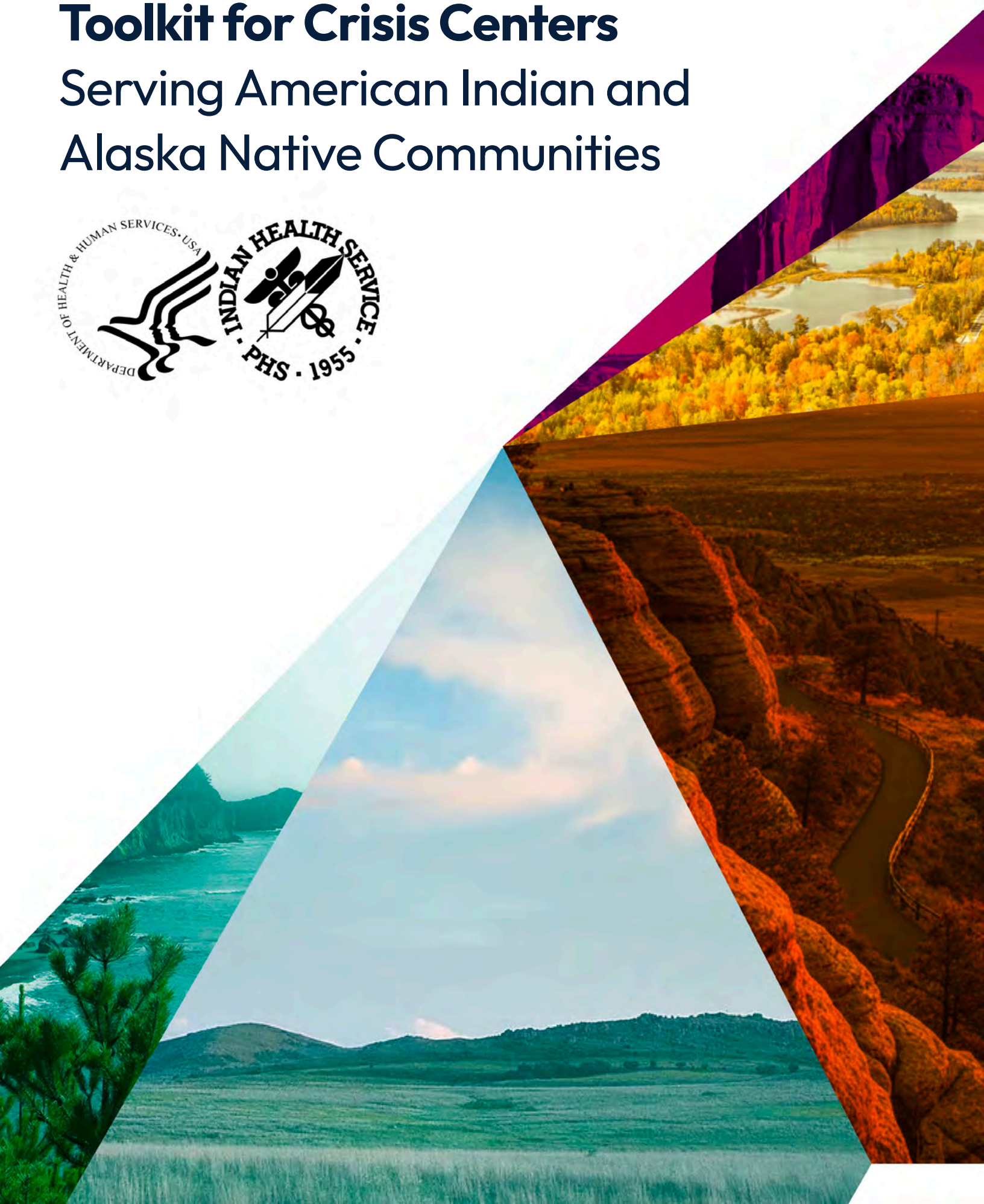
Toolkit for Crisis Centers

Serving American Indian and Alaska Native Communities



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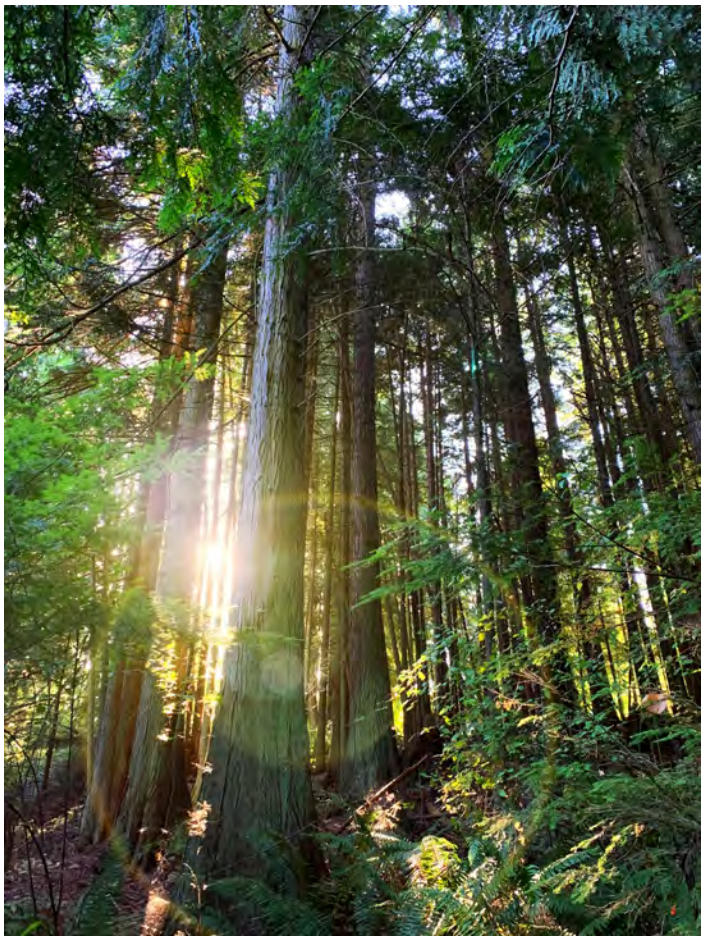
We extend our appreciation to our contacts at crisis centers across the nation who have provided their collaboration. In addition, we would like to specifically acknowledge:



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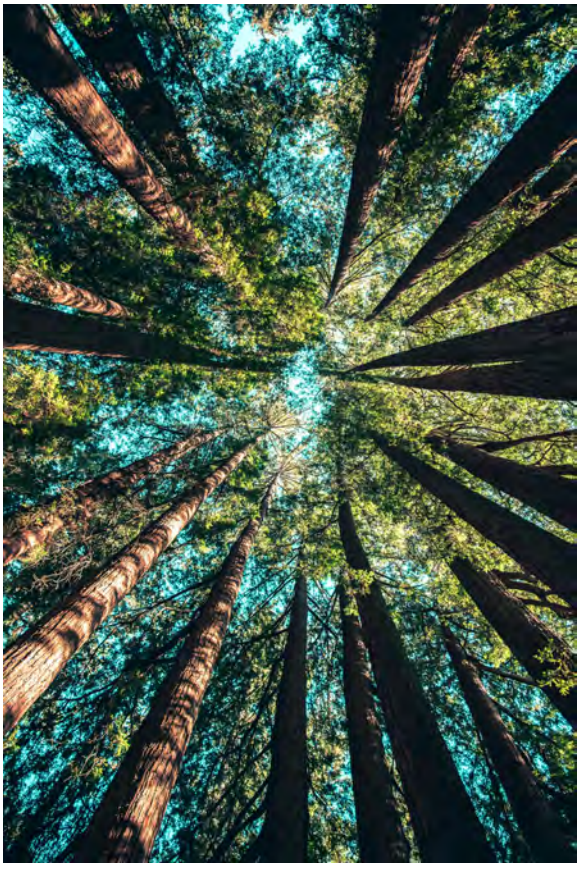


Introduction

The Toolkit for Crisis Centers Serving American Indian/Alaska Native (AI/AN) Communities is designed to help crisis centers build effective and sustainable programs within their organizations and specifically aims to:

- **Increase staff awareness of AI/AN communities, cultural practices, traditions, and needs.**
- **Increase AI/AN usage of crisis services.**
- **Improve services for AI/AN help seekers by increasing cultural responsiveness in crisis centers.**

This toolkit is designed to be a resource for crisis centers in the developmental stages of addressing the needs of AI/AN communities, as well as those who have already established strong partnerships and aim to enhance their current programs. While it offers guidance, there is no one-size-fits-all approach. Crisis centers, ideally, will be committed to forming partnerships and developing processes, policies, and outreach activities based on the needs of their regional AI/AN communities.

This work will be most effective when completed in collaboration *with* AI/AN communities, rather than *to* or *for* them. It is essential to approach this work with a foundational belief that AI/AN communities possess the internal resources to bring about healing, as demonstrated for generations through their enduring cultural and spiritual practices. An important theme throughout the toolkit is the emphasis on culture as prevention. This principle is based on growing evidence that AI/AN people who are more closely connected to their traditional practices have a heightened sense of well-being, a protective factor that counterbalances many of life's adversities.

The toolkit is intended to complement the many other valuable resources created to improve services for AI/AN individuals and communities. It is intended to be used in conjunction with other materials to advance effective partnerships and increase collaboration with tribal communities.

This toolkit is a revised and updated version of the National Suicide Prevention Lifeline: Toolkit for Crisis Centers Serving American Indian and Alaska Native Callers, developed in 2012. In efforts to garner review and recommendations for revision, the original toolkit was presented to crisis center coordinators from all 50 states. Outreach efforts resulted in a full review and feedback provided from 22 states. Feedback was received from a broad sampling of specialists, including state crisis service coordinators and supervisors, tribal liaisons, and tribal health representatives. The original toolkit's emergent themes were found to be of continuing value and remain as strong guideposts in the revised toolkit. The four emergent themes identified were:

Toolkit Development and Guiding Themes

- Building meaningful and lasting relationships with local AI/AN communities.
- Providing locally tailored, culturally responsive services.
- Collaboratively coordinating services and responses.
- Developing a tribal liaison within the crisis center to build and sustain relationships with AI/AN partners.

Additionally, feedback from interviews revealed a need to bolster the toolkit in the following ways:

- Expand language to encompass a wider representation of AI/AN peoples to include those living in urban areas and those with more complex tribal affiliations.
- Emphasize protective factors and the importance of promoting culture as prevention.
- Recognize the current best practices modeled across the nation and highlight them as inspiration for crisis centers to learn from each other.

How to Use This Toolkit

This toolkit may be utilized in a variety of ways. Viewed in its entirety, it may be used to provide information and guide awareness for all staff. To increase ease of use, this toolkit is organized into three sections, organized by their intended audience. Additionally, ideas for planning and training are provided throughout.
The intention is to give crisis centers practical, engaging ideas on how to integrate the material from the toolkit into staff meetings and trainings.

Suggested Uses for the Toolkit	
Background Intended Audience: **Staff**	This section is designed to provide background information, historical context, and current suicide data among AI/AN populations. The guidance is to use this section to build awareness for all **staff**. The Local Landscape Worksheet can be completed by leadership, tribal liaisons, or an outreach team to identify locally tailored background information. Once the template is completed, it is intended to be shared with all **staff**.
Creating Partnerships with AI/AN Communities Intended Audience: **Leadership** **Tribal liaisons**	This section provides a step-by-step framework for crisis centers as they build lasting partnerships with AI/AN communities. **Leadership** may use the first part of this section to identify their goals and establish a tribal liaison role or team. The second part of this section may be used by **tribal liaisons** with the intention of guiding their role, how it will be conducted, what principles they will abide by, and how they may go about community outreach.
Culturally Responsive Approaches for Crisis Center Counselors Intended Audience: **Crisis Center Counselors**	This section is intended to be an educational resource for **crisis center counselors** to enhance their skill sets when assisting AI/AN help seekers. The Communication Guide for Crisis Counselors Serving AI/AN Help Seekers is designed to be a pull-out resource that counselors may keep at hand for easy reference.

Module 1:
Building a Foundation of Knowledge

Foundation

We start with knowledge and understanding as our foundation. Like the elements of earth, knowledge offers us clarity and a stable place to stand. Earth reminds us to find our solid footing, and to make this a cornerstone of our internal strength.

American Indians and Alaska Natives in the United States

Terminology

This toolkit is designed to guide and support those working with distinct populations within North America. In doing so, understanding terminology is important. The term *Indigenous* is a broad term, and the most inclusive, as it encompasses all peoples who inhabited the earth's continents prior to colonial interference.[1] Indigenous people can be found all over the world.

When referring to the indigenous peoples of Alaska or the 48 contiguous states of the United States (US), this toolkit uses the terms American Indians and Alaska Natives, abbreviated as AI/AN. The terms American Indian and Alaska Native refer to indigenous peoples who inhabited Alaska and the lower 48 states prior to European contact. Though the term American Indian can be used broadly ethnologically, there is also a legal context to the term, as it is used by the US government to refer specifically to those identified as tribal members with whom a government-to-government relationship has been established.[2]

Though these terms are necessary to speak broadly of indigenous peoples of North America, whenever possible, use the names of specific tribes. Many AI/AN people identify with their specific tribal or village affiliation, such as Lakota, Yurok, Shoshone, or Blackfoot. Staff at crisis centers should become familiar with tribes in their region to best understand and communicate with individuals from these areas.

Demographics

According to the 2020 US Census, 9.7 million people identify themselves as having some AI/AN heritage. Of this total, 3.7 million people identify AI/AN as their sole race.[3]

As of 2026, the federal government recognizes 575 tribal entities[4] (identified as tribes, nations, bands, pueblos, colonies, and native villages/communities), 229 of which are located in Alaska. In addition, a number of non-recognized tribes exist without the status of sovereign nations, some of which may hold recognition within their state. To further complicate the issue, some tribes hold a federally non-recognized status, meaning they once held federal recognition, but their status has been withdrawn.[5] For these reasons, the number of federally recognized tribes is in constant flux, as many tribal groups are still advocating to gain or regain federal acknowledgment.

The term Indian Country refers to land that has been set aside for the primary use of AI/AN people and includes reservations, dependent

Indian communities, and allotments.[6] Of those living on reservation or tribal lands, some reside on their ancestral homelands, while others live far from their original homeland, often due to forced relocation policies enacted by the US government.

9.7 Million

Identify as having some AI/AN Heritage

3.7 Million

Identify AI/AN as their sole race

Understanding and connecting with AI/AN living in Indian Country will be a key goal for crisis centers in many states; however, the majority of AI/AN people do not reside on tribal lands. The 2020 US Census reports that 70% of AI/AN people live in urban areas, though urban-rural demographics will vary by state/region.[7] Some AI/AN living in urban areas may have left their homelands to gain access to services or pursue better economic and educational opportunities, including careers. For others, their relocation was coerced through government policy.[8] Whichever the case, urban Indians face unique challenges. Urban AI/AN are more likely to have ties to multiple tribes. This may create complexity in tribal identity and membership, as well as impact access to supports and protections allotted within Indian Country.[9] For some, residing away from tribal lands may impact a sense of belonging to a particular tribal culture.

As each crisis center delves into researching the unique area they serve, it is important to understand that though AI/AN communities share similarities, they vary greatly in language, history, spiritual beliefs, and cultural practices. Rather than generalizing, crisis centers must consider each tribal entity, as well as each individual, as unique partners they are open to learning from. The maps linked below will help initiate local identification of tribal populations in and around crisis centers' areas of service. [10]

Figure 1: AI/AN Alone or in Combination by State 2020

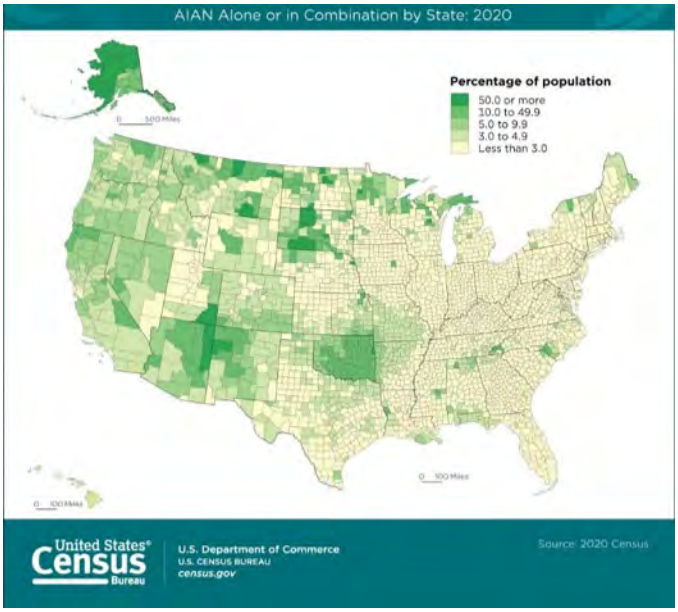


Figure 2: U.S. Census Tribal Lands Map

U.S Census Tribal Lands Map

Alaska Natives: Demographics

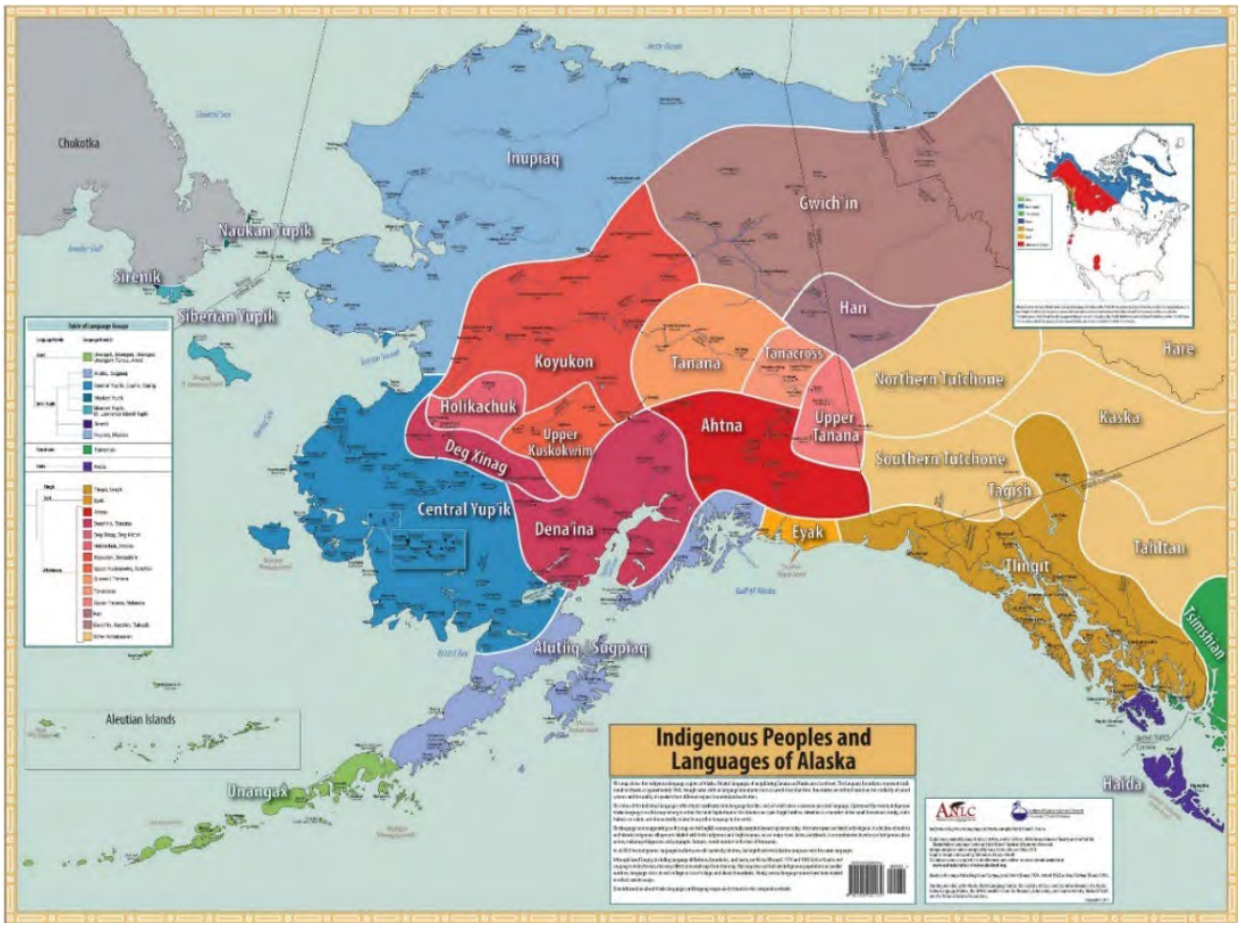
Alaska Natives (ANs) exhibit unique cultural traits and a historical background that is notably different than American Indians in the contiguous 48 states. ANs have inhabited their ancestral lands for over 12,000 years, displaying strength and resilience as they have adapted to harsh climates and historical disruptions. Distinct in language and culture, Alaska's 229 federally recognized tribes span across the diverse ecological landscape of the largest state in the nation.[11]

Although AN tribal groups are diverse, they have shared traits, such as the use of subsistence hunting, fishing, and gathering as a way of life.[12] This practice has instilled in them a deep connection to land and water, a sustaining feature of AN tribal identity.

ANs have been loosely organized into five groups based on language and ecological similarities, illustrated in the map below.

As of 2020, 148,085 Alaska Natives reside in Alaska, representing over 15% of the state's population. The Alaska Native population is relatively young, with roughly half of ANs under the age of 29.[13] Pacific Northwestern states, such as Oregon and Washington, have the largest pockets of Alaska Natives living outside of the state itself.[14]

Figure 3: Indigenous Peoples & Languages of Alaska



Historical Considerations

When considering conditions that impact AI/AN communities, it is important to understand the historical context in which these conditions are rooted. As with many indigenous populations around the globe, the history of AI/AN people is full of instances of community and cultural disruption. AI/ANs have experienced traumatic events such as disease, destruction of land and the environment, forced removal from ancestral homelands, assaults on language and traditions, systemic removal of children to boarding schools, and governmental policies intentionally aimed at breaking apart community and family systems. The term *historical trauma* was developed to describe the wide-ranging and long-lasting effects these events have on impacted communities.

Clinician, educator, and researcher, **Dr. Maria Yellow Horse Brave Heart describes historical trauma as "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experience."**[15] Brave Heart uses the term soul wound to describe this phenomenon, as the harm permeates the essence of one's being. Further, the impact of this trauma is not only attributed to big historical events, but also to the systemic stressors that have accompanied these events throughout history and into the present day.[16] Consequently, the unresolved collective grief of these ongoing traumas can continue across generations, causing feelings of despair and hopelessness among community members. It is important to have a basic understanding of both the stresses and resiliencies that have resulted from historical trauma in AI/AN communities. There are numerous historical events, governmental policies, and discriminatory practices that have impacted AI/AN people, too many to discuss in detail for this toolkit. In the following sections, you will read about *some* of these policies and how they have contributed to generational trauma.

Forced Removal and Relocation Policies

Early interactions between the US government and tribes in the contiguous 48 states included the creation of treaties. Treaties are agreements between sovereign nations, and native tribes negotiated through treaties long before European contact.[17] Treaties addressed issues such as land boundaries, hunting rights, and peace agreements, and they were the tenet of early government-to-government interactions.[18] However, treaties with tribal nations were notoriously falsified, coerced, and broken by the US government.[19] By the time the treaty era ended in 1871, native lands had already shrunken rapidly, yet the federal government continued developing policies to seize tribal lands. Geographical relocation, enacted by policies such as the 1830 Indian Removal Act, forcibly and often violently removed American Indian peoples from their homeland and resettled them in areas far away, resulting in death, illness, and the degradation of families and communities.

Relocation continued in different forms until relatively recently. The federally sponsored Urban Indian Relocation Program began in the 1950s and ran through the 1970s. The program encouraged AI/ANs to move from their tribal communities to urban areas under the promise

of economic opportunity, though severing and degrading tribal ties was at the core of the policies' intent.[20] Thousands of AI/AN people made the journey to cities such as Los Angeles, Denver, Cleveland, and Chicago in hopes of securing a promising future. For many, the unfortunate result was unemployment, discrimination, and the loss of the cultural supports that once sustained them.[21]

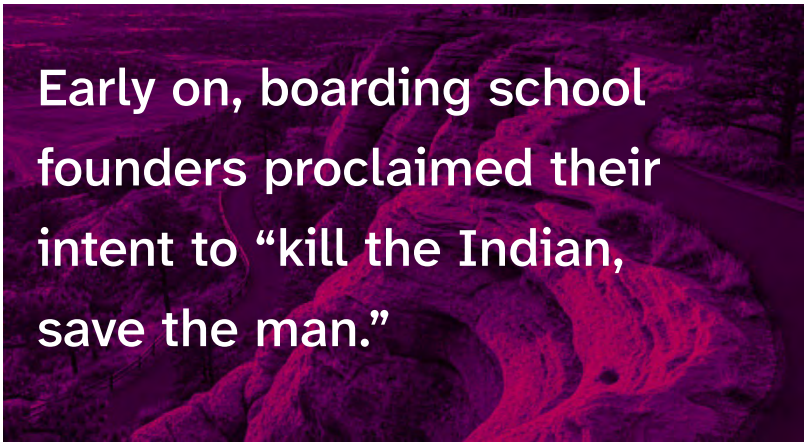
Tribal relocation has many implications for crisis centers serving tribal communities. The removal of American Indian peoples from ancestral lands means that crisis centers may be working with tribes who have relocated to states far from their homelands. Some tribal nations were forced into the lands of other tribal entities, which may have caused friction amongst groups vying to sustain their livelihoods with minimal resources. For crisis centers working in urban areas, individuals may come from a wide range of tribal backgrounds. This can make it more challenging to identify specific cultural supports, making it imperative to research and understand this historical context to best support communities in your area.

Boarding School Era

In the early 19th century, the US government ordered compulsory education for AI/AN children at federally funded Indian boarding schools. From 1819 to the 1970s, hundreds of boarding schools operated across the US with the intent to erode the AI/AN way of life through forced assimilation and family disruption.[22] The 2024 Federal Indian Boarding School Initiative Investigation Volume 2 reports:

> *"From the earliest days of the Republic, the United States' official objective—based on Federal and other records—was to sever the cultural and economic connection between Indian Tribes, Alaska Native Villages, the Native Hawaiian Kingdom, and their territories. The assimilation of Indian children through the Federal Indian boarding school system was intentional and part of that broader goal of Indian territorial dispossession for the expansion of the United States."*

This investigation identified 417 federal institutions across 37 states and identified 18,624 children who attended these institutions, though actual numbers are inevitably much higher.[23] Parents were coerced into sending their children away to boarding schools by various means, including withholding of rations and the use of police force via Office of Indian Affairs Agents.[24]



Though some schools were more humane than others, for many AI/AN children, boarding school conditions were unbearable. Early on, boarding school founders proclaimed their intent to "kill the Indian, save the man." Children were severely disciplined for speaking their traditional languages or expressing their cultural practices. Physical, emotional, and sexual abuse perpetrated by boarding school staff was common.[25] Tragically, some children would not live to return to their families. Children at Indian boarding schools during this era were six times as likely to die as the general population of American children. Truth-seeking efforts to uncover the number of deaths and remains of children buried on boarding school grounds have gained momentum, though the true number of children lost may never be accurately quantified.

The aftermath of the removal of children from their families and tribal communities to boarding schools has had a lasting impact. AI/AN people traditionally have strong kinship ties that extend beyond the nuclear family. The value of community and the sacredness of children are woven into the fabric of AI/AN cultures. The boarding school era eroded these values by disempowering parental rights, fracturing kinship systems, and shattering ties to traditional community.[26] Further, the trauma inflicted upon boarding school attendees was so widespread and severe that it continues to impact generations of AI/AN people and their ability to thrive. For crisis centers responding to AI/AN contacts, it is important to understand the lasting impact of boarding school policies, as well as the unresolved grief that may accompany AI/AN people impacted for generations by these systems.

For a comprehensive understanding of boarding schools, see:

Tribal Boarding School Toolkit for Healing

Alaska Natives: Historical Considerations[27]

The history of Alaska Native contact with colonizing entities differs from that of tribes in the lower 48 states. In Alaska, Russian occupancy began in the 1770s with the exploitation of the fur trade. This continued until 1867, when the US purchased the land through the Treaty of Cession. The purchase of Alaska left ANs without the federal services provided by trust responsibilities or federally recognized tribal status to form government-to-government relationships. Shortly after the purchase of Alaska, the US terminated treaty agreements; as a result, ANs never formed treaties with the US government. In 1966, the Alaska Federation of Natives formed to advocate for AN rights to land and subsistence lifestyles. Following the discovery of oil in Prudhoe Bay, the Alaska Native Claims Settlement Act (ANCSA) was passed in 1971. It sought to settle the land rights dispute by creating twelve Alaska Native regional corporations. ANCSA transferred title of federal lands to Alaska Native Corporations (ANCs) and granted them the use of land and resources for economic development. To date, subsistence hunting and fishing rights for AN continue to be disputed in some areas.

Alaska Native tribal groups were not added to the list of federally recognized tribes until 1993,

when the Federally Recognized Indian Tribe List Act of 1994 was enacted. Notably, there is only one AN reservation in Alaska, Metlakatla.

Like American Indians in the contiguous 48 states, AN youth were sent (sometimes forcibly) into far away boarding schools.

Implications from Historical Considerations

Though historical trauma has left a reverberating impact on AI/AN communities, tribal cultures have endured despite every effort to eradicate them. AI/AN people have shown capacity for great healing as they draw upon rich cultural resources to bring wounded souls back into wholeness.

The experiences of AI/AN people differ greatly across the nation and are too varied to summarize for this toolkit. In the “Local Landscape Template”, your team will research and document historical content that is specific to your geographical area. Becoming familiar with localized history will allow for a deeper understanding of issues that impact surrounding communities.

Ideas for Staff Planning and Training:

- Distribute the Demographics and Historical Considerations sections (pages 7-13) at a staff meeting or designated training time.
- Break into partners or teams of 3-4, depending on your group size.
- Assign each team one subsection in this area.
- Teams can read out loud or take a moment to read silently to themselves. Encourage them to highlight/underline key text as they read.
- Have each team share a summary of their section with the group.
- Give each team 7-10 minutes to respond to the following prompts. If time is limited, choose the questions you feel are most relevant for your team:
  - What stood out to you from the reading?
  - What do you already know about AI/AN communities and tribal entities in your area?
  - What regional historical information does your organization need to consider to best serve AI/AN in your area?
  - What else do you want to find out?

Choose a representative to summarize the team’s ideas.

Template for Local Research

Use this template to help your team gain awareness of American Indian/Alaska Native (AI/AN) experiences in your area. Historical experiences and cultural practices can be diverse, even within the same state.

Relationships

Background of the crisis center's relationship with Tribal communities/partners. How has your organization interacted with tribes historically? What has worked? What needs to be improved?

What entities do AI/AN populations currently interact with locally? (IHS, Tribal Health, BIE schools, post -secondary institutions, AI/AN advocacy groups, etc.)

Local Perspectives on Suicide

AI/AN may have differing levels of openness in talking about suicide. While some communities are very open, others refrain from using words like suicide or death.

What crisis services do tribal groups currently engage with? Acknowledge what is already being done.

Demographics

State and federally recognized tribes, census data, urban statistics

Historical Background

Including state-specific colonial entities, boarding school locations, tribal relationships, historical events, urban relocation impacts

Geographical Information

Where are most AI/AN located? Locate reservations, rancherias, villages, urban areas, etc., with high AI/AN populations

Risk Factors

What specific risk factors do AI/AN communities in your service area face? Ex: rural/remote areas, lack of resources, substance use, etc.

Suicide

Local suicide data for AI/AN populations: Access CDC Wonder Data or local public health offices

Protective Factors

Protective factors specific to the people and regions in your area. Ex: Traditional language revival, land stewardship, ceremonies, and local cultural events

Suicide Related Behaviors in AI/AN Communities

Social Drivers of Health

Though many health organizations use the phrase social determinants of health, the term social drivers of health is used here intentionally. The word determinant can indicate that health outcomes are predetermined, while the term drivers suggests that, though there are factors that influence health outcomes, these can be changed for the better through the actions of policy makers, communities, and individuals.[28]

The reverberations of historical traumas and the systemic stressors that accompany them have had a lasting impact on the physical, mental, spiritual, and emotional health of AI/AN people. One of the greatest indicators of this inequity is the measures of social drivers of health among AI/AN populations.

The World Health Organization defines social drivers of health (SDOH) as "the non-medical factors that influence health outcomes. They are conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."[29] The Department of Health and Human Services has grouped the social drivers of health into the five domains listed in the chart below. Examples of specific SDOH are safe housing, community violence, discrimination, racism, and pollution.[30] When considering SDOH in AI/AN communities, it is important to understand the disparities that exist and the social and historical context in which these disparities were created. The chart below illustrates *some* of the ways in which AI/AN communities face inequities when comparing SDOH to the general population.

It is important to understand social drivers of health and the disparities that exist for AI/AN populations, as these drivers have a direct impact on physical and mental health, and potentially, suicidal behaviors.

Alaska Natives: Social Drivers of Health

SDOH are a root cause for mental health issues such as depression and anxiety, conditions that can contribute to suicidal ideation. Poverty rates are one marker of SDOH, measured as a set minimum income determined necessary to cover basic needs. In Alaska, the three regions with the highest suicide rates also have the highest correlating poverty rates, all over 30%, a number three times the national rate.[31] However, cultural concepts around wealth and poverty are important to examine when looking at this data. ANs in rural communities often live traditional lifestyles, where measurable income may be low, but communities utilize subsistence fishing, hunting, and foraging. In this way, though income metrics may be substandard, the land continues to offer food security and nutritional sustenance.

Social Drivers of Health

In AI/AN Populations[32]

Economic Stability

Highest poverty rate of any racial/ethnic group at 21.7% (varies by region and tribe).

Education

Lower high school graduation rates. 19.53% without a diploma (compared to 12.03% of the general population).

Social/Community Setting

Lack access to the internet. 71.4% had access to broadband internet compared to 82.3% of the general population (varies greatly by region/tribe).

Adverse childhood experiences (ACES) scores were 2.32 times higher than those of other racial/ethnic groups.[33]

Health/Healthcare

Lower than average life expectancy rates

Higher than average infant mortality and neonatal mortality rates.

Higher than average disability rates at 17.7% compared to 13.1% of the general population.

Reported higher rates of poor mental health.

Neighborhood/Environment

Five times as likely to live in substandard housing conditions.

16% of households on tribal lands experienced overcrowding.[34]

Current Landscape of Suicide Related Behavior in AI/AN Communities

The factors described in the previous sections are part of a network of complex, interrelated issues that contribute to heightened risk factors for AI/AN communities. Research confirms that AI/AN peoples are disproportionately impacted by suicide ideation and suicide death, as indicated by the Centers for Disease Control and Prevention (CDC) reports that show:

- From 2018-2021, age-adjusted suicide rates were highest among non-Hispanic AI/AN people (28.1 per 100,000).[35]
- In 2020, the overall death rate from suicide for AI/AN was about 50% higher than for non-Hispanic whites.[36]
- From 2015-2020, suicide rates for AI/AN adolescents & young adults ages 15 to 34 were 1.3 times that of the national average for that age group.

The following charts highlight some of the concerning statistics regarding suicide in AI/AN communities. It should be noted that while averages illustrate stark disparity, there is variation among suicide rates by state, region, and tribal entity, with some communities experiencing rates much higher than the national average, and others experiencing lower than average rates.

Hopeful Shifts:

Suicide data from 2023 shows some promising trends.[1] Though AI/AN populations still experience the highest suicide rates of any racial/ethnic group, from 2021-2023, the rate declined by 15.3%. The age-adjusted rate, which was 28.1 per 100,000 from 2018-21, dropped to 23.8 per 100,000. The biggest drop occurred in the 10-24 age group, with a significant 30% decrease.

Figure 4: Suicide Rates Among American Indian & Alaska Native People by Age, 2019-2023

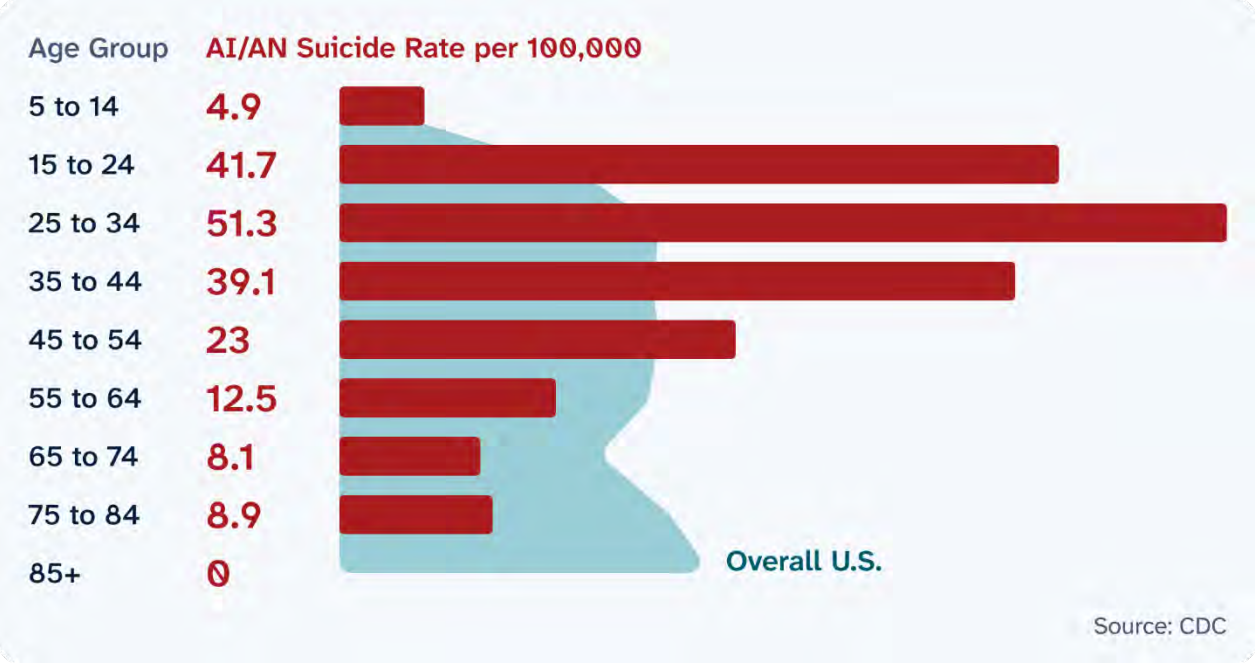


Figure 5: Suicide Rates Among American Indian and Alaska Native Populations in the U.S., 2019-2023

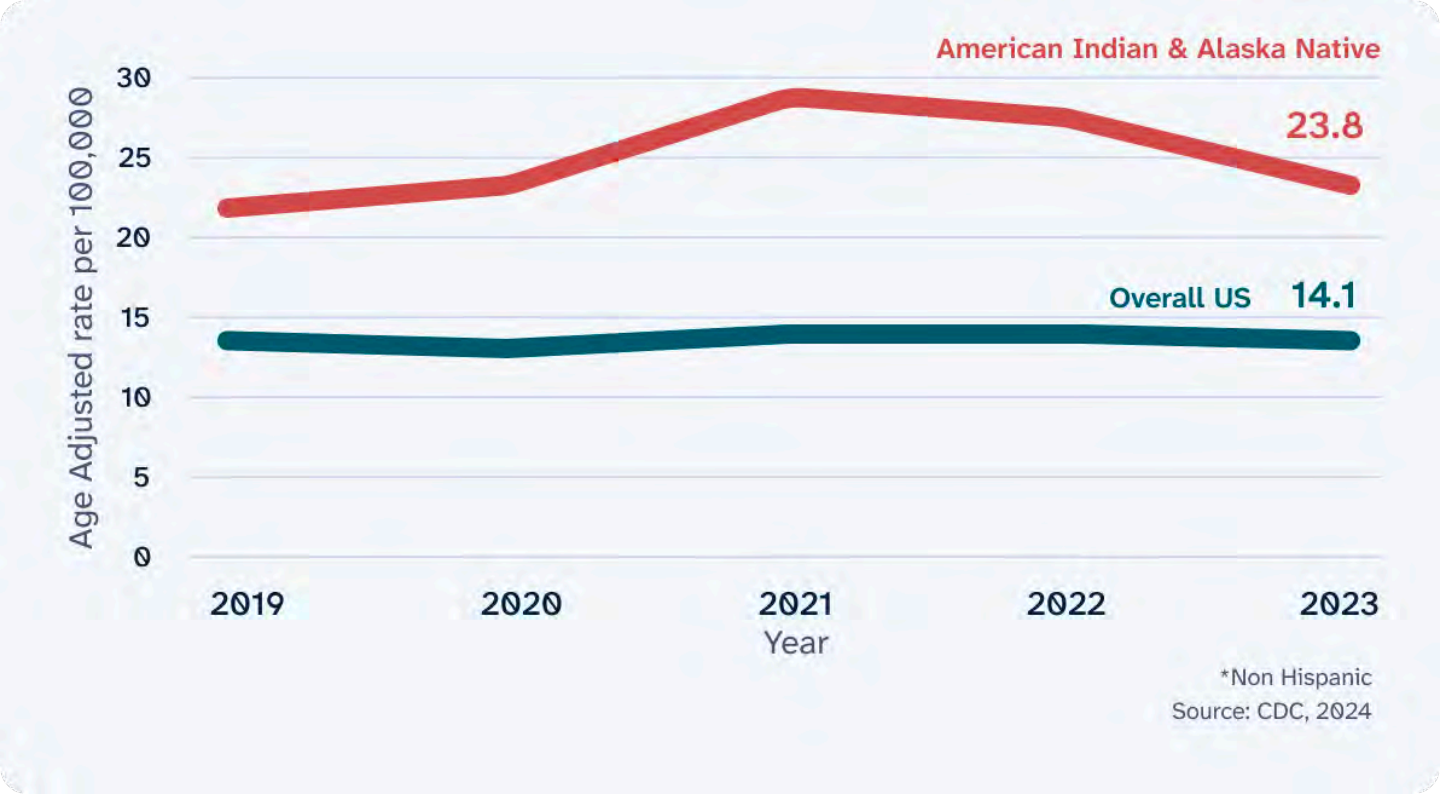
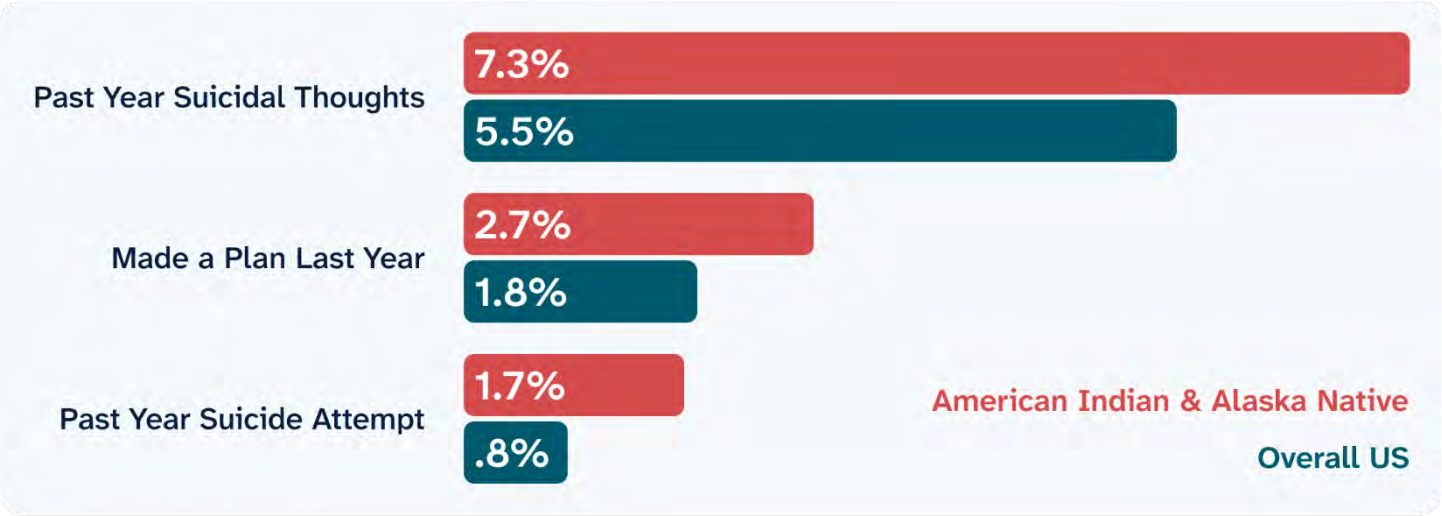


Figure 6: Past Year Self-Reported Suicidal Thoughts & Suicide Attempts Among American Indian & Alaska Native Adults



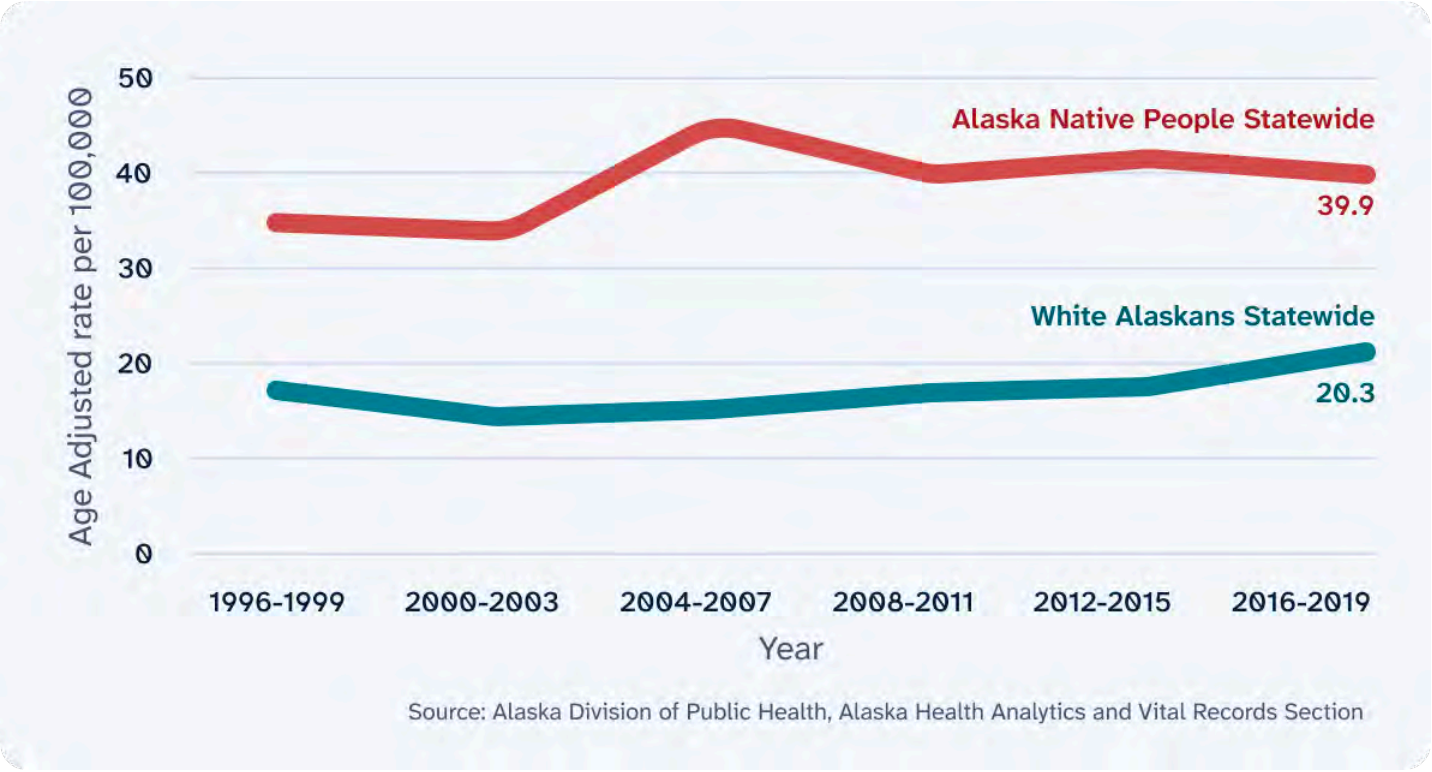
Source: SAMHSA, 2023

Alaska Natives: Suicide Data

Suicide rates for the general population of Alaska are among the highest in the nation, and rates for Alaska Natives are even higher. Alarmingly, from 1960-1989 AN suicide rates saw a sudden and drastic 500% increase.[37]

In 1988, The Anchorage Daily News ran a series titled "A People in Peril". The series brought to light the devastating impact of suicide in Alaska Native communities, arguing that historical trauma, violence, and alcohol use had wreaked havoc on the social fabric of AN communities. "A People in Peril" served as a wake-up call to the nation and would spark a dedication of services and resources to AN communities, and yet, suicide death rates for ANs have remained relatively unchanged.[38] To illustrate, the graph below gives a snapshot of current data reflecting AN suicide rates:

Figure 7: Alaska Native Suicide Mortality 1996-2019



Additional data from the Youth Risk Behavior Survey further illustrate suicide risks specific to Alaska Native youth. This survey collects health information from high school-age teens using voluntary and anonymous collection methods. Results from the 2023 survey show 24.2% of high school-age AI/AN youth had attempted suicide in the last twelve months.

It is important to understand social drivers of health and the disparities that exist for AI/AN populations, as these drivers have a direct impact on physical and mental health, and potentially, suicidal behaviors.

Risk Factors

Suicide is a complex problem, without a simply identified root cause. A convergence of environmental, societal, historical, and interpersonal influences contributes to a varied landscape of suicide related behaviors in AI/AN communities. Risk factors are aspects that may increase a person's suicide risk. Many of the risk factors associated with suicidal behavior are experienced across racial and ethnic backgrounds. Additionally, research has shown the following to be among the relevant risk factors for AI/AN populations:

- **Relational Issues**
- **Recent Crisis**
- **Substance use**
- **Mental Health Issues and Access**
- **Adverse Childhood Experiences and Trauma**
- **Historical Trauma**
- **Suicide Exposure and Loss of Loved Ones to Suicide**
- **Lethal Means Access**
- **Community Violence**
- **Discrimination**

1. Relational Issues: AI/AN show higher instances of having interpersonal issues before suicide death. Data from 2015-2020 shows that nearly 55% of AI/AN suicide decedents experienced relationship problems or losses before their death. Relational problems include issues such as intimate partner problems, family and other relationship disruptions, and interpersonal violence.[39]
2. Recent Crisis: The occurrence of a personal crisis, such as criminal/legal troubles or loss of a loved one, also increases risk. One third of AI/AN (31.8%) decedents had experienced a crisis within the preceding two weeks of their death or anticipated a crisis in the upcoming two weeks.
3. Substance Use: Substance use is a risk factor for all populations, as being under the influence of substances impairs judgment and weakens impulse control, conditions that make dying by suicide more likely. In the general population, individuals with alcohol and substance dependency issues are found to be 10-14 times more likely to die from suicide.[40]
4. Mental Health Issues and Access: CDC reports from 2015-2020 found that 41.5%of AI/ANs who had died by suicide had a known mental health condition. The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that in 2019, 18.7% of AI/AN individuals reported a mental illness diagnosis, though numbers may be underreported.[41] Possible reasons for this may be attributed to a lack of access in AI/AN communities, particularly in rural areas. Other factors that impede access are stigmas around accessing mental health care and mistrust of systems and institutions due to past experiences of harm.[42]
5. Adverse Childhood Experiences and Trauma: Adverse childhood experiences (ACEs) are traumatic events that occur in childhood and include experiences such as abuse, neglect, and household instability. These factors impact human development, and there is a well-documented link between ACEs and suicidal behavior.[43] With AI/AN experiencing ACEs at 2.32 times the rate of other racial/ethnic groups, ACEs are a significant risk factor to consider. Further, AI/AN experience *current* trauma at a higher rate than other populations, leading to ongoing and persistent exposure to trauma.[44]
6. Historical Trauma: Attempts to eliminate AI/AN culture through forced relocation, boarding school policies, the prohibition of tribal language, and the outlawing of traditional religious practices result in trauma responses among individuals as well as long-term distress in communities.[45] Studies show that symptoms (depression, anxiety, somatic pain, etc.) stemming from historical trauma have a strong association with suicidal acts.[46]
7. Suicide Exposure and Loss of Loved Ones to Suicide: Exposure to suicide through the loss of a loved one or community member can increase risk. Suicide clusters (defined as a series of suicides or suicide attempts occurring closer in proximity than would be expected) have occurred in AI/AN communities, with youth at a higher risk

for suicide clustered behavior.[47] However, making meaning after an experienced loss can alleviate risk, making postvention practices essential.[48] For comprehensive coverage of suicide clusters in the AI/AN community, see: Preventing and Responding to Suicide Clusters in American Indian and Alaska Native Communities

8. Lethal Means Access: Having access to lethal means can increase the risk of suicide death. In some communities, such as Alaska Native Villages, there may be higher accessibility to firearms due to traditional hunting practices.[49] Overall, AI/AN people show higher rates of suicide deaths by hanging/strangulation.[50] Reducing access, raising awareness, and Counseling on Access to Lethal Means are effective strategies to address lethal means safety.
9. Community Violence: There is a correlation between encounters of violence and increased suicide risk, with sexual abuse and physical assault posing the highest risk.[51] Data from 2023 shows that more than four out of five AI/AN adults have experienced some form of violence in their lives. Notably, 97% of AI/AN women and 90% of AI/AN men have experienced at least one encounter of violence from a non-AI/AN perpetrator, while a much smaller percentage (35% of women and 30% of men) experienced a violent encounter involving an AI/AN perpetrator.[52] These statistics highlight the need for ongoing conversation and reformation of jurisdiction rights of federally recognized tribes and their ability to prosecute for crimes committed on their lands.
10. Discrimination: Emotional strain linked to discrimination may contribute to depressive symptoms and lower self-worth. Discrimination may be experienced as verbal taunts or physical threats, and may also be enacted more subtly by institutions.[53] These factors, especially in youth, increase the risk of suicidal behaviors. Race and ethnicity, cultural differences, and sexual/gender representation may increase experiences of discrimination.

Protective Factors

Among all populations, research has shown various factors that can protect against suicidal behavior. For example, having basic needs met, social support, self-determination, and spirituality have all been found to decrease suicidal ideation.[54] In addition, research has shown the following to be relevant protective factors for AI/AN populations.

1. Culture as Prevention: For AI/AN people, cultural practices go beyond external markers such as dance and music. Culture extends to the internal, a way of being that includes who one is and how they relate to others around them, including the natural world. For time immemorial, native and indigenous tribes have maintained health and wellness through cultural practices. Research confirms that connectedness to AI/AN cultural practices is associated with better mental health and lower instances of risk factors such as depression and substance use.[55]
2. Tribal Identity and Sense of Belonging: Thomas Joiner's Interpersonal Psychological Theory of Suicide states that a thwarted sense of belonging is one of the psychological experiences that leads to suicidal ideation.[56] Conversely, the feeling of belonging serves as a protective factor. For AI/AN people, tribal identity can help foster deep feelings of belonging and connectedness. Tribal identity may include ancestral ties and a relationship with nature that can enrich one's feeling of interconnectedness.
3. Family/Elder/Fictive Kin Relationships: Connectedness to family and loved ones is a protective factor for all populations. This applies to AI/AN people, as traditional views uphold the values of community and a relational way of being. For many AI/AN people, the family group extends beyond the nuclear family, widening support and resources to the broader community. Fictive kin, family-like bonds formed outside of blood or marriage, are also an integral part of AI/AN relationships. Close friends may be referred to as auntie or cousin, signifying familial language more expansive than dominant cultural norms.
4. Coping and Problem-Solving Strategies: Developing healthy coping strategies in response to life's stressors is a key protective factor.[57] As relational issues have been identified as a significant risk factor for AI/AN populations, developing

healthy ways to deal with relational disruptions is essential.

5. Alcohol Abstention Rates: AI/ANs report higher alcohol abstention rates than other racial groups. Data from 2009-2013 shows that 59.9% of AI/AN respondents had abstained from using alcohol in the past month, in contrast to 43% of white participants.[58] Further, many traditional ceremonies and activities require sobriety as a requisite for participation.

"From 2015-2020, three-quarters of AI/AN suicide deaths occurred under the age of 44"

Populations to Consider

Younger Adults

American Indian and Alaska Native suicide death rates are distinct in that they occur largely in the younger demographics of the population. From 2015-2020, three-quarters of AI/AN suicide deaths occurred under the age of 44, with the highest percentage falling in the 25-44 age range.[59] While the general population tends to see a rise in suicide deaths with age, the AI/AN population trends toward a decline in suicide deaths as age increases. The cause of suicide deaths among younger populations is complex; however, some contributing risk factors are experiences of violence, abuse, discrimination, bullying, and relational strains.[60] For young people, exposure to suicide and developmental factors also contributes to increased risk.[61]

Veterans

American Indians and Alaska Natives have a long and proud history of serving in the armed forces and have participated in every military conflict since the Revolutionary War. Since 9/11, AI/AN have served at higher rates per capita than any other ethnic group. A long list of military service contributions includes hundreds of code talkers coding twenty tribal languages across two world wars. In Alaska, more than 6,300 Alaska Natives volunteered to serve in the Alaska Territorial Guard during World War II.[62]

Though AI/AN people find pride in their military service, it has come at a cost. Historically, AI/AN service members found themselves facing combat and death at higher rates than the general service population. For instance, in World War II, 5% of AI/AN service members were killed, compared to 1% of service members as a whole. The Department of Veterans Affairs reports that AI/AN soldiers experience PTSD at twice the rate of non-Hispanic white veterans.[63] Despite these challenges, AI/AN communities hold veterans with reverence, with many tribes expressing their gratitude with honor songs and ceremonies to acknowledge and uplift veterans.

The impact of military trauma can be great. Data from 2022 shows that our nation's veterans had an age-adjusted rate of suicide death at 34.7 (as compared to a 17.1% age-adjusted rate for the general population of adults).[64] Though research is limited, a study from 2021 found that AI/AN veterans were two to three times more likely to experience suicidal ideation in the last year than their non-Hispanic white counterparts.[65]

Reports from 2004-2021 show that suicide rates for AI/AN veterans went up 146%, with younger AI/AN veterans experiencing much higher rates than the general veteran population.[66] Unfortunately, AI/AN veterans are the least likely of any ethnic group to utilize Department of Veterans Affairs (VA) services, with only 45% of AI/AN veterans accessing services in 2021.[67]

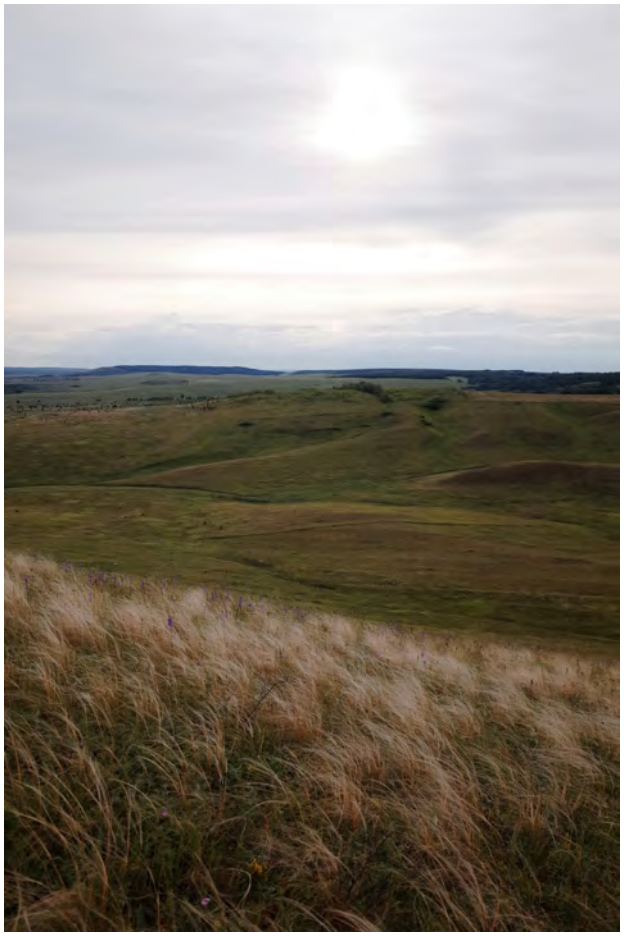
The VA reports that AI/AN veterans may prefer to contact crisis centers via text or chat. Further, they emphasize that speaking with counselors who understand their cultural perspective is extremely impactful. The VA offers comprehensive support to veterans in crisis, and further resources are listed in the Additional Tools and Resources section.

Implications for Prevention

Ideally, crisis centers will offer crisis responses that align with the AI/AN communities they serve. Support strategies, such as grief support groups, postvention services, and follow-up referrals, should incorporate ongoing community approaches that strengthen AI/AN identity and community preservation efforts. Prevention efforts that put indigenous wisdom first, encourage a collaborative relationship between AI/AN communities and outside agencies, and honor and uplift cultural identity show promising results. Some movements towards successful prevention include:

- Collaborations between AI/AN communities and supporting agencies: The White Mountain Apache's Celebrating Life Suicide Prevention Program is one illustration of a successful partnership. The tribe, in collaboration with Johns Hopkins Bloomberg School of Public Health, developed community-based surveillance and case management support, leading to a 38% decrease in suicide deaths over 12 years.[68]
- Native centered crisis support: Crisis centers focused on tribally responsive care tailored to AI/AN individuals are becoming more prevalent. One shining example of this is the Native and Strong Lifeline in Washington State, where help seekers can get individualized care from native counselors.[69]
- Incorporating traditional healing practices: Dominant prevention models alone may not be the most effective for AI/AN populations. Traditional healing practices are gaining a wider platform in the healthcare community. In 2024, four states approved Medicaid reimbursement for traditional healing, a huge step in acknowledging the validity and effectiveness of indigenous ways of healing that will impact mental health and substance use care for AI/AN peoples in these states.[70]
- Healing from grief: As much as historical unresolved grief is a contributing factor to suicide risk in AI/AN communities, the

healing of this grief may also be a path out. Dr. Maria Yellow Horse Brave Heart's work identifies best practices for healing, which include storytelling, ceremony, and the strengthening of traditional cultural practices.[71] Intentionally addressing experiences of harm and compassionately attending to one's grief within the community can help mitigate the harm caused by generational trauma.



Ideas for Staff Planning and Training:

Distribute Suicide Related Behavior in AI/AN Communities section (pages 16-26) at a staff meeting or designated training time.

Divide staff into groups of two. Partner A will read pages 16-20; partner B will read pages 21-26. Give teams 10-15 minutes to read the text Each team member will summarize the section they read for their partner

Partners will engage in a discussion about the text. Choose from the question bank below:

1. What relationship do you see between historical trauma and SDOH that AI/AN experience today?
2. How are the risk factors listed here similar or different to the risk factors you generally see among help seekers at your crisis center?
3. Why do you think tribal identity is such an important protective factor for AI/AN individuals?
4. What is your crisis center currently doing to support individuals listed in the Populations to Consider section? What actions can be taken to strengthen these supports?
5. How do you think your crisis center can integrate some of the strategies listed in the Implications for Prevention section?

Module 2:

Cultivating Partnerships with AI/AN Communities

Cultivating Partnerships

All living things start small, and from nourishment, all living things can grow. Plant life is cultivated with tender attention, sun, soil, and water. In a similar way, we cultivate right relationships, attending to them with care as we walk alongside each other.

Purpose and Usage

This section can be reviewed with all staff, and will be specifically used by site coordinators, tribal liaisons, and crisis center leaders to aid in the development of community connections and tools for expanding access and usage of crisis centers in AI/AN communities.

Tribal Self-Governance and Tribal Organizations

As crisis centers make connections with AI/AN partners, it is important to have a general understanding of tribal self-governance and sovereignty. The US government and the 575 federally recognized tribes share a complex history. A foundational premise of this relationship is the acknowledgment that tribes have rights as sovereign nations that predate European colonization. In addition to tribal membership rights, individual tribal members also have rights as full citizens of the US. As noted previously, not all people who identify as AI/AN are enrolled members of a federally recognized tribe, and thus, may not have access to tribal rights and resources.

Inherent Powers of Tribal Self-Government

Federally recognized tribes are distinct, independent communities that hold a government-to-government relationship with the United States.[72] Sovereignty, the right to self-govern, is essential for tribal nations to preserve their unique tribal practices and identities. Tribes possess all powers of government, including the right to govern, make and enforce laws, tax, establish membership, license and regulate activities, zone, and exclude people from tribal territories.

"Each tribal entity has its own organizational structure.

Tribal governments develop constitutions, or other bodies of law, sometimes combining modern and traditional government frameworks."

Tribal Organization

Each tribal entity has its own organizational structure. Tribal governments develop constitutions, or other bodies of law, sometimes

combining modern and traditional government frameworks. A lead governing figure, often elected, selected, or appointed, may be represented as a chairperson, principal chief, governor, mayor, spokesperson, or representative. Legislative bodies, elected, selected, or appointed by tribal voters, are commonly called a tribal council, village council, or tribal business committee.[73]

Tribal Membership

There are no uniform tribal membership requirements. Each tribe has the ability to develop its own criteria and policies for membership. For example, some tribes require proof of lineal descent, while others may use measures such as blood quantum.[74] The notion of blood quantum is a complex one and can cause strain on individuals who may lose tribal connection or be excluded from financial resources for not being "Indian enough".[75]

Indian Health Service

The Indian Health Service (IHS) is an agency within the US Department of Health and Human Services that acts as the principal federal health care provider and health advocate for AI/AN peoples. IHS provides direct care to twelve area offices across the nation and appropriates funding to tribally operated healthcare services through self-determination contracts and self-governance compacts. In all, IHS serves 2.8 million AI/AN individuals and ensures comprehensive, culturally appropriate care is available for all its constituents.[76] IHS aims to reduce disparities in health care services for AI/ANs, though adequate funding has been an ongoing barrier.[77]

Indian Self-Determination Education and Assistance Act (ISDEAA)

The United States government holds a legally enforceable federal Indian trust responsibility to protect tribal rights and carry out the mandates of federal law with respect to AI/AN tribes.[78] The ISDEAA of 1975, also known as Public Law 93-638, or just 638, authorizes tribes to contract with federal programs to provide services to their members.[79] ISDEAA allows tribes to take on operations of their own programs, services, functions, and activities (PSFAs), including healthcare, behavioral health, education, and more.

Indian Health Care Improvement Act (IHCIA)

The IHCIA is a key piece of legislation that expands healthcare access for AI/AN people. The act was developed in 1976 as an amendment to the Social Security Act and included reimbursement by Medicaid and Medicare for services provided to AI/AN patients.[80] In 2010, IHCIA was made permanent and revised to cover a broader range of services, including mental/behavioral health, long-term care, travel costs, facilitation of care for AI/AN veterans, and urban Indian health programs.[81]

Urban Indian Organizations (UIOs)

UIOs were created in the 1950s by urban AI/AN looking to fill the gaps in services provided in urban areas. In 1976, UIOs were incorporated into the Indian Health System with the passage of IHCIA.[82] UIOs operate through contracts with the IHS, providing healthcare and social

services across 22 states. UIOs are ideal partners for crisis centers in urban areas. See Urban Indian Organizations | Office of Urban Indian Health Programs for a list of UIOs.

Tribal Health Organizations

Tribal Health Organizations operate under contracts and compacts with the Indian Health Service and are tribally managed. Tribal Health Organizations often provide care to tribal members, as well as tribal descendants and non-natives. Tribal Health Organizations can be strong partners for crisis centers. See Find Health Care | Indian Health Service (IHS) for a map of Tribal Health Organizations.

Developing AI/AN Community Partnerships

Each AI/AN community is unique in its culture, language, assets, geographic location, and experiences. Although we can offer insights into shared values of AI/AN communities, the best way to become more culturally responsive is to get to know the communities in your area.

> "Four steps:
>
> Commitment and vision of leadership, development of a tribal liaison role, building strong partnerships, and getting the word out."

To form partnerships with AI/AN communities, crisis centers will need to develop a plan of action and allocate the appropriate resources to make this plan come to life. The action plan is outlined in four steps: commitment and vision of leadership, development of a tribal liaison role, building strong partnerships, and getting the word out. These steps are further explored in the sections below.

Commitment and Vision of Leadership

As crisis center leaders consider how to develop an action plan, they must define their approach and create a vision for this work. The questions below will help guide leadership through this process.

1. What is our vision and intentional approach to this work?

To set the tone for your crisis center, leadership must develop a vision that supports and uplifts the autonomy and strengths of the communities they serve. Stating a commitment to values such as humility, respect, and collaboration can help provide a framework. Leadership may collaboratively draft a statement of intended purpose to create a cohesive narrative for their staff as they embark on this work.

Example of a Purpose Statement:

Crisis Center Name is committed to serving AI/AN communities and indigenous Peoples to the best of our capacity. We uphold the values of humility, respect, and collaboration and put them into practice in our daily work. We acknowledge that AI/AN and indigenous people have led and sustained healing work within their communities from time immemorial and hold invaluable strengths and assets that

are essential protective factors. We aim to build strong partnerships with AI/AN communities based on mutual trust and care.

2. How will we allocate resources to this initiative?

Leadership will need to consider how to allocate staffing and financial resources. This means considering how many hours per week staff members should put towards this initiative and allowing staff the space and time to complete the work. Financial resources may also need to be allocated to cover costs such as travel, hosting events, and producing promotional materials.

3. How will we conduct and sustain staff training to ensure all staff are included and on board with this initiative?

Leadership will need to consider how and when to provide training to staff, including the onboarding of new staff. They will want to consider how AI/AN individuals and programs may assist in training and /or the creation of training programs. Developing procedures to put training into practice will be an essential part of program implementation.

Development of a Tribal Liaison Role/Team

For this toolkit, we use the term **tribal liaison**. This term refers to a staff member working at the crisis center who takes on the responsibilities of outreach, connection, and training opportunities in collaboration with AI/AN communities. Crisis centers may use other terms for this role, such as cultural liaison or community outreach specialist. Though the terms may differ, the roles and responsibilities represented in this section will apply.

The crisis center's leadership will need to consider who can fill the role of a tribal liaison or tribal outreach team. The questions below will help guide leadership as they begin to develop this role.

Who can fulfill the role of tribal liaison?

Crisis centers may have high rates of staff turnover. Due to the importance of building lasting and sustainable relationships with AI/AN partners, it is recommended that more than one crisis center staff member collaborate to work with AI/AN communities. This ensures that if one staff member exits their role, there will be at least one person familiar with their connections, processes, and partnerships to sustain the program. For AI/AN communities it can be exhausting to continue to rebuild trust relationships with revolving staff. Some crisis centers, however, may not have the capacity to develop a viable team. In this case, having a single tribal liaison is acceptable, though this person should periodically share their experiences and progress to avoid isolation and disconnect from other crisis center operations. This role can be filled by a variety of staff members, such as crisis center counselors, volunteers, program managers, and prevention specialists. Staff members who identify as AI/AN have the added value of lived experience, an important consideration as crisis centers select appropriate staff for this role.

What guiding principles are needed to do tribal liaison work?

As teams embark on this work, it is important to practice a set of shared values. The Guiding Principles in **Appendix A** are adapted from a collaborative effort with the University of New Mexico. The principles will guide collaboration as an active, ongoing, and meaningful effort with AI/AN partners. The guiding principles poster may be printed and posted as a reminder for daily application.

What are the responsibilities of a tribal liaison?

Remember to work with tribal partners to ensure that these roles and responsibilities are valid. Examples may include:

- Assess current crisis center practices to ensure they are culturally responsive
- Research and assess the needs of AI/AN communities in your area
- Conduct outreach and build partnerships with AI/AN communities
- Develop and/or distribute locally tailored crisis center promotional materials in collaboration with AI/AN partners
- Maintain a directory of local resources and connections of support for AI/AN contacts
- Collaborate with AI/AN community partners to provide locally tailored training
- Collaborate on the development of formal agreements and memorandums of understanding with tribal partners
- Host meetings or listening sessions to garner feedback from AI/AN community members
- Monitor and enact relevant grant projects
- Build a sustainability plan to ensure long-term commitment and impact
- Use evaluation tools to assess the program's impact

Build Strong Partnerships

Once a tribal liaison role/team has been established, the team can begin to build out the program. An important first step is for the team to **educate** themselves. Research local resources, current practices, tribal connections, and develop an awareness of how crises are handled in and around local AI/AN communities, including existing Tribal crisis response teams. Doing your homework shows that you are invested in the communities you serve. With that in mind, following the guiding principles ensures liaisons embody a lifelong learner approach.

Determine Effective Modes of Initial Outreach

Determining effective means of communication will be one of the first important tasks for the tribal liaison role/team. The team should be able to understand and articulate the structures and functions of the crisis center and how they correlate with the strengths and needs of the communities they serve. To best promote relationships of trust, face-to-face interactions are recommended, as they are more impactful. Using the guiding principle of Authentic Relationships means showing up consistently, acknowledging that trust is not an immediate right, but an earned privilege that takes time. The modes of outreach listed are

some of the ways a crisis center may make initial connections with AI/AN partners:

Letter of Introduction

Send a formal request to AI/AN community partners. Explain the benefits of the crisis center's services and share the purpose statement developed by leadership. Request a meeting to discuss how you can work collaboratively to enhance crisis care for the AI/AN community.

Open House/Meet and Greet

Host an open house event for community members to hear information about crisis center services, policies, and long-term goals. Provide a comfortable, welcoming setting with refreshments.

Attend Community Events

Find opportunities to attend events sponsored by local AI/AN partners. For example, Tribal Health Offices, University Tribal Relations Offices, and UIOs often host public events with AI/AN individuals as their intended audience.

Listening Sessions

Listening sessions are a way to gain input from AI/AN partners in an open and organized format. Develop a list of questions you would like to present. Often, listening sessions are conducted with participants sitting in a circle formation to promote a welcoming setting, where everyone can hear each other. As each question is asked, participants are invited to share their insights. Be transparent about how the findings from the listening session will be shared, including actionable steps based on the information learned.

Develop Desired Outcomes

In conjunction with identifying appropriate modes of outreach, the tribal liaison team will need to work with AI/AN partners to establish desired outcomes. Rather than stating what the crisis center will provide, start by asking tribal partners about the needs of the communities. Working collaboratively will help ensure that the services you are providing are viable and match the desired outcomes of the community. Some **examples** of outcomes could be:

- Gather input from AI/AN community partners on current attitudes towards crisis support
- Identify a community partner with cultural expertise to help develop training materials
- Host a crisis center informational booth at a local tribal health event

The potential outcomes are vast and must be individualized to meet local needs. Once desired outcomes are identified, the team will need to break them into incremental action steps. The outcomes, action steps, and timeline should be shared with AI/AN partners for full transparency. As the program develops, outcomes and action steps will change and evolve. The Tribal Liaison AI/AN Partnership Planning Guide in Appendix B can be duplicated and revised for each partnership formed.

Creating Two-Way Partnerships

Crisis centers have a lot to offer AI/AN communities, likewise, AI/AN communities have just as much to offer to our crisis centers. Remember that a partnership is two-way. The graphic below outlines some of the ways crisis

centers and AI/AN communities can pour into a mutual partnership that benefits everyone involved.

Another way to think about this approach is illustrated in the Sweetgrass Method,[83] a cultural framework that emphasizes combining Traditional and Western ways of being, drawing strengths from both, see: The Sweetgrass Method.

As tribal liaison teams develop desired outcomes, they will want to think about potential ways to engage in reciprocal learning endeavors. Examples of how crisis centers may engage in two-way partnerships are:

Two-Way Training Opportunities

Crisis centers may provide crisis training to community members on topics related to crisis response and mental health. Conversely, tribal entities may provide culturally tailored training to crisis centers, including local histories, tribal values, and traditional healing practices. The examples that follow highlight best practices from community organizations that have been actively engaged in this work.

Community Spotlight: **Doya Natsu**

Doya Natsu Healing Center in Wyoming partners with 988 Suicide and Crisis Lifeline to support community-based suicide prevention. Doya Natsu promotes crisis care by posting the 988 logo and contact information on their website, monthly newsletters, and local communications, including billboards in the community. Additionally, Doya Natsu has developed a library of locally tailored training videos that can be accessed by crisis centers to inform their culturally responsive practices. Through these trainings, Doya Natsu states that, "participants can gain a profound understanding of traditional healing methods, cultural practices, and the wisdom passed down through generations." This partnership highlights how crisis centers and tribal organizations can form relationships that nurture reciprocity and trust.[84]

Community Spotlight: **AIHSC**

The American Indian Health Service of Chicago (AIHSC), an Urban Indian Organization, embarked on an outreach mission to develop partnerships with seven regional crisis centers. As these partnerships have taken form, AIHSC has implemented training practices to bolster support for AI/AN help seekers who contact crisis centers in the Chicago area. AIHSC utilizes cultural training provided by the Southern Plains Tribal Health Board. As an Urban Indian Organization, AIHSC recognized the need to address the broad range of tribal identities of those who may enter their doors. To address this, AIHSC created supplementary training. The History of Tribes in Illinois training gives historical and cultural information specific to Illinois, providing crisis center staff a deepened understanding of their geographical area.

Collaboratively Planned Events/Conferences

Crisis centers and tribal organizations may collaborate to host a teen summit, conference, or other community event. These events may include Emergency Medical Services, behavioral health providers, and other community partners with a shared vision of connection.

Community Spotlight: **IHC**

Indian Health Council (IHC), a California 501(c)(3) non-profit Tribal Health Center, started its annual 988 Tribal Response Conference in 2024. This conference brought together 988 staff, tribal leaders, crisis response teams, local mental health partners, and community members to engage in learning and collaboration on local crisis response. IHC's 988 Tribal Response Conference is an excellent model to follow for those seeking ways to connect community partners.[85]

Memorandums of Understanding (MOUs)

MOUs are non-binding agreements that outline the intentions and expectations of a partnership. Creating MOUs with tribal organizations can help provide clarity and prevent misunderstandings. MOUs can outline:

- Specific goals and objectives
- Roles and responsibilities
- Timelines for tasks and events
- Communication expectations

For more ideas about how to draft an MOU, see the resource, How to Write a Memorandum of Understanding, developed by Wayne State University.

Get the Word Out

Promoting Crisis Centers in AI/AN Communities

One key element of partnering with local communities is collaboratively determining how to promote crisis services effectively. Using the guiding principle of Native Centered, embrace the wisdom of the phrase "nothing about us, without us". Engage in face-to-face planning meetings with AI/AN partners to elicit feedback about how the crisis center may effectively publicize its services in the community.

Planning Communication Efforts

The tribal liaison team will need to engage community partners from tribes, health departments, urban organizations, and other nonprofits that have knowledge and experience of the AI/AN communities supported by the crisis center. Images, messages, and delivery should be individually tailored to ensure relevance and applicability for each of its tribal partners. When developing communication efforts, the following tips may be helpful:

Apply the Framework for Successful Messaging developed by the National Action Alliance for Suicide Prevention. The framework includes strategy, positive narrative, guidelines, and safety, and can be accessed here: Framework for Successful Messaging

As content is developed, respect the intellectual property of AI/AN people. It is imperative to understand that AI/AN culture has been stolen, misused, destroyed, and misrepresented throughout history. AI/AN culture belongs to Native people. This means that crisis centers should not publish materials or use pictures, symbols, or other representations of AI/AN traditions without permission.[86]

After developing communication content, get direct feedback on proposed messaging from AI/AN partners before making it public.

Develop a list

of potential places to promote crisis services. Examples include local cultural events, tribal health care and treatment centers, health and wellness fairs, and veterans' centers.

Involve the broader community

Find ways to collaborate on creative projects with partners such as local universities and tribal resource centers.

Community Spotlight: **Montana Department of Public Health**

Montana's MT 988 Project is a collaboration between the Montana Department of Public Health and Human Services and local colleges and universities. The goal of the project is to increase recognition of the 988 number and services. Students engage in learning activities and apply their visual art skills to create locally relevant 988 awareness materials.

Figure 8: MT 988 Banner Project

Getting the Message OutA

Once appropriate, relevant messages have been developed, channels of communication will need to be identified to reach the intended audience. Some effective channels of communication may be:

- Radio (especially for rural areas), including tribal radio stations
- Social media
- Local and tribal newspapers/newsletters
- Locally tailored flyers
- Tribal or health program websites
- Public posting platforms (i.e., libraries)
- Swag: stickers, reusable bags, stress balls, and other items advertising the crisis center logo and contact information
- Community events such as powwows, feast days, Tribal fairs

The tribal liaison team will need to conduct initial research to identify which of these modes of communication will be most effective. These guiding questions may be considered as communications research is conducted:

1. Are social media platforms being used by community members? If so, which ones?
2. What are the age demographics for the communities being served? Which modes of communication do these age demographics prefer?
3. How will those without broadband access and those in remote areas be reached?

Building Partnerships: Alaska Native Communities

One unique challenge facing Alaska Natives is the sheer remoteness of many parts of Alaska. Many Alaska Native villages are not accessible by road systems and may require planes or boats to reach the community.[87] Access to medical and behavioral crisis services may be delayed by the logistics of rural travel and internet service, both of which can be impacted by weather.

Behavioral Health Aide (BHA) positions have been created in response to the suicide epidemic impacting AN communities. BHAs are community members with an understanding of the cultural and historical context of the clients they serve. They support individuals dealing with issues such as grief, depression, domestic violence, suicide, trauma, and substance use."[88] One reported drawback of the Behavioral Health Aide program is confidentiality concerns, as community members may feel reluctant to seek help from BHAs who may be friends, family, or neighbors.

For crisis centers looking to build partnerships in Alaska, Tribal Health Organizations serve as an essential starting point. Alaska tribes do not have any direct services from the IHS, but have developed compacts with the IHS to operate their own health care services through Tribal Health Organizations. See Tribal Health Organizations | Alaska Area for a complete list.

Another essential resource for crisis centers in Alaska will be Alaska Native Regional Nonprofits. These nonprofits operate through federal compacts and grant funding to provide social services and healthcare, including AN traditional knowledge and educational programs.[89] Regional nonprofits will be essential partners for crisis centers as they know the population they serve and effective strategies to make an impact. See ANCSA Regional Association for links to AN Regional Nonprofits.

Community Spotlight: **Qungasvik Toolkit**

Programs that embrace traditional practices are showing promising results in Alaska. This approach is being supported by recent research efforts as suicide prevention advocates shift from an individualized, clinical approach to a community-based response that draws on the strengths of AN tribes.

The Center for Alaska Native Health Research has used this premise to develop the Qungasvik Toolkit, a resource based on the

strengths of Yu'pik traditional values and includes guidance for building a localized crisis response team.[90] Resources such as the Qungasvik Toolkit serve as a model in developing a program specifically tailored to the unique needs of each tribal entity. See the Qungasvik Toolkit.

Guidance on Addressing Potential Barriers

Any implementation project will have its share of barriers to overcome. The section below outlines potential barriers and strategies for overcoming them.

Limited Access for Rural Areas

For AI/AN people living in rural communities, access can be a major barrier. Individuals may live hours away from care facilities or places where they may encounter crisis center information.

Guidance: Tour rural areas and assess for opportunities. Find out where people tend to gather and what modes of communication are accessible. Take inventory of what community assets are available and how they are currently being utilized. Ask questions about current practices in using crisis services and seek suggestions for how usage may be increased.

Prior Negative Experiences

with systems (including 911, law enforcement, and emergency services)

Many AI/AN have had, or have heard about, negative experiences with emergency systems. For some, this may even extend back to generational trauma, such as boarding school experiences. Trust may be low, and individuals may prefer to handle crises within the family or with local tribal leaders.

Guidance: Validate the experiences of AI/AN people. If harm has occurred, denying it only continues to make people feel unheard. Be transparent about the policies of the crisis center and produce messaging that shows the dedication of the center to provide compassionate care. Seek out common myths that may be circulating in AI/AN communities and work to provide transparent and honest communication. Montana's Crisis Now Model is an example of compassionate, clear information that helps mitigate misinformation for those seeking crisis services. Additionally, the American Indian Health Service of Chicago includes information on its webpage to inform the community about what happens when crisis services are contacted. See their messaging at AIHS Chicago Suicide Prevention Program

Complex Ties Between Tribes

Due to complicated histories, there are some tribal groups that may experience tense relationships with each other. This may make it difficult to host events and activities that are open to all.

Guidance: In initial information gathering stages, ask questions about barriers and challenges. Be open about the desire to meet the needs of each community. Do not make assumptions that what works for one community partner will work for all. Meetings and events may need to be individually designed to meet the needs of each tribal group.

High Staff Turnover

Crisis centers can have high turnover of staff and volunteers. For AI/AN community partners, this can be an exhausting cycle of trying to build and rebuild trusting relationships.

Guidance: A team approach ensures that there will be at least one point of contact who has built continuity of trust with AI/AN partners. If one person is filling the tribal liaison role, include other staff in face-to-face events and information briefings. Partnering with AI/AN communities should be a shared effort that involves all crisis center staff in some capacity.

Cultural Views on Suicide

There is wide variance in how AI/AN communities view suicide and death. For example, some American Indian tribes prefer not to speak of suicide directly. This can be a difficult barrier for crisis centers trying to promote their services.

Guidance: Have honest conversations with AI/AN community members about their beliefs. These conversations aim to understand, not to change anyone's mind. Revise any messaging to mirror the needs of the community with positive, life-affirming language that uses terminology appropriate for the intended audience. In some instances, local leaders have stepped forward to hold ceremonies or provide a blessing for the work to ease community concerns.

Module 3:

Culturally Responsive Approaches for Crisis Center Counselors

Connection

Rivers connect. They carve pathways into the earth, bend into the hillsides. They reach out until they find one another, joining and spilling into seas and lakes. Rivers remind us that the core of relationships is connection.

Trauma-Informed Approaches

As a crisis center focused on providing support to individuals with mental health crises, staff will likely have received training in trauma-informed care. Trauma-informed services are ways of speaking and interacting with those who have experienced trauma. This will be relevant to AI/AN help seekers, as AI/AN experience much higher rates of exposure to trauma than the general population (see background section).[91]

Purpose and Usage

This section is for crisis counselors and serves to develop their awareness of the needs of AI/AN help-seekers. It provides communication tips to guide conversations so crisis counselors may offer support that is open, authentic, relevant, and in tune with the values of the AI/AN community. This section may be used as a training resource for all staff, including on-boarding processes for new employees. The **Communication Guide for Crisis Counselors Serving AI/AN Help Seekers** is designed to be used as a quick reference guide for crisis counselors serving AI/AN individuals and may be posted in a crisis counselor's workspace for easy access.

Definitions:

Help Seeker: The person contacting the crisis center for assistance and support

Crisis Center Counselor: The staff or volunteer providing support to the help seeker via phone, text, or chat.

Additionally, crisis center counselors will want to be aware that certain ways of speaking and behaving may cause re-traumatization. The Institute on Trauma and Trauma-Informed Care describes re-traumatization as a situation, environment, or interaction that replicates an individual's previous trauma experience.[92] Some instances of re-traumatization are blatant, but many are more subtle, such as interactions that create feelings of not being heard or a lack of transparency. For populations that have experienced historical harm, practices that neglect cultural considerations may also cause re-traumatization. The graphic below illustrates elements of systems and relationships that may potentially cause harm, even if unintentionally.

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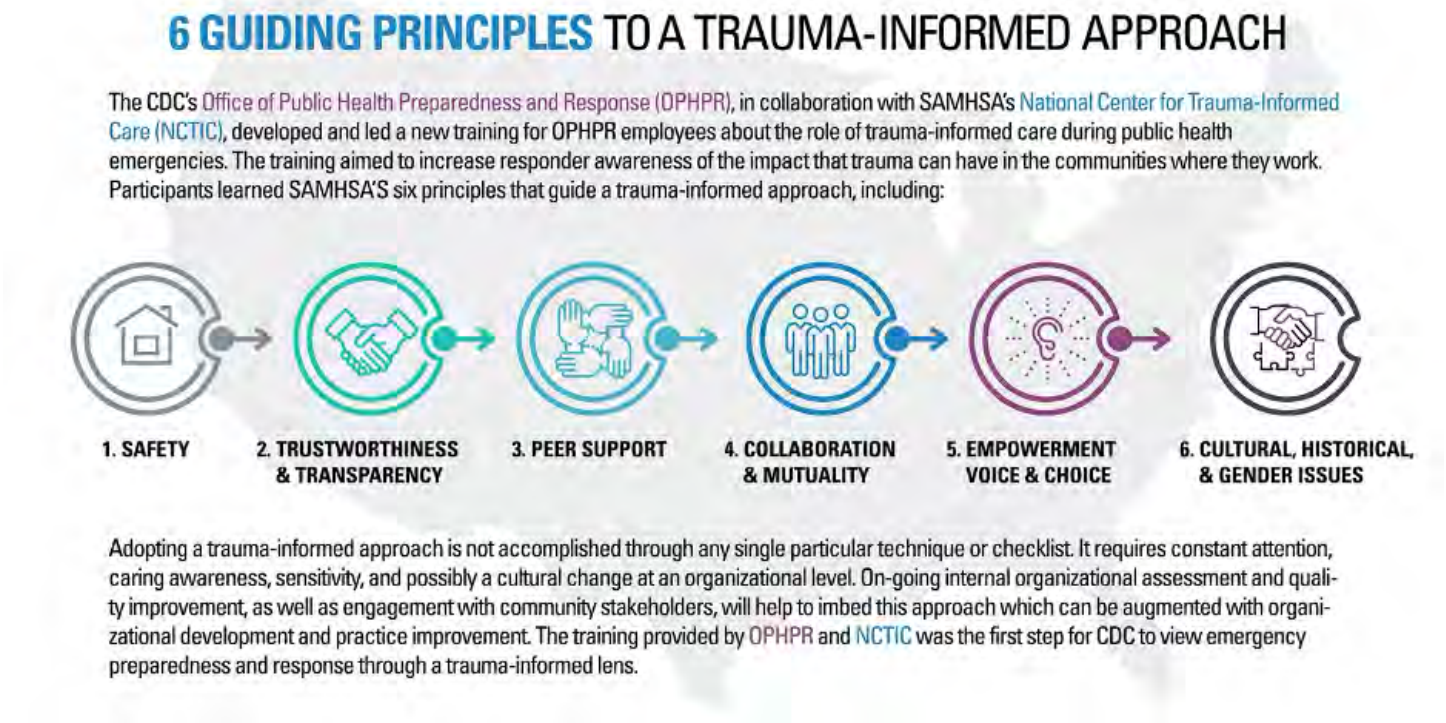
For more information on trauma-informed care, see the Institute on Trauma-Informed Care.

Figure 9: Six Guiding Principles to a Trauma-Informed Approach[93]



Self-Reflection and Awareness of Tribal Cultures

Practicing awareness and knowledge of tribal customs, practices, and language will be an essential part of developing trusting relationships with AI/AN individuals. This awareness requires the commitment to engage in an ongoing process of self-reflection and lifelong learning that includes:[95]

- An understanding of one's own background, assumptions, and values, and how they shape your worldview;
- Awareness of the way culture changes over time;
- Acknowledgement that crises can be unique to the individual's experience;
- Acknowledgement that many of us shift cultures on a daily basis. For example, youth may experience sharply distinct cultures in the home versus the school environment;
- A recognition that individuals have expertise in the social contexts of their lives; and
- A desire to sustain power-balanced relationships.

This commitment to deepening one's understanding of tribes and AI/AN people is an ongoing approach to human relationships that must be put into practice at each interpersonal interaction.

AI/AN Cultural Values and Beliefs

To offer culturally appropriate responses to AI/AN individuals, staff will need to develop a deeper understanding of the unique values and beliefs of AI/AN communities. It is important to remember that each community has its own history, values, and traditions. The information provided in this section does not fully represent the values and beliefs of any one AI/AN community; however, it offers a starting point for a better understanding of AI/AN values, communication styles, and ways of being that may differ from mainstream norms.

The chart on page 43 is adapted from the National Institute of Health and recognizes some of the beliefs and values that can generally be seen across AI/AN traditional cultures. This chart is a reference tool for crisis counselors and is to be used for training and self-reflection. The questions in the right column are for discussion amongst staff and are not recommended to be used in conversation with help-seeking individuals.

Keep in mind that while many AI/AN people are connected to their tribal identity and cultural practices, many have limited direct experience with or access to these resources. Some individuals may be firmly grounded in the values described in the table below, while others may have varying influences from traditional and mainstream cultures. For some, this may cause them to feel that they must "walk between two worlds" as they balance conflicting values from two different worldviews. From the crisis counselor's perspective, it will be paramount to approach each individual as unique and avoid generalizations about their beliefs and values.

Traditional AI/AN Values and Beliefs - Adapted from National Institute of Health[96]

Below are AI/AN Tribal Cultural Beliefs and Values paired with Questions for Self-Reflection (To be used as a training tool, not for conversations with help-seekers).

Cooperation, Collectivism, and Harmony

American Indians and Alaska Natives place value on the importance of the group rather than on the individual. There is considerable emphasis on living in harmony with nature and with others.

Questions for Self-Reflection:

Did your upbringing place more value on cooperation or competition?

Do you believe nature is something to be conquered or tended to?

Modesty and Humility

Being humble means listening and not talking for the sake of making oneself appear more important. Words are believed to have power. In some tribal communities, avoiding eye contact is another aspect of humility. For others, direct eye contact is accepted as the norm.

Questions for Self-Reflection:

As you communicate, do you feel the need to fill moments of silence?

Do you think it's important to make eye contact to assert yourself or to create a connection with another individual?

Respect for Individual Autonomy

For a close-knit society to work, each member must respect that others will act honorably and for the good of the whole. This also means that personal advice is not often given, because to do so might suggest that the person receiving the advice does not have the inner wisdom to determine the correct course of action.

Questions for Self-Reflection:

In your social environment, is advice freely given?

Do you feel it is important for people to make their own mistakes, or is it important for someone to give advice when they believe it is needed?

Respect for Tradition and Elders

AI/AN may perceive respect for tradition as more important than innovation and change. AI/AN traditional views value respect for elders as those who have survived adversity and gained wisdom from it.

Questions for Self-Reflection:

Do you feel society values youth more than elders?

Are the elderly looked to as sources of wisdom?

Work to Meet Needs

AI/AN societies did not traditionally stockpile resources or wealth. People who take more than they need would be viewed with suspicion. Respect is gained not for having many possessions, but rather for generosity in giving possessions away.

Questions for Self-Reflection:

Does your social environment praise financially wealthy people?

How important is it for people to be independent, and does that affect your attitude toward giving to others and accepting others' generosity?

Spiritual Orientation in all Aspects of Life

AI/AN spiritual traditions do not separate the spiritual and material but rather see the two as inexorably linked. This also means that the natural world can be perceived as spiritual or mystical, and what is observed in daily life can teach a spiritual lesson.

Questions for Self-Reflection:

How central are your own spiritual and religious beliefs to your life?

Do you see the physical world as cut off from the divine or spiritual world?

Cooperation with Nature

According to AI/AN spiritual beliefs, all of nature is alive and worthy of respect. The Earth and all that is on it are considered sacred and worthy of protection.

Questions for Self-Reflection:

What are your attitudes toward nature and your place in it?

The Present is Important

Emphasis is on living from day to day and is measured by natural occurrences (e.g., seasonal changes, sunrise/sunset, moon phases).

Focusing too much on the future might keep people from paying attention to the present. AI/AN traditional views also value patience, believing that things will be done in their own time.

Questions for Self-Reflection:

How important is it in your culture to plan for the future? Which do you value more: getting things done on schedule or taking the time to allow things to happen as they naturally occur?

Concepts of Health

AI/AN tribal cultures may also have varying perspectives about health and illness. Aligning with the concept of “walking in two worlds”, some AI/AN people will seek help from both mainstream medicine and traditional healing practices. Many AI/AN traditional views apply these basic principles about health and illness:

- Health is holistic. The physical, mental, emotional, and spiritual are interconnected, and each impacts the other;
- Illness affects the individual and the community. The illness of an individual will impact family, friends, and the community. Likewise, healing at the community level can aid the healing of the individual;

- Harmony and balance equate to health. A disharmony may be a root cause of an illness; and
- Illness may be personified. Illness may be seen as having a spirit that needs to be addressed as part of the healing process.

These concepts around health are important to be aware of as counselors have conversations about mental health with individuals. Without the context of AI/AN spiritual beliefs and values, crisis counselors may misinterpret spiritual experiences, such as signs and visions, as psychosis or acute mental health symptoms (i.e., hallucinations, delusions). One study of tribal members of an Ojibwe Nation concluded that visions of the nonmaterial world were normal spiritual experiences among cognitively healthy Ojibwe adults and did not indicate mental decline, as these visions were not accompanied by paranoia or grandiose thoughts. Visions as a cultural norm for some AI/AN individuals means that misinterpreting a spiritual experience as an acute mental health symptom could lead to an unnecessary intervention or damage the collaborative relationship built in the conversation. Crisis counselors should listen, clarify, explore, and consider the beliefs and customs of the individual they are interacting with. Looking at health from a holistic point of view means having the ability to tune in to physical, mental, emotional, and spiritual factors that may be adding to an individual's distress.

Considerations for Speaking about Death and Suicide

As crisis counselors prepare to engage in conversations with AI/AN help seekers, they need to be aware of different perspectives on suicide among AI/AN communities. For some tribal groups, societal norms may discourage direct discussions about suicide. With this in mind, crisis counselors should weave the topic of suicide into the conversation as organically as possible, providing context from details the help-seeker has shared. If the individual chooses not to answer or shows hesitancy, crisis counselors may continue to build a collaborative relationship and revisit the topic later in the conversation.

Additionally, there may be distinctions between generations, as younger individuals may hold more flexible views influenced by media and peers. Generally, AI/AN communities perceive suicide as a social and spiritual crisis, rather than an individual one. It is often seen as connected to the collective losses of the community, including historical grief. In this context, the most effective path to healing will be through revitalizing traditional practices and strengthening ties with the community.

Communication Tips for Crisis Counselors

Approaching the Topic of Community/Tribal Affiliation

Some crisis centers may already have ways of identifying which help seekers identify themselves as AI/AN. For example, crisis centers in areas with higher AI/AN populations

may implement procedures that include asking directly about tribal identity; they may even have the option to select AI/AN or Native on a call or chat before the conversation even begins.

For crisis centers that do not have such procedures in place, crisis counselors will need to develop methods to broach conversations about cultural identity with individuals when appropriate. Crisis counselors will focus on developing authentic relationships using a conversational style first and follow with questions about community affiliations as the conversation naturally unfolds. Utilizing active engagement and establishing a collaborative relationship can help crisis counselors facilitate the exploration of these personal topics and empower the individual to determine the direction of the conversation. How these questions are asked will vary depending on several factors and may differ for those in urban areas versus those living on or near tribal lands. The questions below may help guide conversations to gain further information about an individual's tribal community affiliation.

"I want to connect you to resources in your community. Are you comfortable sharing about the community you are connected to?"

"What do you consider the most important parts of your identity?"

"Some people find that connecting to their community can help them feel a sense of belonging. Is there a community or tradition that you identify with?"

Communication Guide

Universal best practices for crisis center counselors will be applied to AI/AN help seekers. Additionally, there are some specific communication practices to keep in mind when interacting with AI/AN individuals. The Communication Guide for Crisis Counselors Serving AI/AN Help Seekers is designed to be a pull-out tip sheet for crisis counselors to keep easily accessible near their workspace.

Communication Guide for Crisis Counselors Serving AI/AN Help Seekers

1. Affirm Confidentiality: For AI/AN help seekers in close-knit communities, confidentiality can be a concern. Be transparent about the parameters and limitations of confidentiality. Provide context as to how information will be shared, and policies in place to protect anonymity. This might sound like:
   "I want to make sure you feel comfortable sharing with me; can I tell you about our center's confidentiality policy?"

2. Allow for Time and Space: AI/AN individuals may need more time to develop a relationship and share stories. Allow for longer conversations and let pauses and silent moments be without the need to fill them. This might sound like:
   "That story sounds important. Take your time. I'm here to listen along the way."

3. Value Autonomy and Personal Agency: Remember that some AI/AN may have historically experienced service providers as paternalistic and even harmful. Put the individual at the forefront of their own safety and healing. This may sound like:
   "What do you think would be some next steps to keep you safe?"

4. Practice Nonjudgment: Validate and reassure their experiences. Note that some AI/AN individuals fear sharing spiritual experiences (such as a vision) for fear of being labeled as mentally ill. Accept their experiences with nonjudgmental reactions and tone. This might sound like:
   "Thank you for sharing that with me. That sounds like it was (difficult, powerful, important, etc.)."

5. Reduce the Power Differential: At times, the person providing help may have an unconscious power advantage over the person seeking help. Level the playing field by acknowledging that in life, we all alternate between giving and receiving help. This might sound like:
   "I've noticed there are times in life when I'm supporting others, and times when I need support. Today, I'm here to support you."

6. Seek Permission: Check in with help seekers about how they'd like to proceed and what they'd like to discuss. The topic of suicide is sensitive; build context before embarking on this topic. This might sound like:
   "Sometimes people who have experienced what you're going through feel like escaping and even feel like they don't want to be present/alive anymore. Have you ever felt like that?"
   "I want to check in on your safety. Would you feel comfortable sharing some ways we can discuss safety that feel okay for you?"
   "Are there certain words you prefer to use?"
   "I have some resources I'd like to share. Would that be okay with you?"

7. Ask Clarifying Questions: AI/AN help seekers may use indirect language. For example, feelings may be expressed using words such as bothered, weird, or done, rather than angry, depressed, or anxious. Utilize clarifying questions to help identify the feeling or issue. This might sound like:
   "Am I understanding this right…?"

   "You mentioned you felt (weird, done, etc.). If you are comfortable, I'd like to hear more about what that was like for you."
8. Collaborate: Avoid giving directives and unsolicited advice to AI/AN individuals. This can be perceived as an assumption that they don't have the internal wisdom to help themselves. Ask for the help seekers' ideas and offer options. This might sound like:
   "What do you think about…?"

   "It sounds like (going for walks) helped you manage stress in the past. Do you think that would be helpful for you today?"

9. Look for Cultural Strengths and Protective Factors: One of the most powerful things a crisis counselor can do for AI/AN help seekers is assist in connecting with local AI/AN resources. Listen for people, places, activities, and events that have brought the individual joy and a sense of belonging.
   "Are there practices or traditions that are supportive for you, or that you would like to learn more about?"

   "Are there family, relatives, or other community members/programs that you would feel comfortable approaching to engage in these traditions and practices?"

   "Who is in your circle of support that helps you feel welcome and supported?"

10. Humor: Humor may be used as a coping strategy and as a way to bring attention to an area of concern or sensitivity. Paying attention to the use of humor is important, and also an area to explore. This may sound like:
    "You joked about/laughed about ___, and I'm glad you shared that. Can you tell me a little more?"

11. Offer Hope: Communicate that you've seen people recover and feel better. This might sound like:
    "From what you've told me, it sounds like you have found many ways to cope with the difficulties you've experienced. Let's keep talking to see how you can do that now."

    "Sometimes it can take time for coping skills to start working or to figure out what works for us. Try to observe what helps and what doesn't and be patient with yourself while you figure it out."

Module 3: Culturally Responsive Approach

Connecting to Local Resources

Connecting AI/AN help seekers to local resources that provide culturally relevant care will be an essential part of crisis counselors' conversations. Each crisis center should develop a list of local resources specific to your area.

Ideas for Staff Planning and Training

Task 1: Values and Beliefs Peer Interviews

At a staff meeting, have participants form groups of two.

Use the **Traditional American Indian and Alaska Native Values and Beliefs** chart from page 51. If possible, have staff read this chart in advance.

Partner groups will engage in peer to peer interviews to reflect on their own values and beliefs. The interview process is as follows:

- Partner 1 will choose a reflection question from the first box in the right column to ask their partner. Partner 1 listens while partner 2 responds.
- Partner 2 will choose a reflection question from the second value box (right column) and ask partner 1 to respond. Partner 2 listens while partner 1 responds.
- Continue taking turns posing reflection questions through all eight of the values listed on the chart.

Give participants ample time to conduct peer to peer interviews. If conversations authentically stay on one question, let that be okay. The purpose of this task is reflection, not completion or mastery.

At the end of interviews, bring staff back together and have the whole group reflect on the questions below:

- What stood out to you from your conversation with your partner?
- How could these concepts guide your conversations with AI/AN help seekers?

Task 2: Communication Guide Scenario Discussions

If time allows, task 2 may be conducted after task 1. However, to give ample time to both concepts, it is recommended that tasks 1 and 2 take place at different times unless a two hour training block has been scheduled.

At a staff meeting, ask staff to form groups of two or three

Use the **Communication Guide for Crisis Counselors Serving American Indian/Alaska Native Help Seekers** (page 47-48). If possible, have staff read this guide in advance.

A scenario discussion is an opportunity for staff to think about how they may approach theoretical situations. Scenario discussions take the place of role playing, as role play can cause heightened anxiety for some staff.

Instruct each group to select one of the tips from the guide. Staff will then discuss how they would approach a help seeker with that particular need. For example, if tip 1: Affirm

Confidentiality is selected, the group will discuss how they would approach an individual concerned about confidentiality. Teams may reflect on:

- How they would approach an individual in the given scenario
- What potential challenges they anticipate
- How they have successfully navigated similar conversations in the past

Invite teams to work through three of the tips, going through a similar process of identifying how they would approach each situation.

At the end of the scenario discussion, teams may share with the whole group one of the tips they chose and an example of how they would apply it in conversations with help seekers.

Concluding Thoughts

Mental health issues, suicidal behaviors, and suicide deaths are urgent issues that require immediate attention in AI/AN communities. The factors that contribute to disparate suicide rates in AI/AN communities are many, but the impacts of historical trauma, along with the imbalances illustrated by social drivers of health, lie deep at the root of the issue. To combat this, to mend the wounds of historical harm, and to address the inequities of our present day requires the joining of perspectives and approaches from two worlds. We will need the educational tools, resources, and mental health support provided by crisis care centers. We need their urgency, their evidence-based practices, and their expertise. Yet, that is not all that is needed. Throughout history and into the present day, AI/AN cultural practices have provided balance, a sense of belonging, and purpose to AI/AN people. This connection to community and tradition is an essential component of the path to healing.

Appendix A: Guiding Principles for Collaborating with AI/AN Communities

Adapted from "Guiding Principles for Engaging in Research with Native American Communities", University of New Mexico and partners.[97]

Guiding Principle	Key Components	Reflection Questions
Native/Tribal Centered	AI/AN communities and people are the driving force in crisis center partnerships. AI/AN people are the leaders and voice. "Nothing about us without us." Protect AI/AN communities, as well as individuals, from harm.	Am I working to achieve my agenda, or am I working with the community to assist in visualizing, articulating, and developing their plan of action? Is my organization able and/or willing to give this AI/AN community the time, resources, and expertise needed?
Respect	View collaboration with AI/AN people as an honor. Respect and honor tribal sovereignty, traditions, and diversity among and within AI/AN communities. Be aware and respectful of existing community protocols.	Am I aware of and respecting the government structure, laws, and policies, as well as specific procedures for engaging in partnerships with the community? Do I know whom to work with in the community regarding consents, permissions, etc.?

Self-Reflection, Awareness of Tribal Customs, Knowledge, & Practices	Be mindful of one's own assumptions. Acknowledge and appreciate that AI/AN community members have wisdom, knowledge, expertise, and experience that is relevant to their community and to crisis center efforts.	Am I actively reflecting on myself to assess for any assumptions I may be making that influence the way I interact with AI/AN communities? Am I recognizing the expertise of everyone in the community?
Authentic Relationships	Build relationships that are sincere, enduring, and based upon mutual trust and respect. Enter partnerships with the intention of building and sustaining a long-term commitment to the community. Allow communication to flow both ways. A continual and open dialogue may prevent misunderstandings and address concerns before they become problems.	Am I committed to showing up consistently, acknowledging that trust building takes time? Am I willing to commit to working through challenges that will inevitably arise, and to grow and learn as I get to know the community and develop relationships?
Honor Community Timeframes	Concepts of time may vary. Tribal community timelines may be influenced by seasonal cycles, traditional events, and governmental functions. Many Native people value time to process information. Provide time for moments of thoughtful silence.	What projects or activities occur annually (biannually, quarterly, etc.) that my community partners will need to attend? Am I giving the community time to translate information into their own worldview?

Build on Strengths	Highlight the strengths and abilities within AI/AN communities; explicitly recognize these aspects and build upon them. Focus on the community's protective strengths and other assets.	Am I actively searching for positive qualities or strengths in the community? Am I coming from an asset or deficit-based framework in how I perceive the community?
Co-Learning	Co-learning involves a reciprocal exchange of knowledge and ideas. Tribal community partners bring their expertise across multiple areas, including a deep understanding of their communities' traditions, values, methods, and knowledge.	How am I helping to build capacity in the community? Am I providing community members opportunities to contribute their knowledge in meaningful ways? Am I prioritizing the use of existing programs and resources in the community?

Appendix B: Partnership Planning Guide

Tribal Liaison Partnership Planning Guide

Community Partner: (Examples: tribal leaders, Urban Indian Organizations, tribal health organizations, state tribal liaison, community leaders)

Contact Information:

Modes of Outreach: (letter of introduction, open house event, attend community event, in-person visit, host listening session)

Desired Outcomes:

Roles and Responsibilities of the Crisis Center:

Roles and Responsibilities of the AI/AN Tribal Partner (as agreed upon collaboratively):

Action Step	Person Responsible	Timeline of Completion

Notes:

Additional Tools and Resources

Demographic Information:

2020 Census Demographic Data Map Viewer
(can be viewed by state, county, etc.)

Native Land Digital Map

Historical Background:

Tribal Boarding School Toolkit for Healing

Indian Health Service Fact Sheets | Gold Book
(Scroll to bottom for Gold Book)

Tribal Governance:

Tribal Nations and the United States

Alaska Native Information:

Suicide Prevention in Alaska Report-SAMHSA

Substance Use Treatment:

Alcohol and Substance Abuse Branch | Indian Health Service (IHS)

National Helpline for Mental Health, Drug, Alcohol Issues | SAMHSA

Domestic and Sexual Violence:

StrongHearts Native Helpline | Home

National Indigenous Women's Resource Center

AI/AN Mental Health:

Mental Health Resources for American Indian and Alaska Native Communities | The Administration for Children and Families

AI/AN Crisis Support:

Crisis Text Line Text Native to 741741

Native and Strong Lifeline – A Lifeline for all Indigenous people in Washington state

Healthy Coping Strategies:

Native Wellness Training Services

Grief Support Services:

Coping with Grief and Loss: Stages of Grief and How to Heal

Grief, Loss, and Healing Guide-ATP

Postvention Support:

Find a support group | AFSP

Provide for Immediate and Long-Term Postvention – Suicide Prevention Resource Center

Youth Support:

We R Native

Healthy Native Youth

BRAVE: A Flexible Mental Health Curriculum for AI/AN Youth - Well Beings

Veterans' Support:

Veteran's Affairs App Store

Veteran's Affairs Make the Connection

Tribal Liaison Resources:

Preventing Suicide to Live to See the Great Day That Dawns

AI/AN 988-Branded Photography | SAMHSA

Southern Plains Tribal Health Board Trainings

SPRC Being a Good Relative Training

Glossary

This list includes terms a crisis center counselor may encounter and is for awareness purposes to help guide conversations.

Bureau of Indian Affairs (BIA)

The Bureau of Indian Affairs, an agency within the US Department of the Interior, is the liaison between federal and tribal governments. The BIA works on issues such as employment, law enforcement, agricultural and economic development, and tribal governance with the objective of enhancing the quality of life for AI/AN tribal members.[98]

Bureau of Indian Education (BIE)

The Bureau of Indian Education, an agency within the US Department of the Interior, strives to provide educational opportunities from early childhood to adulthood for AI/AN communities. The BIE currently funds 183 elementary and secondary schools on 64 reservations in 23 states. 55 of these schools are BIE-operated, while 128 are managed tribally through contracts or grants. Post-secondary services include scholarships and funding to tribal colleges, as well as the direct operation of two post-secondary institutions.[99]

Elder

An older AI/AN person who has earned the deep respect of their community through wisdom and experience. Elders provide guidance and enhance the community through counseling and other activities. Elders often have special skills or abilities, including knowledge of ceremonies and traditional ways, and the ability to tell the stories and history of their people. Not all older adults are considered elders.

Fictive Kin

Familial bonds that exist beyond blood relation. AI/AN people may use terms such as auntie, mom, sister, brother, or cousin for those they are not biologically related to. These relationships are just as important as, and sometimes more important than biological connections.

Indian Country

Land that has been set aside for the primary use of AI/AN people that includes reservations, dependent Indian communities, and allotments. Indian Country includes reservations, but the terms are not interchangeable, as Indian Country is more encompassing.

Reservation (i.e., pueblos, rancherias, missions, villages, colonies, communities)

An area of land reserved for tribes under a treaty or other agreement with the federal government. Currently, 56.2 million acres are held in trust for tribal use. Some exist on original ancestral lands, while other parcels were established through forced relocation policies enacted by the government.[100]

Signs and Portents

Spiritual occurrences that signify the foreshadowing of future events. These experiences may have a positive or negative connotation. Animal encounters are often powerful signs in AI/AN traditional practices,

though meaning and interpretation vary by tribal and cultural beliefs.

Talking Circle/Council Circle

A way of communicating and connecting that involves sitting in an open circle and engaging in circle processes among others. The shape of the circle signifies equality among participants and encourages all voices to be heard. The circle space embodies philosophies and values that are maintained outside of the circle, carried into all aspects of life. Talking circles can be orchestrated in various ways, but key components include a circle keeper and a talking stick. Though talking circles have gained popularity in schools and other institutions, the practice is rooted in indigenous ways of interacting, communicating, and problem-solving. Talking circles are increasingly being used in Tribal Health Organizations to facilitate dialogue on topics such as parenting, grief, and substance use.

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