_\_\_\_

b. Somewhat likely \_\_\_\_\_

c. Very likely \_\_\_\_\_

4. Is there anything that would prevent or keep you from harming yourself?

NO

YES → [What? \_\_\_\_\_]

Risk Category	Shaded ("Risk") Response	
	Items 1 and 2	Items 3 and 4
Minimal	Neither is shaded	Neither is shaded
Lower	At least 1 item is shaded	Neither is shaded
Higher		At least 1 item is shaded

<sup>a</sup>P4 is a mnemonic for the 4 screening questions: *past* suicide attempt, *suicide plan*, *probability* of completing suicide, and *preventive* factors.  
©Copyright 2010 Kurt Kroenke, MD.

<sup>b</sup>Any individual who responds "yes" to a question about thoughts of self-harm is asked 4 additional questions—the 4 P's on past history, plan, probability, and preventive factors. Shaded responses are those that are more concerning for suicidal ideation.

Dube, P., Kurt, K., Bair, M. J., Theobald, D., & Williams, L. S. (2010). The p4 screener: evaluation of a brief measure for assessing potential suicide risk in 2 randomized effectiveness trials of primary care and oncology patients. *Primary care companion to the Journal of clinical psychiatry*, 12(6). doi: 10.4088/PCC.10m00978blu

# What's a Coping Card?

## *Safety Planning for those at risk*



- The goal: reduce thwarted belongingness & perceived burdensomeness

create:  
**connections +  
contributions**

When I'm upset and thinking of suicide, I'll take the following steps:

1. Call my friends Carol or Alisa
2. Look at photos of my skiing trip with my friends.
3. Volunteer at the animal shelter.
4. Take a walk or a bath.
5. Call 1-800-273-TALK

Joiner, T. E., Van Orden, K. A., Witte, T. K., & Rudd, M. D. (2009). *The Interpersonal Theory of Suicide: Guidance for Working with Suicidal Clients*. Washington, D.C.: American Psychological Association.

Stanley, B., & Brown, G. K. (2012). Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. doi: 10.1016/j.cbpra.2011.01.001

# Behavioral Interventions



- Meta-analysis: social cognitive interventions

Masi, C. M., Chen, H-Y., Hawkey, L. C., & Cacioppo, J. T. (2010). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*.

- Interpersonal Psychotherapy
- CBT
  - Problem Solving Therapy
  - Cognitive Therapy
  - Dialectical Behavior Therapy
- Peer companionship





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**Thank you!**

# American Indian and Alaska Native Children: All My Relations Connectiveness in Tribal Communities

Dolores Subia BigFoot, PhD

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University of Oklahoma Health Sciences Center  
Oklahoma City, OK

<http://www.icctc.org>  
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Our grandparents, elders, and ancient ones have long prayed and offered sacred words to the Creator to watch over all things from the past, the present, and the future.

We are taught to pray for all things because we are all connected. The air we breathe comes from the trees. The food we eat comes from the earth. The rain that cleanses us comes from the sky.

Through sacred words comes healing from the past, strength for the present and hope for the future.

BigFoot & Schmidt 2007 ©  
Honoring Children, Mending the Circle

(c) BigFoot, D. S. 2013

# All My Relations

People, animals, and land are all connected. All living things are sacred. "It is a place grown intense and holy. It is a place of immense community and of humbled solitude; we sit together in our aloneness and speak, one at a time, our deepest language of need, hope, loss, and survival. We remember that all things are connected."

Linda Hogan

[http://www.cdc.gov/ViolencePrevention/pdf/ASAP\\_Suicide\\_Issue3-a.pdf](http://www.cdc.gov/ViolencePrevention/pdf/ASAP_Suicide_Issue3-a.pdf)

NCTSN

The National Child  
Traumatic Stress Network

(c) BigFoot, D. S. 2013



Trauma is a part of the circle of life. There is a long history of trauma in American Indian and Alaska Native families, communities, and Nations.

Trauma is like a roadblock or burden in our path. Healing is the way to make the roadblock or burden more manageable or to make it go away completely.

Healing means that the circle is whole again. One must know how to change one's thinking, feelings, and beliefs about a traumatic experience in order to regain balance or harmony. Knowing you are part of the Circle allows you to connect with others and understanding the circle helps you recognize you are not alone.



# American Indian/Alaskan Native National Statistics

- Approximately 4 million self-identified American Indian and Alaska Native in the 2010 Census
- 38% of the AI/AN pop. is under the age of 18; 9% of the population is under the age of 5
- Approximately 71% reside off reservations

# General Information

- Federally recognized tribes (N= approx. 562 +) and non federally but state recognized tribes (N = approx. 245)
- Approximately 250 current Native/Indigenous languages
- Tribes possesses own distinct culture and language
- Tribes formally establish their own enrollment criteria

# Suicide in Indian Country

- AI/AN between ages 15-24 have highest rates than other age range or ethnic group
- Males age 15-24 account for 64% of all AI/AN suicides (CDC, 2004)
- American Indian youth, 12 and over have higher risk of committing suicide than being murdered (US DHHS, 1999)
- 50-60% of those suicides used a firearm

# Current Status of Mental Health and Trauma

- AI/ANs more likely have exposure to trauma than members of more economically advantaged groups
- Violent deaths (unintentional injuries, homicide, and suicide) account for 75% of all mortality in the second decade of life for AI/ANs  
(Resnick et al., 1997)

# Protective Factors v Risk Factors In American Indian and Alaska Native Communities

## Protective Factors: (belonging)

- sense of connection to others among youth was an important part of suicide prevention activities. (Borowsky et al., 1999; Dexheimer-Pharris et al., 1997),

## Risk Factors: (excluding )

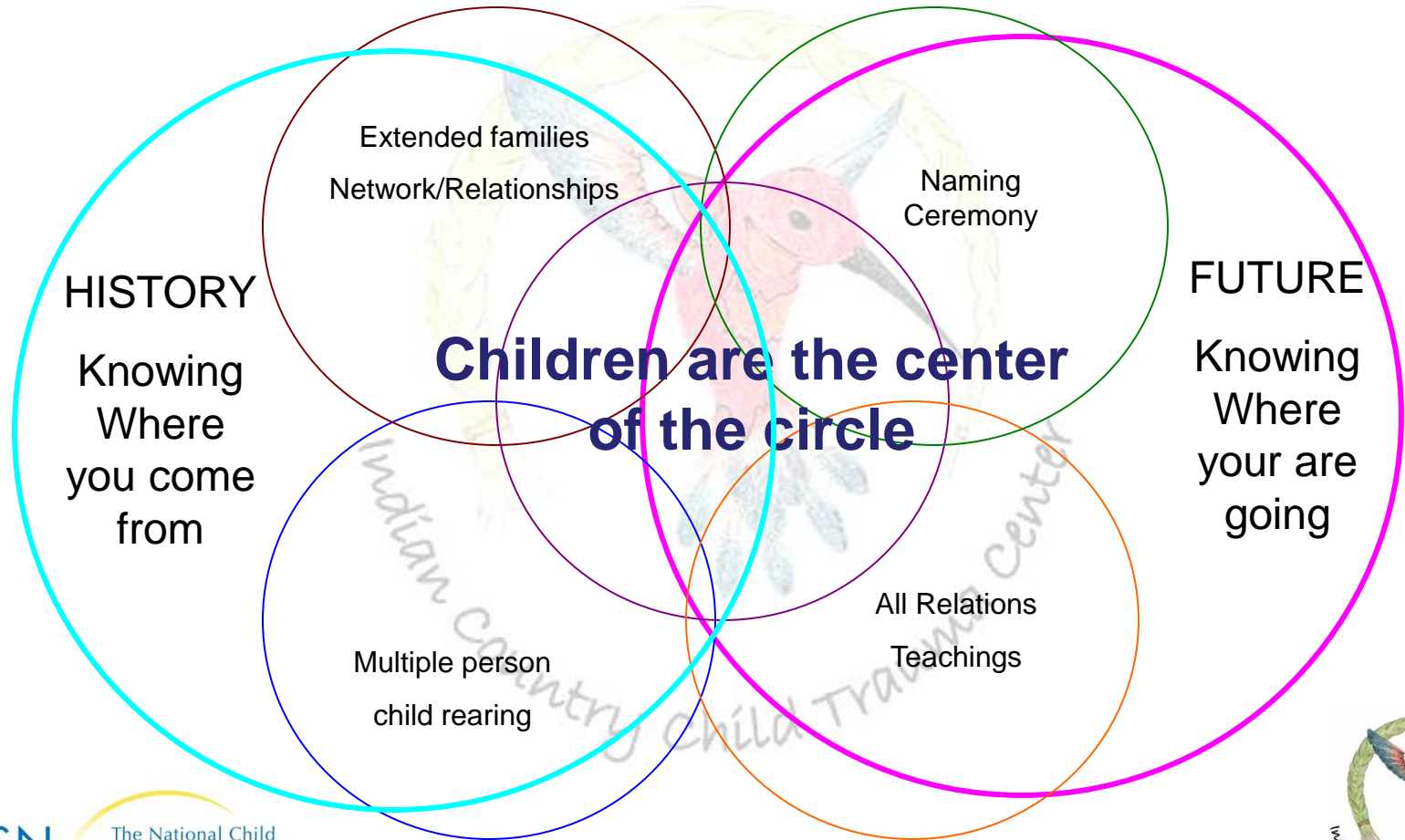
- sense of alienation is a risk factor for suicide among American Indian youth (Walls, Chapple, & Johnson, 2007).
  - coercive parenting,
  - caretaker rejection,
  - negative school attitudes,
  - perceived discrimination,

# Sense of connection to others

- Caring and available adults
- Positive peer relationships
- Storytelling

Final Report, GLS Tribal Grantee 2013

# Circles + Connectiveness





# Cheyenne Creation Story

Every tribe has a creation story that tells of their origin, how they came to be, and what was helpful behaviors that lead them forward. Many tribal websites have posted their creations stories that share the wisdom of their history, the important teachings, or other understandings about life. One creation story of the Cheyenne is the naming that is given to recognize and help that individual be grounded in knowing who they are, where they came from, why they are here, who their relatives are, who was there before them and who will come after them. In other words, a sense of belonging and connectiveness. I beg pardon from the Cheyenne people if my words do not covey all the meaningfulness of naming.

# Naming Ceremony among the Cheyenne People and Connectiveness

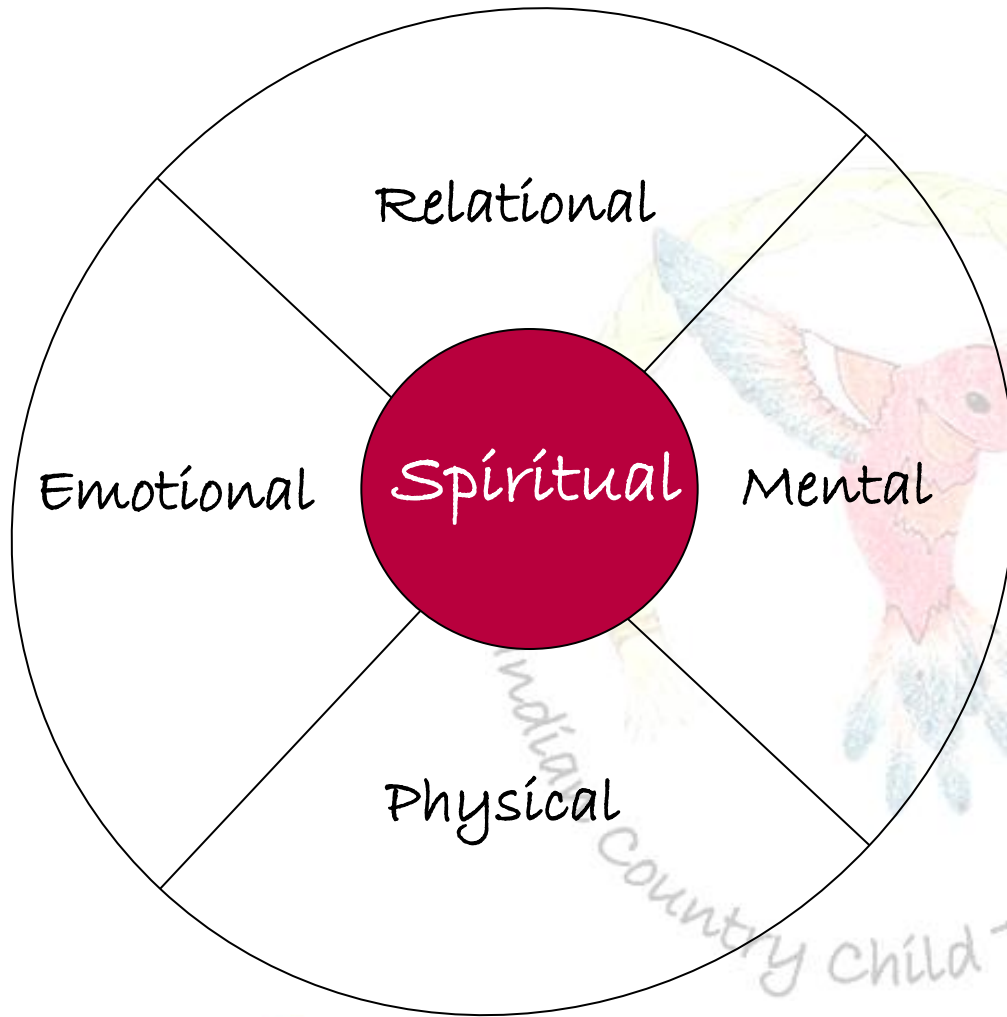
Naming allows a person to participate in a ceremony of belonging, of recognition, of connectiveness, of identity, of history, of gratitude, of grounding, and hopefulness. Giving a name requires knowing where the name came from, who carried the name before, the meaning of the name, where and who gave it, what is the expectation about the name, when and where it will be used whether in daily conversations, in ceremony, or in other sacred ways. Even the place and timing of the name giving can be important in sharing the story of the new identity and new way of viewing the world. It can be the unfolding of a new life, a new creation story for that person. An in each passing day that person can share his story with others, and gain strength in knowing many are there in support of his new life.

Based on the Teachings of Cheyenne Chief John L. Sipe

# American Indian and Alaska Native Orientation to Model of Well-Being

Well-being is considered balance in the spiritual, emotional, mental, physical, and relational dimensions of a person. The goal is to achieve and maintain balance.

# Model of Well-Being



• Balance

• Harmony

• Respect

• Connectedness

• Wellness

# All My Relations

"There is no real aloneness. There is solitude and the nurturing silence that is relationship with ourselves, but even then we are part of something larger."

Linda Hogan

<http://quizlet.com/12123989/the-spirit-world-flash-cards/>

# Resources

[www.icctc.org](http://www.icctc.org)

[www.oneskycenter.org](http://www.oneskycenter.org)

<http://www.ccan.ouhsc.edu>

[www.ncsby.org](http://www.ncsby.org)

<http://www.nativeaspirations.org/login.cfm>

Action Alliance for Suicide Prevention AI/AN Task Force

<http://actionallianceforsuicideprevention.org/task-force/aian>

AI/AN National Suicide Prevention Strategic Plan

<http://www.ihs.gov/behavioral/documents/AIANNationalSPStrategicPlan.pdf>

NPAIHB Media Campaign including Suicide and Bullying Prevention materials.

[http://www.npaihb.org/epicenter/project/mspi\\_prevention\\_media\\_resources/](http://www.npaihb.org/epicenter/project/mspi_prevention_media_resources/)

Print materials targeting veterans including some developed for AI/AN veterans.

<http://www.veteranscrisisline.net/materials/>

# Q&A



# Thank you!

# Contact Us

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