Indigenous Evaluation Toolkit: An Actionable Guide for Tribal and Urban Indian Suicide Prevention Programs

JULY 2024

SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

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About Seven Directions:

In August 2016, Seven Directions was founded as the first national public health institute in the United States to focus solely on Indigenous health and wellness. Our mission is to advance American Indian and Alaska Native health and wellness by honoring Indigenous knowledge, strengthening Tribal and Urban Indian public health systems, and cultivating innovation and collaboration.

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Acknowledgments

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We dedicate this guide to Indigenous ancestors and communities whose knowledge and traditions have supported the health and well-being of Indigenous peoples since time immemorial. We hope this guide will uphold these strengths and promote the imperative need for Indigenous evaluation approaches in health promotion and prevention programming.

Foreword

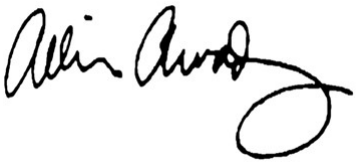
In 2023, the release of the Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/ Alaska Native Communities through Opioid Prevention Programming added to a growing body of resources dedicated to Indigenizing and decolonizing program evaluation approaches. We hope this 2024 update continues to build on the momentum the Toolkit generated among tribal and urban Indian overdose prevention programs as they integrate Indigenous methodologies into their program design and evaluation.

While the 2023 Toolkit encouraged widespread usage across all public health promotion activities, the examples were drawn exclusively from overdose and substance use prevention programs. In this 2024 update, we are thrilled to support the expansion of the original Toolkit to encompass a broader spectrum of public health challenges faced by tribal and urban Indian communities, including reducing the risks and harms of suicide, impaired driving, and adverse childhood experiences. This update offers more opportunities for communities to address these topics using Indigenous knowledge and approaches.

We acknowledge the obstacles faced by Indigenous public health practitioners and are committed to paving the way for positive change. We aim to lead by example and begin the shift towards recognizing Indigenous methodologies as scientifically valid approaches to designing and evaluating tribal public health programs.

The Toolkit, supplements and other similar resources are a testament to our collective commitment to advancing health and wellness for American Indian and Alaska Native people. We appreciate and honor the leadership in developing these types of resources and the many tribal and urban Indian communities for sharing their experiences and contributions to the development of these resources.

Respectfully,



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Overview

This guide encourages tribal and urban Indigenous communities and their partnering organizations to tell their own stories and reclaim Indigenous ways of knowing as a basis for evaluation, with the goals of increasing health and wellness and preventing suicide through improved programs and services.

Broadly speaking, “Indigenous evaluation” refers to the use of Indigenous ways of knowing, meaning making, and deep community involvement when designing or evaluating an effort’s effectiveness or community impact. Indigenous communities have engaged in review and reflection to understand the impact of community decisions or activities (i.e., “evaluation”) since time immemorial. In contrast to Western research and evaluation approaches – which rely on theories and frameworks developed within European-settler contexts – Indigenous perspectives take a more holistic approach. This holistic approach differs from Western approaches, both in terms of what is knowable and measurable and in terms of who is involved in evaluation efforts.

For example, whereas Western approaches prioritize the use of empirical data and an external, objective evaluator, Indigenous evaluation prioritizes using multiple forms of knowledge as well as community ownership of and deep involvement in evaluation activities. In addition, whereas Western evaluation approaches may envision evaluation as a set of activities distinct from and often done after program design and operation, Indigenous evaluation views evaluation activities as part of a cyclical learning process, in which evaluation is interwoven with the program design and implementation. It can also be viewed as a continuous learning process rather than a one-time reflection of a past state. This pairing of program and evaluation design allows communities the opportunity to infuse community values, voice, and ownership throughout all aspects of a community effort.

In February 2023, Seven Directions released the Indigenous Evaluation Toolkit: An Actionable Guide for Organizations Serving American Indian/Alaska Native Communities through Opioid Prevention Programming. This Toolkit was developed via collaborative, iterative, and community-based partnerships. With the support of Dr. Joan LaFrance, the Toolkit utilized the prior Indigenous Evaluation Framework developed by the American Indian Higher Education Coalition (AIHEC), in collaboration with Drs. LaFrance & Nichols (2009), as the foundation for translating Indigenous values into actionable phases and steps that teams can work through at their own pace. Reception for the Toolkit was overwhelmingly positive. Feedback conveyed both appreciation for the Toolkit steps and activities, as well as a desire for more issue-specific examples of how other programs are utilizing Indigenous success measures, knowledge-gathering activities, or success-sharing practices in their evaluation efforts.

While the 2023 Toolkit encouraged widespread use for all public health promotion and prevention activities, examples of ways to use Indigenous knowledge or practices in program design and evaluation were drawn from CDC-funded Tribal Opioid and other substance use prevention programs. In this 2024 update, we have developed these special interest guides to demonstrate how Indigenous evaluation approaches and the actionable steps contained in the Toolkit can be applied to an array of public health prevention efforts, including the prevention of suicide, impaired driving, adverse childhood experiences (ACES), and many others.

This guide focuses on the urgent need to address disparities in suicidal ideation, attempts, and deaths in Indigenous communities throughout North America. American Indians and Alaska Natives (AI/ANs) consistently experience the highest prevalence of suicidal ideation, attempts, and deaths by suicide compared to all other U.S. racial/ethnic groups. Among AI/ANs aged 15-24, rates of death by suicide are more than three times that of similar-aged people from other racial backgrounds.[1] As of 2018, on a national level, AI/AN youth and young adults aged 15-24 had a death rate that was almost three times higher than non-Hispanic white individuals in the same age group, with higher suicide rates among LGBTQ2S+ individuals.[2,3,4] Between 2018-2021, suicide rates significantly increased among non-Hispanic AI/AN (26%) people overall.[5,6]

Tribal and urban Indian suicide prevention programs increasingly utilize Indigenous knowledge and values in their program design and evaluation (See Sections 2 and 3 below). However, structured guidance for suicide prevention evaluation approaches specific to tribal and urban Indian contexts represents a critical need. The purpose of this guide is to address this gap. It is designed to support Tribes and Indigenous-serving organizations' inherent strengths through examining their suicide prevention programs' design and evaluation using Indigenous approaches. Using the **structured approach described in the 2023 Toolkit, along with Suicide Prevention-specific examples in Section 5 of this Guide, these materials provide tailored information for readers focused on suicide prevention in their communities**. These materials enable teams to outline their visions, Indigenous success measures, decolonized data collection approaches, and plans to build community ownership at all phases of program and evaluation design and implementation.

This guide provides:

- An overview of the problem scope, risk factors, and protective factors in Indigenous communities shaping suicide prevention efforts;
- Community-based examples of ways to ground suicide prevention programming and evaluation needs in Indigenous values and knowledge;
- A companion story of a suicide prevention team utilizing Indigenous evaluation to improve programming;
- Samples of completed worksheets for teams' reference while working through the Toolkit.

Who Should Use This Guide

The primary intended audience for this guide includes any team responsible for the leadership, management, evaluation, and implementation of programs addressing mental health and suicide prevention in tribal or urban Indian communities.

A Note on Terminology

"Indigenous" Community Identification

In this Toolkit, we use "Indigenous" and "tribal and urban Indian communities" broadly to refer to peoples with ancestral and cultural origins in the many territories that now make up the United States. At Seven Directions, we recognize that "Indigenous" and terminology such as "Native American, American Indian, and Alaska Native" were not chosen by sovereign Native nations and Indigenous communities, and are based in settler-colonial language, grouping together vast and diverse populations into aggregate terms. The experiences and cultures of Indigenous people are heterogeneous, and each tribal nation and Indigenous community is unique. We encourage the use of the specific tribe or band name and tribal language when possible. Please see the Glossary at the end of this document for more detailed definitions.

Evaluation and Research Terms

Throughout the Toolkit, we use the term "evaluation" to describe a systematic process for collecting, analyzing, and using data and knowledge to examine the effectiveness and efficiency of a program. We differentiate this from "research," the purpose of which is to investigate materials or sources to establish fact or reach a new, generalizable conclusion, not to examine a specific program or process for effectiveness. Within both evaluation and research, different communities may use a variety of terms to describe the ways in which they obtain data or knowledge: *methodology, approach, strategy, or simply knowledge-gathering activities* are some examples. These terms offer a starting point; culture, language, and historical experience all impact how words are defined. We invite you to apply these terms with your own local context in mind.

See the Glossary on page 25 for additional terminology notes.

Background:
Suicide as a Critical Public Health Issue in Many American Indian & Alaska Native Communities

1

Suicide is a preventable public health problem that has been the second leading cause of death among young adults in the United States since 2016.[3,7] **American Indians and Alaska Natives (AI/AN) consistently experience the highest prevalence of suicidal ideation, attempts, and deaths by suicide compared to all other U.S. racial/ethnic groups**.[1] Rates of death by suicide among AI/AN are highest in younger age groups, such as AI/ANs aged 15-24, where rates of death by suicide are more than three times that of similar aged people from other racial backgrounds.[1] Several studies have shown higher risk of suicide attempts and deaths by suicide among AI/AN young men and boys, which is in line with general population studies.[8,9,10]

While public health content surrounding suicide is often presented in statistics, it is also important to acknowledge the gravity of this topic, as suicide can have emotional impacts felt through generations. These numbers carry stories of grief and pain associated with loss of precious life experienced too often by AI/AN families and communities and call for an urgent need for culturally grounded suicide prevention programs.

Key **risk factors** for suicide among AI/AN include family disruption in the form of forced adoption and residential school placement, threats of harm and violence from sources outside Native communities; ongoing threats to traditional natural resources; historical trauma, and deculturalization.[10,11,12,13]

Key factors that may prevent suicide (i.e. "**protective factors**") among AI/AN include a strong sense of family connection, feeling safe at school and having access to a school nurse, and connection to culture, though such cultural factors are varied with respect to Tribal affiliation and age.[8,14] The presence of Elders, who are embedded in the community and present with statistically lower risk of suicidality, can serve as a protective factor and a vehicle for delivery of programs that center culture as a form of suicide prevention.[15]

Appendix 1 provides a deeper discussion of risk and protective factors affecting suicidal ideation and action in AI/AN communities.

2

Indigenous Approaches to Suicide Prevention Programming Offer Opportunities for Healing

Indigenous communities have begun to address suicide and other public health issues by revitalizing Indigenous ways of knowing while focusing on the factors that contribute to resilience among individuals and communities.[16,17] Several successful suicide prevention interventions among Native communities focus on building individual and community resiliency through positive coping mechanisms (e.g., cultural activities) to prevent or reduce harm. Because historical trauma in the form of colonization and forced assimilation represent common risk factors specific to AI/ANs, prevention efforts that involve community building and reintegration of cultural practices provide crucial approaches to address suicide from a culturally grounded perspective. Speaking directly about suicide may be viewed as taboo in certain communities,[12,14] and thus many communities have addressed "protective factors" against suicidal ideation by using cultural practices to improve mental health instead of openly talking about suicide with participants.[8,18] While "suicide prevention" takes various forms in different Indigenous communities, many programs focus on reconnecting youth with culture and community, in particular Elders who serve as central connections to Indigenous knowledge, culturally specific roles and responsibilities, unconditional love and respect, and traditional healing practices.[16,17,19]

Box 1 provides an overview of five resiliency-based suicide prevention interventions.

Box 1: Indigenous Approaches to Suicide Prevention

- **PC CARES** is a "community mobilization" approach to suicide prevention that brings community members together to translate research into self-determined practices. Initial research took place over 15 months among 11 Inupiat villages in rural Northwest Alaska in the form of 59 "learning circles." In these learning circles, a community member presents existing research and then the community works in groups to decide how it may apply to existing culture and practices.[20,21]

- By tribal mandate, t**he White Mountain Apache Tribe's community-based surveillance system** requires everybody to report observation or knowledge of behaviors the community identifies as associated with suicide risk. These observations are reported to a centralized data system operated by the *Celebrating Life* team. Trained case management team members then follow up within 24 hours with the person named.[22] The WMAT experienced an overall 38.8% decrease in deaths by suicide and a 23% decrease in deaths among youth aged 15-24 since implementation of the surveillance system.[23] This mandated reporting system is seen as having revitalized the Tribe's collective responsibility to one another and built internal capacity to address these issues.[23]

- **The Elders Resilience Curriculum**, also developed by the White Mountain Apache Tribe, is a series of lessons delivered by Elders within the local school system. Elders visit schools to teach youth about Apache culture, language, and way of life, supported by members of the *Celebrating Life* team.[15] This intervention is an example of an upstream suicide prevention intervention developed through a locally identified solution and delivered by the community. It emphasizes Indigenous knowledge by honoring stories and the lessons within them as important prevention methods.[15] The WMAT has achieved even greater success in reduction of deaths by suicide due to the combined efforts of the surveillance system and the Elders Resilience Curriculum.[25]

- The ***Qungasvik* Prevention Toolkit** (phonetic: qoo ngaz vik; “Tools for Life”) is made up of 36 modules that function as cultural scripts for creating experiences in Yup’ik communities to build strengths and protective factors against both suicide and alcohol abuse. Yup’ik Elders chose 3-5 protective factors for each module they will deliver to participants. For example, Module 3 focuses on communal mastery, safe places, setting clear limits and expectations for behavior including alcohol use, and role models. The purpose of the *Qungasvik* is to provide Alaska Native communities a process of developing prevention activities that fit the local customs and practices.[i,18,24,26]

- **CULTURE FORWARD** is a national toolkit to address AI/AN youth suicide. Each chapter provides an overview of a theme that connects to suicide prevention; academic resources on protective factors that relate to that theme; Indigenous suicide prevention programs; and actionable steps readers can take. The toolkit references all the programs listed above and many more.[27]

i. The creation and implementation of the Qungasvik prevention toolkit in Yup’ik communities is part of a a larger project known locally as Elluam Tungiinun Agelruciq Ikayuulluta Agayutmek Ikayurcirluta (Movement Toward Wellness Together with the Help of the Creator). Each element of the project centers Indigenous (Yup’ik) epistemology and practices.

3

Indigenous Evaluation Approaches in Suicide Prevention Programming

In addition to incorporating Indigenous knowledge and notions of resilience into programming, several communities have also incorporated Indigenous ways of knowing and learning into their evaluation practices. This includes prioritizing Indigenous-led research or evaluation teams with minimal outside input; participatory activities to interpret research findings; or inviting community-based action to determine ways to use the knowledge gained through evaluation activities. These activities reflect the core tenets of Indigenous evaluation. The most successful interventions employ a combination of community involvement in every step of the program development and evaluation, and a community based participatory research (CBPR) partnership with a university or other organization that can support a scaling-up of the program.[27]

Box 2 provides information about three suicide prevention programs' approaches to Indigenizing evaluation efforts.

Box 2: Indigenous Evaluation in Suicide Prevention Programming

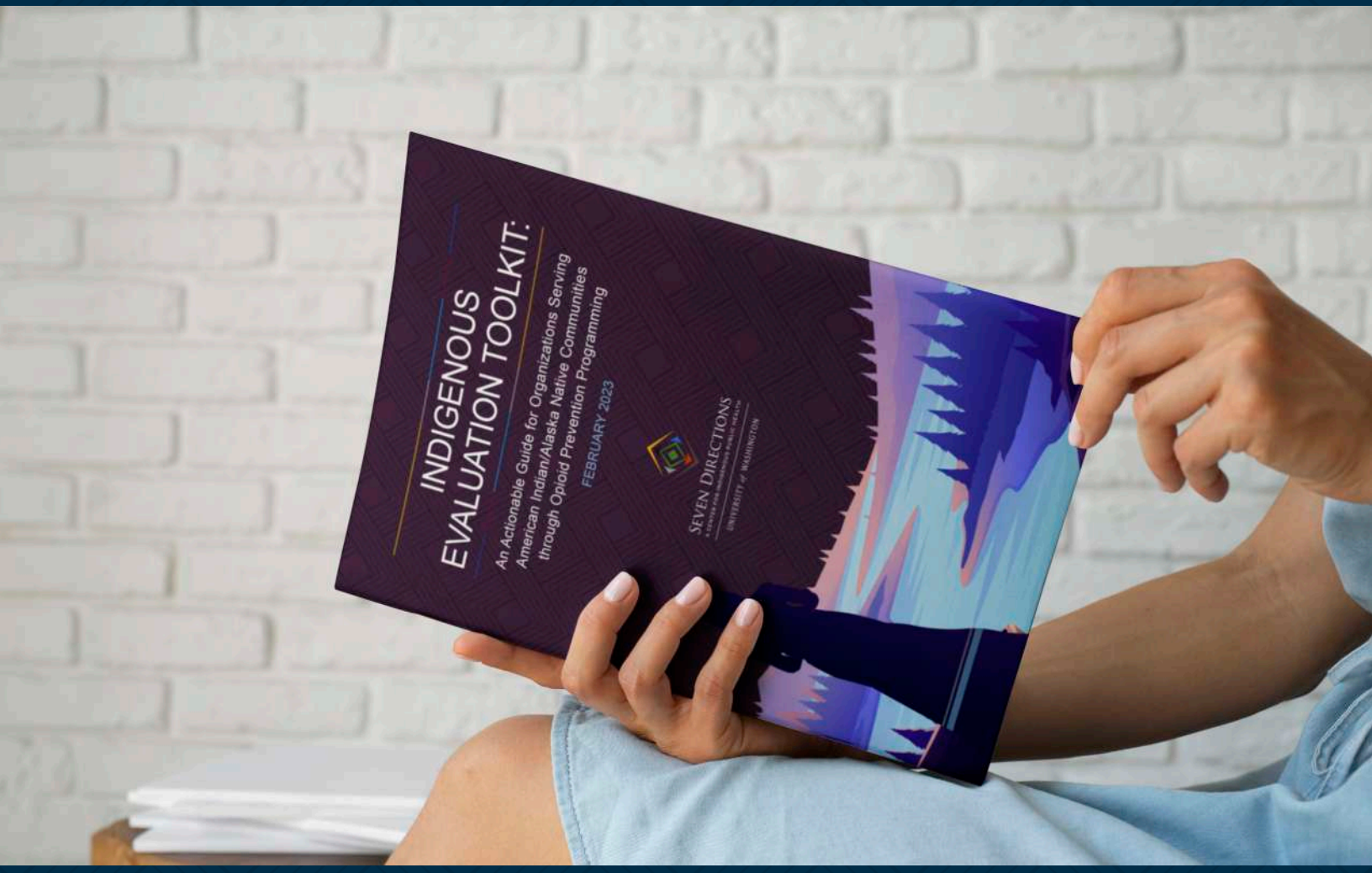
- **PC CARES's** "learning circles" provided community members an opportunity to acknowledge existing strengths and resources, develop a program or intervention addressing suicide, and take collective action. Interpretation of any research evidence was done as a participatory activity, where participants were encouraged to share their own understandings and experiences with oppression, violence, and assimilation, to further personalize the information.[21]

- When the ***Qungasvik*** **Prevention Toolkit** was developed and implemented, researchers were brought in only by invitation from the community to provide support in identifying which Indigenous research, intervention, and evaluation practices were already taking place, thus acknowledging that the community had been leveraging local resources to address suicide and alcohol use long before contact. This process of engagement was intentionally used to center local decision-making power and ensure the results were immediately accessible, yet still allowed for bi-directional knowledge sharing between the research team and the Yup'ik community.[18,24,26]

- The **CULTURE FORWARD** toolkit was developed over six months in a community-engaged process that included the prioritization of Indigenous communities' needs and ways of knowing, and self-determination of Indigenous peoples to lead efforts to prevent suicide in their specific community.[27] The "actionable" steps sections provide users with tasks and discussion suggestions for gatherings that can be used to reflect on lessons learned from a particular program.[27]

Using this Guide Together with the 2023 Indigenous Evaluation Toolkit

4

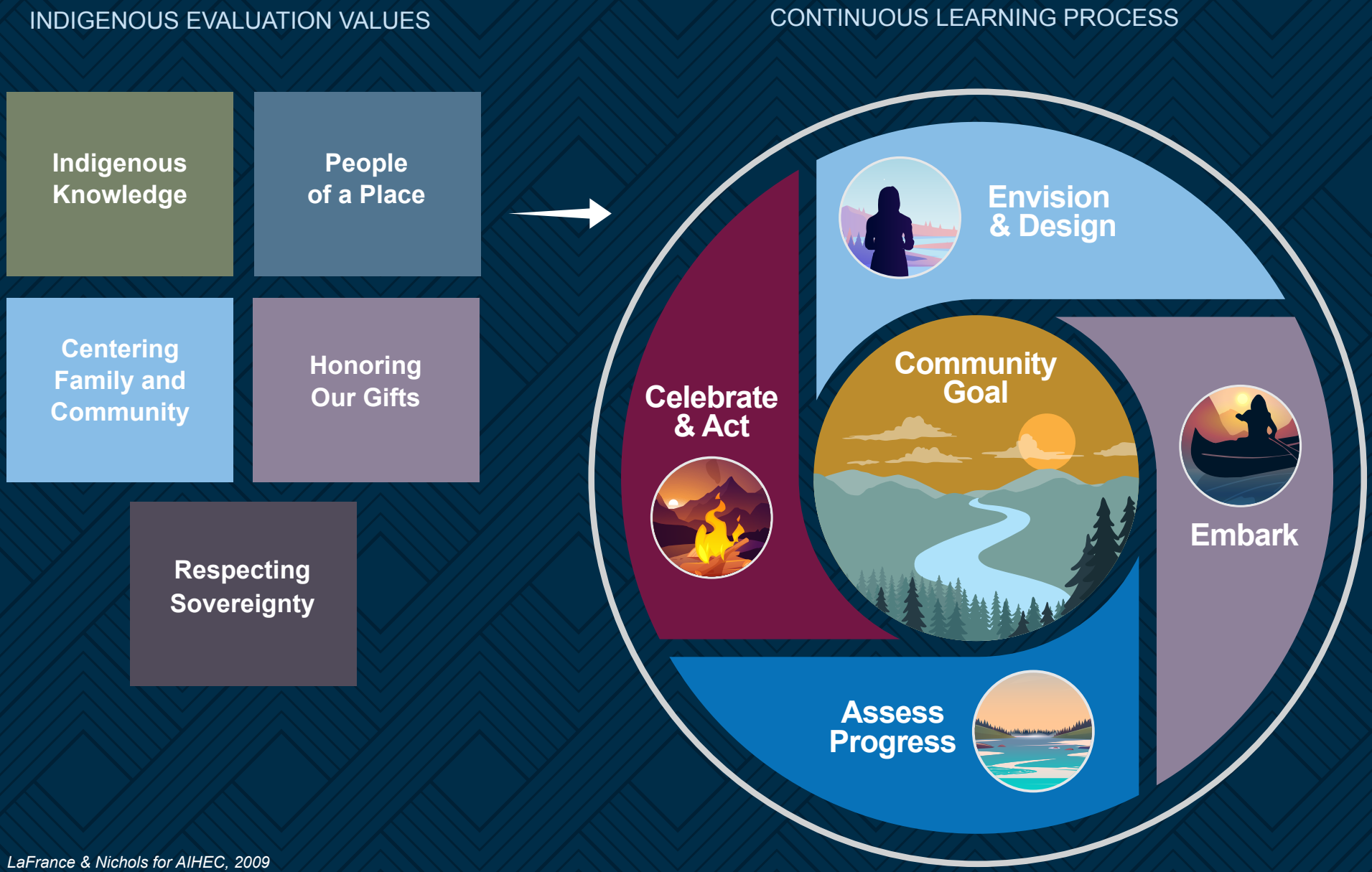


Readers should use this guide as a companion to the 2023 Indigenous Evaluation Toolkit, which provides step-by-step guidance to incorporate Indigenous evaluation approaches into program design, implementation, success measurement, and ongoing programming assessment and improvement.

The Indigenous Evaluation Toolkit utilizes LaFrance & Nichols' Indigenous Evaluation Framework for AIHEC (2009) and translates its five foundational values into actionable approaches that teams can work through at their own pace. In Indigenous evaluation, evaluation activities are viewed as part of a cyclical learning process, in which evaluation is interwoven with the program design and implementation. It can also be viewed as a continuous learning process rather than a one-time reflection of a past state.

Figure 1 below illustrates how this Toolkit translates core Indigenous evaluation values into a continuous learning cycle.

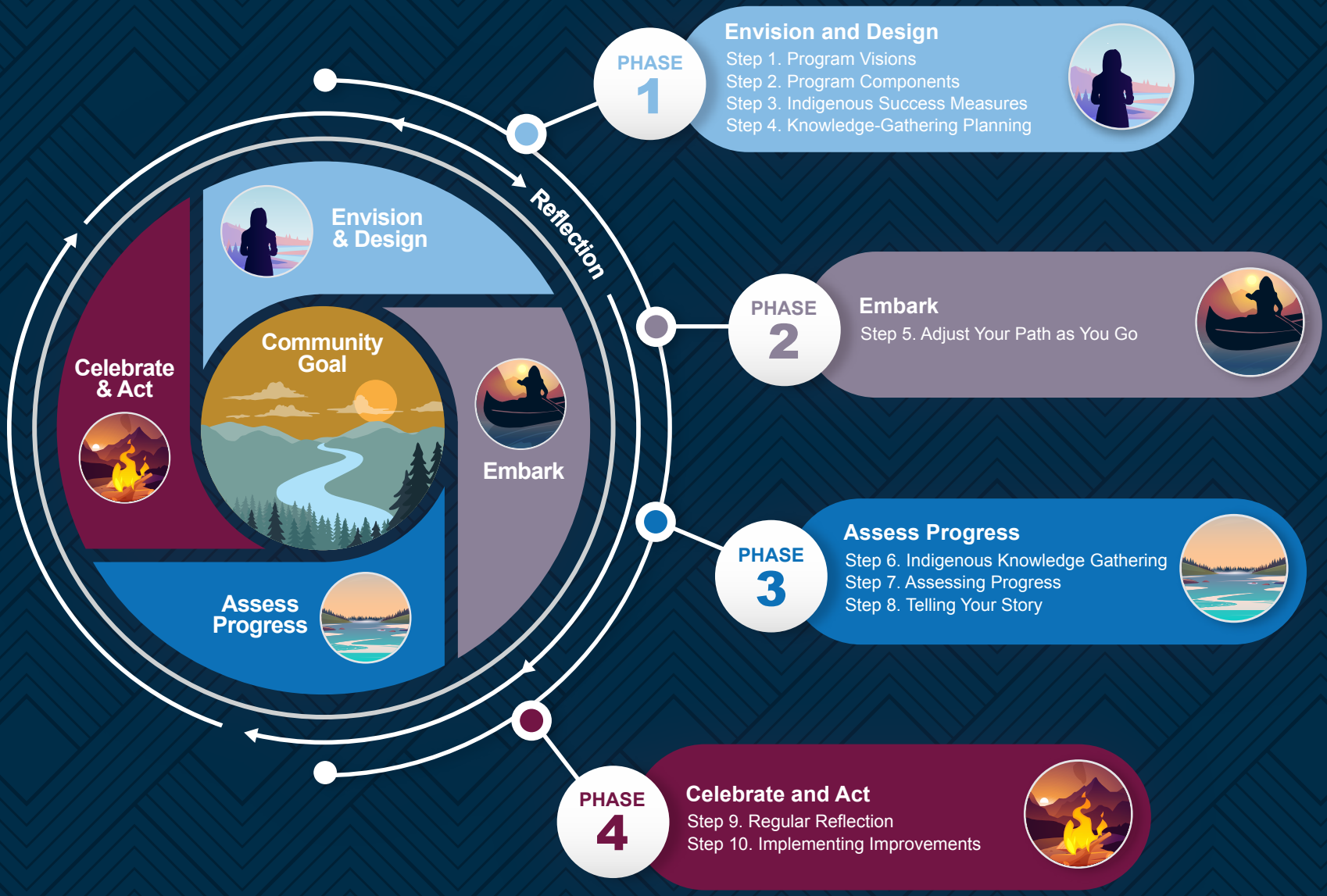
Figure 1. Translating Indigenous Evaluation Values to a Continuous Learning Process



LaFrance & Nichols for AIHEC, 2009

The Toolkit organizes this continuous learning circle into four key phases, which can be further broken down into ten steps that programs can take to implement Indigenous evaluation approaches over the course of that cycle (See Figure 2 below). As illustrated by the circle surrounding all phases, teams should imagine a constant thread of "reflection" inherently woven throughout the process:

Figure 2. List of all Steps by Phase



The Toolkit includes a series of worksheets, resource links, and questions to consider as your team works through integrating these Indigenous evaluation approaches. The 2023 Toolkit also provides:

- A detailed introduction to Indigenous Evaluation approaches
- Additional background on LaFrance & Nichols' 2009 Indigenous Evaluation Framework for AIHEC, and the development of Seven Directions' 2023 Toolkit
- Suggestions for preparing for emotionally challenging work with your team
- Discussion of key considerations when conducting Indigenous Evaluation approaches (e.g., cultural humility, data sovereignty)
- The full set of Toolkit worksheets and completed example versions drawing from substance use prevention examples.

Readers interested in more detailed guidance about each step should refer to the 2023 Indigenous Evaluation Toolkit.

As highlighted above, suicide prevention programs in AI/AN communities may already utilize Indigenous ways of knowing in their program design and evaluation practices. However, some tribal program staff may find this structured framework useful as it offers a guide for integrating Indigenous knowledge and community ownership across evaluation activities. **This Suicide Prevention-specific Guide tailors the information presented in the original Toolkit for readers focused on suicide prevention in their communities through community-specific examples and context.**

Suicide-specific Context and Examples in this Guide

The following sections provide:

- **a short story about a fictional suicide prevention program** working through the Toolkit; and
- a selection of the fictional program's **completed activity worksheets as examples** to support readers' understanding.

These modifications are designed to help readers more clearly envision the application of Indigenous evaluation concepts to their suicide prevention work. For example, completed worksheets might help readers brainstorm such questions as "*What is an Indigenous knowledge-collecting activity (i.e. data collection method) we might use to assess the degree to which our programming is reducing hopelessness?"* We encourage program teams to refer to the vignette and completed worksheets as you work through the steps and activities contained in the Toolkit itself. Readers are encouraged to reference and use these materials as inspiration in their step-by-step journey using Indigenous evaluation approaches. We encourage teams to work through these steps as it makes sense to you and your team.

Again, readers interested in more detailed guidance about each step should refer to the Indigenous Evaluation Toolkit.

Suicide Prevention
Companion Story & Completed Worksheet Examples

5

Introduction to the Fictional Companion Story: "Creating Safe Spaces"

The following story provides a narrative about a fictional tribal behavioral health center and their journey utilizing the original 2023 Indigenous Evaluation Toolkit in their suicide prevention programming. The story and the accompanying completed example worksheets that follow are designed to use storytelling to help teams envision how they would incorporate the information presented in the Toolkit using the blank activity worksheets it contains.

Creating Safe Spaces Part 1:
Staff at a Tribal behavioral health (BH) center in the Great Plains region have received federal funding to create more programs that address youth suicide in their community. This is particularly relevant after three youth in their community died by suicide within the past few months (a cluster). Paula, a program manager, is accompanied by Oakley, a crisis intervention specialist, and Simon, a counselor and Elder, to plan and implement the program and provide progress updates to funders. Before beginning their work, the group took time to reflect on the impact of colonization in their community over generations. They identify the historical and intergenerational trauma caused by colonization effects as major contributors to feelings of hopelessness and other factors that premeditate suicide. Simon told a story about when his grandfather was a child, his parents would visit relatives' homes in the evenings and sing traditional songs and tell stories into the night. He remembered his grandfather sharing how happy and safe he felt, as a small boy, surrounded by family, music, and good feelings. He shared that, in his lifetime, incorporating Indigenous knowledge and cultural practices back into daily life can combat these feelings of hopelessness. These practices help people recognize the shared connection within the community at all levels – across families, communities, clans, and even across tribes. This opening provided the grounding for Paula to introduce Phase 1 of the Toolkit, which provides structure as teams navigate the difficult emotional labor of addressing youth suicide.

After speaking about their values as outlined in Step 1, the group began planning program activities and deciding how to engage community members, particularly youth. Oakley spoke about the campaign publicizing "9-8-8" as the national emergency number for mental illness crises as a key program component. Simon shared that Elders feel that a disconnection from culture was potentially contributing to increased thoughts of suicide and urged that the team focus on building resources to bridge that disconnect. In addition, the group decided that the community needed a space or ceremony to heal from losses due to suicide. To end their meeting, the group used Worksheet 4: "Planning Our Journey" as a guide to write **three driving visions for their program**.

Worksheet 4 below illustrates an example Visioning exercise, completed as part of Step 1 by our fictional suicide prevention program (see "Safe Spaces" story above).

Planning Our Journey

Purpose: To outline your driving motivations or visions for doing this prevention work, now that you understand where you are starting and what your group's values are.

Instructions: List your program's three driving visions for doing this work. How do you envision the program or project you are planning improving lives in your community?

What are your three underlying visions for this project or program?

VISION 1	VISION 2	VISION 3	OTHER VISIONS
Everyone in our community (youth, adults, Elders) will recognize the warning signs of suicide, and will seek support for themselves and others.	*Youth see their culture as an intervention / coping mechanism for symptoms of mental illness and trauma.*	*Reduce stigma: Youth and their families will not feel shame for seeking mental health services and/or talking about suicide.*	*An end to death by suicide.* *If suicide occurs, the community comes together to ensure a cluster of suicides do not occur.*

Creating Safe Spaces Part 2: Program Design and Success Measures Informed by Community Feedback on Visions and Values

At the next meeting, Paula, Oakley, and Simon shared their insights from speaking with community members about the program's visions and values. This discussion revealed that both youth and adults would like more tangible information on the warning signs of suicidal ideation, beyond posters in the BH center or use of 9-8-8. Oakley shared that tribal youth wanted to feel more connected to their culture, with an emphasis on cultural teachings from Elders to promote healing. With these insights in mind, the group brainstormed the services, resources, or messages they wanted to include in their new program. Some members of the team recently connected with members of the White Mountain Apache Tribe and learned about their Elder's Resilience Curriculum; the team decided that they could replicate a similar program in their community, wherein Elders would join classrooms 1-2 times per month to share how culture is protective against suicidal ideation.

In addition, the group decided to develop a bi-monthly course called "Safe Space" where BH staff and community members could feel safe asking questions about ways to help their loved ones struggling with substance use or mental illness. Those who attended the course would receive buttons or stickers that read "I Am a Safe Space," to signal to others that they understand how to respond to someone who is experiencing suicidal ideation or behaviors. After determining the program components (Step 2), the team identified the **success measures, or "landmarks,"** they would use to identify if they were working toward their visions, making sure to draw on various forms of Indigenous knowledge – Empirical, Traditional, and Revealed (See Worksheet 7 below). Finally, they mapped out the **Indigenous or Decolonizing data collection methods** they would use to assess progress toward each of these landmarks (See Worksheet 9 below).

Worksheet 7 below illustrates the success measures (or "landmarks") identified per Vision by the fictional "Safe Spaces" team as well as which type of Indigenous knowledge they represent (i.e. empirical, traditional, revealed. See page 62 of the Indigenous Evaluation Toolkit for more information).

Worksheet 9 below maps out the Indigenous or Decolonizing data collection methods our fictional suicide prevention program would use to assess progress toward each of their landmarks, as well as when or how often they plan to collect knowledge about each landmark (See Step 4 of the Indigenous Evaluation Toolkit for more information about these methods).

Landmarks: How Will You Know Where You're At?

Purpose: To outline Indigenous indicators that you will use to measure progress toward your vision.

Instructions: As you make your way downriver, how will you know where you're at? Look out for information, knowledge, wisdom, conversations, stories, or data that will help you know if you are making progress. Be as specific as possible–who or what will help you understand where you are at on your journey toward each vision?

VISION 1

Vision 1 from worksheet #6

Community recognizes and acts on signs of suicide

LANDMARKS

How will you know where you're at?

- *Trainings on properly identifying suicidal ideation are well attended (empirical)*
- *Conversations with community members show increased understanding of symptoms of suicidal ideation (empirical/revealed)*
- *Youth report that adults and their peers are "checking in" more often (revealed)*
- *Youth report using prayers taught to them by Elders in their language, and share the practice is comforting to them in difficult times.*

VISION 2

Vision 2 from worksheet #6

Youth see connection to culture as a coping skill

LANDMARKS

How will you know where you're at?

- *Increased # of youth attending cultural events (empirical)*
- *Youth report feeling connected to culture, their Creator, and/or ancestors (revealed/traditional)*
- *Conversation with youth and Elders about cultural activities for prevention occur more often (empirical/revealed)*
- *Youth take part in trips to sacred areas to offer prayers and seek spiritual guidance, and share they feel a stronger connection to their traditional ways.*

VISION 3

Vision 3 from worksheet #6

Reduced stigma around seeking services

LANDMARKS

How will you know where you're at?

- *Elders talk openly about addressing suicide in schools, at council meetings, in ceremony, etc. (traditional)*
- *Therapy services, praying, or just "talking it out" is viewed as important medicine (revealed/empirical)*
- *Survivors of suicide are invited to speak at community events (traditional)*
- *An Elder shares that he had a dream about his grandfather, who let him know he needed to help the community learn how to heal from losses due to suicide.*

OTHER LANDMARKS

How will you know where you're at?

- *People feel comfortable talking about recent losses at gatherings, known as "grieving in community" (revealed)*
- *Requests for gatherings after a loss are initiated by the community (empirical)*
- *Reduction in suicide-related hospital admissions/deaths (empirical)*
- *Requests to perform or learn the healing song. For example, the youth group is asked to sing the healing song at their school assembly each month, and students come up to them thanking them and wanting to learn the song.*

Worksheet 9: Knowledge-Gathering Calendar

VISION 1

Vision 1 from worksheet #6

Community recognizes and acts on signs of suicide

Landmarks (see Worksheet #7):

Conversations with community members reveals increased understanding of symptoms of suicidal ideation.

Trainings on properly identifying suicidal ideation are well attended.

Youth report using prayers taught by their Elders in their language, and share the practice is comforting to them in difficult times.

When will you look for each of these markers? (e.g., 6 mos. post- launch, every two weeks)

Gather feedback from community members after each Safe Space presentations, post-launch

Attendance count (#) at each of the trainings.

Engage youth in talking circles once per month.

VISION 2

Vision 2 from worksheet #6

Youth see culture as an intervention or coping skill

Landmarks (see Worksheet #7):

Increased number of vouth who attend cultural events.

Youth take part in trips to sacred areas to offer prayers and seek spiritual guidance, and share they feel a stronger connection to their traditional ways.

Conversations with both youth and Elders about "culture as prevention" are increasingly positive, and occur more often.

When will you look for each of these markers? (e.g., 6 mos. post- launch, every two weeks)

Count # of Elders Curriculum classes provided, along with # of youth at events.

Conversations, talking circles, and/or interviews during monthly check-ins with youth.

Hold conversations, talking circles, and/or interviews with youth and Elders.

Conduct these during monthly check-ins with youth, and with Elders at Tribal council meetings, at least once monthly.

Worksheet 9: Knowledge-Gathering Calendar

VISION 3

Vision 3 from worksheet #6

Reduce stigma around seeking services

Landmarks (see Worksheet #7):

An Elder shares that he had a dream about his grandfather, who let him know that he needed to help the community learn how to heal from losses due to suicide.

Therapy services, praying, or just "talking it out" is viewed as important medicine.

Survivors of suicide are invited to speak at community events.

When will you look for each of these markers? (e.g., 6 mos. post- launch, every two weeks)

Analyze notes from monthly council meetings

AND/OR

Interviews or talking circles with BH team members and Elders held once per season (quarterly)

Analyzing notes and noting conversations from community events.

Complete each of these whenever possible, start in late winter/early spring.

VISION 4

Vision 4 from worksheet #6

Community initiates processing meetings; end to suicide.

Landmarks (see Worksheet #7):

People feel comfortable talking about recent losses at gatherings, known as "grieving in community.

Requests to perform or learn the healing song. For example, the youth group is asked to sing the healing song at their school assembly, and student come up to them thanking them and wanting to learn it.

Reduction in suicide-related hospital admissions/deaths.

When will you look for each of these markers? (e.g., 6 mos. post- launch, every two weeks)

Conversations with community members (either talking circles or interviews) can start in first winter, then gather information as often as community events occur..

Number (#) of requests, and/ or, noting conversations during monthly school assemblies.

Review records from local hospitals, death notices in local newspaper. Start in the first summer.meetings, at least once monthly.

A Note on Knowledge-Gathering:
You can use one method of gathering information to assess progress towards multiple landmarks at the same time!

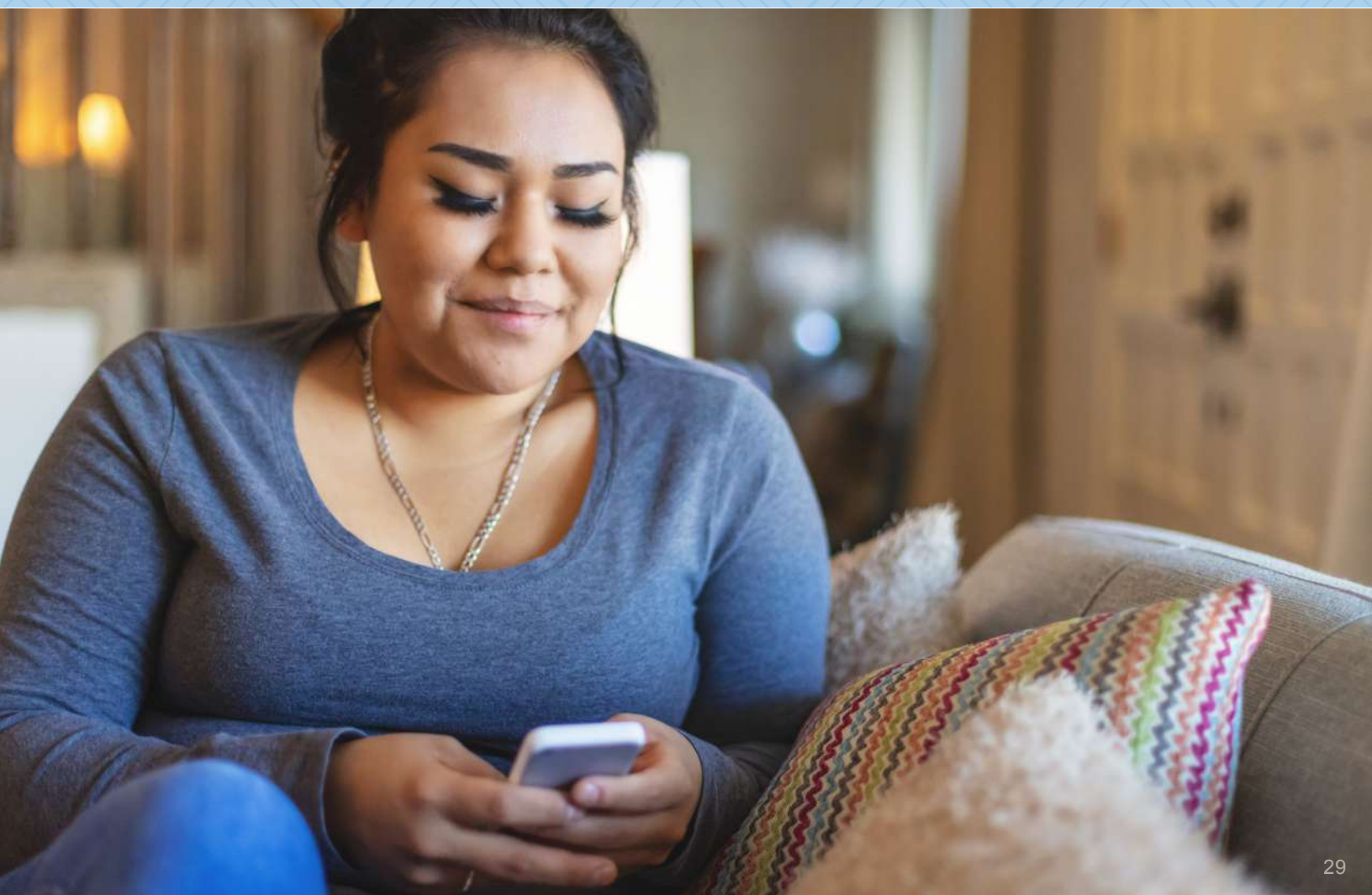
For example (in Worksheet 9): One conversation or talking circle could reveal that youth are feeling more connected to their culture, and that therapy services are viewed as important medicine. Similarly, you could count the number of youths attending cultural events while survivors of suicide are speaking at those events.

Creating Safe Spaces Part 3: Program Adjustments Based on Early Experiences
After months of planning the program and evaluation design, the BH center officially launched its new suicide prevention programs at the beginning of the fall. After a few months of operating the Safe Space courses—along with Elders joining middle and high school classes to share about culture as a resource—the team felt ready to reflect on how the concurrent programs were landing in the community. The Elders curriculum was universally well-received by students, and the team named this aspect of the prevention program a success. Additional community feedback yielded two adjustments to the programs as the team progressed:

- First, Oakley, who led many of the "Safe Space" classes, commented that attendance declined after the first two courses. A youth from the advisory council suggested that instead of courses, the team invest time in creating short-form videos of the material to share on social media: this would allow people to readily share the information, and the BH center could track engagement with the posts. The group decided to hold one more month of classes, before pivoting to sharing the information online, in addition to holding materials at the BH center.
- Second, in the first winter of the program, the team received one request for a "community talking circle" from a family whose teenage daughter attempted suicide and was hospitalized. The family wanted to surround their daughter with community support and hoped to discuss what that may look like prior to her being discharged. While the original intent of the meetings was to process deaths by suicide, the team felt this was a positive use of a community gathering and showed progress towards their vision of reducing the likelihood of death by suicide.

Creating Safe Spaces Part 4: Decolonizing data collection and sharing success stories
After making adaptations to the programming, the team set out to gather knowledge to assess progress on their journey. Using their knowledge collection calendar to sequence activities (see Worksheet 9 above), they sought necessary approval, advertised their efforts for community transparency, and prioritized using Indigenous or Decolonizing data collection approaches as they worked. For example, the team employed two youth interns to interview Elders and analyze hospital admission data to integrate multiple forms of knowledge and build local evaluation capacity.

When Paula, Simon, Oakley, and the BH team felt they made significant progress in their journey and began to see progress towards most of their landmarks – particularly those related to reduced stigma for seeking services—they were excited to share their findings with the community. The BH team scheduled meetings with Elders, youth, and families to determine which formats would best reach each group. As expected from earlier feedback, youth and their families were most receptive to social media posts highlighting key language and stories shared. There were a large number of "likes" for the video of the healing song on social media, and many positive comments about making it available to everyone in the community. Elders enjoyed the updates given at Tribal council meetings, in addition to the educational pamphlets given out during the Safe Space courses. Both groups requested that the materials share stories from the program and noted that they appreciated having some examples of how to talk about these difficult topics with one another.



The team engaged youth and tribal college students in creating short-form videos for social media featuring youth and Elder participants in the Elder Curriculum talking about how important it is to "talk it out," and featuring parents sharing their lessons learned from the Safe Space sessions. The stories were also written out in a pamphlet, which the team planned to distribute at Tribal council meetings, in tribal schools during the Elder Curriculum, and through a mailing. Because the Tribe lacked a formal institutional review board (IRB) process, the team reviewed this plan at a Tribal council meeting. Following advice from Elders and knowledge-keepers at this meeting, the team produced an English and tribal language version of all materials.

Creating Safe Spaces Part 5: Reflecting on the first year of programming; Acting on lessons learned

After months of cyclically collecting knowledge per the knowledge collection calendar and taking time as a team to reflect on the lessons learned from each knowledge source, Paula decided to lead the BH and advisory team of youth and Elders through a guided talking circle based on "Worksheet 12: "Making Camp" (below). She asked community members to share what made them proud, and the most important insights from the first year of programming. For example, the team recognized that they were proud of their pivot to sharing information via social media to meet community demand but that they would need to include social media video development in future budgets. In early fall, the BH team returned to the powwow where they first launched programming. There they were able to celebrate the progress of program participants and family members who were comfortable participating in a special honoring ceremony. At their booth, they passed out pamphlets detailing findings, "Safe Space" T-shirts commemorating the one-year anniversary of the program's launch, and promotional materials for the coming year. Families approached their booth and told them how much this program has shifted conversations around mental health within their homes and communities to be able to talk about difficult topics and behaviors, and to be able to help people connect to resources that they can trust and access when needed. The team also celebrated the individuals who were referred to mental health care because of the community's increased understanding of signs of suicidal ideation. The team felt refreshed and prepared to begin the second year of their journey.

Worksheet 12 below summarizes our fictional suicide prevention program's lessons learned in their first year of implementation and plans to act on those lessons as they continue their journey.

Making Camp: Celebrating And Preparing To Continue

Purpose: To orient yourself toward the next portion of your journey and honor the knowledge you've gained.

Instructions: As you celebrate your progress and begin to re-renter the planning phase, consider resting and making camp, so you can look back on how far you've come and reflect on the knowledge you've gained. What can you DO with this knowledge as you continue on your journey toward other visions?

What knowledge have you gained through this process?	How will you use this knowledge as you continue your journey?
Youth are more receptive to information presented on social media. It was important to modify this part of the program! "I hadn't spent a lot of time with Elders before they started having the classes, I feel closer to them and our culture because they created a space to learn. *"I didn't think I was welcome at pow wows if I was feeling depressed. It helped a lot to be told by the Elders that I'm welcome, especially when I'm struggling.* *The community needs to process, grieve, and plan for action together after traumatic events. "I'm so thankful we took the time to gather after I lost my aunt. I felt so alone, and didn't know how to support her children, my cousins. Now I feel that the entire community is my close family."* *Some people enjoy attending informational courses, while others prefer to receive written information.*	*We will write "video development for a social media campaign" into future budgets.* *We should continue the Elders Curriculum. It would be great to find a way to still hold this space over the summer when school is not in session.* *Feedback from community: "It would be great to have processing meetings for all types traumatic events. For example, accidental lethal injury or overdose, Missing and Murdered Indigenous Peoples, or threats to our environment."* *For the best chance of success, we should offer both in-person and written information, even if that means holding in-person classes less often. From the youth advisory board, "we really prefer to get information on our phones.*

Conclusion

As Indigenous communities, tribal leaders, tribal health organizations, and partnering programs continue to develop suicide prevention programs focusing on individual and community resilience, our hope is that the suicide-specific content and examples provided in this guide – used in conjunction with the step-by-step activities in the 2023 Toolkit – offer teams a starting point for designing program and evaluation components that honor their cultural traditions, ancestral knowledge, and community visions for success. Teams should feel free to adapt these materials for their communities and, above all, include as many members of their community as possible throughout all phases of program and evaluation design, implementation, and ongoing reflection.

We look forward to hearing how your Indigenous evaluation journeys continue to unfold. Please share your experiences and stay in touch with Seven Directions! https://www.indigenousphi.org/contact

Appendix 1: Risk Factors and Protective Factors for Suicide in AI/AN Communities

Key Risk Factors: Family Disruption, Community Violence, Historical Trauma, and Deculturization
From the 1980s to early 2000s, studies of risk factors for suicide among AI/ANs focused on individual-level determinants that centered on the presence of depression, history of trauma or violence, complex psychological disorders, and substance use.[28,29] While AI/AN communities have long recognized underlying causes, only within the past ten years has the larger field of suicide prevention acknowledged that the **prevalence of mental illness, substance use, and family disruption is magnified by the presence of historical trauma and deculturization, both ecological risk factors for AI/AN youth suicide**. According to the Indigenist stress-coping theory, historical trauma is "a salient, almost ever-present stressor that impacts contemporary Indigenous behavior and psychological well-being".[10,11] This ever-present stress can lead to both suicidal ideation and behavior.[ii]

Many AI/AN people hold within them a history of *family disruption* in the form of forced adoption and residential school placement for forced assimilation while they face contemporary issues like community violence, divorce, mental illness, and continued structural inequities. *Community violence* involves threats of harm and violence from sources outside Native communities. This can include ongoing threats to traditional natural resources and the crisis of Missing and Murdered Indigenous women, girls and Two-Spirit individuals.[10,13] Another form of violence in Native communities that leads to family disruption is the impact of police presence and brutality; Indigenous youth have the second-highest rate of placement in federal and state correctional facilities after Black youth, and they are more likely than non-Indigenous youth to receive punishment such as pepper spray and isolation.[30,31]

Exposure to all types of community violence is associated with symptoms of fear, helplessness and hopelessness, which are linked to suicide among all people, including Indigenous youth. These symptoms are heightened among all AI/AN individuals, who may be experiencing the combined impact of historical trauma and loss of connection to culture. Among Indigenous youth and young adults, individuals experiencing depression, anxiety, or other mental and physical health conditions may correspond with a higher rate of suicidal ideation. For example, students attending Tribal Colleges and Universities (TCUs) who reported moderate/high levels of depression, anxiety, hazardous drinking, or those who experience hearing impairment, sight impairment, and/or a physical/emotional/mental condition, all presented with a greater risk of suicidality.[(32,33)] Pervasive poverty and the experience of acculturation stress – or conflict between the Native and U.S. contexts – are two other ecological risk factors associated with higher risk of attempts and death by suicide. Finally, these symptoms also interact with community-specific attitudes and norms regarding suicide. For example, suicidal action occurs more often in communities that do not openly talk about suicide.[34,35]

ii. For example, a community sample spanning across eight different reservations found that those with post-traumatic stress disorder (PTSD) and the presence of historical trauma have a higher prevalence of suicidal ideation and attempts compared to the general U.S. population (Ehlers et al., 2022).

Key Protective Factors: Family Connection, School Safety, and Connection to Culture
Studies have also identified factors that may prevent suicide (or, "protective factors") among AI/AN communities. These include **protective factors at the family, community, and cultural** level.[8] For example, among AI/AN youth, the protective impact of having a strong family connection (i.e. feeling cared for by one's parents and having someone to talk to about difficult topics) is a consistently positive finding. Several studies have found that a positive relationship with a teacher or adult within the community is associated with a lower prevalence of suicide attempts among AI/AN female youth, but not among males. Examples of other "school/community" protective factors include feeling safe at school, access to a school nurse or health provider, and otherwise developing emotional and social supports in educational institutions serving Indigenous students to buffer the risk of suicidality.[8,33]

Cultural factors (e.g., participating in ceremony, traditional medicines) that may prevent suicide attempts are varied with respect to Tribal affiliation and age. Whereas "involvement in cultural activities" may be a protective factor for youth and Elders on a reservation, this same factor may not be as accessible to urban-located Native young people.[14] Furthermore, due to colonization, Native people are not all connected to culture in the same ways, and therefore may not derive the same protective meaning out of a similar cultural activity. It is important to note that the variability in cultural continuity (i.e. how historical traditions and culture are preserved and passed between generations) as a protective factor may be due to the lack of consistency in how it is measured by researchers and evaluators.[18] Still, several communities recognize the protective impact of culture and ethnic identity. Some authors have identified that Elders, who are embedded in the community and present with statistically lower risk of suicidality, can serve as a vehicle for delivery of programs that center culture as a form of suicide prevention.[15]

Glossary

American Indian/Alaska Native (AI/AN): This term is commonly used in federal law and public health contexts to refer to the broad range of Indigenous peoples (see below) in North America and South America (including Central America) who maintain tribal affiliation or community attachment. In this Toolkit, we recognize that the term originates from settler colonial histories of misidentification. We place preference on the term "Indigenous" or on specific tribal community names where feasible.

Indigenous is a global term that acknowledges the "first" peoples or communities who maintain ancestral connection to the lands and ways of being impacted by colonization, as well as their inherent sovereignty and rights to self-determination. "Indigenous" is often used to abbreviate this term. AI/ANs are Indigenous peoples. This guide acknowledges that "AI/AN" and "Indigenous" may not be preferential terms. We support individuals and communities using their identification language of choice.

Indigenous Knowledge: This Toolkit prioritizes a breadth of Indigenous knowledge types as outlined by LaFrance and Nichols (2009) (see below) and encourages framing all Indigenous knowledge as data that could be used in Indigenous evaluation.

- Empirical knowledge: Knowledge gained from observation and experiences
- Revealed knowledge: Knowledge gained from spiritual or ancestral interaction such as through dreams, ceremonies, visions, etc.
- Traditional knowledge: Knowledge that is passed down from generation to generation that conveys traditional values and beliefs

Suicidal ideation (SI), aka "suicidality": Persistent thoughts of death or wanting to end one's life. Typically assessed via validated scale like the Suicide Ideation Questionnaire.[25]

Suicide attempt (SA): An intentional effort to end one's life through fatal means that, without intervention, could result in death. Examined through a researcher-defined question, "have you ever attempted suicide?", or through examination of medical records.[8,22]

Death by suicide: "A death resulting from intentional self-inflicted injury as determined by the local medical examiner or authorized law enforcement official."[22] Measured via morbidity and mortality reports (CDC), or death records.

Cluster suicides: A series of completed suicides that occur closely spaced in time and proximity. Cluster suicides are frequently named as a catalyst for the creation of Native-driven suicide prevention programs,[37] yet they remain under researched (Middlebrook et al., 2001; Rey, 2023). [28,38]

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Tribal and Urban Indian Suicide Prevention Programs

JULY 2024

SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

UNIVERSITY of WASHINGTON