

# YCRA RESEARCH BRIEF:

## SUICIDE PREVENTION: A CASE STUDY WITH AN AMERICAN INDIAN YOUTH

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### Key Points in the Literature Review:

- Adolescents who are most at risk of harm to self and others tend to display high levels of other risk factors, such as chemical abuse/addiction, lack of parent-child closeness, family conflict, beliefs and attitudes favorable to criminality, early childhood aggressiveness, antisocial behavior, and poor peer acceptance (Hawkins et al., 2000).
- Huizinga, Loeber Thornberry and Cothorn (2000) note the co-occurrence or overlap of self-harm with drug use and other mental health problems.
- The American Indian (AI)/Alaskan Native (AN) populations in particular report a high occurrence of such risk factors (Manson, 2001).
- Beals (1997) compared the mental health disorders of AI/AN youth with those of nonminority children and found that AI/AN youth were more likely to report significantly higher rates of depression, alcohol and other drug (AOD) abuse, and suicidal acts.
- Garrett (1999) noted that many of the current problems that the AI/AN populations have with depression and suicidal behaviors can be tied to historical cultural trauma—most notably, genocide,

the land grabs based on the Dawes Act of 1867, the outlawing of Native religions, and the massive federal program designed to relocate reservation Indians to urban areas.

- The history and political context surrounding depression and suicidal behaviors among American Indians and Alaska Natives, especially adolescent girls, emphasizes the need to direct more attention and resources towards the Native community (Hawkins, Cummins, & Marlatt, 2004).
- Residential therapeutic community (TC) placements are common for depressed and AOD-abusing adolescents, including AI/AN youth (LeCroy & Ashford, 1992; Libman, Lyons, Kisiel, & Shallcross, 1998; Lyons, Kisiel, Dulcan, Cohen, & Chesler, 1997).
- Manson (2001) found that AI/AN youth in therapeutic communities (including residential treatment centers) reported significantly elevated levels of AOD abuse and depression upon admission.
- Adolescents treated in Residential Treatment Center (RTC) programs are more likely than those in outpatient programs to have a history of drug abuse and more-severe depression problems, such as one or more suicide attempts (Hanson, 2002).
- Despite being more difficult to treat, adolescents in RTC environments typically exhibit significantly improved outcomes, including reduced drug use and criminal activities and improved school performance and psychological adjustment (Hanson, 2002).

**Purpose of the Study:** A case study approach was deemed valuable to the agency in its efforts to determine how to best help AI youth, and provide a clear example that would hopefully provide insight to the agency in treating depressed and/or suicidal AI youth. The purpose of using this approach was not to necessarily offer generalizable conclusions; it is to provide an accounting of the experience (LaFountain & Bartos, 2002).

**Methods:** A clinical treatment team (consisting of the clinical director, clinical supervisor, the counselor assigned to 'Nancy' (pseudo- name for the AI youth) for individual and family counseling, and the two counselors working with Nancy in group counseling) provided information.

**Participant:** 'Nancy', was an adolescent mandated through the CHINS (Child in Need of Supervision) provision into our treatment program for a period of no less than 30 days. She belonged to a Northern Plains tribe and came from a rural Indian reservation. Her age at admission was 14 years, 6 months. Nancy's grandmother had referred her to the state's Department of Family Services. Her grandmother reported to the treatment team that Nancy would not get out of bed on most days, was irritable, and was drinking alcohol and smoking marijuana on a regular basis.

**Instruments Used:** During the first two weeks after Nancy's admission, the treatment team completed the Youth Comprehensive Risk Assessment (YRCA).

**Key Results:**

Using information from Nancy's admission interview and her YCRA scores, the clinical team developed a treatment plan. Of the six YRCA scales, there were notable elevations related to the Risk to Self scale. This scale includes categories risk for suicide, self-harm, risk taking, and victimization. A moderate risk score on the Risk to Self score is 9; Nancy's score of 15 was considered very high. This high Risk to Self score is in keeping with the literature regarding the internalization of anger in populations that have been the victims of racism and subsequent trauma (Beiser, 1997).

The cycle of racism and trauma suggests that oppression becomes internalized, often due to external messages (Manson, 2001). In some situations, it is viewed as unsafe to express anger toward the dominant culture, so anger is often turned inward (Sue & Sue, 1999). Nancy was rated as very high in relation to substance abuse. Risk scores below 3 indicate lower risk.

Nancy's Substance Abuse scale score was 8, indicating the highest risk rating.

Specifically for Nancy as an AI youth, our treatment team and Nancy's grandmother adopted the philosophy that Nancy could be best understood when viewed within her cultural context. By adhering to general treatment best practices and through infusing treatment programming with traditional spirituality, language, teachings, and ceremonies, Nancy produced a 28-point reduction in overall risk behaviors on the YRCA over a 6 month period (From 60 to 32).

**Key Conclusions/Recommendations:** Nancy made improvements overall and especially in the area of risk to self, most likely due to the *intense involvement of her grandmother in treatment* and the specific *culturally sensitive interventions* that were employed. AI/AN youth have often been painted in the literature as being "sicker" than non-Native groups (Manson, 2001). The results for Nancy do not support this notion. Indeed, a reasonable conclusion is that in spite of high risk, this youth, with culturally sensitive treatment, was able to make great gains. This supports the growing literature emphasizing the strong resiliency of AI/AN populations (Manson, 2001). The treatment team shared these results and recommendations with all professional staff. Consequently, *treatment planning for AI youth is incorporating the protocols described* with similar promising results. These positive results suggest the possibility that treatment approaches for AI youth *could be adapted* to build strength and resiliency for non-Native youth. For example, with group work, the relational worldview could be reinforced as a model for all youth struggling with social skills.