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Community Assessment: Strengths and Challenges of American Indian Youth

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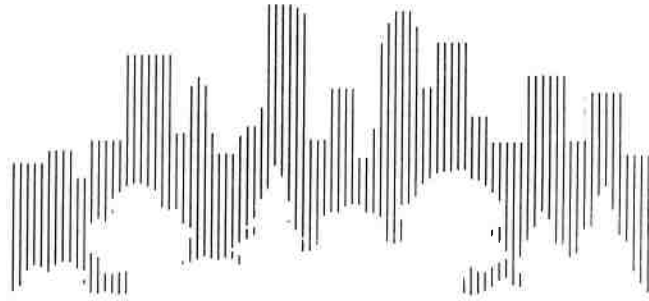
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Community Assessment: Strengths
and Challenges of American Indian Youth

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Community Assessment:

Strengths and Challenges of American Indian Youth

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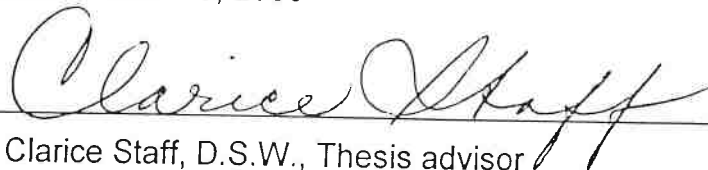## CERTFIFICATE OF APPROVAL

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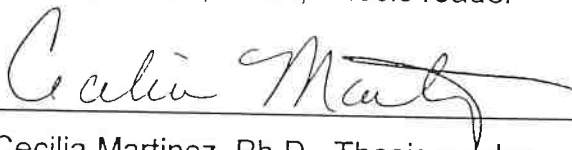
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DEDICATION

This work is dedicated to the memory of my mom whose strength of embodying a hard work ethic helped me through this process. Her resiliency and survival will always be near to my heart. I thank her for her love and happy times. I also dedicate this work to the memory of my dad, whose strengths of humor and the ability to tell a good story are fondly remembered.

This work is also dedicated to my daughter Mika Barrett who is a playful, beautiful, loving and compassionate Anishinabe ikwezens. It is the spirit of these three individuals that has helped me make this dream real.

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ABSTRACT

COMMUNITY ASSESSMENT:
STRENGTHS AND CHALLENGES OF AMERICAN INDIAN YOUTH

A QUALITATIVE STUDY OF THE PERCEPTIONS OF AN URBAN AMERICAN INDIAN COMMUNITY

YVONNE L. BARRETT

This qualitative study used focus groups to conduct an assessment of capacities and needs of a large upper Midwest American Indian community's views of adolescents who have mental health issues and are violent. The study elicited feedback from 1) providers serving American Indian youth and their families and, 2) the community in general. A total of eleven individuals participated in two focus groups. The interview questions covered the areas of personal experiences with adolescents, strengths and challenges of American Indian youth, available resources and whether they meet the needs of American Indian youth. Findings reveal that the strengths of family, community, elders, spirituality and culture should be supported in addressing the challenges of American Indian youth. Also, it has shown that communities are capable of creating recommendations and solutions to its social issues. Information from this study may be used to develop appropriate program interventions in the future design of mental health programs for this unique population.

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CHAPTER I: INTRODUCTION

The introduction chapter begins with a statement of the problem, including a background description of the problem, followed by a description of the purpose of the proposed research. The research questions are presented as well as a discussion of the significance of the study.

Background of the Problem

There are specific mental health related issues that are more significant and unique to the American Indian community than to other communities. Among these are concerns of depression and risk for suicide. Studies have shown American Indians to have disproportionate rates of suicide across the nation. In particular, American Indian adolescents are significantly at high risk of suicide, depression and substance abuse, all forms of internalized violence. Internalized violence in this community is a direct result of Native American's experiences with oppression and racism.

The historical influences of federal policy such as implementation of boarding schools, which sought to acculturate the American Indian, has had dramatic negative effects on the emotional wellness of individuals, families and communities. These effects have been detrimental to personal development, family preservation and stability. Changes occurred in the children such as expression of identity confusion and shame of being Indian, while others displayed rebellion, distrust and became withdrawn (Deserly & Cross, 1996).

As the literature has shown, approaches to addressing the issues of American Indian mental health have been based on mainstream practices that have involved looking at the deficiencies and pathologies of individuals similar to the medical model of social work. The medical model is linear in nature, looking for cause and effect, offering limited choices in assessment and intervention. LaFromboise and Low (1989) indicate that it is time to reverse this emphasis on pathology in treatment and research with American Indians.

Despite longstanding drawbacks, American Indians have exhibited inherent strength and resilience to move towards wellness, and this is often drawn from traditional teachings and the Indian way of life. Building upon the assets of American Indians through empowerment would be a more helpful, productive and meaningful approach.

Problem Statement

With the mental health and violence issues presented by American Indian adolescents, coupled with the mainstream traditional approach of labeling and working from a deficit model of intervention, there is a need to examine the strengths and challenges of these youth. The study examined these issues from a community and cultural perspective. The American Indian community in a large upper Midwest urban area will define what the issues are, and how we should proceed to create helpful programming on behalf of American Indian adolescents.

Purpose of Research

This study searched for perceptions by providers and community members of the assets and capacities of American Indian youth, their families, and community. The study inquired about current resources available (community/tribal/familial), explored what types of services are appropriate and comfortable, and discussed perceptions and ideas regarding the strengths and capacities of the adolescents and their families experiencing these challenges.

This research conducted a capacities and needs assessment which may ultimately aid in development of a program that currently serves American Indian youth who are severely and emotionally disturbed, and who have a history of violence. The program is part of an agency that has served American Indian youth and families since 1983.

The program is a contracted service with a County Children's Mental Health Collaborative. Specifically, it receives Adolescent Services Grant funding, which originates at the state level. It is one of the few agencies involved in providing these types of culturally specific services to children of color. The impetus for this capacities and assessment is that the program staff believes there is a need to address the forms of violence in our community and issues of mental health as defined by the community. It is important to develop a community definition of the situation rather than accepting the mainstream's interpretation of what is. Concerns regarding depression, anxiety, substance abuse, and suicidal ideations and/or attempts will require further inquiry.

The goal of this research was to begin the process, through a capacities and needs assessment, of ultimately designing a model of service intervention that is specific to the American Indian community. The program may use this information to expand mental health treatment options for American Indian youth.

The uniqueness of the research questions, identifying strengths and challenges of American Indian youth and their community, provides an alternative from the more usual pathological approach to looking at these social and cultural issues.

Research Questions

American Indian community defined capacities and needs was obtained through the use of two focus groups. Community members in the two focus groups responded to the following research questions: 1) What are the community-defined strengths and capacities of American Indian youth who have mental health issues and are violent? and, 2) What are the community-defined needs of these youth?

Significance of Study

The significance of this study is identifying and promoting community-defined approaches to the problem of American Indian adolescent mental health issues and violence. Looking within a cultural context may bring about change in how the strengths and challenges of these youth are perceived. Information from

this study can be used to develop appropriate interventions in mental health programs for this unique population.

CHAPTER II: LITERATURE REVIEW

Chapter two presents a review of the literature examining the issues of mental health faced by American Indians. Background information is provided in relation to the historical events that played a major role in determining the mental health conditions of American Indians today. Current concerns related to mental health are explored with particular attention given to American Indian adolescents. Literature on resiliency, and the strengths and assets of American Indian youth, families, and communities is discussed. The role of traditional healing and the importance of kinship and community networks will also be examined, followed by an assessment of appropriate methods for conducting research in American Indian communities. The final part of the review discusses barriers that have been identified as impediments for American Indians to receive appropriate culturally relevant mental health services. This chapter ends with a brief summary and a statement of the gaps in the literature reviewed.

Historical Background

The current status of mental health among American Indians can be partly attributed to the experiences of our ancestors many generations ago. These historical experiences, often in the form of federal U.S. policies, have had powerful negative effects on individuals, families and communities today.

The literature revealed that the most significant historical issue related to the well being of American Indians was the assimilation efforts carried out by the United States government. The intention of this policy was to break down the traditional community and family structure (Herring, 1989; Herring, 1992; Santos,

1997; Tafoya, 1989; George, 1997; Mannes, 1995; Johnson, 1981; Cross, 1986).

The well-being of American Indian families and communities has been

threatened by various legal and political decisions since the late 1700s (Herring,

1992). These system-imposed changes have had longstanding detrimental

effects on American Indians. Families have been literally torn apart, tribal culture

and language have become alien to many Indian children, and social problems

such as abuse and neglect have been introduced to tribal communities.

One such act of assimilation was the use of federal boarding schools, in

the late 1800's through the 1950's. Boarding schools had immense effects on

Indian families. Young American Indian children were taken from their families

and sent far from home (Tafoya, 1989). The ultimate goal of this policy was to

convert American Indians to Christianity, and to "civilize" the culture. Boarding

school philosophy was largely based on solving the "Indian problem" by means of

providing a Caucasian education (George, 1997). The "Indian problem" has been

defined by researchers' perceptions of what they believe is lacking in American

Indian communities and the social problems that exist, rather than looking at the

inherent cultural strengths that sustain families and tribes (Poupart, 1999).

The conditions that Indian children faced at missionary boarding schools

included punitive and abusive discipline for speaking their language and for

practicing any facet of traditional lifestyle. Children were prohibited from

practicing their traditional ceremony or prayer and were "educated" to conform to

the belief system of the missionaries, or face harsh consequences. To this day,

some tribes continue to hold their ceremonial gatherings in private locations due

to the abuse experienced at boarding schools and imposed by the U.S. government for practicing their ways.

The aftermath and effects of this treatment towards Indian children included adaptation of a new world view, loss of self, and development of dysfunctional behaviors (George, 1997). While remaining at the schools for long periods of time was difficult for students, they also faced unique challenges and adjustments upon leaving residential schools. As the Assembly of First Nations (1994) explains "being lost, and staying silent, staying alone, and working hard to provide livelihood to care for themselves and others, struggling to find connection – these things describe the life experience of First Nation adults after residential school" (p.94).

While these blatant assimilation efforts have ended, other more subtle assimilation policies continued to exist. Out-of-home placements have been identified as modern day assimilation, having devastating effects on families and culture. The government has tried to justify the out-of-home placements of Indian children, as explained by Blanchard and Barsh (1980), who report "the implication of various actions of federal and state governments has been that American Indian children are better off if they are removed from the influence of their tribal environment where the environment is assumed to be deprived" (p. 350). Mannes (1995) is consistent in outlining historical aspects and suggests "the impact of European contact with, and eventual dominance of, American Indians was so profound that it affected every aspect of traditional American Indian society, including child rearing and family relations" (p. 265-66).

Johnson (1981) stresses three areas that have been detrimental for Indian families: boarding schools, foster care, and adoption. Kessel and Robbins (1984) reported on the Congressional realization of the historic and unnecessary removal and placement of Indian children, and on the resulting federal Indian Child Welfare Act (ICWA), which was signed into law in 1978. It was discovered that disproportionate rates of American Indian children were in out-of-home placement as compared to non-Indian children and that discrimination and unjust services were being rendered to Indian families (Blanchard & Barsh, 1980).

The intentional assault on the Indian family system by the U.S. policies has had serious implications on the extended family and its role in traditional Indian life. Cross (1986) explains that this includes the breakdown of the natural system's role in the lives of children. He says "before the era of dominance by non-Indian influences, Indian communities met the need to protect children through a natural system designed by the culture to ensure its future" (p.284). For example, parents received a lot of support from aunties, uncles, grandmas and grandpas in raising their children. Many family members shared the responsibilities of providing care, nurturing, discipline and guidance to children and young people.

As the loss and breakdown of natural support systems has occurred, there has been a number of mental health issues experienced by American Indian youth. The U.S. assimilation policies have directly impacted the well-being of American Indian youth and families today. For example, the suicide rates for American Indian youth who were adopted out to non-Indian homes are

significant. These children generally did well in their adoptive homes until the time of adolescence when they began experiencing problems such as academic achievement and school attendance issues (Tafoya, 1989). During adolescence for these children, Tafoya (1989) suggests that the suicide rates of American Indian youth jumped up to five times the national average as compared to their American counterparts.

Strengths and Resiliency of American Indians

The literature revealed that American Indians have many strengths and attributes that have played a significant role in the resiliency of tribes and communities. Many of the 500 tribes in existence today have retained their cultural traditions and language, including tribal social and religious functions and ceremonies (Nelson et al., 1992). Survival of Indian nations and their preservation of tribal beliefs, despite policies aimed at assimilation, are core strengths of Indian people.

The American Indian family system was nearly destroyed, however families are being strengthened and reunited. According to Deserly and Cross (1996) "the context within which Indian families function is filled with strength-producing or harmonizing resources. Oppression, despite its damage to us, creates an environment where survival skills are developed and sharpened" (p. 10).

Assessing the strengths of American Indians and their beliefs about mental health, particularly in regards to American Indian youth, is needed (LaFromboise & Low, 1989). This assessment will assist in developing culturally appropriate interventions, programs and mental health related policy for American Indian adolescents and their unique needs and strengths.

Role of Extended Family and Elders

A universal value among Indian people is the importance of family, kinship and clan. Extended family plays a special role for American Indians, and was perhaps the most mentioned value presented in the literature. Red Horse (1980) focused an entire article on family structure of American Indians and reported "Indian family systems are extended networks, which characteristically include several households. An Indian family, therefore, is an active kinship inclusive of parents, children, aunts, uncles, cousins, and grandparents" (p. 462-63). A knowledge of American Indian extended family is needed for human service planning, with a particular understanding that family and culture is linked to individual mental health (Levine, 1976).

The National Indian Child Abuse and Neglect Resource Center's article (1979) discussed the role of the extended family extensively and in particular how relatives actively participate in child rearing within Indian families. Elders, such as grandparents, are very important figures for children. The wisdom and knowledge of elders is highly respected in American Indian communities. They have a special responsibility in keeping American Indian traditions alive, and their wisdom is a source of strength (Poupart et al., 1999).

LaFromboise and Low (1989) supported the importance of using the extended family as a support for problem solving and said that most traditional American Indian interventions will use family to ensure success.

According to the literature, the role of the extended family, including elders, is a vital resource in nurturing children and ultimately in the healthy development of mental health. Family connectedness plays a large part in the resiliency of American Indian youth. The Urban Coalition report (1994) explains "Young people who said they had lots of fun with their families and who felt that their families cared about and understood them reported much less emotional stress" (p. 13).

Traditional American Indian Mental Health

The lessons of traditional teachings and tribal ways of life have been vital in the lives of many American Indian people. While these lessons and tribal ways may appear non-existent to mainstream society, ceremony and other cultural activities are taking place all across Indian communities. Native spiritual people and healers remain an important part of tribal health in most Native American communities (Nelson et al., 1992).

The literature on this topic was limited; however, a few articles were found that discussed helping and healing, some with a special emphasis on social work with American Indians and mental health.

According to the Swinomish Tribal Mental Health Project (as cited in Deserly & Cross, 1996), most tribal communities have spiritual people who are

an essential part of the physical and mental health care of Indian people and their knowledge is based on very old traditional practices.

The following remarks from Voss et al. (1999) provide insight into the special role of Indian traditional teachings among the Lakota and the Navajo and their effect on well-being:

> For Lakota people, all aspects of life are intimately connected to good health and well-being. The interconnections among family, tribe, and clan with moral, political and ceremonial life all contribute to a sense of harmony and balance called *wicozani* (good total health) by the Lakota and *hozhon* (harmony, beauty, happiness and health) by the Navajo. For Lakota people, life is like a circle-continuous, harmonious and cyclical, with no distinctions. Medicine and healing are a coming-together of all the elements in this circular pattern of life. The circle of healing is formed by the interconnectedness among the sick person, his or her extended family or relatives, the spirits, the singers who helped with the ceremonial songs, and the medicine practitioner (p. 233).

The development of mental health has a place in the traditional way of life of American Indians and is viewed as an essential part of the individual. Other significant areas of life, such as spiritual, physical and emotional needs are to be considered as equally important. As explained by Voss et. al (1999), American Indians emphasize the relationship and naturalness of an individual's spirit, mind

and body to everything else that exists, which is an ecological approach and is opposed to western psychiatric thought which places value on the mind.

Tafoya (1989) discussed the role of traditional community-based healing approaches in family mental health issues and reported that "rather than therapy being done behind the closed door of an office, healing 'work' is often done in people's homes or in ceremonial places like Longhouses" (p.73).

The use of American Indian traditional ways in helping and healing people with problems or issues presents an alternative that focuses on the strengths and positives of their culture. LaFromboise and Low (1989) recommend "we propose that Indian traditional beliefs and healing practices be incorporated into traditional conventional treatment designs whenever they are desired by the client and deemed appropriate by the community" (p. 139). Doing so affirms and validates the richness of community approaches, rather than the colonization approach that forces one mode of treatment which is not specific to cultural needs.

Traditional teachings and spirituality can play a role in the mental health and wellness of American Indian youth as indicated by the Urban Coalition (1994), report's finding that American Indian students who believed themselves to be religious or spiritual were less likely to have suicidal thoughts or attempts.

American Indian Community Assets Building

According to Kretzmann and McKnight (1993), asset-based community development is signified by the characteristics of: starting with what is present in the community, the ability to be internally focused while strategizing, and being relationship-driven.

The function of a community is of importance to American Indian people. Traditionally the community was a supportive and nurturing environment which fostered interdependency among members. The American Indian value of collectivity was apparent in old communities. The concept of community still holds true in many areas, both in urban settings as well as rural reservations. Communities can be essential forces in addressing social problems, such as mental health, as illustrated below.

In a study by Red Horse (1982), he examined a conceptual framework for primary prevention in mental health that uses community assessment and strategies. The case study that was presented looked at a family mental health program that involved the community in planning, coordination, counseling and community advocacy. Community input involved describing strengths and barriers that ultimately led to the development of the program. Many of the program's interventions were based on community activities and functions such as pow wows and other cultural events.

Red Horse (1982) describes the importance of community as follows: "the interaction between the individual and community is vital to an understanding of American Indian mental health. Extended kin systems, clan memberships, tribe, and land base represent cornerstones to an Indian sense of self" (p. 218).

Literature was found that discussed appropriate and respectful ways in which to conduct community organizing and research in American Indian communities that encourages assets and capacities building. Commonalties found include; community-wide participation and inclusiveness, those in key

positions must be knowledgeable of American Indian belief and the particulars of the community with which they are working, research questions can be developed by the community, and the use of culturally appropriate methods to address issues (Poupart et al., 1999; Day, Blue & Peake Raymond, 1998; Ryan, 1980).

Due to previous interactions with researchers, community organizers and even social workers, American Indians may be reluctant to work on community issues if a certain amount of respect and courtesy is not displayed in the process. Typically, research has consisted of what is lacking and what the dysfunctions are in American Indian communities, rarely offering any solutions for systemic change (Poupart et al., 1999). Ryan (1980) says that "any mental health research effort must actively involve the community and the people who live in that community" (p.508).

Poupart et al. (1999) outlines a useful model (Reality-Based Research and Planning Model) in working with American Indian communities:

It uses culturally appropriate methods to define, discuss and address social issues. It is a participatory model and includes the following five basic goals and purposes:

- Gather information from a community perspective effectively and accurately.

- Incorporate culturally appropriate strategies for input from the American Indian community.

- Facilitate capacity-building in the Indian community through

self-identification of needs and concerns.

- Create the confidence and leadership skills to use the "power of information" effectively within the American Indian community.

- Provide updated information to non-Indians about Indian experiences, strengths and needs (p. 44).

Current Concerns Facing American Indians Today

The results of the losses experienced by American Indian people are seen in communities today. The destruction and its impending aftermath are apparent as many American Indian families struggle with difficult issues including alcoholism/drug abuse, depression, suicide and the effects of poverty (LaFromboise & Low, 1989; Santos, 1997). The following concerns are discussed in greater detail; suicide, economic conditions and poverty, and specific adolescent issues.

Suicide

The literature revealed that suicide and suicidal ideation are significant issues for American Indian communities (Herring, 1992). A disproportionate number of American Indians are committing suicide or considering this alternative as they struggle with concerns such as depression or alcoholism.

Manson, Walker, and Kivlahan (as cited in Tafoya, 1989) discussed the relationship between depression and substance abuse by stating:

Native Americans are diagnosed as having depression at a rate of 4-6 times the national average. Current research in this field indicates that there is frequently an initial affective disorder prior to alcoholic problems and that substance abuse may actually be an attempt to self-medicate" (p.88).

Native American adolescents, in particular, appear to be at great risk for suicide (Herring, 1992; LaFromboise & Big Foot, 1988; Urban Coalition, 1994; LaFromboise & Low, 1989; Neumark-Sztainer et al., 1996). A Minnesota study completed in 1992 surveyed students in grades 6,9 and 12 on topics related to health-compromising behaviors. The study revealed that American Indian youth, along with Hispanic youth, were most likely to report suicide attempts (Neumark-Sztainer et al., 1996). For men between the ages of twenty and twenty-four, Herring (1992) reports that "nationwide, young American Indian men are committing suicide at a rate more than twice the average for their group" (p.39).

On a local level, Minnesota American Indian adolescents in 1998 had the highest rates of suicidal thoughts and attempts of suicide of all racial and ethnic groups that took part in the Minnesota Student Survey (Minnesota Department of Children, Families and Learning, 1998). More specifically, the survey revealed that in 1998, 39% of all male and female adolescent American Indian 12th graders reported suicidal thoughts and 19% reported that they had attempted suicide.

The high rates of suicide among American Indian adolescents can be understood if we look further at the realities of this population. LaFromboise and

Big Foot (1988) suggest that "suicidal American Indian adolescents often endure a greater number of personal losses than other adolescents because of continuous acculturation pressures which threaten their personal identity and frequent losses from deaths and separation from relatives and friends for care-giving and educational purposes" (p.147).

The statewide Urban Coalition Report (1994) revealed that high emotional stress was the significant factor involved with suicide risk among American Indians in Minnesota and that risk was greater among youths whose families have had recent histories of serious mental health and emotional problems.

Economic Conditions and Poverty

Poverty is a serious issue facing American Indian families. Living in poverty is a challenge and can create longstanding difficulties and hardships. Several articles and studies mentioned the plight of poverty and its negative impact on the well being of American Indians (Keltner, 1993; Herring, 1992; Urban Coalition, 1994; Yung & Hammond, 1994; LaFromboise & Low, 1989).

In Minnesota, the poverty conditions for American Indian children are growing considerably. According to the Urban Coalition's Report (1994), poverty for this population rose sharply in the 1980s. The information showed that in 1989, 55% of the state's American Indian children were living in poverty. On some reservations, the poverty rate for children is higher than in urban areas. The report also revealed that from 1979-1989, all Minnesota communities of color were drastically affected by rates of poverty. According to Herring (1992),

the unemployment rate on most reservations is 60% compared to lower rates for state and national trends.

The frequency of poverty in the lives of American Indians can impact their mental health status. Keltner (1993) explained that these higher-than-average incidences of poverty and the difficulties therein, combined with social disorders, delayed diagnosis and lack of treatment resources can be predictors of poor mental health for Indian children and adolescents. Due to historical influences and current socioeconomic realities, American Indian children, as well as adults, often experience depression symptoms (Nelson et al., 1992). Adolescents, in particular, are often more affected and feel desperation by stressors such as long-term poverty, unemployment, and school-related issues (LaFromboise & Big Foot, 1988).

Specific Adolescent Issues

As previously mentioned, American Indian adolescents are at a significantly high risk for mental health related issues. Senator Inouye (1993) called attention to this issue and reported that the incidences of emotional issues and mental illness are strikingly high. A report by the U.S. Congress Office of Technology Assessment (1990) on Indian adolescent mental health noted that this population has significantly more serious health related problems than other groups in the nation. Deserly and Cross (1996) revealed that pressing issues include developmental disabilities, depression, suicide, anxiety, alcohol and substance abuse, running away, and dropping out of school.

Depression is a significant mental health diagnosis among American Indians. Both children and adults experience depressed feelings which are further complicated when coupled with anxiety and alcohol or drug use (Nelson et al., 1992).

Practice Related Issues

Certain considerations are to be examined further to gain an understanding of the barriers for American Indian youth to receive appropriate, culturally relevant mental health services. These considerations were explored and included: diversity in American Indian values, the negative effects of pathologizing and labeling of American Indians, and the current lack of American Indian mental health providers.

Diversity of American Indian Values

Despite the historical government policies aimed at assimilating American Indians, many native families and communities hold tribal cultural values in high regard today. It is important to note, however, that Indian tribes are heterogeneous and distinct from one another. While in many respects values are similar in nature, there are significant differences in languages and specific tribal practices. Further there are varying levels of acculturation within tribes and even within family systems. Some American Indians identify as maintaining traditional values while others have completely assimilated into the mainstream. Many other American Indians fall somewhere between these two value sets.

LaFromboise and Low (1989) point out that the diversity among American Indian tribes makes it difficult to generalize about mental health and therapeutic related issues. In particular, practitioners need to be aware of the variety of values held by American Indians in order to effectively work with this population. Tafoya (1989) states that it is imperative not to make assumptions based on an individual's appearance in terms of cultural orientation and values, and recommends asking rather than guessing when in doubt about one's background.

Several authors made mention of the importance of service providers understanding the cultural values of Indian people (Tafoya, 1989; Herring, 1989; LaFromboise & Low, 1989; Voss et al., 1999; Red Horse, 1982; LaFromboise, 1988; Red Horse, 1980; Levine, 1976; National Indian Child Abuse and Neglect Resource Center, 1979). Cultural understanding is imperative to the building of rapport and trust in the therapeutic relationship.

Lack of Culturally Competent Services

A challenge for many communities of color is the minimal human resources available for mental health treatment, particularly services that understand their unique cultural backgrounds. The U.S. mental health system is not adequately prepared to meet the needs of racial and ethnic minority populations, and for American Indians, a factor that can be inhibiting to seeking services is the lack of trust towards government-operated institutions (U.S. Department of Health and Human Services, 1999).

The need for American Indian psychologists and mental health providers is a consistent concern raised in the literature (Trimble, 1990; Yung & Hammond,1994; LaFromboise, 1988; Herring, 1989). According to Trimble (1990), in 1988 there were only 30 entries for American Indian psychologists found in the Directory of Minority Professionals in Psychology. Several other authors have recommended that action be taken to remedy this need. Herring (1989) points out that priority should be given to recruiting more Indians for careers in counseling or social education by college programs. LaFromboise (1988) reports that there is one American Indian psychologist for every 8,333 Indian people in the United States, and she says that these figures point out serious under-representation of American Indians in the field of applied psychology.

Negative Effects of Pathologizing and Labeling

Negative perceptions of the mental health system held by American Indians can be a barrier to seeking services. In many cases, American Indians have preconceived ideas about mainstream mental health treatment and the negative stigmas attached to it. La Fromboise (1988) states that Indian people have concerns with psychological concepts, such as "mental health", because of the lack of natural, holistic practices in the design of the therapeutic process. Paralleling this idea in mainstream culture, mental health is viewed as an individual problem rather than a community issue, which is more the case in some Indian communities.

Much of the social work literature geared towards practices with Native Americans has categorized them as a special population or social problem group, despite the traditional healing and helping methods that are significant community-based practices (Voss et al., 1999). An area of American Indian life that has been pathologized and questioned has been spiritual practices. Traditional American Indian views are relational, based on the restoration of balance and harmony, and beliefs in spirits or healing ceremonies have been seen as part of the problem rather than part of the solution to help in maintaining or restoring mental health (Deserly & Cross, 1996).

The issue of pathologizing and labeling is also a barrier for Indians seeking mental health services because the use of a deficit-based pathological model towards working with people and their situations has become a common practice of professionals. Wagner (1996) points out that people are seen as sets of problems in need of cures, and that the assumption is that identifying problems and creating solutions will result in lasting change. Weick et al. (1989) explained that social work's historical roots could be traced in its use of moral deficiencies as a basis for helping people.

LaFromboise and Low (1989) recommend turning this pathology practice around by emphasizing social cognitive interventions, systems approaches, and use of traditional healing methods that focus on the strengths and cultures of American Indians.

Gaps in the Literature

This chapter discussed the literature that revealed several facets of the experiences of American Indians, including the key background history that is needed in understanding this population and current issues. Most notable are the inherent losses associated with out-of-home placements and the boarding school experience. The literature also offered current risks to American Indians, in particular to the adolescent population, which was a focus of this study. Strengths and resiliency of American Indians and models to build upon these assets were highlighted in available literature and presented in this chapter. Findings from the literature review show a consistent theme involving the role of the American Indian extended family and its importance.

No studies were found directly related to a community perspective of the strengths, attributes and challenges of American Indian youth. This points to the necessity of a community assessment, which utilizes culturally appropriate methods, to broaden the scope of valuable information on this unique population. The use of focus groups, or talking circles, empowered community members and providers to discuss what they feel is significant to helping American Indian youth who have mental health issues and are violent. This discussion will ultimately be a contribution to the body of knowledge of American Indian adolescents.

Summary

Previous research on American Indian adolescents has been based on their needs and specific problems. Reviewed above are common themes found in the literature about American Indians and mental health. No studies have been found that focus both on the strengths/attributes and the challenges of American Indian youth who have mental health issues and are violent. This study hopes to gain a perspective and vision about what we can do as a community to help our children who are facing these issues.

CHAPTER III: THEORETICAL/CONCEPTUAL FRAMEWORK

There are several theories, conceptual frameworks and models that support the research questions: 1) What are the community-defined strengths and capacities of American Indian youth who have mental health issues and are violent? and 2) What are the community-defined needs of these youth?

The idea that all individuals have unique assets and gifts that can be used in the process of healing and change is the main premise of the strengths perspective of social work practice. McKnight (1995) uses a capacity building model and Poupart (1999) utilizes the Reality-Based Research and Planning Model, both suggesting that one searches within communities to identify strengths and capacities to build upon in addressing social issues. Systems and their interactions with the individual are important aspects of the experiences of these youth who are encountering challenges. Considering this, it is helpful to look at American Indian youth and their relationships within their family and community systems. These three theories and models assist in understanding the dynamics of American Indian adolescents and appropriate methods in which to look for solutions.

Strengths Perspective

The practice of using strengths as a basis for assisting individuals, families and communities in achieving desired change and transformation is becoming more prevalent in social work practice. This method does not deny the concerns or problems that are realities in the lives of people, but it looks within these situations to seek potential assets to draw upon and to cultivate to create positive

change. The strengths perspective requires us to look at individuals, families and communities to find their capacities, talents, competencies, possibilities, visions, values and hopes (Saleebey, 1996). Its foundational belief is that by empowering people to explore their strengths, they can make the needed changes in their lives. Weick et al. (1989) suggest that "a strengths perspective rests on an appreciation of the positive attributes and capabilities that people express and on the ways in which individual and social resources can be developed and sustained" (p. 352).

According to Wagner (1996), people need to be seen as more than the sum of their problems, and within the context of their hopes, strengths, weaknesses, capacities and resources.

The issues associated with American Indian youth are community-wide concerns and because of this, it is imperative that community strengths be identified and channeled to assist in the healthy development of American Indian youth.

Within American Indian cultures, there is considerable strength that can be tapped and used in the helping process. Nelson et al. (1992) suggest that historically Native American individuals and communities have retained their strengths such as traditional culture, language, tribal and social functions, structures and ceremonies despite policies such as assimilation practices. Nelson further suggests that extended family networks and the use of Native healers continue to be very important elements in most Native American

communities. Saleebey (1996) says "extremely important sources of strength are cultural and personal stories, narratives and lore" (p. 299).

Community Capacity Building

The recognition of community assets in community organizing and development is the basis for the model of capacity building. All communities have unique assets that can be used in looking to the future, and all facets should be included in this process such as informal resources and formal institutions (McKnight, 1993).

A research model has been developed with the American Indian community in mind, and building upon the assets of this community. The Reality-Based Research and Planning Model involves American Indians in the following stages; 1) identifying key community topics and issues, 2) defining terms, strategies, outcomes and goals, 3) designing data collection instruments, and 4) analyzing information and data, 5) developing strategies or activities, and 6) evaluating outcomes (Poupart et al., 1999). By involving the community throughout the process of research and planning, this model incorporates the strengths and capacities of those who participate. This process allows for ownership by the community in defining for itself what issues are significant and how to proceed in addressing them.

Systems Theory

The basis of systems theory is that a person is affected by their relationships with other systems. It takes into account the person-in-environment and focuses on an individuals' interactions with sub-systems.

Social workers who subscribe to the ideas of systems theory prioritize the environment and focus on this factor rather than disregarding its importance, and also they recognize the complexity of interactions in the environment and its relationship to human functioning (Rodway, 1986).

The key concepts of systems theory are; system, open versus closed systems, boundaries, importation of energy, entropy/negentropy, stationary states, equifinality, feedback, subsystems, holon, and differentiation (Rodway, 1986).

Systems that have no exchange across boundaries are considered to be closed and those in which energy crosses boundaries and is permeable are considered open systems (Payne, 1997). Greif and Lynch (1983) explain that other concepts, such as input, throughput, output, feedback loops, as well as entropy are other concepts to consider because they focus on the way systems work and how we can change them.

Systems Theory and American Indian Families

Systems theory takes into account extended family and kinship roles that are of central importance in American Indian communities. Systems interventions value the assumption that the individual and their environment interact and that

the client is only one segment of a powerful, interrelated whole (LaFromboise and Low, 1989). To American Indians, families are often a main source of support for individuals, while in other situations they can also be a cause of stress. In either case, systems theory explores intra-familial relationships and dynamics on a large scale.

The social problems that American Indians face are often dealt with in the context of the kinship and clan system of the family, and also within the community as a whole. In this sense problems are not individualized, but interrelated and fluid as they affect the entire extended family system and community.

LaFromboise and Low (1989) elaborate on this notion of Indian families and suggest that:

> "the extended family, rather than conventional service delivery agencies, has remained the forum for problem solving and support in Indian communities, and most traditional interventions involve the extended family to ensure success. A therapist who persists in focusing primarily on an Indian youth's relationships with the nuclear family may be missing important contributions from more distant family members" (p.133).

Some traditional mainstream practices of social work and mental health services focus on the deficiencies of individuals and assess for weaknesses. Often further work is guided in this way. However, "systems theory offers the alternative of less emphasis on pathology and more emphasis on the interaction

of the client with the variety of systems in his environment" (Rodway, 1986,

p.534). LaFromboise and Low (1989) reiterate this point by stating the following:

"It is time to reverse the emphasis on pathology in research and treatment with

American Indians. Social cognitive interventions, systems approaches, and

American Indian healing methods are recommended because of their ability to

focus on Indian cultural attributes and strengths" (p.139).

CHAPTER IV: METHODOLOGY

Chapter four presents the research questions with a brief description of the chosen research design, its methodology, and significant key concepts. Following these topics is a discussion of the study population/sampling criteria and participant recruitment, data collection, considerations of the study's validity, data analysis, and protection of study participants.

Research Questions

The following research questions were developed with the task of assessing capacities and needs in mind:

1) What are the community-defined strengths and capacities of American Indian youth who have mental health issues and are violent?

2) What are the community-defined needs of these youth?

Research Design

This study utilized a qualitative research design. Focus groups or talking circles were the primary source of data collection. Participants also completed a demographics questionnaire at the conclusion of the focus groups. The intent of the research was to conduct a capacities and needs assessment based on community input which will ultimately be used, at a later time, in program enhancement of an existing program that serves American Indian adolescents with mental health issues.

The purpose of the focus groups was for members of the American Indian community to define the mental health strengths and needs of American Indian adolescents. The research explored both capacities and needs in an effort to provide balance to the issue. Future planning phases and program development will be based on the community-defined capacities and needs.

The two focus groups included the researcher and 1) five mental health practitioners and representatives of community-based organizations that serve adolescent American Indian youth (all female) and, 2) a group of six who are specifically American Indian community members who have input regarding the issue of adolescent mental health and violence (five female and one male).

Ten community-based practitioners were identified, with letters sent asking for their participation. The letter asked that if they were unable to attend to consider designating someone from their agency to attend. Of the ten invited practitioners, two were male and eight were female.

Twenty-five individuals were selected by the agency and were sent a packet of study information with an invitation to participate. It is unknown how many of these potential participants were male or female.

Focus groups or talking circles were selected as the methodology due to the cultural relevance of this method to the study population. Although focus groups as a research method have strengths and limitations, a potential asset of using this qualitative approach is that more in-depth information is provided by using quotation, and also the researcher is able to interpret the interactions and observations of those who participate in the talking circles. The focus groups

were conducted using open-ended questions, which allows for explanation and description. The use of focus groups is also highly-efficient and can provide quality controls on data collection in terms of eliminating untrue or extreme views (Patton, 1987).

Weaknesses with this type of methodology include the possibility of social desirability in which the participants may answer questions the way they believe would be socially desirable. This type of response can be based on the relationship that is built between the researcher and participant in the talking circle process. Another possibility is that unexpected diversions can take place, especially in this type of focus group where it is likely that participants will know the researcher and each other (Patton, 1987).

Key Concepts

The key concepts in this study include the mental health concerns about adolescent violence in the American Indian community with an emphasis on their strengths and assets.

- Mental Health: From an American Indian perspective, overall health is addressed holistically. Mental health is a part of one's life, which often is centered in an individual's relationship with their family and community. Caplan and Caplan (1967) define it as " the potential of a person to solve his problems in a reality based way within the framework of his traditions and cultures" (p. 253).

- Adolescent: For the purposes of this study adolescent is defined as young people between the ages of ten and eighteen.

- Capacity: McKnight (1995) defines capacity as "Community associations are built upon the recognition of the fullness of each member because it is the sum of his or her capacities that represents the power of the group" (p. 170).

- Strengths: Positive attributes of an individual or community.

The Sample

The following discusses the significant aspects of the sample including the study population, sampling criteria and participant recruiting.

Study Population

This study concentrated on members of the American Indian community. Specifically, this included providers of mental health services/ related community-based providers, and the community at large who have experienced or have knowledge of these issues. In regards to the providers, they have experience working with American Indian youth and families, and have knowledge of specific American Indian community issues. Varying representation from local American Indian tribes were represented in both focus groups.

Sampling Criteria

This study used non-probability purposive sampling techniques for the provider's focus group. This criterion was achieved by the researcher selecting a purposive sample of community-based program representatives of mental health related programs, as well as other programs serving American Indian adolescents. These professionals and para-professionals were selected based on the criterion of their knowledge of the needs or issues facing American Indian adolescents. This group included key informants, who provided their special knowledge and expertise. Each focus group was limited to a maximum of eight individuals.

Potential participants for the community focus group were recruited using a convenience sample from a community agency. The Executive Director of the agency agreed to collaborate with the researcher by giving permission for access to twenty-five individuals who had participated in the agency's activities. These participants sign in at the agency's community activities and meetings. The Executive Director made contact by sending a letter of support for the project along with the researcher's packet, which included a cover letter and consent form.

The packets included a self-addressed stamped envelope for return of the consent form directly to the researcher, and were prepared by the researcher in advance and given to agency staff to mail to individuals on their client mailing list. The researcher did not have direct access to the client list.

The agency that provided support to the project was the ideal location for conducting the focus groups because the agency was determined, by the researcher, to be a key organization in the American Indian community. The agency is located in an area that is attracting many American Indian families in recent years and is located in a central setting that is easily accessible by bus. For these reasons, the agency seemed to be the most convenient and natural setting in which to conduct the focus groups. A meal was served to participants prior to the talking circles. An honorarium in the form of a $15.00 Target gift certificate was offered to participants of both focus groups. Additionally, the community focus group had on-site childcare available since it took place in the evening hours when childcare was necessary.

Participant Recruiting

The researcher identified key representatives of organizations serving American Indian adolescents for the provider's focus group. It was anticipated that these providers would have unique experiences with the issues so that they could contribute their knowledge to this study.

For both focus groups, letters explaining the intent of the study and a consent form were mailed to potential participants. This packet, with an invitation to reply, included self-addressed stamped envelopes. Separate letters and consent forms were developed specific to 1) providers and, 2) community members. For the community focus group, the researcher prepared packets that the agency staff addressed and mailed.

The letters and consent forms to providers/agencies and community members made clear that participation in the study was voluntary and confidential.

Data Collection

Information for this study was gathered through the use of two focus groups. An interview guide was used to ensure that key topics were covered (see Appendix A). The same interview guide was used in both focus groups. This approach is especially useful in conducting a group interview as it keeps the interaction focused and also allows for individual perspectives and experiences to surface (Patton, 1987). The interview guide also allows for flexibility, which is essential in a group interview such as a talking circle/focus group. Following the focus groups, participants were asked to provide demographic information in the form of a short questionnaire (see Appendix B and C). This data was used to develop descriptive information about the sample.

Validity

A benefit of the focus group method was that one "interview" was conducted at each focus group, not several in the case of other types of interviewing. This method provides a significant amount of thorough results quickly as opposed to a quantitative method that can take much longer (Krueger, 1988). Another strength in using focus groups is that it enables the researcher to get at thoughts, opinions, and perceived needs regarding the questions (Rooney, 1998). The focus groups in this research project used one interviewer and one

interview guide. This consistency contributed to the study's overall validity. Focus groups can also provide quality control in data collection because participants provide checks and balances on each other to weed out untrue or extreme views (Patton, 1987). A potential risk in focus groups is that unexpected diversions can occur that can lead the group off topic (Patton, 1987).

Data Analysis

The two focus groups were tape recorded to allow for transcription. References to specific individuals or programs were edited out so participants cannot be identified by their comments.

Content analysis was used on the edited transcripts to identify themes and patterns (see Appendix D, E, and F). Specifically, each research question and its data were organized and analyzed for these themes and patterns. According to Patton (1987), in using content analysis, "the analyst looks for quotations or observations that go together, that are examples of the same underlying idea, issue, or concept" (p. 149).

Protection of Human Subjects

Participants were asked to contact the researcher if interested in the study by signing and mailing the consent form. The consent form clearly outlined the reason for the study, explained that it was voluntary to participate, and that participants have rights and responsibilities throughout the research process.

Participants were informed that a tape recorder would be used in data collection, also that the tapes and all notes would be kept in a locked file cabinet and destroyed at the conclusion of the study. Participants were told that no identifying information would be used in the research report. Participants were made aware that they could choose when to participate in the focus group and need not respond to certain questions if they felt uncomfortable. Follow-up support was arranged for participants and the phone number was provided to access this, if needed. Participants were also told that they could end their involvement in the study at any time.

CHAPTER V: FINDINGS

This chapter presents a discussion of the findings from the research study. It begins with a description of the characteristics of the participants, followed by participants' explanations of their experiences with American Indian adolescents who have mental health issues and are violent, and participants' explanations of the capacities, strengths and challenges of American Indian youth. Community responses to areas needing priority to help the youth are outlined. The final section of the chapter includes discussion of the nature of the two focus groups.

Participant Demographics

There were a total of eleven participants in the two focus groups. There were five participants in the provider's focus group and six participants in the community focus group. Ten of the participants were female, and one was male. All participants identified as being American Indian, representing various tribal affiliations. Three participants were Ojibwe, two were Dakota (one was Yankton), two were Lakota, one was Ho-Chunk, one was Omaha, one was Blackfeet, and one was Ojibwe/Blackfeet.

The providers group consisted of paraprofessionals and professionals who work with American Indian youth and their families in two primary settings: the schools and in community mental health. Four of the five provider participants worked as social workers, parent advocates or guidance counselors in the schools. The other provider was a mental health counselor. All five providers were involved in day-to-day direct service to American Indian youth and their

families. Four of the providers had extensive experience ranging from 15 to 27 years in their particular field within the community. One provider had one year of experience.

The community focus group consisted of six residents of this urban Indian community. Most had resided in the area for a considerable amount of time, ranging from 7 to 50 years. Five participants had some connection with an American Indian youth who has mental health and violence-related issues. Four of the participants are the parent or relative of an adolescent experiencing these issues. One participant explained herself as having been a child with anger issues with the potential for being violent. She felt that she could relate to and understand youth currently experiencing these issues. One participant indicated that they had not had this type of direct experience with an adolescent, but that they are concerned about the youth of the community.

Most of the participants in the two focus groups have lived the majority of their lives in the urban area, with some moving frequently between the city and the reservation.

Participant Experience with American Indian Adolescents

Providers

Providers included direct service staff that represented community agencies that work with American Indian youth and families. All participants to some degree had encountered the issues of mental health and violence in their involvement with the American Indian community. The involvement varied and

included; a parent of a child with these challenges who also works on behalf of parents in the school system, another who was involved with these kids in the court system previously, and participants currently working within the school system as a social worker or guidance counselor. Other involvement included; dealing with youth who had chemical dependency issues, providing mental health services to youth in the community, dealing with issues such as suicide and suicidal ideations, and experience with domestic violence and its impact on children.

The experiences of working with American Indian adolescents were mostly on an individual and family basis, while one participant had worked with these kids in a group setting at a previous job.

The provider participants reported to be actively involved in American Indian community functions including participation in pow wows, school events, groups that work on community issues, and Boards of Directors for programs.

Concerns of American Indian Providers

The feedback from the provider participants clearly indicated that they feel that they are in need of support in order to best help American Indian youth. Provider participants feel that they need to network among each other in order to know the resources available. They said that they feel uncomfortable making referrals to places of which they don't have a working knowledge. They also said that it is important to seek support for themselves as helpers. One explained it this way.

....I speak for myself as a professional, sometimes I get overwhelmed. Sometimes I mean, I just want somebody to sound off to. And I would like to talk to an Indian person, but yet I'm too closely in touch with them that I would feel very uncomfortable. Because in some form or fashion I have maybe encountered this person on another level and that would make it uncomfortable. I mean as helping professionals we don't really have a lot to pick from....and also too the community, if we have fewer, they have less to pick from too.

This group of participants suggested that an updated American Resources Directory and a website dedicated to updating this information would be helpful in their work. They suggested that it be both geared to professionals and those who use the services.

The provider participants agreed that they would like to have time to network with each other on a regular basis. Two participants talked about previously being a part of a group of Indian professionals who met frequently in another area. They said that this was helpful and a place to get support.

An area needing attention, according to the provider participants, is in the way of follow-up for youth and families. One participant said that she would like to find the time to make sure youth and families are connecting with services when making referrals, but that this is not built into her job. The day- to -day responsibilities of her job prevents her from doing this routinely.

The diversity of American Indian families needs to be taken into

consideration when helping, according to one provider. She said that it is important that services respect where Indian people are in identifying with their culture. She explained that families who don't identify with being traditional might choose to work with an Indian person or program, but not necessarily want to participate in traditional approaches to helping and healing.

Community Members

Participants of the community focus group primarily included family members of youth and concerned community members. The group included parents, a grandmother who had experienced these issues as a child, a sister whose sibling had suicidal ideations recently, and a parent whose child was lost to suicide.

The community focus group participants were very story-oriented, sharing their personal experiences. The reflections ranged from childhood remembrances to current struggles with young family members who have mental health-related issues. One participant's experience had been particularly difficult and traumatic as her child, who at the time was in early adolescence, had committed suicide in the recent past. This group provided a lot of input and had recommendations, just as the providers group did, on how to make things better for American Indian youth.

Community members also reported being active in community events including cultural activities, Boards of Directors, pow wows and feasts, Indian parenting programs, school functions and social family events.

Research Question 1:

What are the Community-Defined Strengths and Capacities
of American Indian Youth who have Mental Health Issues and are Violent?

While both groups provided insight in all areas identified as strengths of American Indian youth, interestingly the provider group focused more on the strengths of the individual, while the community group focused more on the strengths of the community, as a whole, and its relationship with youth.

Perceptions of Qualities and Attributes

Participants of the providers group identified several personal strengths and qualities of American Indian youth who are experiencing mental health issues. These include creativity, leadership skills (which at times may sway towards negativity, but are leadership based nevertheless), charisma, resiliency, and the community strengths of humor and respect for each other. It was also identified that despite some of the challenging behaviors American Indian youth may have, they are also extremely likable young people. Provider participants also pointed out that the youth are also able to live in the moment and enjoy themselves overall.

Providers named connectedness as a strength, however it was identified that some youth need to become reconnected to the community and their culture.

Participant Perceptions of Resiliency

Participants in both groups consistently talked about the resiliency of American Indian youth. Coping mechanisms familiar to the American Indian community, such as the use of humor were discussed by participants. In large part this resiliency was related to their home situations and their ability to acquire the skills needed to deal with things going on there. Issues in the home may include alcohol or drug abuse, domestic violence, or other factors that affect the youth. Participants described the resilient behaviors of these youth in various ways such as being able to bounce back, and being self-aware. One participant described this as

> They have some survival skills....how to survive coming from this kind of unhealthy environment. You have to really admire some of them for where they're at.

The ability to be good at crisis management was also named as a strength of American Indian youth. One participant talked about the dynamics of alcoholic families and how the behaviors therein are often joked about. She talked about things such as being good at crisis, good at tolerating inappropriate behaviors by others – these are skills that youth in these types of homes have. This skill includes the ability to handle stress and to be responsible for their own behaviors, such as attending school regularly, despite the difficulties present in other areas of their lives. The ability to be good at crisis was also named as a strength. It was reported that some youth are able to do this and still have a

positive attitude as described by one provider participant who works in the schools

> I know a lot of these kids I work with are really having maybe some heavy-duty problems, but they always have a smile. And it's a for-real smile. It's not just one of them painted-on smiles. And also when they come every day, I mean that's a strength....the negative is pushing them to be stronger and be able to strive for more.

Another participant described a related survival skill and strength that is used by American Indian youth

> I think one thing that's a real strength among Indian people and that you see in a lot of these kids is the humor....I think it's one of their main survival skills.

Self-awareness, particularly being able to identify areas in one's life that need attention is a strength of American Indian people as described by a provider participant below

> You know the one thing that I think we have that a lot of people don't is I've always known that most Indian people are pretty self-aware. I mean they may have not changed the behaviors that we would like to change, but it's not like we don't know that they are there. And I think that's really something unique. It's one of the things I've always found in substance abuse. When I was at

[treatment center] and there were not people there who came in really denying that they had a problem. They knew they did.... I think that's a real strength in the community. I also think just some of our basic, like look at the medicine wheel and that kind of basic value. And looking at every part of that, of a person's life affects the other part. It's so simple. It's so simple but it's kind of like what everything is going back to. We really knew that.

Participant Perceptions of Family, Community and Elders

Both the provider and community groups discussed attributes of the American Indian community. It was discussed that these broader strengths of the community involve and impact youth. Common community-based strengths discussed in the groups include; the importance of community gatherings and activities, the value of our elders, and extended family.

Important community gatherings that were identified as promoting togetherness and unity include pow wows and community feasts. One participant described it in this way.

> This sounds funny but I think that the most times I ever see all of us get together is when we're going to have a big ol' feast and have a good time. You know, and I think that's one of our strengths is we like to eat and we like to be around each other. And our little powwow [at participant's agency] is probably the most that I see us get together.

Various community-based programs were mentioned as having positive impacts on youth in the community. The programs that were mentioned included American Indian based programs in education, family and youth services, family education and parenting, chemical dependency prevention services, a foster care agency, a youth leadership program, and a community mental health counseling program. Public and county- based programs that were reported as being helpful included county mental health crisis services, a special education advocacy program, and a mental health program.

The strengths of our elders was identified by a participant, who was referring to an elder in the focus group

> I think the strengths are the strengths of people, like this lady that gave a talk....a lot of wisdom in that. And that's a strength. And not only that, but also our ancestors....the cultural and spiritual. We need to teach that. We need to help these kids.

The ability to promote an extended family through Indian adoption is helpful in providing adolescents and children with relatives who can take on roles of nurturing and parenting. This is related to the community strength of connectedness described above. A community participant talked about his family's experience with adopted extended family.

> Something that could promote, like an extended family. All of us.... my kids have aunts and uncles that aren't their blood. That's what I

need. That's what they need. These are my best friends so they

become aunts and uncles and that's good. That's great actually.

But part of the reason is that they need to have these aunts and

uncles that can help them.

American Indian Spirituality and Culture

Both providers and community discussed the importance of spirituality. A

participant talked about spirituality and connectedness as strengths of American

Indians.

The spirituality is there; I think we're all connected. We have

something in common because we're Indian people; we have our

humor.... in a big crowd, if I could seek out one Indian person, I

kind of feel I have to go to that person....

While the above were highlighted as strengths, many were also identified

as not being available enough to American Indian youth and so they are also

challenges that they are facing.

Research Question 2:

<u>What are the Community-Defined Needs of American Indian Youth</u>

<u>who have Mental Health Issues and are Violent?</u>

American Indian youth are confronted with challenges that affect all areas of their lives including those related to the individual, family, community and school. Also insufficient programs and services to help their unique needs, especially the presence of positive stable adults and role models, are challenges in this American Indian community.

<u>Peer Pressure and Violence</u>

American Indian youth, like other ethnic and cultural groups, face tremendous pressures by their peer group. Fitting in with the crowd is an important task in this developmental stage of adolescence. Focus group participants talked about this as being a main problem for kids, especially when the influences are toward negative activities. Some participants could relate to the experiences of the youth, but also realized that youth today have a different reality than past generations. This reality is especially true in terms of violence in the urban setting, as gangs and illegal activity are more prevalent for today's youth. This participant explained her adolescents' peer environment at school

> I went through things with peer pressure....getting through the day
> without getting beat up. They've got to get through situations, like
> my daughter said, in her school one kid got hit with the locks.....and
> they beat him with the lock. These are things that are going on in

school. You have to worry about guns and getting jumped. I mean, this is not only one person frightened, these are many kids frightened. There's a lot going on in schools that kids have to deal with today.

A provider participant, who works in a school, spoke about her experiences with youth who get aggressive and respond to peer pressure

I think violence, and I'm not speaking for all the Indians in the world, but sometimes I think there's an attitude that it's accepted and that it's even funny. And people, you know, talk about "oh I jacked this person up," and "oh I smashed his head in the ground." And everyone laughs. Or if you walk around with a black eye, people say "ooh, what happened to you?".... and it's made light of.

Coping Skills and Self-Esteem

Some American Indian youth may also not have the necessary coping skills to deal with problems, as reported by the participants. Frustrations that come with not knowing what to do in situations can contribute to aggressive behavior and violence. One elder community participant talked about her experiences as a child. She was very angry with her mother throughout her childhood because the mother had left her dad. She was so angry that she could imagine seriously hurting her mother. She discussed how she could relate to the anger that American Indian youth have today, especially in terms of situations in the home. Self-esteem and the positive sense of self are often issues for

American Indian youth. Participants discussed that many American Indian people, not just adolescents, experience feelings of inadequacy. Not "feeling good enough" or that "we're always at the bottom". A provider explained, "in our culture, children are Waukan (sacred) and so we have to get out to them, because they've lost that spirit and they think that they're no good." Related to this statement, some American Indian youth are lacking goals or a vision of what they want. A participant discussed this in terms of school

I don't think they see that connection between school and something afterward. So they don't know why they're there. Someone just told them they had to be there.

Depression and Suicide

Depression and suicide/ suicidal ideation, which are forms of internalized violence, were identified as challenging realities of American Indian youth in this community. Community participants also identified self-inflicted injury, in the form of marking one's self and tattoos, as another form of self-abuse that American Indian youth experience.

Community group participants talked openly about their feelings surrounding these difficult issues. Two participants talked about their frustrations of not knowing the signs of depression or suicidal ideation. The provider group didn't discuss depression or suicide in great detail, however one provider mentioned that she had dealt with suicidal ideation this past year with a student.

One participant's adolescent brother had recently been hospitalized for suicidal thoughts. She described her experience as not knowing the severity of

her brother's situation and that in his case there were no apparent indications that he was to the point of taking his life. Goals and personal purpose seemed to be absent from this young person's life as explained by his sister

> I can tell you specific things that my brother stated as him coming to the point he was at....one was stability in the home. He had no stability....my dad and mom finally split up. And even though we were a family, there was alcohol abuse, drug abuse, and violence in the home. I pretty much took care of my brothers the best that I could do. And there was no stability for him. There was no role model. He was using. He was in a home where the parent was using, they used together sometimes. He felt that he just existed, he didn't have any goals....and he really didn't have anything to live for. And he didn't know how to express himself. He didn't know how to get help and so he just continued the cycle he was in until he couldn't take it any more. And like I said, none of us really noticed anything. We didn't notice his call for help. And thank god he came to my mom and said he needed help because if he hadn't, we might not have him today. So and that's out of the mouth of one of these kids.

The community participant who lost a child to suicide had a similar experience in terms of not knowing how serious the situation was. The person said that the signs of depression were not there, except that her child had a lot of anger and at times would "close down". She talked about how it was hard to

reach her child because he/she wouldn't open up to her and that this could be frustrating because she couldn't tell what was going on with her child. She talked about how things are clearer now about what her child was experiencing

> We see that now what was going on with him. He'd get angry and he'd just clutch up his fist and he would not talk. He'd say, "I don't want to talk, I don't want to talk about it." And he'd just go on into that room. We'd talk about counseling and he'd say, "I'm not crazy. I'm not crazy." Right away they think that since you're talking about going and talking to somebody that's not going to judge him, you know. He would have felt that he was going to hurt himself and he told this person, they would have told him to let us know. He felt he couldn't say what he was really feeling. And the kids, now they say that when they feel like they're useless, why am I here? What am I living for? There's nothing to live for. But they don't let you know. Like him, he was just holding it all inside. And they say, if you hold it inside it will eat away at you eventually....I never went through to see anybody going through depression or anything like that so I didn't know the signs....we thought we could help, but we couldn't help it. I mean talking to him and trying to get him to open up, we couldn't get him to open up.

This participant also talked about when she was a child that her mother didn't talk about things, especially her feelings, and no matter how hard things

got her mother tried to cope with it. The participant said that she felt like she wanted to help her mother when she could see her struggling, but couldn't.

<u>Family Issues</u>

Some American Indian youth often have multiple issues that they are dealing with at home. These can include alcohol and drug use, domestic violence, abuse or neglect, or other issues regarding personal safety and well being. Current family issues facing American Indians are a result of the historical breakdown of family systems. The participants discussed these difficulties of the community's youth and families.

An overriding theme that came across in both participant groups is that much of what American Indian adolescents are experiencing in terms of violence issues can be partly attributed to their situations at home. The idea that "it all starts in the home" was a common idea and response discussed by the participants.

Participants reported that violence can be a learned behavior based on what youth may have seen in their homes or in their communities. These observations can include witnessing abuse or being hurt by another family member and in turn acting this out in school when solving their problems through fighting.

One participant from the providers group believes that some kids' home lives are hard to deal with and that when they get to school, they can't keep their minds off of their problems and in turn they get aggressive. And in this way they are keeping their minds off what may have happened earlier at home. Another

provider said that the schools then fail to understand these kids and their home stressors. She went on to say that when the students' families have certain additional challenges, such as homelessness, that this adds additional stress for the youth in terms of security.

School Challenges

Participants from both groups discussed the problems that some American Indian youth face at school. Discrimination and school's lack of sensitivity to mental health issues were the main issues discussed. One provider talked about her knowledge of American Indian students who were targeted by racial remarks by a school staff. She said that American Indian students often get an attitude in response to these remarks and that this creates a difficult situation for everyone. Another participant talked about how it can be especially hard at school if your kids are mixed, having three cultures with which they identify. She said because of their appearance, her children aren't accepted by either group.

The participant who lost her child to suicide talked at length about her experience with the school that her child had been attending. She said that when she was trying to work with the school around the grief issues of her other child, the school was not helpful and that she felt she was being blamed. Also, the school did not have accurate information about what had happened with her son, and therefore could not fully understand the siblings' behavior and the extent of pain experienced.

The school is supposed to help you. They have social workers and stuff, but they don't help. Instead they want a place to blame. And so with that, I don't see how they can help you. They try but it's not helping....you feel like they harass you.

Economic Situations

Participants of the providers group stressed the economic situations of American Indian youth as challenges. They said that issues of youth often stem from the lack of money and basic needs. The basic needs mentioned included having a home, transportation, and health insurance. One participant said that having no money leads to frustrations for parents, particularly for teen parents who may not have adequate parenting skills. In turn, these frustrations can lead to violent behavior.

Interestingly, the community group did not raise economics or poverty as significant challenging issues facing American Indian youth. Community participants discussed references to monetary needs, however this was not singled out as a challenge. Examples of ways in which economics were discussed included a participant talking about how her child could not participate in a support group because it cost money and another participant who talked about the difficulty in finding affordable activities to do with her family.

Lack of Role Models and Mentors

Many American Indian youth do not have stable and nurturing adults that they can rely upon to be role models and mentors for them. Both participant groups talked about this as a difficulty for the youth. Participants said that youth

especially need role models when their parents are using alcohol or are not available to them. One provider participant stressed that these parents are not bad, but are victims of the effects of alcohol, which has "slowly killed off American Indian people." A community participant talked about her experience as a child and her extended family member who fulfilled the role of natural mentor and provided safety for her.

> There was always one person in my family that everybody could go to....us kids could go to where there was nothing violent going on. And to this day, I always thank my aunt because she taught me a lot. And she's not with us any more, she moved back to the reservation. So when we do go to the reservation that's the first place we stop to see my aunt. And my kids say, "Mom, why do we always stop here?"....I said, "Because she was my savior when I was a kid when my mom was drunk, that's where we would go. And you know, not having the extended family any more to raise your kids or to help you raise your kids is hard....I think we need to maybe like have a mentor program for our kids where you come together as a community, like a Big Brother/Big Sister or something like that.

Another participant talked specifically about the need for role models and mentors to teach kids the cultural values of their tribes.

Adolescent American Indian males were mentioned by the providers group, as especially needing guidance and special attention because as one

participant put it "we are losing our Indian males."

Some participants of the community group felt that the community should look at developing a mentoring program for the youth. One felt that a community survey might help in planning such a service for the youth. The American Indian strengths of extended family and adoption practices could be utilized in a formal community-based mentoring program.

Loss of American Indian Values

The losses experienced by American Indian people, families and communities have impacted the situation of youth today as explained by participants from both focus groups. Interrupted relationships, loss of a community responsibility for raising children, broken down kinship systems, loss of language and traditions (including the value of respect for others) have contributed to the violence and mental health experienced by youth. One community participant expressed concern about these losses and how youth may not even realize its effect on their lives until they are much older.

> Another challenge too is the transition into a modern world and moving away from the cultural support systems....and even in your home, even though its described as pretty unstable, you had your family and extended. Like today, we're all so spread apart from our families and apart from the cultural activities. If we can bring that back together and do that occasionally....I think it's just going to get worse. The young people that I've talked to, they have a completely different understanding of cultural diversity and acceptance....but

now a days it seems like a lot of them are ready to disassociate with being Indian....and I think that's a challenge that they face because it seems like a lot of us....that whole thing about being Indian and not living in an Indian world. You know, brought back and forth. I know I dealt with that but I didn't see it as an issue until like later on in my life. Then I thought it over and saw it as a big issue. And later on you realize it's a big issue when it's not there and the cultural interests are gone. It's more pronounced at a later date.

A community group participant discussed a concern about the lack of respect shown to our elders. The participant voiced the sense that this value is not being promoted in the community, as it should be. Also stated was the fact that its almost like people fear approaching the elders and that it's a sort of "lost art."

A provider participant talked about her strong beliefs about the losses of American Indian people and its relationship to the use of alcohol, including youth, today.

I think it goes back, way back people who established a drinking problem, there probably was you know, depression. Not knowing what to do....everything was taken away. I mean actually, literally we were raped. Our language, our tradition, our ways. And we're supposed to assimilate. So it's a way to escape.

When someone is raped, that person disconnects from sensory experience as described by a provider participant. She said that while rape is a strong word to use, it fits because this is similar to what has happened to some American Indian people, as they have been unable to connect with themselves by finding inner peace and connection.

Participants acknowledged that the loss of kinship systems and extended family are significant challenges to American Indian youth in the community today. One participant remembered that as a child she recalled that extended family members often took active roles in nurturing and even disciplining her. If she did anything wrong there was always someone around that she was connected with and that now youth do not have those connections. Other participants talked about this experience in terms of the collective responsibility of community members and the impact this had on raising children, similar to the belief that "it takes a village to raise a child", as one person put it. One participant stated that she would like opportunities for her children that she never had, but that she needs the help of the community to do this.

Another example of how today's youth are affected is that some traditional spiritual teachings are not available in the urban area. One participant said that in this community it is hard for some families to find the resources to participate in traditional ceremonies such as sweats, especially if they don't know a lot of people or don't have the connections.

Some participants of the providers group were concerned about spiritual and cultural information that the youth sometimes get that may not be accurate or

representative of their particular tribal values. Participants stated that sometimes

things such as Indian namings, sweatlodge teachings (in particular tribal beliefs

about participation of men and women in these ceremonies), and the use of

songs at pow wows are not taught properly. The participants stated that a

challenge in this community is that there are various tribes represented and that

sometimes differences around spirituality aren't considered when teaching the

youth. One provider discussed her thoughts about this

> We should feel comfortable....I feel sometimes, among other Indian
>
> people, I have to defend my way of teaching. So to save argument,
>
> I don't say anything. But still yet, there's something in me saying,
>
> "No, you need to say something." And so I say, "Okay, this is how I
>
> was raised. And I'm going to continue to follow that teaching." And
>
> maybe this is their way. I don't have the right to question their way,
>
> their cultural ways....that's the part I struggle with. I really feel I
>
> need to say something. Because I've seen it....especially kids, they
>
> want to learn.

The Need for Community Activities

According to the participants, this American Indian community is in need

of family and community centered activities that will help the youth. The

participants stressed that the activities should be open to all families, not just

those who are in crisis. They said that having community activities available

would create a connectedness that will help in preventing problems for American

Indian youth. One community participant talked about the benefits these activites would bring the community.

> The best therapy that I could see is something that would support family activities. Families can get together, play together, have a good time. Not just culture, not just Indian, or pow wows. You know, let the kids go swimming, let them jump in a pool. Let them go to the Children's Museum....you know, so that they have this opportunity and the parents and the kids get to interact in the process.... We have to promote something that's positive....let them know that we can laugh together; we can have a good time together.

One provider participant said that activities instilling an understanding and respect for nature, such as gathering medicines and materials, would be useful in connecting youth. However, she also said that it can be a challenge to provide inner city American Indian youth with these opportunities regularly.

The Stigma of Mental Health and Labeling

One opinion from the providers group was that Indian parents think that getting help is not the "Indian way." This respondent also said that we don't want to see that we have these issues in our community. Another felt that there is a lot of shame involved with issues of mental health, and kids don't want to have mental illness. They don't want to be perceived as crazy or having mental illness.

A result of this issue, as this respondent said, is that parents come to be in denial and stay away from seeking help.

A provider participant talked about how the labeling that occurs in mental health arenas is negative and that the more a person is labeled, the more they tend to believe these things about themselves.

Crisis Oriented Services

Participants from both focus groups talked about the difficulty there is that most services available are for families that are experiencing serious crisis. Parents and youth need to be at the end of their rope before they can receive counseling or intervention. Waiting until there is a major crisis can be a barrier to receiving services. One provider respondent explains this as

> when they really actually seek that help or get that help is when it's really a crisis where there's just too much to deal with.

Another provider participant supported this idea by saying:

> I think that is what the really important piece is, not just adolescents, but most American Indian clients aren't seeking help until it's a crisis. They've tried everything.....the community support and stuff like that. I think it's one of the things that's hard about the mental health delivery system; if you've got to make an appointment and wait three weeks to get in.....its hard.

In other cases, American Indian parents are seeking help for their children who are violent and have mental health needs. The provider participant said part of her experience was that she has had to educate herself with the help of an organization to understand her son's needs. She has participated in counseling with her son because she wants to work with somebody who was an expert. She said she does this so she could learn how to work with her son and his attention deficits.

Some adolescents are not receiving help until they end up in the juvenile court system for being violent, according to one provider participant. Another suggests that the American Indian community should begin its own Crisis Team to be available to families on an on-call basis when they are struggling, and not only when they are having serious problems.

Participants felt that services for American Indian youth and families should be prevention focused. Services should provide a "safety net" as one community participant explained, so that there are supports in place prior to getting other systems involved. Participants felt that resources to help families prior to a crisis will best help youth and families.

Lack of Services

There are not a lot of services available to the American Indian youth in this community, as reported by both groups of participants. A few community-based programs were mentioned as providing some help, however the capacities of these agencies are limited. One participant said, " I wish there were more

places that are sensitive to Indian people's issues. I mean I think we have good services now, but I think there are very few".

Provider participants explained that the community therapists that are available are often overbooked and can't get people in right away. When this happens, youth and families often need to use mainstream services. Provider participants discussed the problems that American Indian people experience in these service settings. One talked about the county mental health center.

> ...they've been resistant to acknowledging that Indian people, would feel more comfortable going elsewhere other than their facility.

A provider participant pointed out that the intake process at mainstream agencies could be intimidating to American Indian families and youth, especially when asked to give lengthy histories to professionals they just met.

Provider participants reported that they are often concerned about the treatment of families and youth by non-Indian professionals. They said that they often spend a lot of time establishing their professional credibility with non-Indian providers, who after a time accept them, and that this can be an indication of how parents are also treated.

Another community participant pointed out that an unhelpful practice of non-Indian professionals is that they can make assumptions about families before they know the whole story.

Community-Defined Solutions

Role Models and Mentors

There is a need in this community to provide our youth with stable, nurturing adults with whom they can form lasting relationships. American Indian adults that can provide guidance and model healthy lifestyles are important for the positive development of the youth. Participants would like to see a program similar to Big Brothers/Big Sisters for the youth of this community.

Prevention Based Services

The participants would like services to be available that are geared towards preventing problems for youth and families. They would like to be able to access help when they are having a difficult time and not wait for things to get to a crisis point. Families are in need of a "safety net" to prevent involvement with government systems such as child protection and juvenile justice.

More American Indian Counselors and Therapists

The participants indicated that the American Indian professionals are often overbooked and it is sometimes hard to access their help.

Community-Wide Activities Open to All Families

Participants suggested that there is a need within the community for all families to interact together, with their children and have fun together as a whole. One participant indicated that we need opportunities to laugh together. These

activities would provide a sense of connectedness for the community and be a direct way of preventing problems for the youth of the community.

Support and Networking

The provider participants pinpointed that they need support as professionals working with the youth and families of the community. They identified that they would like to network among each other more regularly in order to support one another and to learn about resources that they can refer youth and families to.

The community participants also indicated that they would like the opportunity to discuss community issues together more often.

Both groups seemed to welcome this chance to discuss with each other the issues and concerns of the youth of the community.

Support for Families and Youth Affected by Depression and Suicide

Some community participants indicated that they were not aware of the signs of depression or suicide and felt frustrated because they were not able to identify how serious the situation was for their loved one.

It appears that community education and suicide prevention efforts would be helpful to families. Also, support for those families who have lost loved ones is needed and could be in the form of counseling, grief groups and healing is needed and imperative.

Summary

In this study a total of eleven American Indian community members and service providers shared their insights and experiences about what they perceive to be the strengths and challenges of American Indian youth. They also formulated what they perceive to be the appropriate responses to help the youth. While the two groups participated in separate focus groups, interestingly the feedback was very similar. Only in a few instances were different topics discussed in one group and not the other. In this sense, the providers and community participants seem to agree with what they feel are the strengths and challenges of youth.

Participants discussed the issues of youth in a community context. The youth were not discussed as individuals, but as important members of families and the community overall, interacting in various environments.

A significant contrast in the feedback between the groups is that the community members contributed their personal experiences with the issues of mental health and adolescent family members or other youth they know in the community. In this sense, the focus group, to a degree, became a sort of supportive group in which participants were able to discuss painful issues with other people who shared similar experiences.

In its own way, the providers group also embodied support. They had identified that they would like to network more with each other and outside professionals in order to learn more about resources.

While it appeared to be easy for both groups to name particular strengths

and capacities of American Indian youth and the community, interestingly the

majority of time was spent talking about the challenges or needs. The perception

of challenges outweighed the perceived strengths in this particular study.

CHAPTER VI: DISCUSSION OF FINDINGS AND IMPLICATIONS

In this study, eleven American Indian service providers and community members shared their perceptions, ideas, experiences and emotions related to the strengths and challenges of American Indian youth who have mental health issues and may be violent. Participants were open and willing to share their positive thoughts about the youth, as well as challenging areas they feel need to be addressed in order to help the youth and their families. The providers' group displayed compassion, empathy and a willingness to work towards better services for the youth. Community group participants wholeheartedly talked about their stories, which for some entailed a great deal of pain. Collectively, the groups discussed the youth as valuable resources of the community.

The perceptions and ideas of the American Indian community members in this study do not reflect the experiences of the American Indian people as a whole. It may be that other American Indian communities would have totally different strengths and challenges due to tribal differences, geographic location, level of traditionalism or acculturation, and other important factors. This is particularly important to understand since American Indian people are often generalized as if they were one homogenous group of this society.

This chapter begins with a presentation of the researcher's general impressions and observations, followed by a discussion of the major findings and strengths and limitations of the study. In the second section, practice and research implications are presented.

<u>General Impressions and Observations</u>

Several themes emerged from the two focus groups surrounding strengths and challenges of American Indian youth. Notable strengths included personal attributes and qualities of youth and resiliency. Community-based strengths were significantly mentioned including the importance of community gatherings and activities, American Indian spirituality and culture, the importance of elders, the value of Indian adoption, connectedness, humor and respect for one another, and helpful community programs and services.

Common challenges that emerged included peer pressure and violence, coping skills and self-esteem, depression and suicide, situations in the home, school challenges, economic situations, lack of role models and mentors, loss of American Indian values, the need for community activities, the stigma of mental health and labeling, crisis-oriented services, lack of services, and the concerns and needs of American Indian providers.

The themes were identified from responses to seven open-ended focus group questions that included perceived factors involved in American Indian adolescent violence, available resources, challenges, as well as individual and community-based strengths and capacities of these youth. Additionally, participants completed a survey that included a question pertaining to what needs to be prioritized to help youth.

Participants from both focus groups were very open and willing to share their thoughts and ideas. All participants seemed to welcome the opportunity to talk about issues involving the youth of the community. At the conclusion of the

focus groups, someone in each group suggested that in some manner we continue to have this dialogue within the community. For the community group it was mentioned that we should "keep something going". In the providers group, it was suggested that the providers begin to regularly network among each other for support and to learn about resources.

Discussion

The findings of this study were similar to themes found in the literature. Common themes highlighting the strengths of American Indian youth found in both the literature and the focus groups include the strengths of resiliency, extended family, community, elders and culture and spirituality. Common themes highlighting the challenges of American Indian youth included issues of depression and suicide in American Indian communities, economics and poverty issues, historical losses of Indian tribes including the breakdown of the family system, pathologizing and labeling, lack of services for American Indians, and the importance of recognizing the diversity of American Indian values in the helping profession.

The findings of the study actually surpass the themes that were extrapolated from the literature. Themes from the findings that were not apparent in the literature include the specific personal attributes of American Indian youth, the influence of peer pressure and violence, coping skills and self-esteem issues, home situations, and school challenges. Several needs of this community's youth were identified and include lack of role models and mentors, prevention-based services, and the need for provider support.

Strengths of American Indian Youth

The study revealed several strengths of American Indian youth as reported by the participants. It is noted that several of the personal attributes such as creativity, leadership, charisma, resiliency, and the community strength of humor were not identified in the literature.

Resiliency

The participants of this study felt that American Indian youth have a tremendous amount of resiliency. Often this resiliency is visible despite their difficult home environments. Resiliency is apparent in their behaviors at school and in the community as they are viewed as displaying survival skills that include the ability to deal appropriately with crisis and having self-awareness. Despite their problems youth are charismatic, likable and have the ability to smile and use humor. The findings from this study coincide with the literature on resiliency factors associated with American Indians. Survival skills, in particular, are tools that American Indians have cultivated (Deserly & Cross, 1996).

The American Indian Family, Community and Elders

Participants of this study highlighted that the values of family (including extended and adopted kinship), the community and its elders are very important strengths of American Indian people in this particular community. As the study indicated, the informal adoption of relatives is an American Indian community-

based method that strengthens connections by creating non-blood relatives and extended families. This is particularly important when families do not live near their biological relatives. Participants pointed out that all three are crucial in the lives of American Indian youth. The literature revealed that the role of the extended family, including elders, is a vital resource in nurturing children and ultimately in the healthy development of mental health (Levine, 1976; Urban Coalition, 1994).

Both the study participants and literature reviewed indicated that families are important to American Indian people, but also that some families are struggling and in some situations may not be healthy for youth. The historical breakdowns of the Indian family and aftermath, together with issues such as alcohol and drug use, domestic violence, abuse or neglect, and other issues of child safety and well being are stressors for American Indian youth and their families. Participants had suggestions of how to support families and this is presented later.

American Indian Spirituality and Culture

The spirituality and traditional way of life are viewed as strengths for American Indian people. Both the literature and study responses indicate this importance, in particular in terms of mental health. Spirituality provides harmony and connectedness of the mind, body and spirit with all else that exists (Voss, 1999). Traditional healing practices can be incorporated into existing mental

health treatment models to provide a culturally competent alternative for American Indian people.

While spirituality and practices were named as strengths, it is difficult for youth and families to access these cultural resources particularly in the urban areas. Families and youth may not have the connections to know how to take part in ceremonies. Also, another challenge for American Indian youth and families in the urban area is receiving spiritual guidance that is reflective of their particular tribal beliefs.

Challenges of American Indian Youth

Depression, Suicide and Suicidal Ideation

This community is concerned with the depression and suicide issues of its youth. Two of the community participants had direct experiences that they spoke candidly about. A provider participant also indicated that she had dealt directly with this issue in her work recently. A significant concern of the community is not being aware of the signs associated with suicide. They would like to be able to identify when their loved ones are at risk and what they can do to help.

The concerns of this community are reflective of the literature associated with American Indian youth and suicide that says these are significant issues in Indian communities throughout the nation (Herring, 1992; Tafoya, 1989; LaFromboise & BigFoot, 1988; Urban Coalition, 1994; LaFromboise & Low, 1989; Neumark-Sztainer et al., 1996). American Indian adolescents often deal with many personal losses in terms of acculturation that have affected their

personal identity and losses due to death and being separated from their family (LaFromboise & BigFoot, 1988).

Economics

The family economic situations of American Indian youth seems to have some effects on their mental health status as indicated by the literature and the provider participants. Poverty combined with social disorders that are undiagnosed and untreated can be predictors of poor mental health for American Indian youth (Keltner, 1993). Provider participants felt that homelessness, lack of transportation and having no health insurance are significant stressors that can heavily impact the wellness of youth and their families.

It is significant to note that the community group did not highlight economics as a challenge for the youth of this community. They did discuss some aspects of monetary needs; however this was not singled out as a challenge.

Losses of American Indians

Participants of this study acknowledged that the impacts of historical losses including interrupted relationships, loss of community responsibility in raising children, dismantled kinship systems and the loss of language and traditions continue to impact youth today. Natural systems of support for families and youth are not in place as they once were. As the literature (Herring, 1989; Herring, 1992; Santos, 1997; Tafoya, 1989; George, 1997; Mannes, 1995;

Johnson, 1981; Cross, 1986) and the participants have shown, these losses were the result of the federal government's plan to assimilate American Indian people.

Pathologizing and Labeling

The practices of deficit-oriented 'helping" and the use of labels by professionals in their work with American Indians have been shown to be unhelpful, oppressive and destructive (LaFromboise, 1988; Voss et al., 1999;). The focus with this approach is the problems and needs of the individual. Many American Indians do not seek out mainstream mental health services because they don't want to be viewed as crazy or mentally ill. Study results indicate that the more a person is labeled, the more they believe these things about themselves. Despite these considerations, it is common for social workers, therapists and others to use this framework, according to the study results.

Professionals have viewed some aspects of American Indian life as unhealthy. An example of this is traditional spiritual practices. Beliefs in spirits or healing ceremonies have been seen as part of the problem rather than part of the solution in maintaining and restoring mental health (Deserly & Cross, 1996).

Pathologizing and labeling of American Indian youth does not take into consideration the strengths of youth, their families and communities. It does not look at the unique roles these important aspects of their lives could play in supporting them in their paths to wellness.

Lack of Community-Based Services

Services that are geared towards the uniqueness of American Indian youth, and also culturally competent are in high demand. In this particular community there are some community-based programs and services that meet these expectations, however they are often overbooked. There is a need in this community for more therapists and services that are prevention based. Many of the current Indian programs are crisis oriented and able to help only when there is a serious emergency.

Lack of American Indian psychologists and therapists are common issues for tribes and urban communities across the nation (Deserly & Cross, 1996; Trimble, 1990; Yung & Hammond, 1994; Lafromboise, 1988; Herring, 1989).

Provider participants are very concerned with the treatment American Indian families receive in mainstream agencies. Resistance from professionals, intimidating intake processes and making assumptions about American Indian people are unhelpful, but common responses that youth and families often receive when going to these types of agencies for help.

Recognizing the Diversity of American Indian Values

American Indian tribes vary significantly in terms of language, beliefs and values. Tribes are heterogeneous and distinct from one another. Also, within tribes individual families may identify along a continuum, ranging from being traditional to bi-cultural to assimilated. This clarification came across in both the literature and the study results. Tafoya (1989) states that it is imperative not to

make assumptions based on an individual's appearance in terms of cultural orientation and values, and recommends asking rather than guessing when in doubt about one's background.

Programs and services need to be respectful of American Indian families and their level of tribal identification. American Indian families may find it important that they work with community-based programs. However, if programs offer cultural activities or traditional approaches to helping and healing as part of its services, it will be important to show respect to families that may not opt to be involved in this aspect of programming.

Additional Strengths and Challenges of American Indian Youth

The community members and providers identified several additional strengths and challenges, some of which are specific to the American Indian youth in this urban community. These included strengths such as the personal attributes and characteristics of youth in the community such as creativity, leadership and charisma.

Additional identified challenges included the influence of peer pressure and violence, lack of coping skills and self-esteem issues, difficult home situations, and school challenges. These particular themes were not found in the literature.

In this regard, it is apparent that community-based initiatives can set the stage for self-identification of community problems and organizing. Also, this

signifies that communities are capable of knowing what they need and available research is not always the only indicator.

Addressing Challenges Through the Use of Community Strengths

The strengths perspective requires us to look at individuals, families and communities to find their capacities, talents, competencies, possibilities, visions, values and hopes (Saleebey, 1996). Its foundational belief is that by empowering people to explore their strengths, they can make the needed changes in their lives.

The providers found it easy to name the positive attributes and capacities of its youth. The community's role in adolescent mental health is imperative. Red Horse (1982) describes the importance of community as follows, "The interaction between the individual and community is vital to an understanding of American Indian mental health. Extended kin systems, clan memberships, tribe, and land base represent cornerstones to an Indian sense of self" (p. 218).

Considering the identified strengths and challenges of American Indian youth in this community, some parallels surface. In fact the act of cultivating and utilizing the existing strengths that are present in the community can address many of the identified challenges. The main strengths identified by participants are American Indian families, the community overall, elders, spirituality, and the personal qualities, capacities and resiliency factors of youth.

If professionals in the various helping professions, programs, and funding sources focused on the positive aspects that the American Indian community

offers, the challenges of depression and suicide, and the need for role models and mentors can be addressed naturally. Recognizing the importance of systems theory and that the well-being of American Indian youth is largely based on relationships with their extended family and community is key to this understanding. If we turn our thinking around to look at the positives, we may begin to see how these various strengths are solutions to the problems in the community.

Summary

This study was able to offer an opportunity for American Indian people of an urban area to gather and talk about issues affecting the youth of their community. It offered the platform to openly discuss not only needs or problems, but also it provided time to discuss the attributes, capacities and strengths that exist for American Indian youth, their families and community. Looking at the strengths of individuals, families or communities is not always the way in which social work, therapy, research or community organizing is conducted. However, by focusing on strengths, it provides an opportunity to see what is working in favor of youth. It does not negate that very real negative circumstances are affecting youth: however this stance offers a new way in approaching how we deal with these things.

Findings corroborated the strengths perspective of social work and community capacity building. Specifically, findings show that a community is capable of recognizing its strengths, and of making recommendations on how to incorporate these into solutions for addressing social issues.

Strengths and Limitations of the Study

The use of focus groups in research allows participants to openly discuss issues that may be sensitive in nature. It allows for discussion among each other, which can be positive and supportive to participants. Focus groups, or talking circles, are a preferred method of data collection in American Indian communities, according to the Reality-Based Research and Planning Model (Poupart, et. al, 1999).

A concern of this study is that the small sample cannot be generalized to other communities. In addition, it used non-random sampling in its methodology. It represents the views of a small portion of a community. It cannot be viewed as being reflective of the beliefs of the entire community or American Indians in general.

An additional concern is that more of the focus group questions were related to challenges, therefore more data reflects this aspect of the research.

Recommendations

Practice Implications

This study is useful to those who work with American Indian youth and families in the areas of mental health, youth services, family support services and community organizing. It is also useful to policymakers and funding sources that make decisions for programming for this population. Social work practitioners may find the results useful in realizing the identified strengths and challenges of

American Indian youth. Additional work needs to be done in identifying the strengths of American Indian people and using these to make positive changes in their lives and communities.

<u>Research Implications</u>

This method of research was meant to be a respectful manner in which to gather information of strengths from this American Indian community. The researcher used the principles of models that have been shown to be effective with American Indian communities.

It is the recommendation of this researcher that any further exploration by researchers with American Indians also embody these methods. Of utmost importance is to be mindful of the values and beliefs of the American Indian people being approached to take part in any study. For example, this researcher needed to show her respect towards an elder participant by not interrupting while she was talking, even when the elder was discussing issues not directly related to the questions. This is true, even if it deviates from your time schedule. Cultural norms such as these need to be respected and appreciated in research with American Indians.

Conducting additional focus groups might be helpful in further understanding the strengths and challenges of American Indian youth, their families and communities. For instance, asking youth what they perceive to be their strengths, challenges and thoughts on issues of violence will give another valuable perspective.

It would be key to conduct similar research on reservations to compare the similarities or differences with urban Indian youth. The opinions of elders are often sought on such matters; so specific focus groups with them would be appropriate.

It is recommended that questions about strengths and challenges be balanced, so that equal attention is paid to both areas. Also, it would be helpful to ask strengths related questions first in the focus group.

Conclusion

American Indian youth face tremendous obstacles in today's world. They face more serious acts of violence in the school setting, violence that generations of yesteryear cannot fully understand. American Indian youth are subject to peer pressure and are at greater risk for depression and suicide. American Indian youth must function in mainstream society which often holds values that are in contrast to American Indian beliefs. They must walk in this society, and for some, remain connected to who they are as American Indian people. This is not easy.

Despite the odds, American Indian youth are resilient individuals with great potential. They are our leaders of tomorrow that already show the ability to be charismatic problem solvers that are able to use humor.

This study has revealed that these youth have a community that cares about their well being. It has shown that the strong Indian values of family, community, elders, spirituality and cultural beliefs can and should play a part in conquering the challenges.

Programs, services, policymakers and funding sources need to prioritize these community-defined strengths that are integral to the healing of American Indian youth and families.

American Indian youth deserve qualified American Indian therapists and counselors. American Indian youth and families deserve to have the knowledge of identifying the signs of depression and suicide so that prevention can occur. They deserve services that are not pathologized and needs based, but rather work with their strengths as valuable, equal and respectable people. They deserve services that intervene before there is a crisis to provide a "safety net". They deserve interventions that honor the time it takes to build a relationship with helpers. They deserve professionals who do not make assumptions about them. They deserve to be part of a community that makes time to celebrate together as families. They deserve to be part of a community that continues to gather and talk about important matters.

References

Assembly of First Nations. (1994). Breaking the silence: An interpretive study of residential school impact and healing as illustrated by the stories of First Nations individuals. Ottawa, Ontario: First Nations Health Commission.

Blanchard, E.L., & Barsh, R. (1980). What is best for tribal children: A response to Fischler. Social Work, 25, 350-357.

Caplan, G., & Caplan, R. (1967). Development of community psychiatric concepts in the United States. In Freedman, H. and Kaplan,H. (Ed's), Comprehensive textbook of psychiatry. Baltimore, MD: William and Wilkins.

Cross, T. (1986). Drawing on cultural tradition in Indian child welfare practice. Social Casework, 67 (5), 283-289.

Day, P.A., Blue, E.T., & Peake Raymond, M. (1998). Conducting research with an urban American Indian community: A collaborative approach. Journal of American Indian Education, Winter, 21-33.

Deserly, K.J. and Cross. T.L. (1996). American Indian children's mental health services: An assessment of tribal access to children's mental health funding. Portland, OR: National Indian Child Welfare Association.

George, L. J. (1997). Why the need for the Indian Child Welfare Act? Journal of Multicultural Social Work, 5 , 165-175.

Greif, G.L., and Lynch, A.A. (1983). The eco-systems perspective. In Meyer, C.H. (ed.), Clinical social work in the eco-systems perspective. New York: Columbia University Press.

Herring, R.D. (1989). The American Native family: Dissolution by coercion. Journal of Multicultural Counseling, 17, 4-13.

Herring, R.D. (1992). Seeking a new paradigm: Counseling Native Americans. Journal of Multicultural Counseling and Development, 20, 35-43.

Inouye, D.K. (1993). Our future in jeopardy: The mental health of Native American adolescents. Journal of Health Care for the Poor and Underserved, 4, 6-8.

Johnson, B. (1981). The Indian Child Welfare Act of 1978: Implications for practice. Child Welfare, 60, 435-446.

Keltner, B.R. (1993). Native American children and adolescents: Cultural distinctiveness and mental health needs. Journal of Child Adolescent Psychiatric Mental Health Nursing, 6, 18-23.

Kessel, J. & Robbins, S.P. (1984). The Indian Child Welfare Act: Dilemmas and needs. Child Welfare, 63, 225-232.

Kretzmann, J.P. & McKnight, J.L. (1993). Building communities from the inside out: A path toward finding and mobilizing community assets. Chicago, IL: ACTA Publications.

Krueger, R.A. (1988). Focus groups: A practical guide for applied research. Newberry Park, CA: Sage Publications.

LaFromboise, T.D (1988). American Indian mental health policy. American Psychologist, 43, 388-397.

LaFromboise, T.D., & Low, K.G. (1989). American Indian children and adolescents. In Gibbs, J.T., Huang, L.N., and Associates. (Ed's), Children of color: Psychological interventions with minority youth. (pp. 115-147). San Francisco, CA: Jossey-Bass Inc., Publishers.

LaFromboise, T.D. & Big Foot, D.S. (1988). Cultural and cognitive considerations in the prevention of American Indian adolescent suicide. Journal of Adolescence, 11, 139-153.

Levine, I.M.. (1976, June). Ethnicity and mental health: A social conservation approach. Paper presented at the White House Conference on Ethnicity and Mental Health, Washington, D.C.

Mannes, M. (1993). Seeking the balance between child protection and family preservation in Indian child welfare. Child Welfare, 72 (2), 141-152.

Mannes, M. (1995). Factors and events leading to the passage of the Indian Child Welfare Act. Child Welfare, 74, 264-282.

McKnight, J. (1995). The careless society: Community and its counterfeits. New York: BasicBooks.

Minnesota Department of Children, Families and Learning. (1998). Minnesota Student Survey. St. Paul, MN: Minnesota Department of Children, Families and Learning.

National Indian Child Abuse and Neglect Resource Center. (1979). Working with abusive/neglectful Indian parents. Tulsa, Oklaholma, pp. 1-5.

Nelson, S.H., McCoy, G.F., Stetter, M., & Vanderwagen, W.C. (1992). An overview of mental health services for American Indians and Alaska Natives in the 1990's. Hospital and Community Psychiatry, 43 (3), 257-261.

Neumark-Sztainer, D., Story, M., French, S., Cassuto, N., Jacobs, D.R., & Resnick, M.D. (1996). Patterns of self-compromising behaviors among Minnesota adolescents: Sociodemographic variations. American Journal of Public Health, 86, 1599-1606.

Patton, M.C. (1987). How to use qualitative methods in evaluation. Newberry Park, CA: Sage Publications.

Payne, M. (1997). Modern social work theory. (2nd ed.). Chicago, IL: Lyceum Books, Inc.

Poupart, J., Martinez, C., RedHorse, J., & Scharnberg, D. (1999). To build a bridge: An introduction to working with American Indian communities. St. Paul, MN : The American Indian Research and Policy Institute.

Red Horse, J. (1980). Family structure and value orientation in American Indian families. Social Casework: The Journal of Contemporary Social Work, 61 (8), 462-467.

Red Horse, J. (1982). American Indian community mental health: A primary prevention strategy. In Manson, S.P.. (Ed.), New directions in prevention among American Indian and Alaska Native communities. (p.217-232). Portland, OR. Department of Psychiatry, The Oregon Health Sciences University.

Rodway, M.R. (1986). Systems theory. In Turner, F.J. (Ed.), Social work treatment: Interlocking theoretical approaches, (3rd ed.). (pp.514-540). New York:The Free Press.

Rooney, G.D. (1998). Focus groups: A qualitative research method for social work practice. Submitted to Journal for Social Work Education, Manuscript #97-45 R/R.

Ryan, R.A. (1980). A community perspective for mental health research. Social Casework: The Journal of Contemporary Social Work, 61 (8), 507-511.

Saleebey, D. (1996). The strengths perspective in social work practice: Extensions and cautions. Social Work, 41 (3), 296-304.

Santos, E.L. (1997). A mental health service delivery model for urban Native Americans: An evaluation of utilization rates and mental health treatment factors in an urban setting (Doctoral dissertation, Pacific Graduate School of Psychology). Palo Alto, CA.

Tafoya, T. (1989). Circles of cedar: Native Americans and family therapy. In Saba, G.W., Karrer, B.M., & Hardy, K.V. (Ed's). Minorities and family therapy. (pp.71-98). New York: The Hayworth Press.

Trimble, J. (1990). Application of psychological knowledge for American Indians and Alaska Natives. Journal of Training and Practice in Professional Psychology, 4 (45-63).

U.S. Congress Office of Technology Assessment. (1990). <u>Indian adolescent mental health.</u> (U.S. Congress Publication OTA-H-446). Washington D.C. Government Printing Office.

U.S. Department of Health and Human Services. (1999). <u>Mental health: A report of the Surgeon General- Executive summary.</u> Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

Urban Coalition Census Project. (1994). <u>The well-being of American Indian children in Minnesota: Economic conditions. A report prepared for the American Indian Research and Policy Institute.</u> St. Paul, MN.

Voss, R.W., Douville, V., Little Soldier, A., & Twiss, G. (1999). Tribal and shamanic-based social work practice: A Lakota perspective. <u>Social Work, 44,</u> 228-241.

Wagner, A.R. (1996, November). <u>The new community professional.</u> Paper presented at the meeting of the Minnesota Council on Foundations Philanthropy Day, MN.

Weick, A., Rapp, C., Sullivan, W.P., & Kisthardt, W. (1989). A strengths perspective for social work practice. <u>Social Work, July, </u>350-354.

Yung, B.R. & Hammond, R. (1994). Native Americans. In Eron, L.D., Gentry, J.H. & Schegel, P. (Ed's), <u>Reason to hope: A psychological perspective on violence and youth.</u> (pp. 133-144). Washington, DC: American Psychological Association.

Appendix A

Community-Defined Assessment:
Strengths and Challenges of American Indian Youth

Focus Group Interview Guide

1. Please tell me about your experience with American Indian adolescents that are violent, and their mental health issues. In what ways have you been involved with these youth?

2. Please explain what you believe to be the factors involved in adolescent violence in the American Indian community (where does it stem from)?

3. What public and privately funded agencies are you aware of in the area that addresses the issue of adolescent violence in our community? In your opinion, do the services meet the needs of American Indian adolescents? Why or why not?

4. What do you feel are the specific challenges that American Indian youth that are violent face?

5. What do you feel are their capacities and strengths?

6. What do you think is needed to help these adolescents and their families? What would be an appropriate and helpful response from the community?

7. What are the cultural and spiritual community-based resources that we can draw upon or cultivate to help our youth and their families facing these issues?

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Community-Defined Assessment:
Strengths and Challenges of American Indian Youth

Providers/Community Agency Focus Group Demographics Survey

1. Number of years you have been working with American Indian adolescents and families:_____

2. Please circle the type of American Indian community-based organization you are representing:

   Human Services   Education   Chemical Dependency Services

   Counseling/Mental Health   Other (please note type)_____

3. Check one: I am a ____direct service staff, OR ____administrative/management staff.

4. Please list your cultural or ethnic background_____

   If American Indian, please note tribal affiliation_____

5. Where have you spent the majority of your life?
   ___ Urban Area

   ___ Reservation. Which one? _____

   ___ Have moved between urban area and reservation frequently.

   ___ Other. Please note: _____

6. How involved are you in American Indian community events? What types of things do you regularly participate in?

7. From our discussion today, in your opinion, what is the most crucial area that needs priority in terms of American Indian adolescent violence and related issues?

APPENDIX C

Community-Defined Assessment:
Strengths and Challenges of American Indian Youth

Community Focus Group Demographics Survey

1.   I am:

_____ a parent or relative of an American Indian adolescent who has mental health related issues and is violent.

_____ an individual who knows of an American Indian adolescent in the community who has mental health related issues and is violent.

_____ a concerned community member who does not have direct personal experience with these issues.

2.   How long have you been a resident of this community?_____

3.   Please list your cultural or ethnic background:_____

If American Indian, please note tribal affiliation:_____

4.   Where have you spent the majority of your life?
___Urban area

___Reservation. Which one?_____

___Have moved between urban area and reservation frequently.

___Other. Please note:_____

5.   How involved are you in American Indian community events? What types of things do you regularly participate in?

6.   From our discussion today, in your opinion, what is the most crucial area that needs priority in terms of American Indian adolescent violence and related issues?

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Appendix D

Data Analysis of Experience with American Indian Youth: Question #1

Please tell me about your experience with American Indian adolescents that are violent and their mental health issues. in what ways have you been involved with these youth?

Providers Group

Court system - referred thorugh probation.
As a Guidance Counselor.
A parent and a parent advocate.
Some parents think services are not the
Indian way".
It all starts at home, with our anger and dysfunctional
homes.
Worked in family counseling program (voluntary and
involuntary).
Works as a licensed psychologist in the community.
Some kids are shamed, don't want to have MH issues/illness.
Maybe denial too.
Not seeking help until its a crisis.
American Indians aren't seeking help till its a crisis- have tried
other things.
The service problem of having to wait three weeks for an
appt.
Intake processes can be intimidating to parents. Professionals
want information that's not relative to the current problem.
Suicide issues and kids. Dealing with domestic violence
and kids in these families.

Community Group

Personal experience with suicide. Loved
one's anger and holding it inside.
Not knowing signs of depression.
"Closed" kids.
No signs, personal experience with loved
one's suicidal ideation.
Single parenthood- not knowing how to
express self- how do we teach that?
People are afraid to ask for help.
Lack of programs.
Need community programs to alleviate
violence.
Grandmother who was angry as a child.
Can understand how kids can be angry.
Protecting kids.
Home.
Resilience, wanting a different way for
own kids.
The way a child acts out, it all
stems from home.

Data Analysis of Strengths:Question #5
What do you feel are their capacities and strengths?

Providers Group

Creativity
Leadership
Survival skills
Good at crisis
Humor - a main survival skill
Good at tolerating inappropriate behaviors
Smile - resiliency
Remain going to school despite problems
Good kids
Likable
Charismatic
We like to eat & be around each other
Indian people are self-aware/know their issues
Youth have the ability to live in the moment and
enjoy themselves.

Community Group

Resilience, bouncing back
Strength of elders
Getting together as Indian people,
community events

Data Analysis of Strengths: Question #7
What are the cultural and spiritual community-based resources that we can draw upon or cultivate to help our youth and families facing these issues?

Providers Group

Indian community get togethers- pow wows & feasts
Being in touch with nature, however it is hard in the city
Spirituality - we are all connected
We have our humor
Connectedness
Elders
Sweats
Kids want ot learn
Use elders to help us
Feeling good and respect for each other
Spirituality. Concern for Indian males. For kids to be connected.

Community Group

The best therapy is family acitivites
in the community.
Promoting extended family, adopted.
Programs help with violence prevention
A strength is our elders' ability to talk and
share wisdom
A strength is our cultural and spiritual - need
to teach that.

Data Analysis of Challenges: Question #2

Please explain what you believe to be the factors involved in adolescent violence in the American Indian community (where does it stem from)?

Providers Group

Economics
Homelesness.
Homes
Alcohol
Lack of role models
Indian people feel shame, "not good enough"
Alcohol
Attachment
Intergenerational interrupted relationships
Disruption
Concerns about follow-through with Indian clients
by providers
Follow through not built into programs
Violence is accepted and funny to kids.
Kids want to fit in
Peer pressure
Alcohol
Gambling
Mental health contributes to alcohol/drug abuse.
Trust issues: barrier to seeking help
Loss of language, tradition and ways
Assimilation
You adjust when your needs are not met. Indian
people adjusted.
Broken down kinship systems - our kids lack this.
Lack of morals/values.
Kids taught to defend selves - fighting ok
Violence is a learned behavior
Parents lack of being parented when children
Teen parents. Socioeconomic. No money. Frustrations.
Role models
Teen parents can be violent to children out of frustration

Community Group

TV
Video Games/Media - not rated
Kids can't seperate fantasy from reality in
terms of violence portrayed.
Suicide - not talking.
Stigma of counseling, "I'm not crazy".
Kids feel useless.
Peer pressure can be stressful.
Intergenrational depression...
not being talked about.
Adults don't open up too.
How can you help your kids when you
are not well?
School violence.
Chidren of color have challenges,
especially if they are bi-cultural.
Discrimination.
Self-inflicted injury.
Games/TV
Peer pressure.

Data Analysis of Challenges: Question #4
What do you feel are the specific challenges that American Indian youth face?

Providers Group

Self-control
Safety
Insecurity about themselves and home situations
Coping skills
Need for role models
Kids are intimidated and insecure about the school
system.
Kids face discrimination at school
Home life is so hard that they act up in school,
maybe to forget what's going on at home?
Economics. Mainstream culture influences -
indulgences.
Lack of vision/ future.
Gangs/illegal activity.
Home and its realtionship with school
Kids have no problem-solving or social skills.
Schools don't intervene, blow things out of proportion.
We're always "at the bottom" - not feeling "good enough"

Community Group

Discrimination
Unstable homes
Home
Peer Pressure
Loss of extended family
Some kids want to disassociate
with being Indian
Loss of cultural interests
No respect for elders
Loss of extended family
Need for mentors
Need to come together as a community
Alcohol/drug abuse
Violence in the home
Kids have lack of goals
Inability to express self.
How do we know who will be a survivor and
who will be at risk?
Blaming of parents.
Depression can remain hidden.
Need Prevention.
Not comfortable with mainstream programs.
Not able to express selves.
Kids need a safe adult.

Data Analysis of Challenges: Question #3

What public and privately funded agencies are you aware of in the area that addresses the issue of adolescent violence in our community? Do services meet the needs of American Indian adolescents?

Providers Group

(Name of agency)
Not a lot of resources in (name of county).

Many more in (another city).
When kids need help it usually has to wait to get into the court system. No interventions/preventions for violence. May end up in gangs.

Crisis Team, interventions prior to violence. AI branch of this?
Need a service can call when feeling overwhelmed, not waiting till crisis.
Why aren't there more services? Wish there were more places sensitive to Indian issues.
Professionals need support too. If we have few supports, so do out families.
(Name of agency) counseling staff.
Need to be in crisis to get services.
We need more counselors. The ones we have are overbooked.
Transportation is a barrier. Being scared about going and then to not have transportation makes it difficult.
Broader County MH system is resistant to understanding that Indian people would rather go elsewhere.
That building can be confusing.
(Name of agency) counseling staff have helped students.
Support from (name of agency) aftercare.
There are few Indian counselors in the school system.
We need a lot more prevention.
The non-Indian community does not understand our MH barriers.
There is a need to continuously explain self as a professional when working with non-Indians.

Worried about how Indian parents are treated by other professionals.

Community Group

(Name of agency)
(Name of agency), they get kids out of their homes, which may be violent.
(Name of agency)
(Name of agency)
(Names of agencies)

Data Analysis of Challenges: Question #6
What do you think is needed to help these adolescents and their families? What would be an apprpriate and helpful response from the community?

Providers Group

A supportive living environment/community.
Especially for adolescents and families.Empowering.
Housing. Thoughtfulness, rather than Band-Aids.
To help people be the people they really are, what we
know is inside of them - HOPE.
Less labeling. The more you are labeled, the more
you believe it. It ends up being negative.
It takes a village to raise a child.
Community used to raise children, not anymore.
Health Insurance and transportation is needed.
We could use more child programs. Reaching out
to the families on what they already have inside of them.
Our children are Waukan- but they have lost that spirit.
Kids think that they are no good.
Indian professionals need to do more networking.
Kids have lack of lessons.
Lack of environmental/nature awareness.
Inaccurate resources.
Indian helpers want to make meaningful referrals
that they trust.
Trusting the person/agency you refer to is important.
(area) needs networking amongst agencies (more for
direct service issues?)
AI Resources website.
Empower and teach Indian parents/kids how to use
website, which could include basic info.
With day to day work it is hard to remain updated.

Community Group

Mentoring
Schools were not helpful and blamed me
and our home for (child's) suicide.
Blamed for being close to kids- labeled an
attachment issue/kid spoiled.
Grief groups cost money.
Group did help daughter to talk.
Professionals assume.
Best therapy is family activities
in the community.
Promote something positive.
Places to get together and do stuff.
Community activities.
Adults and kids don't get together for fun.
Community activities that are open
to all families.
Promote extended family/adoption.
Mentor.
I need help from the community.
Elders.
Community activities.
Community group.
Traditional Indian games (moccasin game)