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## Documenting Resiliency of American Indian Youth: Preliminary results from Native PRIDE's Intergenerational Connections Project

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## Documenting Resiliency of American Indian Youth: Preliminary results from Native PRIDE's Intergenerational Connections Project

### Cover Page Footnote

We appreciate the support of the Boys and Girls Club of the Northern Cheyenne Nation, Fort Peck Tribes, American Horse School, Little Wound School, and the youth and elders who participate in the Intergenerational Connections Project.

## **Background**

American Indian youth are strong, resilient leaders with enormous potential. This potential is sometimes overshadowed by deficit-based program approaches, where disparities and vulnerabilities are the focus of prevention programs. This focus has perpetuated negative stereotypes, discrimination, oppression, and racism in American Indian populations today.

We know the deficit-based data well. It is easy to find in the published literature. For example, a national survey indicates American Indian youth have the highest rates of alcohol and drug use in the Nation (Wu, Woody, Yang, Pan, & Blazer, 2011). Research also suggests that American Indian youth are placed at higher risk for mental health problems than non-American Indian youth (Witko, 2006). Suicide rates among American Indian youth are higher than any other ethnic group, one in five deaths among 15-19-year old's are due to suicide (CDC, 2013). These data are important, but they fail to promote the strengths of American Indian youth.

To address deficit-based approaches and work toward a 7<sup>th</sup> generation paradigm that is strength-based and community-driven (Sinclair, 2004) we developed the Sources of Strength scale (SOS) (Kelley & Small, 2016). We administered the SOS to youth and young adults involved in the Intergenerational Connection Project (ICP). The ICP is a 5-year effort that started in October 2016, led by Native PRIDE (<http://www.nativeprideus.org>) and funded by the Administration for Native Americans Initiative for Leadership, Empowerment, and Development grant (<https://www.acf.hhs.gov/ana>). Tribal community members and Tribal site coordinators assisted implementation of ICP and data collection. The goals of ICP are to reduce risk factors in youth that lead to suicide while promoting strengths that increase youth resiliency.

### **American Indian Youth**

Youth in this study were 189 American Indian youth who participated in five separate

ICP activities from 2017 to 2018. Youth represented tribes throughout the U.S.

## Methods

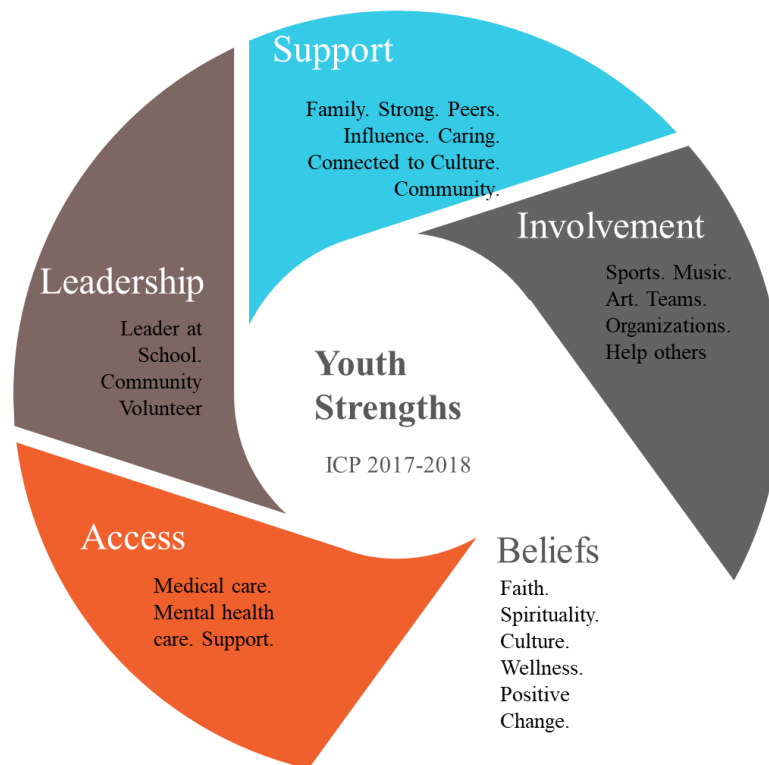
### Measures

The SOS is a 13-item scale designed to measure the strengths of American Indian youth. Items are rated on a Likert scale anchored by 1 (strongly disagree) and 10 (strongly agree). The SOS is designed to document strengths, also referred to as protective factors, based on five domains: social support, healthy involvement, personal beliefs, access to services, and leadership, Figure 1.

Internal consistency for this study was  $\alpha = .923$ ; this is consistent with a previous study of the SOS that reported an internal consistency of  $\alpha = .945$  (Kelley & Small, 2016).

### Figure 1.

*Constructs of SOS*



## Procedures

Our ICP staff administered the SOS during the last day of ICP activities with paper copies of the SOS and pencils. ICP staff were available to read questions to youth and answer questions when needed.

## Analysis

After ICP activities we collected surveys and entered responses into SPSS version 24.0. We ran descriptive statistics to explore the mean and standard deviation scores for each of the SOS items. This was important because we wanted to know the average (mean) scores of youth. We combined SOS items by construct to calculate their reliability. Reliability is crucial because it helps ensure the SOS will produce consistent results each time it is administered. We summed the total SOS scores for each youth and calculated means and standard deviations. Next, we used an independent samples t-test to compare SOS scores based on age and gender and one-way ANOVAs. These tests were used to document statistically significant differences.

## Results

### Strengths

A total of 66 males (34.9%), 83 females (43.9%), with 40 who did not report their gender. The average age of youth was 15.8 years ( $SD=2.30$ , range 11-24 years). The scale was both reliable and valid. Cronbach's  $\alpha$  for the scale was ( $N=13$ ,  $\alpha =.923$ ). The correlation between items ranged from .28 to .69. All 13 items were linearly combined to measure cultural resilience and strengths, Table.1

**Table 1.**

*Mean SOS Scores and Measures*

Statement	Mean	SD	Measure
Q1: I feel my family cares about me,	8.14	2.05	Social

spends time with me, and is a strong support for me.			Support
Q2: I feel I have healthy friends/peer group that makes good decisions/stays out of trouble.	7.04	2.21	Social Support
Q3: I feel I have good caring relationships with adults who truly care about me.	8.11	2.07	Social Support
Q4: I feel I keep involved in healthy activities like sports, music, art, teams, organizations.	8.29	2.16	Healthy Involvement
Q5: I feel I am regularly involved in helping others, sharing generosity, and have leadership opportunities.	7.68	2.23	Healthy Involvement
Q6: I feel I have healthy beliefs and that I actively develop my faith, spirituality, or culture.	7.84	1.92	Personal Beliefs/Self-Efficacy
Q7: I feel I have good access to a counselor, support group, or other mental health services.	7.28	2.45	Access to Services
Q8: I feel I have good access to a doctor, nurse, or other medical help if I was ill, injured, or needed medicine.	7.76	2.27	Access to Services
Q9: I participate in leadership programs at my school.	7.34	2.69	Leadership
Q10: I am working on personal wellness and positive changes in my behavior.	7.88	2.33	Personal Beliefs/Self-Efficacy
Q11: I take time to volunteer at school or in my community.	7.09	2.64	Leadership
Q12: I can deal with my problems in a healthy way.	7.33	2.26	Personal Beliefs/ Self-Efficacy
Q13: I feel connected to my culture and community.	7.84	2.25	Social Support

The lowest mean score was for the statement, “I feel I have healthy friends/peer group that makes good decisions/stays out of trouble.” (M=7.04, SD=2.21) and the highest mean score was for the statement, “I feel I keep involved in healthy activities like sports, music, art, teams, organizations” (M=8.29, SD=2.16).

### **Sources of Strength by Gender**

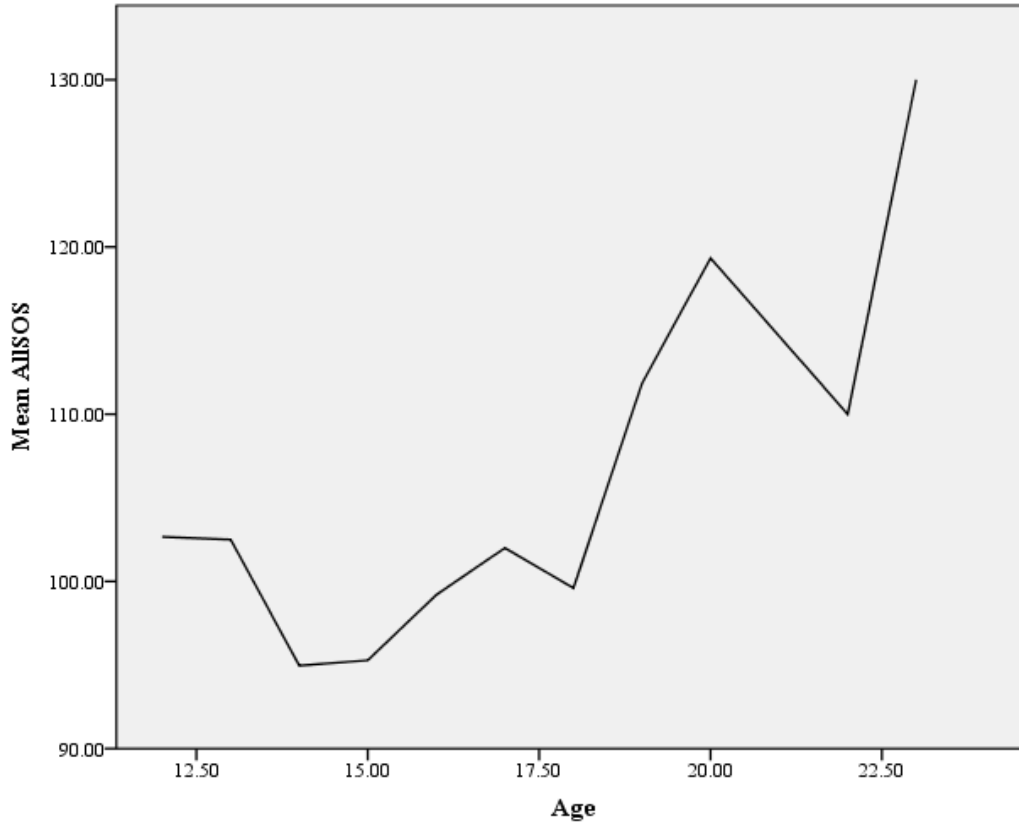
Youth sources of strength were similar across items. However, there was a significant difference between males and females for three of the SOS scale items. Males reported significantly higher mean scores for the following SOS statements: “I feel my family cares about me, spends time with me, and is a strong support for me” (M=8.50, SD=1.58);  $t(146) = 1.97$ ,  $p = .04$  and “I feel I keep involved in healthy activities like sports, music, art, teams, and organizations” (M=8.77, SD=1.85);  $t(146) = 2.26$ ,  $p = .02$ , and “I can deal with my problems in a healthy way” (M=8.00 SD=1.96);  $t(122) = 3.3$ ,  $p = .001$ .

### **Sources of Strength by Age**

The mean SOS score for males was slightly higher than females (M=101, SD=18.79, vs. M=99.30, SD=23.61, range 33 to 130). Scores also increased with age, Figure 2.

### **Figure 2.**

*Mean SOS Scores by Age*



We examined the SOS results by constructs measured, mean scores, standard deviations (SD), and Cronbach's  $\alpha$ . The lowest mean construct score was for leadership ( $M=7.22$ ) and the highest mean score was for healthy involvement ( $M=7.97$ ). There were no statistically significant differences between overall mean scores and constructs measured.

### Discussion and Next Steps

The current study captured American Indian youth strengths over two years. SOS scores provide a snapshot of strengths and differences based on gender and age. This is an important step toward building strength-based programming grounded in culture.

We observed gender differences based on SOS scores and there are several possible explanations for these. One possibility is that in some communities, rites of passage ceremonies (i.e. buffalo kill) and society initiation (gourd dancing) are being revitalized for males, more so



than for females. Because of this, males may have more access to opportunities to develop their cultural identity and strengths. In our ICP work, we have also noticed the impact of negative peer pressure, social media, and bullying among females. These factors may contribute to females reporting significantly lower scores for dealing with problems in a healthy way.

As ICP youth increased in age, their SOS scores also increased (Figure 2). This is consistent with what we anticipated—older youth take more of an interest in their culture, they see culture as a strength, and they pursue opportunities for cultural connections and identification.

Our goal was to document strengths among American Indian youth participating in the ICP. The SOS scale allowed us to explore strengths based on gender and age. We feel that early intervention and prevention activities are needed that build resiliency, support systems, healthy relationships, and leadership skills in American Indian youth. Changing the focus toward strength-based measures rather than deficit-based outcomes will ensure we build a strong, healthy, and resilient seventh generation.

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