Working with Native Americans when Identifying Risk & Protective Factors

Implications for Prevention

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What is wrong here?
Need to get to the roots of the problems.
Risk Factors predict the following Behaviors Problems:

Substance Abuse

Juvenile Delinquency

School Drop Out

Teenage pregnancy

Violence

Anxiety and depression
Summary of Risk Factors

Availability of drugs
Availability of firearms
Community Laws and Norms
Media Portrayal of Violence
Transition and mobility
Low neighborhood attachment
Extreme economic deprivation
Early and persistent antisocial behavior
Rebelliousness
Friends who engage in the problem behavior
Gangs
Favorable attitudes towards the problem behavior
Early initiation of the problem behavior
Constitutional factors

Family history of the problem behavior
Family management problems
Family conflict
Favorable parental attitudes and involvement in the problem behavior
Academic failure beginning in late elementary school
Lack of commitment to school

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Protective Factors for Native Americans

- Mental
- Physical
- Spiritual
- Emotional
• Native American Rehabilitation Association of the Northwest – grantee
• 8 (now 9) Oregon Tribes
  – Prevention and intervention activities
• Student group at Portland State University
• Elder activities
• Data analysis of risk factor, protective factor and suicidality prevalence rates in Oregon

• Community Assessment at start of project
  – Meeting with partners, create action plan

• Community Re-assessment 2 years later
  – Review lessons learned, measure changes in community readiness, plan next steps
Risks Increase Suicide Attempts

• I do not feel safe in my community: over 3 times more likely
• Receive mostly Fs in school: almost 7 times more likely than those who reported receiving mostly As
• Youth reporting that family members often insult or yell at each other were almost 5 times more likely
• Used any illegal drugs in the past 30 days: over 4 times more likely
Protective Factors Decrease Suicide Attempts

- There is an adult in the community who tells me when I do a good job: over 4 times less likely
- “Almost always” enjoy school: 3 times less likely than “never” enjoyed school
- An adult at home to talk with about my problems: 4 times less likely
- I can do most things if I try: 5 times less likely
Community Assessment

- Scope of community for this project
- Infrastructure
- Leadership support
- Health and mental health services
- Prevention services
- Referral network
- Cultural activities/events
- Opportunities for youth/elder interactions
Community Readiness

- Community efforts
- Community knowledge of efforts
- Supportive leadership
- Community climate
- Knowledge about suicide & suicide prevention
- Resources for suicide prevention
- Stage of community readiness
Lessons learned

- Managing transitions in staff, leadership
- Incorporating suicide prevention into a broader focus on wellness
- Meeting people/communities where they are and engaging them
- Trust, respect, flexibility, patience
- Collaboration between AOD & MH
- Training