Preventing Youth Suicide in Montana's Indian Country

In 2010, a small town on the Fort Peck reservation in northeastern Montana lost five kids from its middle-school community to suicide. Another 20 youth--some as young as age 10--attempted suicide in the course of the same year.

When youth suicides occur in a cluster, as happened in the town of Poplar, child-serving professionals like Marilyn J. Bruguier Zimmerman, MSW, Matt Taylor, MA, and their colleagues are called to help the community heal from their trauma and to prevent further tragedy. Bruguier Zimmerman is Director of the National Native Children's Trauma Center (NNCTC) and Taylor is Director of Montana Safe Schools Center, both housed at the University of Montana's Institute for Educational Research and Service in Missoula.

The NNCTC recently received funding through SAMHSA for a Suicide Prevention Project, which the center just launched with the Fort Peck Assiniboine and Sioux Tribes, of which Bruguier Zimmerman is an enrolled member. The grant stems in part from the center's recovery efforts in response to the recent suicide cluster on the reservation.

Youth at Risk

Most people associate Montana with an idyllic lifestyle because of its stunning natural beauty. That's an understandable stereotype, said Bruguier Zimmerman, but if there's one lesson she and her colleagues at the NNCTC try to share with their government representatives and Network partners, it's that the state's rural impoverished communities have just the same, "if not worse," prevalence of violence, substance abuse, and loss as do some impoverished and underserved urban neighborhoods. And, when compared with other racial and ethnic groups, American Indian and Alaska Native youth as a group have more serious problems with anxiety, substance abuse, and depression, all associated with suicide risk. In Montana, just over 16% of the state's high-school students living on or near a reservation attempted suicide in the past year, according to the Centers for Disease Control and Prevention's 2011 Youth Risk Behavior Survey. This is dramatically higher than the attempted suicide rate of 6.5% in the general high-school population.

In partnership with tribal leadership, schools, and child-serving agencies, the NNCTC has worked for the past eight years with Alaska Native communities, the Ojibwe in the Midwest, and seven Montana reservation communities to raise awareness of and encourage active participation in suicide prevention. They have also conducted state and nationwide trainings to school administrators, teachers, certified staff, and school police officers on topics including secondary traumatic stress, bullying, Internet safety, emergency management, and suicide prevention. A number of these trainings have been offered in collaboration with the US Department of Education and the SAMHSA-funded Suicide Prevention Resource Center.

Becoming Authentic Partners

Both Bruguier Zimmerman and Taylor are certified to conduct the Applied Suicide Intervention Skills Training (ASIST), the widely regarded evidence-based training model developed by LivingWorks Education, Inc., based in Calgary, Alberta, Canada. The ASIST model consists of a two-day workshop in which participants learn to identify indicators and assess risk of suicide; intervene with youth at risk; and help to

build resource networks for suicidal youth.

But this training is rarely the first step in intervention. Whenever the NNCTC staff are asked by tribal leaders to work among their people (services are not offered without an invitation from the tribal community), the staff's first action is to simply listen. Building a foundation of trust and respect is always the first order of business, Taylor said: "There is a great danger and disservice done when outside consultants and trainers drop in to native communities and presume to understand what the community needs." Added Bruguier Zimmerman, "We spend a lot of our time, resources, and energy connecting with the community and becoming authentic partners with tribal health departments, law enforcement, and courts."

The team looks for guidance from tribal councils and community groups about their cultural perceptions of suicide, what the community sees as its strengths, and how leaders believe the issue of suicide should be addressed.

For example, some tribal nations have taboos against talking about suicide. "Some hold the belief," Bruguier Zimmerman explained, "that if you start to talk about it [suicide] then you will call forth that spirit." So one of her first steps is to ask tribal elders and other community leader, "How do you prefer to frame these events?". The pace of their training in suicide prevention and secondary traumatic stress is also guided by sensitivity to the local norms.

Listen for Resiliency

Complex factors contribute to the mental health risks faced by American Indian youth. Chronic unemployment is endemic in many American Indian communities. Widespread poverty, historical trauma, isolation, and a lack of services can all put youth at higher risk for mental illness, substance abuse, and suicide. Youth are also exposed to family and interpersonal violence, and may have experienced multiple losses of loved ones, of cultural and spiritual traditions, and of their tribal identity.

However, it is a mistake to assume that all American Indian youth experience and respond to risk factors in the same way. With more than 565 recognized tribes in the US, heterogeneity is the rule rather than the exception. "Risk factors in one area cannot be generalized to another," Taylor said.

Tribal cultures can also be resilient, and their sense of cultural identity and community cohesion, when accessed, can be extraordinarily protective for their youth. That's why NNCTC staff members assess a tribe's readiness before they proceed. Currently, the Fort Peck Tribes Suicide Prevention Project is in the process of polling community leaders by means of the Community Readiness Model, a method for assessing a community's level of readiness to develop and implement community prevention or intervention programs. The model was developed by Colorado State University's Tri-Ethnic Center.

After immersing themselves in the norms of the tribal community, trainers then proceed with the suicide intervention training. "We make adaptations but we maintain great fidelity to the ASIST model," noted Bruguier Zimmerman. For example, the trainer might ask the tribe's ceremonial person to open the proceedings with a prayer; or, participants may choose not to participate in role-playing (a part of the intervention model) if it is too uncomfortable, perhaps because of recent loss or grief.

Few crises are more devastating for communities than youth suicide. And in Indian country, where tribes have experienced multigenerational trauma and loss, there is often distrust of conventional Western mental-health models and outside organizations. That's why the NNCTC proceeds from a community-based participatory research approach.

What does it take to work in Indian country? "Patience and openness," Taylor said without hesitation. Added Bruguier Zimmerman, "Intention is everything."

For more imformation on the National Native Children's Trauma Center, visit:

http://iers.umt.edu/National_Native_Childrens_Trauma_Center/

For more information on the ASIST Suicide Intervention Model, visit http://www.yspp.org/training/asist.htm

For more information on the Tri-Ethnic Center's Community Readiness model, visit http://triethniccenter.colostate.edu/communityReadiness_home.htm