University of Washington Tacoma

UW Tacoma Digital Commons

M.Ed. Literature Reviews Education

Spring 6-19-2023

Traditional Culture and Knowledge as Suicide Prevention Among Indigenous People

Nigel Lawrence
nigelwb@uw.edu

Follow this and additional works at: https://digitalcommons.tacoma.uw.edu/med_theses

Part of the Indigenous Education Commons

Recommended Citation
Lawrence, Nigel, "Traditional Culture and Knowledge as Suicide Prevention Among Indigenous People" (2023). *M.Ed. Literature Reviews*. 3.
https://digitalcommons.tacoma.uw.edu/med_theses/3

This Open Access (no restriction) is brought to you for free and open access by the Education at UW Tacoma Digital Commons. It has been accepted for inclusion in M.Ed. Literature Reviews by an authorized administrator of UW Tacoma Digital Commons. For more information, please contact taclibdc@uw.edu.

Traditional Culture and Knowledge as Suicide Prevention Among Indigenous People

Nigel Lawrence

School of Education, University of Washington, Tacoma

TEDUC 599

Dr. Weinstein

03/15/2023

Author's note

It may be my name on this, but I could not have done it without my genius wife, Albie Lawrence, listening to me rant, having her own jobs, and also taking care of our kids and me while I worked on this. Thank you so much. I would also like to thank Dennis Donovan for his help in proofreading this for me. I am grateful for your mentorship.

Abstract

American Indians and Alaska Native (AIAN) people possess the resilience and fortitude to survive attempted genocide, colonization, and assimilation. Still, the resulting intergenerational trauma has left AIANs with suicide rates disproportionately higher than any other race. This study reviews the research on the effectiveness of teaching traditional cultural knowledge and practices as suicide prevention measures. Alcohol and drug abuse have been shown to increase the likelihood of death by suicide; therefore, drug and alcohol use prevention measures will be included. As part of colonization and assimilation, much of the traditional cultural knowledge and practices were suppressed. If drug and alcohol abuse and suicide are due to loss of culture, then culture is the cure.

Keywords: American Indian/Alaskan Native, Suicide, Culture, Substance Use, Prevention

Traditional Culture and Knowledge as Suicide Prevention Among American Indian/Alaskan Natives

American Indians and Alaska Native (AIAN) people possess the resilience and fortitude to survive attempted genocide, colonization, and assimilation. Still, the resulting intergenerational trauma has left AIANs with suicide rates disproportionately higher than any other race. This literature review examines the root causes of high AIAN suicide rates and the possibility that learning traditional indigenous culture and cultural activities can be a suicide prevention measure for AIAN people. Research from indigenous cultures around the globe will be examined, with lessons learned to be applied in the Pacific Northwest and other Alaskan Native/American Indian people of the US.

Context

As part of Manifest Destiny and American westward expansion, the United States government set out to assimilate, and sometimes terminate, American Indian people. Across the country, American Indian/Alaskan Native children were forced from their homes to attend boarding schools. Back at the reservations, the US government banned Indian ceremonies and religious practices. This forced assimilation removed any connection to being taught traditional forms of self-care, mental health, and ceremonies for overcoming grief and loss.

Colonization and assimilation attempted to not only wipe out AIAN people, but also their traditional ways of living, surviving, and thriving, here collectively called culture. In the 1800's and 1900's, the US government set the policy to force AIAN children into boarding schools designed to assimilate the children (Smith, 2004). Richard Pratt enacted this policy when he opened the first off-reservation Indian boarding school in Carlisle, Pennsylvania. His mantra, "Kill the Indian, save the man," embodies the wisdom of the era.

Importance

This subject is important to me personally as a Native American, raising Native American children. I have been participating in American Indian cultural practices since I was a child. I go on the Tribal Canoe Journeys, an annual event where tribes in the Pacific Northwest paddle in traditional carved canoes to neighboring tribes, who each host potlatches along the way, culminating in a final destination at a tribe that hosts a week-long potlatch of feasting, songs, dances, and storytelling. Tribal Canoe Journeys involve tens of thousands of people, and dozens of tribes paddling hundreds of miles every year. Like all AIAN cultural events, the Tribal Canoe Journeys are drug and alcohol-free and provide motivation for me and thousands of others to maintain sobriety year-round. I have participated in Tribal Canoe Journeys almost every summer for 30 years.

Tribal Canoe Journeys triggered a Pacific Northwest cultural revitalization of what were almost dying practices (Neel, 1995; Johansen, 2012). Since Tribal Canoe Journeys started, tribal people have expanded their knowledge of other cultural practices like carving, painting, weaving wool and cedar bark, and learning their indigenous languages as well as songs and dances.

I feel that being involved in the Tribal Canoe Journeys has healed much of the intergenerational trauma that I inherited from assimilation and colonization. I feel that culture has kept me from becoming addicted to drugs and alcohol. I have dedicated my life to passing along this knowledge to younger people in the hopes that it will be as healing and transformative for them as it is for me.

In 2010, I was asked to join the Healing of the Canoe project (HOC). The name comes from the healing that the canoe, and its associated teachings, brings to the community, and to the people. I joined the project because I fully believe that culture is the cure. I underwent human

subjects training and became a researcher! I am even a coauthor on papers we published. The project consisted of the University of Washington's Alcohol and Drug Abuse Institute, the Suquamish Tribe and the Port Gamble S'Klallam Tribe working together to develop a culturally grounded life skills curriculum as a drug and alcohol prevention intervention while promoting tribal identity for tribal youth (Thomas et al., 2009).

Employing Community Based Participatory Research (CBPR)(Israel et al., 2001) and Tribal Participatory Research (TPR)(Fisher & Ball, 2003) methods, the HOC team worked with their Tribal Councils, community advisory boards, elders, community members and cultural practitioners to conduct a needs and resources assessment and to gather important cultural lessons and knowledge that the community wanted their children to learn. The community needs and resources assessment identified one issue in particular that Suquamish Elders felt strongly about, that it was the youth's lack of community connection that allowed youth substance abuse to happen (Donovan et al., 2015). The Elders felt that in order to address and prevent substance abuse it would be necessary to reconnect youth to their Tribal culture, traditions, and values.

Both a Suquamish Tribe-specific curriculum and a Port Gamble S'Klallam Tribe-specific curriculum were developed; each was tested with their respective tribal youth. The curricula use the Tribal Canoe Journey as a metaphor for life. They provide youth with the knowledge and skills necessary to guide them on their life's journey, using tribal tradition, culture, and values as both a compass to guide them and an anchor to ground them. The results show that youth connection to community increased, drug/alcohol abuse decreased, and youth had an increased sense of future hope and optimism (Donovan et al., 2015).

A generic template curriculum was subsequently developed to disseminate to other tribes, giving them the opportunity to adapt the template curriculum to their own culture and cultural

metaphors instead of the canoe. During the dissemination phase of the project, other tribes told us that suicide was a big problem affecting their communities. While our initial results demonstrated that youth participants had an increase in future hope and optimism, there were not specific questions about suicide ideation. To address this need, we joined up with the Northwest Portland Area Indian Health Board's suicide prevention project to develop two new units for the template curriculum: Suicide Intervention and Suicide Prevention. New implementations and studies are underway to determine the effectiveness of the addition of the two suicide chapters.

We are currently offering conferences twice a year, training other tribes how to adapt the curriculum and implement it in their own communities (healingofthecanoe.org).

Focal Questions

The focal questions at the heart of this paper are, "What are the common elements across North American Indigenous cultures that are applicable to AIAN interventions?" and, "What kind of suicide prevention interventions are most effectively implemented in American Indian and Alaska Native communities?" and "What is the evidence for the effectiveness of indigenous cultural interventions for the prevention of indigenous suicide?"

Literature Review

In this literature review, I examine the research on the effectiveness of teaching traditional cultural knowledge and practices as suicide prevention measures. Alcohol and drug abuse have been shown to increase the likelihood of death by suicide; therefore, drug and alcohol use prevention measures will be included.

Upon arrival at the boarding schools, the Indian children's traditional clothing was replaced with American clothing and their traditional long hairstyles were cut short (Blakemore, 2021). They were prohibited from using their own languages or practicing any traditional

culture by means of violence (McCleave, 2020). The two schools of thought regarding solving the Indian problem were to either kill all Indians or assimilate them into American society. While assimilation may seem the more altruistic option, there was also a financial motive; they calculated that it was cheaper to educate than kill them (Smith, 2004). In addition to being cut off from traditions and culture, the Indian children were also unable to learn traditional parenting styles (Peterson, 2012).

In western Washington State, one of the boarding schools was placed on the Tulalip Indian Reservation, with enrollment eventually growing to 200 students (Marr n.d.). On the east side of the state, Fort Spokane Boarding school had an enrollment that grew from 83 Indian students to 200, but the school only operated for 14 years (Marr, n.d.). With Tulalip only going up to the eighth grade, some students would go on to Chemawa Indian School in Oregon, whose enrollment climbed to 903 students from across the Pacific Northwest and Alaska (Marr, n.d.). My grandfather, Charles Lawrence, attended school at Chemawa, graduating in 1941.

As if the boarding school experiment were not extinguishing Indian culture fast enough, the US government outlawed any Native American ceremonies with the Indian Religious Crimes Code of 1883 (Irwin, 1997). Potlatches in the Pacific Northwest, Ghost Dances and Sun Dances in the Plains, and engaging in Medicine Man practices anywhere were punishable by withholding rations or imprisonment. Although these laws are clear violations of the First Amendment, they were widely used across the US until 1978 when Congress passed the American Indian Religious Freedom Act.

Enduring assimilation and colonization are traumatizing on an intergenerational scale (Brave Heart, 2011). Compounding the problem is that survivors of assimilation and colonization are left without traditional practices and knowledges to help overcome such trauma. This

combination, among many other factors, has led to American Indians/Alaskan Natives suffering disproportionately high levels of suicide and drug and alcohol abuse. If the loss of culture has contributed to disproportionately high levels of suicide and drug/alcohol abuse, then it stands to reason that (re)learning that culture has the potential to be curative.

An aspect of Western mental health practices that does not align well with American Indian/Alaska Native cultures is the forced removal and involuntary commitment of those believed to pose a risk to themselves. Especially when those at risk are children, forced removal/involuntary commitment evokes the intergenerational trauma of AIAN children being removed and sent to boarding schools, an institution from which not all children made it back home alive. While involuntary commitment might temporarily keep the person alive (Trout et al., 2018), it removes them from the support systems of their family and tribe, as well as the possibility of seeking any traditional cultural ceremonies.

In examining these focal questions, the literature fell into three themes; (1) The importance of community and researcher collaboration in developing cultural projects; (2) Prevention-based cultural activities to reduce suicide and drug/alcohol use; (3) Cultural curriculum-based interventions to reduce suicide and drug/alcohol use. Since there are 574 federally recognized Indian tribes with varied and distinct cultures and languages, the results of one Indian study cannot be generalized to all tribes (Baldwin, 2021). Such tailoring requires extensive community engagement to accumulate that traditional knowledge from each tribe's members and elders, best done with Community Based Participatory and or Tribal Participatory Research methods. Some have opted for prevention-based approaches built around protective factors, increasing resilience, and cultural activities. Others have developed a culture-based

curriculum to be used in a school setting with youth as an approach to reduce suicide and drug/alcohol use.

The Importance of Collaboration

The first theme is the Importance of Community and Researcher Collaboration in Developing Cultural Projects. Too much research has been done on, or to, American Indian Alaska Natives, and it has been in a way that perpetuated colonization. Native communities harbor suspicions of “helicopter” researchers that come abruptly, bring no positive results to their community, and leave, unlikely to return. I can imagine a tribal elder saying about the colonists/US government, “First they came for our land. Then they came for our children. Then they came for our words.” How can research into preventing AIAN substance use or suicide be effective when the research methods continue the colonization and assimilation that created the problem.

In order to demonstrate how culture is the cure, and to end the cycle of harmful research done on tribal land and or about American Indian Alaska Natives, the researchers must include the indigenous people as co-researchers in a collaborative, two-way partnership. Having tribal community members as co-researchers will literally and figuratively open the doors of homes and neighborhoods to the researchers. Without this access, there would be few or no interviews with the keepers of the information. Also, tribes are sovereign nations with governments and policies for approving projects within their borders.

In an article recommending policies to promote using a partnership approach in health research, Israel, et al. (2001) proposes a model called Community-Based Participatory Research (CBPR). The article outlines the key principles:

> (1) recognizes community as a unit of identity; (2) builds on strengths and resources within the community; (3) facilitates collaborative, equitable involvement of all partners in all phases of the research; (4) integrates knowledge and action for mutual benefit of all partners; (5) promotes a co-learning and empowering process that attends to social inequalities; (6) involves a cyclical and iterative process; (7) addresses health from both positive and ecological perspectives; (8) disseminates findings and knowledge gained to all partners; and (9) involves a long-term commitment by all partners (Israel et al., 2001, P. 184).

Including the populations, that are usually the research subjects, as research partners increases the research project's trustworthiness in the eyes of the rest of the community.

Another article that does not publish the results of an intervention but outlines a new research framework as developed by Fisher & Ball (2003) which they named Tribal Participatory Research (TPR). TPR recognizes that tribes are sovereign governments. Therefore, the tribe's governing body, usually a tribal council, gives approval of the project. Tribal council can assign an oversight committee that reviews the project goals, methods, assessments, and interventions, while also being "cultural facilitators" to translate between the researchers and tribe, ensuring the appropriateness of the project and interactions. TPR recommends hiring tribal community members and providing them with research training so that they can communicate appropriately with both the tribal community members and researchers.

In an article publishing research results, Allen and team implemented a two-part participatory study, called The People Awakening Project (PA), of Alaska Native protective factors and sobriety (Allen et al., 2008). The authors make it very clear that their research project's priority is to benefit the community being researched. The project was overseen by the

People Awakening Coordinating Council (PACC), which participated in planning and making decisions throughout the process, including formulating research instruments. The PACC consisted of Alaska Natives representing all Alaskan regions and major Native cultural groups. The project hired and trained Alaska Natives as research staff and cultural consultants, who had a say in designing the research question and deciding on research methodologies. Instead of the usual focus on the negative, alcoholism in this case, the community felt strongly that the study should focus on sobriety.

The first People Awakening study was qualitative, to identify protective factors using a life history interview with 37 individuals representing Alaska Natives from all 5 major cultural groups. Another 14 were interviewed from only the Yup'ik cultural group since the end goal of the project is for Yup'ik people, using a shorter sobriety pathways interview. This study identified a heuristic model of protective factors: Community Characteristics, Family Characteristics, Individual Characteristics, Social Environment, Trauma, Experimental substance use, Thinking it Over, and a Turning Point.

The second People Awakening study used quantitative methods to identify and test the protective factors measure based on the first study's results. They interviewed 127 Yup'ik adults with a lengthy survey about their sobriety and alcohol use. Of these participants, 51 of them disclosed that they currently use or have previously used alcohol without developing an alcohol problem. These 51 completed the protective factors measure, and the results validated the qualitative study's results and demonstrated that the protective factors were linked to reduced rates of alcohol use and abuse.

Another example of researcher and tribal community collaboration is The Healing of the Canoe Project, a CBPR and TPR research partnership between the Suquamish Tribe and the

University of Washington Alcohol and Drug Abuse Institute (Thomas et al., 2009)(eventually, the Port Gamble S'Klallam Tribe joined the project after this article was published). Following TPR protocols, the researchers got approval from the Suquamish Tribal Council and the existing Suquamish Cultural Co-Op Committee, which met on a monthly basis, was designated as the community advisory board. The researchers and community members developed a Memorandum of Understanding (MOU), a lengthy and difficult process, which outlined concepts such as protecting tribal sovereignty and the tribe's rights to own the data and the ability to publish. The Suquamish Tribe itself is listed as an author on the paper. The research team attended the monthly Cultural Co-Op meetings, presented to Tribal Council on a quarterly basis, hosted quarterly community meetings, and published articles often in the tribal newsletter.

This is one of the first articles about the Healing of the Canoe project, and it outlines the community collaboration efforts by the Suquamish Tribe and University of Washington researchers. The most tangible results in this article are the establishment of tribal oversight, the development of the MOU, the hiring of tribal members as research staff, and the beginning of a community needs and resources assessment to guide the project going forward.

The next Healing of the Canoe Project article went so far as to examine the collaboration process itself in a separate study published in an article (Lonczak, 2013). The quantitative part of the study collected data from all researchers during monthly meetings using the Wilder Collaboration Factors Inventory and the Meeting Effectiveness Inventory survey instruments. Qualitative data were also collected from open-ended questions of the surveys. The results characterize the partnership as a positive and trusting experience. The authors made sure to compare the answers from the university researchers to the tribal researchers to illustrate

similarities and differences in perceptions. It is worth noting that the academic researchers, the tribal member co-researchers, and the tribe itself were all listed as authors of the paper.

Another guiding principle of North American Indigenous community and researcher collaboration is referred to as “Two-Eyed Seeing.” A Scoping review by Forbes et al. (2020) investigated the applications of Two-Eyed Seeing in primary research focused on Indigenous health. Two-Eyed Seeing is an Indigenous approach to knowledge emphasizing the importance of integrating Indigenous and Western ways of knowing. The authors conducted a scoping review of peer-reviewed articles published between 2004 and 2019 that applied Two-Eyed Seeing to primary research on Indigenous health. The authors identified 43 articles that met their inclusion criteria. The articles in their review applied Two-Eyed Seeing by: Involving Indigenous people in all aspects of the research process, from developing research questions to interpreting findings; Using Indigenous methods, such as storytelling, traditional healing practices, and community-based participatory research; and Integrating Indigenous knowledge into Western research methods.

The scoping review concluded that the articles provide evidence that Two-Eyed Seeing can be an effective approach to conducting primary research focused on Indigenous health, but that there is a lack of consistency in how it is defined or applied. The authors argued that Two-Eyed Seeing could help to ensure that research is more relevant, accurate, and respectful of Indigenous peoples and that future research should continue exploring the applications of Two-Eyed Seeing in primary research focused on Indigenous health.

One of the four mechanisms of TPR is the use of a facilitator (Fisher & Ball, 2003) and Two-Eyed Seeing, alternating between Indigenous and Western worldviews, can by synonymous

with what the TPR facilitator does to convey meaning and context between AIAN/Canadian First Nations and researchers.

Prevention-based Cultural Projects to Reduce Suicide and Drug/Alcohol Use

My second theme is Prevention-based Cultural Projects to Reduce Suicide and Drug/Alcohol Use. I found that cultural-based activities as prevention may not be enough to reduce youth substance abuse. The American Indian youth participants in a three-year study of cultural-based substance use prevention were compared to a control sample of American Indian youth who did not participate in the prevention (Kelley et al., 2018). While participating in tribally led activities, such as spiritual runs, drum groups, beading class, cultural camp, creators game, horse culture camp, sweat lodge, storytelling, basketball camps, Native Language Summit, culture classes, and many others, the resulting scores show risk factors going down, protective factors slightly going up, and an increase in community participation, but substance use stayed consistent between the intervention and non-intervention groups. However, the authors found that their participants' binge drinking rates were almost a quarter of the binge drinking rates for all American Indian youth living on reservations in the whole state of Montana, leading the researchers to hypothesize that American Indian youth that participate in cultural activities may be less likely to binge drink. This last piece aligns with my notion that culture is the cure.

Southwest Alaskan Yup'ik people live in remote, inaccessible communities. Two of these communities have developed "Qungasvik," a cultural-based intervention for suicide and alcohol use prevention (Allen et al., 2017). The Qungasvik intervention manual consists of 26 modules that each teach several identified protective factors specific to these communities. The manual is flexible, allowing for interactive customization depending on the specific settings of each

implementation and is meant to be an intervention for the whole community. Results show an increase in protection from suicide but no impact on alcohol use.

Colonization, assimilation, attempted genocide, and Westward expansion happened to whole tribes, and whole communities, not just individuals, resulting in survivors with communal and individual trauma (Brave Heart et al., 2011). While Western medicine focuses on the individual's physical and mental health, AIAN communities want to heal entire communities, even if it means starting at the individual level, eventually starting a ripple effect (Gesink et al., 2018). AIAN communities are asking for more community-level interventions (Brave Heart et al., 2011).

Youth are vulnerable to participating in risky behavior when their essential survival necessities are unmet. Having a drop-in youth center with food and cultural activities can save lives, as is the goal of Native American Health Center's Family & Child Guidance Clinic (FCGC) and its Youth Services Program in California's Bay Area, as outlined in an article by Aguilera & Plasencia, (2005). While not a research study, this article details all of the cultural activities offered as substance abuse and HIV/AIDS prevention. The FCGC employs a Native American Wellness model that includes the four elements/four directions/medicine wheel and the importance of the four being in balance. The Medicine Wheel is a concept that is nearly universal to North American Indians. It is usually represented by a quartered circle with each quarter representing multiple things: the four sacred colors of red, black, white, and yellow; the four cardinal directions of north, east, south, and west; the four stages of life at baby, youth, adult and elder; and the four aspects of life, spiritual, physical, mental, and emotional.

They also offer youth empowerment and leadership training, sports and recreation, and culturally appropriate activities combined with life skills education. They host an annual

Gathering of Nations (GONA) event. GONA is a gathering for AI/AN youth with a strong emphasis on providing Wellness education, cultural enrichment exercises, and experiential activities to create positive change in themselves, their family, and the community. Additionally, youth participate in an individual transformation over the course of the gathering, grappling with issues such as drug and alcohol abuse, colonization, grief, loss, and historical trauma. Participants in the GONA analyze "what broke down the Indian world" (i.e., the effects of colonization), and focus on providing the education, skills, and support to youth that allows them to recognize and define positive resources and strength as resilient indigenous people. GONA values each individual's health, and how that can spread to the whole community.

Although these services and cultural activities were provided for several years to hundreds of youths, data were collected only a few times with 29 and 34 youth participants. Respondents took a knowledge, attitudes, and beliefs survey where the majority said they had more knowledge about HIV, unsafe sex, and the dangers of substance abuse and addiction.

Curriculum-based Cultural Interventions

My third theme is curriculum-based cultural interventions to reduce suicide and drug and alcohol use. I used "curriculum-based" to describe a more classroom-like learning environment using a curriculum that has a cultural component as well as life skills. Curriculum-based would be differentiated from offering cultural activities to youth that likely include teaching traditional knowledge from elders and tribal members.

One of the earliest curriculum-based interventions used with American Indian youth reviewed is from 1987 (Gilchrist, 1987). Described as a skills enhancement model, the authors seemed to go out of their way to justify their lack of cultural tailoring by saying "skills… are critical for optimal functioning, *regardless of cultural background*" and "growing evidence

supports the view that substance use for Indian youth is influenced by many of the same factors that lead non-Indian adolescents to use drugs or alcohol." They do mention how several other articles recommend culturally sensitive and appropriate skill-building interventions for use in American Indian Alaska Native (AIAN) communities, but the curriculum pays lip service to "think like an elder to maintain the Indian Way and avoid drugs".

The authors decided to develop and implement a culturally tailored skills-enhancing intervention with 10 sessions, to be implemented at three urban and rural locations, plus four control sites. The life skills were taught by a team of two people, both American Indian. However, there is no mention of working with tribal governments to develop the curriculum. This is not entirely surprising, since it was published in 1987, well before Community-Based Participatory Research (CBPR) was developed by Israel, et al. (2001) and before Tribal Participatory Research (TPR) was developed by Fisher & Ball (2003). 102 American Indian youth took the curriculum and surveys before, after, and at 6 months, measuring factors like self-esteem, drug knowledge and attitudes, and interpersonal behavior. While the six-month follow-up results showed lower drug and alcohol use, improved interpersonal skills, and lower rates of alcohol and substance use than those that did not receive the intervention, it had no impact on tobacco use or change in self-esteem. Would these results have been better if the curriculum had spent more time with the tribal communities tailoring their curriculum with tribal-specific knowledge and culture?

The Healing of the Canoe (HOC) project (Donovan et al., 2015) used CBPR and TPR to adapt an Alaska Native/American Indian model, Canoe Journey/Life's Journey (Marlatt et al., 2003; Hawkins et al., 2004; LaMarr & Marlatt, 2007) that was originally designed for intertribal urban AIAN populations. The HOC project consisted of the University of Washington Alcohol

& Drug Abuse Institute, the Suquamish Tribe, and the Port Gamble S'Klallam Tribe. After years of meeting with community advisory boards, tribal councils, and elders' councils, hosting community informational events, presenting at general council meetings, publishing in tribal newsletters, holding focus groups and recording interviews, the project designed and completed its curricula. The researchers combined traditional culture with life skills, and knowledge of drug and alcohol abuse effects on the body, to create three different curricula using the Tribal Canoe Journeys as a metaphor for life: A Suquamish Tribe-specific curriculum named "Holding up Our Youth," a Port Gamble S'Klallam Tribe-specific curriculum named "Navigating Life the S'Klallam Way," and a generic curriculum, "Culturally Grounded Life Skills for Youth". The generic curriculum was designed to be used as a fill-in-the-blanks template for other tribes to enter their own cultural stories, practices, and life metaphor if they so desire (Donovan et al., 2015). While not specifically testing for suicide-associated factors, the curriculum taught about suicide and depression, emotion identification and regulation, how to cope with negative emotions, and how to find help.

The HOC curricula were implemented and tested in Suquamish and Port Gamble S'Klallam with pre-intervention, post-intervention, and 4-month follow-up surveys collecting quantitative and qualitative data. Implementations consisted of both an in-school class format and 2.5 to 3-day overnight retreat-style workshops held off-reservation. Results showed an increase in hope/optimism/self-efficacy, an increase in cultural knowledge and participation in cultural events, and a decrease in youth substance abuse (Donovan, 2015). While based in the Pacific Northwest, HOC has trained over 560 people from more than 55 tribes and tribal organizations from multiple states, including Washington, Idaho, South Carolina, Arizona,

Oklahoma, Oregon, Alaska, Wyoming, Michigan, Montana, New York, and California as well as Alberta Canada (healingofthecanoe.org).

As HOC was taught to more tribes, there was a growing need to address suicide more directly. The HOC team worked with the Northwest Portland Area Indian Health Board's suicide prevention project to develop two suicide modules; one for suicide prevention and one for intervention . The Tribal Canoe Journey metaphor for life has been extended to include a lifesaver/preserver when one has gone overboard, or their canoe has capsized. The curriculum teaches participants that they can be like a lifeguard, throwing a lifeline to someone struggling with suicidal ideation. The implementation and evaluation of the new suicide modules and the research of their effectiveness is in process.

Some tribal communities have decided to adapt an existing curriculum that was not originally created with Alaska Natives/American Indians in mind. Upon invitation to collaborate from the Alexis Nakota Sioux Nation, University of Alberta researchers partnered to find a drug and alcohol prevention model to adapt, implement and evaluate (Baydala, 2014). They settled on the Life Skills Training (LST) originally developed at Cornell University because it demonstrated effectiveness with minority youth. The new curriculum was adapted to their culture and parts of it were translated into Isga, their native language, and the program was given the Isga name of Nimi Icinohabi. This program started with youth as young as third grade, up to eighth grade, the youngest seen in this literature review. Qualitative and quantitative data were collected. The quantitative data were plagued with poor student attendance and high turnover, ultimately not yielding significant changes; some increases in self-esteem and self-concept were found. The students that attended more classes had better results. Three years into the project, the research team discovered that its original LST questionnaire was not culturally appropriate and

needed to have questions removed and otherwise adapted to be more culturally aligned. Most of the qualitative data collected by focus groups and interviews showed that the community appreciated the work that went into collecting the cultural knowledge to be put into the curriculum (Baydala, 2014).

Intervention education can take a less class-like but more traditional format, such as the learning circles done by the project Promoting Community Conversations About Research to End Suicide (PC CARES), where indigenous youth suicide prevention research is presented in a decolonial, indigenous format, and discussions are facilitated to deepen understanding (Trout et al., 2018). Qualitative data shows that participants were grateful for the chance to work on preventing youth suicide as a whole community in a culturally responsive way. Since the project was in its early stages, quantitative data has been released yet.

Conclusions

There is ample evidence that indigenous culture is the cure for suicide and drug and alcohol abuse. The consensus is that interventions for the prevention of suicide and substance use need to be specifically tailored to the community where they will be implemented. The days of universities and research institutions having their way with indigenous communities to publish should end. Best practices state that research institutions should be invited into communities and treat them as equal partners in every step of the process, including as paid and trained co-researchers, to select interventions, adapt them to their community, design the research instruments, interpret the data, and even as co-authors. Qualitative data shows that the tribal communities appreciate the process of Tribal Participatory Research, even when the results don’t meet the stated hypothesis. The process itself almost seems to have a cathartic effect on those involved.

There is substantial evidence to support indigenous cultural-based curricula to be implemented in tribal communities, especially when combined with life skills training, building on community strengths, and increasing connection to the community. Not all prevention activities decrease youth substance abuse as measured in surveys but are probably still worth doing to keep youth fed and busy while engaged.

I was hoping to find more articles studying healing and health on a community-wide scale, not just the idea that healthy individuals make a healthy community. Some articles did mention starting with the individual first with the intention of spreading health to the rest of the community. More research is needed to determine how to measure the health (both physical and mental) of a community and even more research on how to increase health on a whole community.

Action Plan

This literature review examined the research on American Indian /Alaska Native cultural interventions as a form of preventing suicide. Since alcohol and drug use are risk factors associated with suicide, drug and alcohol interventions will also be considered. The literature fell into three main themes: (1) the importance of collaboration between the Indigenous communities and the researchers, (2) the use of culture-based activities as interventions, and (3) the incorporation of culture into curriculum-based interventions. Each theme will have its own action plan table. The action table columns will share a finding from the research, an example of the Tribal Youth Center's existing practice, followed by my recommendation to bring existing practices in line with the current research.

I will consider my site the somewhat nebulous intersection of the Tribal Canoe Journeys, The Healing of the Canoe Curriculum inspired by it, and the Tribal Youth Center. The Tribal

Canoe Journey is the largest AIAN event where dozens of tribes (from the US) and First Nations (from Canada) of the Pacific Northwest paddle their canoes, sometimes hundreds of miles, to gather at a tribal host site as the final destination where they will celebrate their indigenous culture in a week-long potlatch of feasts, songs, dances, storytelling, and ceremonies. The Healing of the Canoe Project developed a culturally grounded life skills curriculum using the Tribal Canoe Journeys as a metaphor for life, to be taught to tribal youth as an intervention. The Tribal Youth Center is a department of a local Pacific Northwest Indian Tribe of roughly 2,000 Tribal Members. The Tribal Youth Center receives tribal, federal, and state grants to reduce and prevent substance abuse among the 100-200 Indigenous youths served per year.

Importance of Collaboration

The first theme is the importance of collaboration between the Indigenous communities and the researchers. To develop interventions used in a tribal community, collaboration between researchers and the Alaska Native/American Indian (AIAN) communities is crucial to ensure a good fit and effectiveness (Allen, et al., 2006). The following columns in the action plan tables are research, practice, and recommendation to demonstrate what the research shows, what is the current practice, and my recommendations for better results. The recommendations below are for a Pacific Northwest tribe and its youth center, which receives funding from the tribe as well as state grants for the prevention of drug and alcohol abuse, and suicide.

The Tribal Participatory Research approach consists of four mechanisms that researchers should apply in order to do research in tribal communities: (1) Tribal Oversight, (2) The Use of a Facilitator, (3) The Training and Employing of Community Members as Project Staff, (4) The Use of Culturally Specific Assessment and Intervention Methods (Fisher & Ball, 2003).

Research	Practice	Recommendation

Research shows that intervention programs developed for use in AIAN communities are more effective when the tribal community members and academic researchers are partners in developing the program (Fisher & Ball, 2003; Allen, et al. 2006; Trout, et al., 2018).	The Youth Center hires external consultants to come in and train Youth Center employees how to implement the consultant's proprietary intervention program. There is no partnership developing new or adapting existing interventions. The Healing of the Canoe project was developed in partnership with tribal community members and academic researchers.	The Youth Center should only work with researchers and consultants in a full partner relationship developing new interventions or adapting existing programs. The Tribal Youth Center should become trained in implementing the Healing of the Canoe Curriculum and implement it.
Research shows that collaborations between AIAN communities and academic researchers work best with a facilitator as moderator (Fisher & Ball, 2003; Allen, et al. 2006; Trout, et al., 2018).	The Healing of the Canoe project	AIAN communities should only allow academic institutions to do research in their communities with a facilitator as moderator.
Research shows that research projects in AIAN communities are most effective when the community members are hired and trained as project staff Fisher & Ball, 2003; Allen, et al. 2006; Trout, et al., 2018).	Most research work is done by academic researchers.	AIAN communities should insist that the researchers hire and train tribal members to be project staff.

Culture-based activities as interventions

The second theme is the use of culture-based activities as interventions. Much of the literature agrees that typical Westerns style mental health practices are not as effective in American Indian Alaska Native (AIAN) communities, as culturally tailored programs (Wexler, 2011; Trout et al., 2018; Sjoblom, 2022). When communities participate in traditional cultural activities, which are historically drug and alcohol free events, there is a sense of healing

intergenerational trauma and a sense of connection to community (Donovan et al., 2015) which are vital to preventing substance abuse, suicide and other health issues.

Research	**Practice**	**Recommendation**
Research shows that youth participating in community-wide cultural activities and education programs can increase a sense of community connection and therefore reduce alcohol and substance use (Donovan et al., 2015; Kelley et al., 2018).	The Tribal Youth Center offers lots of prevention activities in the form of basketball tournaments and an after school drop-in center, but no community-wide cultural activities or cultural education programming.	The Tribal Youth Center should develop community-wide cultural activities and cultural education programs to build a sense of connection to community and therefore, reduce youth substance abuse.
Research shows that youth participating in cultural activities and cultural education programs increase protective factors, which can, in turn, reduce suicide and drug and alcohol use (Allen et al., 2021; O'Keefe et al., 2022; Sjoblom, 2022).	The Tribal Youth Center offers lots of prevention activities in the form of basketball tournaments and an after school drop-in center, but no community cultural activities or cultural education programming.	The Tribal Youth Center should develop cultural activities and cultural education programs to increase protective factors, which can in turn reduce suicide and drug and alcohol use.

Curriculum based cultural interventions

The third theme is the incorporation of culture into curriculum-based interventions. In addition to cultural activities, developing a curriculum-based intervention adds a component of structured teaching, usually consisting of life skills such as conflict resolution, goal and objective planning, listening and communication skills, and information about drugs and alcohol.

Research	**Practice**	**Recommendation**
Research has shown that culturally grounded curriculum-based interventions can reduce alcohol and substance abuse in AIAN youth (Baydala et al., 2014; Donovan et al., 2015; Trout et al., 2018).	The Tribal Youth Center does not offer culturally grounded curriculum-based interventions to reduce alcohol and substance abuse.	The Tribal Youth Center should implement the Healing of the Canoe curriculum, a culturally grounded life skills intervention to reduce youth alcohol and substance abuse.
Research has shown that culturally grounded	The Tribal Youth Center does not have a culturally	The Tribal Youth Center should implement the Healing

curriculum-based interventions can increase future hope and optimism, which may reduce suicide ideation (Donovan et al., 2015).	grounded curriculum-based intervention to increase future hope and optimism.	of the Canoe curriculum, a culturally grounded life skills intervention which can increase future hope and optimism, which may reduce suicide ideation.
The Healing of the Canoe curriculum has shown to increase a sense of future hope and optimism, which can be a protective factor to prevent suicide but suicide was not explicitly taught nor was it explicitly tested for (Donovan et al., 2015).	The Healing of the Canoe has added two new modules to the curriculum: Suicide prevention and suicide intervention. The new curriculum with the suicide modules is being implemented with youth now.	The Healing of the Canoe Project should study the new curriculum's data to see if it is effective and reducing and preventing suicide. The Healing of the Canoe project should publish the results.

Action Plan Table Conclusion

The Action Plan Tables outline my suggestions for not just the Tribal Youth Center, but for AIAN communities in general that struggle with suicide and alcohol and substance abuse. Many AIAN communities are doing some of these, collaborating with researchers, developing cultural programs and creating culturally grounded life skills curricula. Still, many others do not, nor do they have the resources to start. Those communities would benefit most from university partners coming in and collaborating with the AIAN community and hiring community members as research staff.

Discussion

The idea that drives this undertaking is that reviving traditional American Indian and Alaska Native (AIAN) culture is the most promising way to cure to suicide among AIAN people, because they suffer high rates of suicide and substance abuse as a result of losing culture caused by generations of US policies to assimilate AIANs into American culture. I set out to examine what made the most effective suicide prevention interventions in AIAN communities, and since substance abuse is a risk factor for suicide, those interventions were also examined. I wanted to

know what impact AIAN culture had on the interventions and how to put culture into the interventions. I also wanted to know how similar the interventions of other Indigenous cultures across North America were to the Pacific Northwest Tribal Canoe Journey tribes.

Discussion of Findings

Starting with the idea that culture is the cure, I turned that idea into researchable focal questions. I came up with the following: “What are the common elements across North American Indigenous cultures that are applicable to AIAN interventions?” and, “What kind of suicide prevention interventions are most effectively implemented in American Indian and Alaska Native communities?” and “What is the evidence for the effectiveness of indigenous cultural interventions for the prevention of indigenous suicide?”

North American Indigenous Elements Applicable to AIAN Suicide Preventions

My first focal question is, what are the common elements across North American Indigenous cultures that are applicable to AIAN interventions? Indigenous nations have myriad strengths in common, such as the cultural resurgences that are happening across North America. The Medicine Wheel is nearly universal to North American Indians with its quartered circle symbolizing the four cardinal directions, the four stages of life (infant, child, adult and elder) and the four aspects the self (mental, spiritual, emotional and physical), imparts lessons of maintaining balance in all of four those facets. This can be the starting point to teach about moderation or knowing when and when not to do something.

Every American Indian cultural event that I have ever been to, be it a pow wow, tribal canoe journey or a longhouse ceremony, have all been drug and alcohol free. I have always believed this to be because our culture did not have drugs or alcohol and to use them while

participating in our cultural events would be sacrilegious, would be antithetical to the teachings of the cultural activities.

North American Indian and Alaska Native populations tend to have culturally and spiritually different worldviews than most Western-style mental health practitioners. Where contemporary psychology focuses on the individual, many indigenous cultures focus on the whole group, family, and community. Tribal communities with lower suicide rates also have more “community empowerment, connectedness, family cohesion, and cultural affinity” (Wexler & Gone, 2012), which are all consistent with AIAN culture. To me, this means that the more connected to traditional culture, the healthier the community, the less suicide it experiences. Again, culture is the cure.

American mental health practices employed in AIAN communities often result in a failure of positive results, especially when one considers that the whole community suffers the same risk factors usually associated with suicide ideation and suicide. This is best explained by Wexler and Gone when they said:

> Typically, suicide is considered to be an unfortunate response to an individual’s psychological pain, frequently in the context of psychiatric illness (e.g., clinical depression). This understanding reflects the idea that the root of one’s pain is individual, that its primary manifestation is psychological, and that it is rather than remains readily amenable to clinical intervention. Suicide intervention is therefore best conducted by people with psychological or medical expertise. The act of killing oneself is foremost an individual act, undertaken in response to one’s personal situation and psychology. This understanding, however, does not fit many native people’s realities. Suicide in indigenous communities is frequently identified as the terminal outcome of historical oppression,

> current injustice, and ongoing social suffering. Indigenous societies' concept of personhood differs from Western ideas. First, the expression of selfhood for many tribal people is relationally defined rather than oriented toward individual characteristics; indigenous people often describe themselves through their kin. (Wexler & Gone, 2012, p. 801).

Tribal communities that focus their attention on the whole community of youth, parents, adults, elders, and allies in an effort to build community-wide strengths and assets will have a far greater chance of reducing substance abuse and suicide (Allen et al., 2017).

A regional source of strength is the resurgence of Pacific Northwest culture via the annual Tribal Canoe Journeys (Neel, 1995), which impart life lessons for healing intergenerational trauma (Johansen, 2012). Tribal Canoe Journeys are drug and alcohol-free activities, consistent with the Healing of the Canoe (HOC) goal of reducing youth alcohol and substance use. Also, Indigenous languages, while still considered endangered, are being recorded and taught to new generations with support from U.S. federal legislation (Native American Languages Act, 1990). Despite these growing strengths, American Indian and Alaska Natives, and especially AIAN youth, still suffer higher than average rates of suicide (Mpofu, 2022).

My site, the Tribal Youth Center, receives funding to prevent substance abuse among tribal youth. This means the program started out focusing its efforts on activities to keep youth busy, learning sports and often leadership skills via participating in a youth council. Historically, events and activities have not been designed to engage the whole community together, which would provide healing and skills on a community-wide scale. While they do engage the community in terms of getting their support as guest speakers, presenters, workshop teachers,

and chaperones, the community is not considered a recipient of the prevention efforts. I believe they should create more opportunities to include whole families in their cultural activities and even create new family-based workshops and classes so that the whole family can learn the content together, to get healthier together.

Best Practices for Suicide Interventions in AIAN Communities

My second focal question is “What kind of suicide prevention interventions are most effectively implemented in American Indian and Alaska Native communities?” Sadly, to answer this question it is generally easier to ask what practices do *not* work in AIAN communities. After decades of AIAN having significantly higher rates of suicide and decades of research and interventions, the suicide rates have been substantially declined. Studies have shown that preexisting evidence-based practices originally developed for mainstream implementation do not yield acceptable interventions or effective measures when implemented in AIAN communities (Lonczak, 2013; Gone & Calf Looking 2011; Wexler, 2011).

There is growing advocacy for the marginalized communities that are being researched to have a larger role in the decision making of how that research is being done and that it needs to have direct benefits to that community, using Community-Based Participatory Research Methods (CBPR)(Israel et al, 2001). CBPR includes the community and its members as active participants in the research, not just subjects without a say in the process. CBPR advocates for policy change in three main areas: (1) Funding research partnerships, (2) Capacity building and training for CBPR partners, and (3) Benefits and reward structures for CBPR partners. Included in the nine key principles of CBPR, are research should build on the strengths and resources already existing in the community, and that the research should benefit all partners.

CBPR is a good start, but tribal communities are not just another community or a racial classification; tribes also have legal status as sovereign nations with their own governments, which have the authority to approve research done on and within their jurisdiction, therefore, CBPR is not enough. Tribal Participatory Research (TPR) Methods should be employed to develop interventions in American Indian Alaska Native communities. TPR takes the practices of CBPR further to address tribal sovereignty. The first mechanism of TPR outlines how tribes exercise oversight of the research project by: (1) approving formal resolutions from Tribal Council, (2) having oversight committees appointed by Tribal Council with approval and denial authority, and (3) Developing a tribal research code that may include the tribes own Institutional Review Board (Fisher & Ball, 2003). The use of a facilitator acting as a translator or discussion moderator between the researchers and tribal community is the second TPR mechanism while hiring tribal community members as research project staff, and providing them with the appropriate level of training is the third (Fisher & Ball, 2003).

The Healing of the Canoe project has followed the best practices of CBPR and TPR to engage a tribal community and work with them to develop an AIAN culturally-grounded life skills curriculum template that each tribe or tribal community can tailor to fit the exact culture of their community.

Effectiveness of indigenous cultural interventions for the prevention of indigenous suicide

My third focal question is what is the evidence for the effectiveness of indigenous cultural interventions for the prevention of indigenous suicide? The literature indicates that culturally based interventions developed by and for indigenous communities are more effective in reducing suicide risk than are interventions developed by and for non-indigenous populations.

Most of the literature discusses why Euro-American mental health treatment and interventions are ineffective in AIAN communities (Freedenthal & Stiffman, 2007; Wexler, 2011; Trout et al., 2018; Sjoblom, 2022). A large proportion of the literature outlines approaches for best practices (Chandler & Lalonde, 2008) like Community-Based Participatory Research (CBPR)(Israel, et al., 2001) and Tribal Participatory Research (TPR)(Fisher & Ball, 2003; Thomas et al., 2011) to guide future AIAN community-driven interventions. The literature shows that indigenous cultural programs have increased protective factors (Allen et al., 2021; O'Keefe et al., 2022; Sjoblom, 2022). Since drug and alcohol use are related to suicide risks, interventions for substance use were reviewed. There are some studies that showed a decrease in youth substance abuse and usually an improvement in participants' attitudes like future hope and optimism that could lend themselves to suicide ideation, even if suicide factors were not expressly studied (Moran et al., 2007; Donovan et al., 2015; Kelley et al., 2018; Patchell et al., 2015). Very few studies have actual results about reducing suicide ideation, attempts and completions (Allen et al., 2017; Allen et al, 2021).

The Healing of the Canoe Project has implemented and test a culturally grounded life skills curriculum in two different tribal communities. The published results show that the curriculum is effective at increasing cultural belonging, hope, optimism, cultural identity, knowledge of drugs and alcohol, and self-efficacy, while also decreasing/preventing youth substance abuse (Donovan et al., 2015).

Overall, researchers agree that culture needs to be infused in AIAN interventions using a collaborative process between the AIAN community members and academic researchers sharing power and joint decision-making to create programs specifically tailored to that unique community.

Speculation of the Future Trends of AIAN Suicide

I have high hopes for this kind of research because I feel very strongly that culture is the cure. I envision a future where tribal people have strong ties to their traditional culture, including being able to speak their languages, and intergenerational trauma is healed. I would love to see each tribe and urban intertribal organization have their own Tribal Participatory Research developed culturally grounded life skills curriculum tailored to each age range to teach about culture and to prevent suicide and substance abuse. However, I also believe that AIAN suicide, like most things, requires a multi-prong approach. I hope that other people are able to develop interventions that I have not begun to imagine. As unique as AIAN culture is, there is also as much diversity within as there is without. Diversity not just in the breadth of over 570 Federally Recognized Tribes in the US, but also a variety of assimilated peoples within each of those tribes. Some AIAN people would be quite at home seeking help from a Western style mental health provider, while some would refuse. I hope that every suicidal person gets the help they need before it is too late.

Implications for Future Teachers, Youth Workers, and Mental Health Practitioners

Because each American Indian Alaska Native (AIAN) community is different, future practitioners need to remember that they need to recognize that community as the experts on themselves, and to engage with cultural humility, being careful not to make judgments from one's own value system. Hopefully, the teachers, youth workers, and or mental health workers that will implement the above interventions will be community members hired onto the project and given the appropriate training. Community members that have been hired and trained generally have more community trust than qualified researchers from outside of the community.

For practitioners new to the community, I recommend that you spend ample time building a relationship with the community as a whole. Volunteer at public events. Give presentations and reports about your project and its progress as often as you can. Attend Tribal Council meetings and Elders Lunches often. Write articles for the tribal newsletter and anything else that you can think of to build up the reputation of the project in the eyes of the community.

In my experience, I was hired on to the Healing of the Canoe project because of my role as a leader in the cultural community. At the time, I was elected to Tribal Council and had been participating in the annual Tribal Canoe Journeys for almost 20 years. I had never done any research, developed survey instruments, or helped to teach a class/intervention to students before, but I had a pre-existing relationship with the community and many of the youth, leading to a much smoother intervention implementation.

Implications for Future Research

As pointed out in more than one review (Rey et al., 2022; Sjoblom et al., 2022), there was almost no mention of the intersection of AIAN and LGBTQ2S+ communities. Both communities have disproportionately high rates of suicide, but I could find no studies discussing the two. Many articles outlined their own version of research mechanisms or processes to collaboratively develop the most effective intervention for the prevention of suicide and alcohol and drug use. However, very few had actually developed the interventions and tested them using quantitative research. I would like to see more interventions implemented with results to share.

I also did not find much literature regarding suicide contagion, the phenomenon of numerous suicides happening in a cluster, which does happen on remote AIAN communities and has devastating effects on small communities. More research should be done regarding what an AIAN community should after a suicide, to prevent more people from completing suicide. Only

one article that I found developed a post-attempt intervention with the person who had suicide ideation or that had attempted suicide. That intervention followed the community's direction to meet the person in their home, instead of in the hospital. This move helped to separate the culturally appropriate follow-up meetings from a Western approach in a clinical setting. More research should

Limitations of the Project

I set out to see what research was out there regarding American Indian Alaska Native (AIAN) culture as the cure for suicide. I initially limited my search for literature to the years 2000 to 2023. I chose that range to have the most recent research but also as many sources as possible. Since I knew about the Healing of the Canoe (HOC) Project and how it originally started in 2006, I wanted to go as far back as 2000 to get any literature that might have inspired the HOC project. I initially searched the University of Washington Academic Search Complete search engine. I also searched on PubMed with the same parameters. I used the keywords: American Indian, Alaska Native, Indigenous, Suicide, Suicide prevention, Suicide intervention, culture, education, youth, substance use, drug use, alcohol use, community-based participatory research, tribal participatory research

Then I scrolled through the results to see which article titles seemed to be in line with my intended project. I found that almost all articles about American Indians and Alaska Natives mention suicide, at least in passing, among the litany of health-related disparities. When the headlines proved to be more medical, religious or otherwise, I excluded them. I would read through the abstracts of the ones that were more about AIAN suicide and or substance abuse prevention interventions, saving the ones that still proved fruitful. There were some that I kept that were somewhat tertiary to my scope. I decided to keep them in a folder to see if I could not

find enough of my first choice articles, I could circle back to see if I could get any complementary data from them even if they weren't about suicide or drug and alcohol abuse.

As I read through the articles, I saw that they had cited previous works that were relevant to my search, so I found those articles and added them as a snowball sample. I wish I could say that I intentionally mined the articles for additional citations, but most of the time, I was trying to quote an article that was itself a quote of another article, so I included it if I wanted to use that information.

I am privileged to have a computer, a desk and high-speed internet at home, so access to the internet or the library was not a barrier to finding the articles I needed. Occasionally, I would find an article that was an abstract only with the full article being only a paper copy at a library, or a digital download was available for purchase only. I did buy one or two but I decided against asking the library for a paper copy.

Conclusion

American Indians and Alaska Natives (AIAN) have the highest rates of suicide at 28.1 per 100,000, which is 50% higher than the next group, non-Hispanic White people, at 17.4 per 100,000 (Centers for Disease Control [CDC], 2023). When looking at AIAN males ages 15-34, that number almost triples to 82.1 per 100,000. AIAN suicide rates actually increased by 26% between 2018 and 2021. Americans would be more alarmed at these numbers, but for the fact that American Indians and Alaska Natives only make up about 2% of the US population (US Census, 2021), so they almost don't appear on charts and lists of statistics.

I have tried to explore the ways that AIAN culture and culturally grounded interventions can reduce suicide and the risk factors that lead to suicide, if AIAN communities and their research partners act quickly to develop the tools needed.

References

Aguilera, S., & Plasencia, A. V. (2005). Culturally appropriate HIV/AIDS and substance abuse prevention programs for urban Native youth. Journal of psychoactive drugs, 37(3), 299–304. https://doi.org/10.1080/02791072.2005.10400523

Allen, J., Mohatt, G. V., Rasmus, S. M., Hazel, K. L., Thomas, L., & Lindley, S. (2006). The tools to understand: community as co-researcher on culture-specific protective factors for Alaska Natives. Journal of prevention & intervention in the community, 32(1-2), 41–59. https://doi.org/10.1300/J005v32n01_04

Allen, J., Rasmus, S. M., Fok, C. C. T., Charles, B., Henry, D., & Qungasvik Team (2017). Multi-Level Cultural Intervention for the Prevention of Suicide and Alcohol Use Risk with Alaska Native Youth: a Nonrandomized Comparison of Treatment Intensity. *Prevention science : the official journal of the Society for Prevention Research*, *19*(2), 174–185. https://doi.org/10.1007/s11121-017-0798-9

Allen, J., Rasmus, S. M., Fok, C. C. T., Charles, B., Trimble, J., Lee, K., & the Qungasvik Team (2021). Strengths-Based Assessment for Suicide Prevention: Reasons for Life as a Protective Factor From Yup'ik Alaska Native Youth Suicide. *Assessment*, *28*(3), 709–723. https://doi.org/10.1177/1073191119875789

Allen, J., Wexler, L., & Rasmus, S. (2022). Protective Factors as a Unifying Framework for Strength-Based Intervention and Culturally Responsive American Indian and Alaska Native Suicide Prevention. *Prevention science : the official journal of the Society for Prevention Research, 23*(1), 59–72. https://doi.org/10.1007/s11121-021-01265-0

Baldwin, J. A., Lowe, J., Brooks, J., Charbonneau-Dahlen, B. K., Lawrence, G., Johnson Jennings, M., Padgett, G., Kelley, M., & Camplain, C. (2021). Formative Research and

Cultural Tailoring of a Substance Abuse Prevention Program for American Indian Youth: Findings From the Intertribal Talking Circle Intervention. *Health promotion practice*, *22*(6), 778–785. https://doi.org/10.1177/1524839920918551

Bartlett, C., Marshall, M. & Marshall, A. Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *J Environ Stud Sci* **2**, 331–340 (2012). https://doi.org/10.1007/s13412-012-0086-8

Baydala, L., Fletcher, F., Worrell, S., Kajner, T., Letendre, S., Letendre, L., & Rasmussen, C. (2014). Partnership, knowledge translation, and substance abuse prevention with a First Nations community. *Progress in community health partnerships : research, education, and action*, *8*(2), 145–155. https://doi.org/10.1353/cpr.2014.0030

Blakemore, E. (2021, July 09). A century of trauma at u.s. boarding schools for native American children. *National Geographic.*

Brave Heart, M. Y., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among Indigenous Peoples of the Americas: concepts, research, and clinical considerations. *Journal of psychoactive drugs*, *43*(4), 282–290. https://doi.org/10.1080/02791072.2011.628913

Centers for Disease Control and Prevention. (n.d.). *Disparities in suicide.* U.S. Department of Health & Human Services. Retrieved May 30, 2023, from https://www.cdc.gov/suicide/facts/disparities-in-suicide.html

Cwik, M. F., Tingey, L., Lee, A., Suttle, R., Lake, K., Walkup, J. T., & Barlow, A. (2016). Development and piloting of a brief intervention for suicidal American Indian

adolescents. *American Indian and Alaska native mental health research (Online)*, *23*(1), 105–124. https://doi.org/10.5820/aian.2301.2016.105

Donovan, D. M., Thomas, L. R., Sigo, R. L., Price, L., Lonczak, H., Lawrence, N., Ahvakana, K., Austin, L., Lawrence, A., Price, J., Purser, A., & Bagley, L. (2015). Healing of the canoe: preliminary results of a culturally tailored intervention to prevent substance abuse and promote tribal identity for Native youth in two Pacific Northwest tribes. *American Indian and Alaska native mental health research (Online)*, *22*(1), 42–76. https://doi.org/10.5820/aian.2201.2015.42

Fisher, P. A., & Ball, T. J. (2002). The Indian Family Wellness project: an application of the tribal participatory research model. *Prevention science : the official journal of the Society for Prevention Research*, *3*(3), 235–240. https://doi.org/10.1023/a:1019950818048

Fisher, P. A., & Ball, T. J. (2003). Tribal Participatory Research: Mechanisms of a Collaborative Model. American Journal of Community Psychology., 32(3-4), 207–216. https://doi.org/10.1023%2FB%3AAJCP.0000004742.39858.c5

Freedenthal, S., & Stiffman, A. R. (2007). 'They Might Think I Was Crazy': Young American Indians' Reasons for Not Seeking Help When Suicidal. *Journal of Adolescent Research*, *22*(1), 58–77. https://doi-org.offcampus.lib.washington.edu/10.1177/0743558406295969

Gesink D, Whiskeyjack L, Guimond T. Perspectives on restoring health shared by Cree women, Alberta, Canada. Health Promot Int. 2019 Jun 1;34(3):454-461. doi: 10.1093/heapro/dax099. PMID: 29309576; PMCID: PMC6662302.

Gilchrist, L. D., Schinke, S. P., Trimble, J. E., & Cvetkovich, G. T. (1987). Skills enhancement to prevent substance abuse among American Indian adolescents. *The International journal of the addictions*, *22*(9), 869–879. https://doi.org/10.3109/10826088709027465

Gone, J. P., & Looking, P. E. (2011). American Indian culture as substance abuse treatment: pursuing evidence for a local intervention. *Journal of psychoactive drugs*, *43*(4), 291–296. https://doi.org/10.1080/02791072.2011.628915

Goodkind, J., LaNoue, M., Lee, C., Freeland, L., & Freund, R. (2012). Feasibility, Acceptability, and Initial Findings from a Community-Based Cultural Mental Health Intervention for American Indian Youth and Their Families. *Journal of community psychology*, *40*(4), 381–405. https://doi.org/10.1002/jcop.20517

Hawkins, E. H., Cummins, L. H., & Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska native youth: promising strategies for healthier communities. *Psychological bulletin*, *130*(2), 304–323. https://doi.org/10.1037/0033-2909.130.2.304

Hogue, M., & Bartlett, C. (2014). Two-Eyed Seeing. *Education Canada*, *54*(3), 25–27. http://offcampus.lib.washington.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=96704333&site=ehost-live

Irwin, L. (1997). Freedom, Law, and Prophecy: A Brief History of Native American Religious Resistance. *American Indian Quarterly*, 21(1), 35-55. https://doi.org/10.2307/1185587

Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. Annu Rev Public Health. 1998;19:173-202.

Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (2001). Community-based Participatory Research: Policy Recommendations for Promoting a Partnership Approach in Health Research. *Education for Health: Change in Learning & Practice*, *14*(2), 182–197. https://doi-org.offcampus.lib.washington.edu/10.1080/13576280110051055

Iwama, M., Marshall, M., Marshall, A., & Bartlett, C., (2009). Two-Eyed Seeing and the Language of Healing in Community-Based Research. *Canadian Journal of Native Education, 32*(2). Doi: https://doi.org/10.14288/cjne.v32i2.196493

Johansen, J., Canoe Journeys and Cultural Revival. *American Indian Culture and Research Journal* 1 January 2012; 36 (2): 131–142. doi: https://doi-org.offcampus.lib.washington.edu/10.17953/aicr.36.2.w241221710101249

Kelley, A., Fatupaito, B., & Witzel, M. (2018). Is culturally based prevention effective? Results from a 3-year tribal substance use prevention program. *Evaluation and program planning*, *71*, 28–35. https://doi.org/10.1016/j.evalprogplan.2018.07.001

La Marr, J., & Marlatt, G. A. (2007). *Canoe journey, life's journey: A life skills manual for native adolescents*. Hazelden.

Lonczak, H. S., Thomas, L. R., Donovan, D., Austin, L., Sigo, R. L., Lawrence, N., & Suquamish Tribe (2013). Navigating the Tide Together: Early Collaboration between Tribal and Academic Partners in a CBPR Study. *Pimatisiwin*, *11*(3), 395–409.

Marlatt GA, Larimer ME, Mail PD, Hawkins EH, Cummins LH, Blume AW, Lonczak HS, Burns KM, Chan KK, Cronce JM, La Marr CJ, Radin S, Forquera R, Gonzales R, Tetrick C, Gallion S. Journeys of the Circle: a culturally congruent life skills intervention for adolescent Indian drinking. *Alcohol Clin Exp Res*. 2003 Aug;27(8):1327-9. doi: 10.1097/01.ALC.0000080345.04590.52. PMID: 12966331.

Marr, C.J. (n.d.) Assimilation Through Education: Indian Boarding Schools in the Pacific Northwest. *American Indians of the pacific northwest collection-topical essays.* University of Washington. https://content.lib.washington.edu/aipnw/marr.html

Marsh, T. N., Cote-Meek, S., Toulouse, P., Najavits, L. M., & Young, N. L. (2015). The Application of Two-Eyed Seeing Decolonizing Methodology in Qualitative and Quantitative Research for the Treatment of Intergenerational Trauma and Substance Use Disorders. *International Journal of Qualitative Methods*, *14*(5), 1–13. https://doi-org.offcampus.lib.washington.edu/10.1177/1609406915618046

McCleave, C. D. (2020). The Catholic Church and U.S. Indian Boarding Schools: What Colonial Empire Has to Do with God. *Journal of the West*, *59*(3), 61–71.

Mpofu, J. J., Crosby, A., Flynn, M. A., LaFromboise, T., Iskander, J., Hall, J. E., Penman Aguilar, A., & Thorpe, P. (2022). Preventing Suicidal Behavior Among American Indian and Alaska Native Adolescents and Young Adults. *Public health reports (Washington, D.C. : 1974)*, 333549221108986. Advance online publication. https://doi.org/10.1177/00333549221108986

Native American Languages Act. (1990, October 30). https://www.congress.gov/bill/101st-congress/senate-bill/2167/text

Neel, D. (1995). *Great canoes: Reviving a Northwest Coast tradition*. Univ. of Wash. Press.

O'Keefe, V. M., Waugh, E., Grubin, F., Cwik, M., Chambers, R., Ivanich, J., Weeks, R., & Barlow, A. (2022). Development of "CULTURE FORWARD: A strengths and culture-based tool to protect our native youth from suicide". *Cultural diversity & ethnic minority psychology*, *28*(4), 587–597. https://doi.org/10.1037/cdp0000546

Patchell, B. A., Robbins, L. K., Lowe, J. A., & Hoke, M. M. (2015). The effect of a culturally tailored substance abuse prevention intervention with plains indian adolescents. *Journal of cultural diversity*, *22*(1), 3–8.

Peterson, R. (2012). The Impact of Historical Boarding Schools on Native American Families and Parenting Roles. *McNair Scholars Journal*, 2012. http://digital.library.wisc.edu/1793/66821

Rasmus, S. M., Trickett, E., Charles, B., John, S., & Allen, J. (2019). The qasgiq model as an indigenous intervention: Using the cultural logic of contexts to build protective factors for Alaska Native suicide and alcohol misuse prevention. *Cultural Diversity & Ethnic Minority Psychology*, *25*(1), 44–54. https://doi-org.offcampus.lib.washington.edu/10.1037/cdp0000243

Sjoblom, E., Ghidei, W., Leslie, M., James, A., Bartel, R., Campbell, S., & Montesanti, S. (2022). Centering Indigenous knowledge in suicide prevention: a critical scoping review. *BMC Public Health*, *22*(1), 1–17. https://doi-org.offcampus.lib.washington.edu/10.1186/s12889-022-14580-0

Smith, A. (2004). Boarding School Abuses, Human Rights, and Reparations. *Social Justice*, *31*(4 (98)), 89–102. http://www.jstor.org/stable/29768278

Smylie, J., Kaplan-Myrth, N., Tait, C., Martin, C. M., Chartrand, L., Hogg, W., Tugwell, P., Valaskakis, G., & Macaulay, A. C. (2004). Health sciences research and Aboriginal communities: pathway or pitfall?. *Journal of obstetrics and gynaecology Canada : JOGC = Journal d'obstetrique et gynecologie du Canada : JOGC*, *26*(3), 211–216. https://doi.org/10.1016/s1701-2163(16)30259-6

Thomas, L. R., Donovan, D. M., Sigo, R. L., Austin, L., Marlatt, G. A., & Suquamish Tribe (2009). The Community Pulling Together: A Tribal Community–University Partnership Project to Reduce Substance Abuse and Promote Good Health in a Reservation Tribal

Community. *Journal of ethnicity in substance abuse*, *8*(3), 283–300. https://doi.org/10.1080/15332640903110476

Thomas, L.R., Donovan, D.M., Sigo, R.L.W., and Price, L. (2011). Community based participatory research in Indian Country: Definitions, theory, rationale, examples, and principles. In M.C. Sarche, P. Spicer, P. Farrell and H.E. Fitzgerald, eds., *American Indian Children and Mental Health: Development, Context, Prevention, and Treatment*. Santa Barbara, CA: ABCCLIO, LLC, pp. 165–187.

Trout, L., McEachern, D., Mullany, A., White, L., & Wexler, L. (2018). Decoloniality as a Framework for Indigenous Youth Suicide Prevention Pedagogy: Promoting Community Conversations About Research to End Suicide. *American Journal of Community Psychology*, *62*(3/4), 396–405. https://doi-org.offcampus.lib.washington.edu/10.1002/ajcp.12293

United States Census Bureau. (2021). *Race and ethnicity in the united states: 2010 Census and 2020 census.* U.S. Department of Commerce. https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.html

Walls ML, Johnson KD, Whitbeck LB, & Hoyt DR. (2006). Mental health and substance abuse services preferences among American Indian people of the northern Midwest. *Community Mental Health Journal*, *42*(6), 521–535. https://doi-org.offcampus.lib.washington.edu/10.1007/s10597-006-9054-7

Wexler, L. (2011). Behavioral Health Services "Don't Work for Us": Cultural Incongruities in Human Service Systems for Alaska Native Communities. *American Journal of*

Community Psychology, *47*(1/2), 157–169. https://doi-org.offcampus.lib.washington.edu/10.1007/s10464-010-9380-3

Wexler, L. M., & Gone, J. P. (2012). Culturally Responsive Suicide Prevention in Indigenous Communities: Unexamined Assumptions and New Possibilities. *American Journal of Public Health*, *102*(5), 800–806. https://doi-org.offcampus.lib.washington.edu/10.2105/AJPH.2011.300432