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Identification of the Causes and Characteristics of Suicide Among American Indian Youth

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IDENTIFICATION OF THE CAUSES AND CHARACTERISTICS OF SUICIDE AMONG AMERICAN INDIAN YOUTH

by

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ABSTRACT

Identification of the Causes and Characteristics

of Suicide Among Indian Youth

by

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Blackfeet youth suicide Attempters and a sample of non-suicide Attempters were compared on the Family Adaptability and Cohesion Evaluation Scales (FACES-III), the Family Environment Scale (FES), the Scale for Suicide Ideation (SSI), the revised Beck Depression Scale (BDI) and a biographical inventory. The purpose of this study was to define a set of variables that identify Indian youth with a high potential for suicide. The study sample consisted of 60 participants between the ages of 15-24, 30 suicide Attempters and 30 non-suicide Attempters, from the Blackfeet reservation.

Fifteen identified variables were proposed to differentiate between the two groups. Analyses involving nine variables revealed a significant correlation between the revised Beck Depression Inventory variable of depression and the Biographical Inventory self-report variable of suicide attempt. Results indicated that suicide

Attempters scored higher on the revised Beck Depression Inventory than did those subjects who did not attempt suicide.

(73 pages)

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I would like to dedicate this to my grandfather and grandmother, Carson and Josephine Boyd.

Rebecca R. Crawford

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CHAPTER I

INTRODUCTION

In the past few years researchers have looked for causes of the high rate of suicide among American Indian youth, rates that greatly exceed those in the general population. The average suicide rate for American Indians and Alaska Natives, 19.4 per 100,000, is 1.7 times the rate for the nation (Manson, Beals, Dick, & Duclos, 1989). Several studies report that Indian youth under age 25 comprise a higher percentage of suicides than do the youth among other population groups in the United States and Canada (May & Van Winkle, 1991). The rate of suicide among some reservation tribes was found to be as high as one per 1,000 people annually. Furthermore, of those who have killed themselves, 75% have made previous suicide attempts (Peniston, 1978). Such studies point to the importance of efforts to identify causes and characteristics of suicide in American Indians and Alaska Natives.

Statement of the Problem

Despite the high rate of Indian youth suicide and studies that identify the characteristics of suicidal Indian youth, no characteristics that appear to reliably distinguish suicidal youth from non-suicidal youth have been identified.

Purpose

The purpose of this study was to attempt to define a set of variables that identify Indian youth with a high potential for suicide, and to assess perceived family and personal characteristics unique to these youth.

Definition of Terms

The following terminology was used in this study:

Adaptability: the ability of the family system to alter its role relationships and family power structure in response to stress.

Cohesion: the family members emotional bonding with each other.

Expressiveness: the extent in which family members were urged to act openly.

Cohesiveness: the degree of help, support and commitment family members afford one another.

Conflict: the degree of openly expressed discord and anger between family members.

Lethality: the degree of serious injury that would be sustained if the attempt was unsuccessful.

Depression: defines symptoms relevant to suicide ideation.

CHAPTER II

REVIEW OF LITERATURE

National attention was first given to the issue of suicide among American Indians in 1968 by Robert F. Kennedy, who at the time was head of the Senate Subcommittee on Indian Education (May, 1987). Senator Kennedy was visiting an intermountain reservation on a fact-finding campaign trip. Concern at the time was focused on a local Indian youth who had committed suicide in the jail. As a result of the trip, a Senate Subcommittee on Indian Education, in conjunction with several federal agencies, began to study the occurrence of suicide and self-destructive behavior at this intermountain reservation.

Pilot studies were initiated by the Indian Health Service and The National Institute of Mental Health which found the suicide rate to be 4.5 per 100,000 at this intermountain reservation (May, 1987). May reported that factors contributing to suicide included high unemployment rates, cultural conflicts, alcohol, drug abuse, family stresses and tribal settings where acculturation stress was being felt. May also found, through a review of the literature, that for American Indian and Alaska youth aged 10-24, suicide occurs predominantly among males and the methods most commonly used are hanging and guns.

Unfortunately these results contributed to generalization and stereotyping of all Indians. In part, this stereotyping may be attributed to the lack of other information related to suicide in the Indian populations. This generalization regarding Indian suicide has persisted throughout the years despite varying suicide

rates across tribes. American Indian suicide, like other behaviors, may vary from tribe to tribe and reservation to reservation. These generalized beliefs inhibited further experimental research into verification of common links for suicide across Indian populations, but more importantly, delayed identification of variables that identify individuals who were at high risk for suicide. Eventually, however, primary causes, characteristics, and symptoms were identified.

Causes, Characteristics, and Symptoms

In recent literature, the high suicide rate among American Indian youth has, in part, been attributed to emotional pressures, alcohol abuse, family pressures, economic problems and cultural conflicts (Curlee, 1968). In addition, Berlin (1984) reported that the highest rate of suicide is within the 10-20 year old age group. Two major causes of suicide were also identified: acute and chronic depression. Curlee (1968) offers clinical impressions of the dynamics of suicide attempts among American Indians. Many American Indians are said to internalize emotional pressures such as pain, anger, and worry (Curlee, 1968). Furthermore, Curlee adds that American Indians involved in suicide episodes often fit a culturally traditional profile in which the individual endures the emotional pain without asking for help, until the pain becomes unbearable.

Studies by Berlin (1984) and others have provided additional insight into socio-cultural factors that contribute to the rising rate of American Indian youth suicide: social disorganization, low self-esteem, collapse of traditional values, stress resulting from acculturation pressures, internalized feelings of insufficient

control over one's life, dysfunctional families, feelings of hopelessness resulting from reservation life, and a uniform pattern of alienation are several identified factors (Beauvis, Oetting, & Edwards, 1984; Berlin, 1984; Long, 1986; May & Dizmang, 1974, Townsley & Goldstein, 1977). Berlin (1984) maintains that suicide causes fall into two major categories; the first is acute stress, and the second is chronic depression.

Acute stress suicides often involve an Indian youth who is highly regarded by his or her community. In this case, the suicide attempt is believed to be initiated by acute stress, and emotional and environmental factors. In addition, the youth's acute stress may be coupled with the loss of a loved one, rejection or physical separation from a parent or friend. The result of any one of these losses may be a feeling of loneliness and helplessness. Also the occurrence of severe physical illness, combined with fear or loss of confidence may result in a suicide attempt.

Berlin goes on to say youth who are chronically depressed will feel hopeless and may feel no one cares whether they are successful or not. The most important contributing factor to suicide among depressed youth is the overwhelming feeling of helplessness to change their lives, their family's attitudes, and their environment. This sense of helplessness will lead to the attitude of seeing no reason to live. In some cases, the youth will also turn to alcohol and drugs, thus aggravating the social problems and further contributing to suicide.

An overview of American Indian psychiatric and social problems was

presented by Shore and Manson (1983). The relationships between depressive behaviors and cultural stress among American Indians are factors that Shore and Manson saw as resulting in suicide. In a similar field study using interviews by Hochkirchen and Jilek (1985), suicidal behavior among American Indians of the Pacific Northwest was studied. Twenty-nine suicides occurred during a nine-month period at the three sites selected to participate in this study. Thirteen of the twenty-nine deaths were male; shooting was the preferred method by the males and drug overdosing was preferred by the females. Although no exact ages were given for the persons being studied, the causes for suicide were identified as depression, alcohol use, and cultural clashes associated with the contradictory values of the non-Indian society.

A study was conducted by Peniston (1978) on the Uintah and Ouray Reservation in Utah to identify characteristic pre-suicidal behavioral and personality variables. Using information collected from the Indian Health Service Suicide Register, demographic data were obtained. A random sample of 30 suicidal outpatients ranging in age from 15-60 was studied. The MMPI scores on the Depression and Ego Strength scales were correlated with the number of suicide attempts and the number of attempts made while using alcohol. The results of this study indicate that low raw scores on the Ego Strength Scale were significantly correlated with the number of suicide attempts. This study did not find that a heightened depression score was related to the number of suicide attempts. Several other factors were implicated by Blanchard, Blanchard, and

Roll (1976) in a study of an adolescent Pueblo Indian male who committed suicide. The contributing factors as identified by the authors were: unstable family relationships, absence of a male role model, alcohol use, low self-esteem, and the child's placement in a boarding school. A psychological evaluation using the Rorschach, the Impulse-Ego-Superego scales, the Bender Visual Motor Gestalt, and the Memory for Designs was used to determine the mental status of the adolescent before the suicide. He was found to have high anxiety, loss of self confidence, internal conflicts, and disorganization in perception and thinking.

May (1987) presents facts collected from census data, Indian Health Service Statistics, and previously published literature on suicide among American Indians. May found in addition to the use of drugs and alcohol, adolescents may place themselves in dangerous situations, such as driving under the influence of these substances. Adolescents may also engage in activities which may result in serious injury or death. Motor vehicle accident rates are higher in most tribes than in the general population across the U.S.. In 1981 the death rate from motor vehicle accidents was 3.4 times higher for American Indians at 136.3 per 100,000. Over half of the American Indian accidental deaths were the result of motor vehicle accidents. The use of alcohol and drugs was found to be an important factor in contributing to motor vehicle fatalities (May, 1987). The combination of alcohol and drugs may also affect the whole family system of the Indian adolescent.

Family pressures may in part contribute to suicide among Indian

adolescents whose alcoholic parents are unable to provide the love, support, and care that is necessary for their children. Also, divorced or separated parents may direct anger at their children. These factors contribute to the lack of effective role models within the home. Environmental factors such as the breakdown of tribal traditions, having alcoholic parents, and unemployment all contribute to the adolescent not attaining a responsible role within their tribe, family, and community. This lack of role models contributes to the adolescent's inability to understand their responsibilities to the community and family (Berlin, 1984).

Another less obvious family stressor which the Indian adolescent may encounter is marriage at an early age. Often the adolescent perceives marriage as a way to find the love that was absent at home (Berlin, 1984). These young people often find themselves parents, a role they are unprepared to assume. These unforseen problems contribute to the existing feelings of stress and hopelessness of the growing adolescent.

In a case study of an Indian youth involved in a suicide epidemic on the Wind River Reservation in Wyoming, Long (1986) found that in addition to family pressures, economic problems also contribute to the feelings of hopelessness and helplessness in the ability to deal with or to change the future. Environmental factors that were taken to place tribal members at high risk included alcohol use, high unemployment, loss of impulse control, and frustration. The inability of the American Indian adolescent to find adequate work was also found to influence the adolescent to consider suicide. These feelings of

worthlessness, unhappiness, and depression contributed to the lack of ability to feel responsible for employment and other adult responsibilities (Berlin, 1984).

Unemployment is a common problem throughout many reservations. The unemployment rates for American Indians continue to be higher than the national average. Furthermore, rates of unemployment for adult males exceed 70% on several reservations (Long, 1986). The 1980 Census Bureau data indicate that 27.5% of American Indians were living below the poverty level (May, 1987) and the average income for American Indian families was $13,678, considerably lower than the U.S. average of $19,917. Thus, the high rate of unemployment may act as a contributing factor to suicide of American Indian adolescents (Berlin, 1984).

Cultural conflicts may also contribute to chronic and acute stress that is experienced by American Indian adolescents. Factors that may influence cultural conflict within the adolescent are a breakdown of tribal traditions, change in tribal identity, and low self-esteem within the tribe or community. Social change and rapid change in values and expectations add to stress on families and individuals. In addition, American Indian adolescents who also experience prejudice and discrimination from non-Indians, coupled with cultural conflict and low self-esteem, may consider suicide as a method of coping with stress (May, 1987).

Thurman, Martin, and Martin (1985) conducted a questionnaire study of adolescents living on the Cherokee nation of Oklahoma. Thurman's questionnaire contained 25 items that obtained the following information: Indian status, gender, type of self-injury, patterns of hospital admittance, behavior patterns of

Attempters, and reasons for attempting suicide. During the period of the study, six suicide attempts by American Indian adolescents were reported with no completed suicides. Methods of suicide attempts were medication and wrist cutting. The findings indicated that suicide attempts were due to a loss of a loved one, a family disruption, cultural pressure, and a lack of opportunity because of race.

Smith (1983) conducted a case study attempting to enhance recognition of adolescent suicide within the school setting. The causes presented for suicide were poverty, unemployment, cultural conflicts, alcohol use, and geographic isolation. The adolescent was found to be seeking identity and adult autonomy.

While the above review of literature has noted factors that seem to be extant in the lives of suicidal Indian youth, these factors play a significant causal role in Indian youth suicide. Indeed, these factors are common across various reservation populations, including those who commit and attempt suicide as well as those who do not. Therefore the studies do not help us to understand which Indian youth are more likely to attempt suicide. Furthermore, many of the studies are clinical, descriptive, or anecdotal. Such studies help us to understand the problems that Indian youth experience, but do not as yet enable us to accurately predict suicide or define the differences between suicidal and non-suicidal youth.

Prediction and Prevention of Suicide

The Indian youth who is most likely to commit suicide has been found to have certain characteristics. Shore, Bopp, Dawes, and Walker (1972) analyzed case histories that identified such characteristics in American Indian populations. Most of the patients were young males. The completed suicides followed a pattern: 60% of persons committing suicides were under 25 years of age, 82% were male, and 88% had arrest records. Hanging was the method used in 66% of the suicides, but all suicides occurred in combination with alcohol and/or inhalant sniffing. Prevention programs were established as a result of the suicides but what these prevention programs consisted of was not described.

Dizmang and Bopp (1974) conducted a study on the Shoshone/Bannock reservation in Idaho using survey data on a group of ten Indians from the ages of 15 to 24 who had committed suicide. The data were gathered from relatives of the subjects who completed a data survey form. The results indicated the subjects frequently had more than one caretaker, primary caretakers had more than five arrests, and 50% of the subjects had experienced losses by desertion or divorce. It was also noted that the group used more violent methods of suicide than their non-Indian counterparts (May, 1987).

Indian youth who contemplate suicide may often exhibit sudden behavior changes. Such changes that have been found to precede suicide attempts among Indian youth include a sudden behavior change, sudden sadness, depression and loss of appetite, sudden sleeping problems, sudden withdrawal from social

activities, giving away of valued possessions, and a false sense of relief and cheerfulness resulting from the decision to kill themselves (Berlin, 1984).

Shore et al. (1972) state that intervention and prevention programs are crucial for the success of recognizing suicide symptoms. Such programs include walk-in clinics, prevention-crisis intervention centers, and crisis telephone lines. Berlin (1984) states that effective intervention and prevention strategies may be the use of elders within the tribe to stay with incarcerated adolescents. Further strategies include use of at-risk adolescents as counselors (Berlin, 1984). Shore and Manson (1983) have described potentially successful prevention strategies being developed in Indian Health Service Mental health programs. The importance of effective collaboration with tribal governments, and the need to ensure that program outcomes are relevant to Indian communities should be considered. In addition, the use of community activities such as discussion groups, visits to suicide survivors, and school-based follow-up may also contribute to decreasing suicide among adolescents (Long, 1986).

Summary

An elevated suicide rate among American Indian youth, a rate between 230 and 280% higher than that found in the general population, has been clearly documented in the literature. The group at highest risk appears to be males between the ages of 10-24, whose suicide methods most commonly involve hanging and guns. The causes of suicide have been identified as acute and chronic depression, lack of effective role models, having alcoholic parents, loss of

impulse control, frustration, loss of a loved one, family disruption, lack of opportunity because of race, depressive behaviors, and cultural stress. Environmental factors here that have been implicated include breakdown of tribal traditions, unemployment, poverty, geographic isolation, cultural conflicts, and use of alcohol and drugs. It appears clear from the literature that family environment variables, and especially turmoil within the family, appear to be highly associated with suicide.

Lacking from all the studies reviewed is the ability to define those characteristics which distinguish suicidal youth from those who do not attempt suicide. For example, Hochkirchen and Jilek (1985) interviewed friends and relatives of successful suicide subjects only and found that precise data on subject characteristics (e.g., age) were missing. In two other studies conducted by Blanchard et al. (1976) and Long (1986) case studies were used to compile factors thought to contribute to suicide. May (1987), using census data and previously published literature on suicide among American Indians, merely provides descriptive data on suicidal groups. None of these studies used an appropriate comparison group to help identify the unique characteristics (and thus, potential causes) of Indian youth who attempt suicide.

In summary, the available literature provides an in-depth but methodologically limited account of the causes and characteristics of suicide in American Indians from 15-24 years of age.

The intent of the present research is to attempt to identify, on a basis more

firm than anecdote and case history, and to determine if there are any variables that would seem to predict suicide. Based on the review of past studies, it appears that family charteristics may be related to suicide potential. In view of the uncertainty of our knowledge in this area, it appears useful to see if certain other biographical variables suggested by the literature are related to suicide attempts. Finally it would be useful to investigate whether instruments such as the Beck Depression Inventory, known to be useful in predicting suicide in the majority culture, would correlate with suicide attempts in Indian youth. To the extent these characteristics are unique to American Indian youth at risk for suicide are causally relevant and modifiable, effective intervention strategies may be developed.

Research Hypotheses

1. Suicide Attempters will not differ from Nonattempters on their perceptions of family adaptability.

2. Suicide Attempters will not differ from Nonattempters on their perceptions of family cohesion.

3. Suicide Attempters will not differ from Nonattempters on their perceptions of family expressiveness.

4. Suicide Attempters will not differ from Nonattempters on their perceptions of family cohesiveness.

5. Suicide Attempters will not differ from Nonattempters on their perceptions of family conflict.

6. Suicide Attempters will not differ from Nonattempters on their perceptions regarding lethality of suicide method.

7. Suicide Attempters will not differ from Nonattempters on their degree of depressive state.

CHAPTER III

METHODOLOGY

Sample

The study sample consisted of male and female Indian youth (N=60) from the Blackfeet Reserve in Alberta, Canada who consented to participate in the study. One unique aspect of this population that needed consideration was that of language. On this reserve the Blackfeet language is currently spoken by the majority of the tribe and is considered the primary language in many families residing there. All participants in this study are members of the Blackfeet Tribe.

The subjects in the suicide Attempters group (n=30) were matched with subjects who had not attempted suicide (n=30). The names of the participants in the suicide Attempters group were provided by the local mental health department for 15-24 age group. The control group was randomly selected from the local high school and community college by administrators in those institutions. The control subjects were matched with the Attempter group on age and gender. Only Attempters who had made suicide gestures within the last 5 years were included in the sample. An "attempt" was identified as a conscious effort to end one's life by utilizing potentially lethal means, for example, taking a large number of pills, shooting oneself, stepping in front of a train, hanging, etc. Consent forms were signed by all participating Indian youth. For the subjects participating in the study who may have experienced reading difficulties, testers were available to read test questions to the subjects. The mean age of

participants in the study was 20 years. Thirty-one of the 60 subjects were between 19-21 years old.

The distribution of males and females in each group of Attempters and Nonattempters is displayed in Table 1.

Table 1

Group Sample (total sample=60)

Respondant	Attempters	Nonattempters	Total
Male	12	14	26
Female	18	16	34
Total	30	30	60

Thirty-four females participated in the study, 18 Attempters and 16 Nonattempters. There were 26 males who participated in the two groups; 12 male Attempters and 14 male Nonattempters.

Instruments

Causes of suicide suggested in the literature include difficulties in family environment, depressive behaviors, and a plethora of environmental factors. Based on these identified factors, instruments were selected that would identify family and environmental factors, depression, and suicide ideation within the targeted population.

Five instruments were administered in this study. The five instruments are

the Family Environment Scale (FES), the Family Adaptability and Cohesion Evaluation Scales (FACES III), the Scale for Suicide Ideation (SSI), the revised Beck Depression Inventory (BDI) and a biographical inventory (BIN). Each instrument is discussed in the following section.

The Family Environment Scale (FES), developed by Moos and Moos (1986), has been used in over 150 studies of dysfunctional and normal families. The FES provides information on family cohesion conflict management and expressiveness. The Family Environment Scale subscales were judged by Burgess, Hartman, and McCormack (1987) to possess adequate internal consistency and test-retest reliability. In another study, the test-retest reliability of the FES subscales range between .68 and .86 (Moos, Clayton, & Max, 1979). The FES is a true/false self-report measure that represents the domain of family relationships.

The Family Adaptability and Cohesion Evaluation Scales (FACES III), developed by Olson and Portner (1985), measure perceptions of family cohesion and adaptability and was selected because of its previous use with dysfunctional families. Turmoil within families has been identified in recent literature as a contributing factor in suicide. This instrument provides a complete profile of the family by gathering information on how the subject would like his/her family to be ideally and how the subject currently perceives their family. The instrument is a 30-item questionnaire having an internal consistency of .65.

The Scale for Suicide Ideation (SSI) (Beck, Kovacs, & Weissman, 1979) was used in studies conducted by Beck, Schuyler, and Herman (1974) to assess

suicidal ideation in both non-Indian adults and adolescents. In addition, Brent (1987) and Garfinkel, Froese, and Hood (1982) also used the SSI to evaluate suicidal intent in similar populations. The SSI is a 19-item clinical rating instrument designed to be used by interviewers to evaluate suicidal intent in individuals who have not made recent overt suicide attempts but who have wishes of varying intensity to do so. The SSI was judged by Holden, Serin, and Mendonca (1989) to possess adequate internal consistency and test-retest reliability (.86).

The revised Beck Depression Inventory (BDI) developed by Beck, Rush, Shaw, and Emery (1979) was designed to evaluate the degree of depression in adolescents and adults. The BDI also includes symptoms relevant to suicide ideation that were found to be predictive of suicide. The instrument, a 21-item questionnaire, reported an internal consistency of .86 and test-retest reliability ranging between .48 and .86 (Beck & Steer, 1988).

The biographical inventory (BIN) was the final instrument used in this study. It was developed and modified on the basis of a more extensive inventory to provide relevant demographic information regarding subjects.

Data Collection Procedures

The Old Sun Community College gave consent and support to use their facilities. All subjects, whether attending this college or the local high school, completed the procedure on site while school was in session. Consent forms (see Appendix A and B) were completed by those suicide Attempters and Non-

attempters who were willing to participate in this study. All subjects completed the FES, FACES-III, SSI, BDI, and a biographical inventory (Appendix C.)

Consent forms were distributed and collected during the summer of 1990. Data collection began during the summer of 1990, and was completed by February, 1991.

Two Blackfeet language speakers were hired as research assistants and administered the FES, FACES-II, SSI, BIN, and the BDI test instruments. These assistants reviewed the self-report data and answered any questions regarding the instruments during the testing period. This data collection procedure was conducted at the Old Sun Community College during class hours. A list of those subjects chosen to participate in the study was given to the test administrator on this list. After each subject's name the letter "c" for control subject or an "a" for Attempter would appear. The test administrators then provided the appropriate test packet to the subjects, and remained present throughout the testing period to answer questions and/or read test questions if the subject had reading problems. As an incentive, $5.00 in cash was provided to each participant of the study after the test packet had been completed. Each test instrument was checked for completeness by the test administrators. No procedural problems were experienced during the testing process.

CHAPTER IV

ANALYSIS AND RESULTS

The BDI (depression) and the SSI (suicide ideation) each yield a single scaled score. The FACES-III yields two subscale scores (adaptability, cohesion), the FES three subscale scores (expressiveness, cohesiveness, and conflict). These seven variables, in addition to eight items selected from the BIN for their relevance to suicidality, comprised the dependent battery. The BIN items are the subject's age and his/her responses to the following questions:

1. Have you ever attempted suicide? (Ever Attempted)

2. If a close friend committed suicide would you consider suicide? (Friend Suicide Influence)

3. Has a friend ever committed suicide? (Friend Suicide)

4. Has a family member ever committed suicide? (Family Suicide)

5. Have you ever attended government, residential, and/or boarding school? (Government School Attendance)

6. I am comfortable with my Indian culture and experience no conflicts? (Cultural Conflict)

7. When using alcohol and/or drugs has suicide ever been considered? (Alcohol/Drug-Suicidality)

8. Has suicide ever been considered as a possible method for solving problems? (Suicide Solution)

The independent variable was a dichotomy:

1. Indian youth suicide Attempters.

2. Indian youth non-suicide Attempters.

Note: These groups were compiled on the basis of mental health and high school records, not self-report.

Correlational analysis revealed a significant correlation between the BDI and the BIN self-report of suicide attempt ($r=0.3636$, $p=0.0043$). The Attempters scored higher on the BDI than Nonattempters; the remaining significant relations were obtained from intercorrelations among BIN items (see Table 2).

Three of these correlations involve the Friend Suicide Influence (FSI) variable. That is, subjects reporting that a close friend's suicide would influence them to also consider suicide tended to be older and to indicate that both friends and acquaintances had committed suicide.

These and the remaining correlations, while of interest, do not aid in identifying the characteristics unique to suicidal Indian youth, for example, those variables that distinguish this group from their contemporaries who have not attempted suicide. First, however, it should be noted that three of the 30 subjects in the Nonattempters group reported having attempted suicide at one time in their lives (see Table 3).

It turned out that these three subjects had made their apparent attempt over five years earlier, and for that reason their names did not show up in the mental health center records. For that reason, the decision was made to keep them in their assigned group. This decision is supported by the fact that analysis conducted when these subjects were eliminated yielded comparable results.

Table 2

Correlational Analysis

Bin Variables	Correlation Coefficient	Probability
Depression & Ever Attempted Suicide	0.3636	0.0043
Age & Friend Suicide Influence	0.2797	0.0304
Friend Suicide & Friend Suicide Influence	0.2629	0.0424
Suicide Solution & Ever Attempted Suicide	0.6975	0.0001
Government School Attendance & Suicide Ideation	-0.3167	0.0137

Table 3

Ever Attempted Suicide

Response	Attempters	Nonattempters
Yes	30	3
No	0	27

As will become apparent from tabled results to follow, significant group differences were, in general, not obtained. As can be seen in Table 4, the groups were quite comparable in their responses to the question, "If a close friend committed suicide would you consider suicide?"

Table 4

Influence of Friend on Suicide

Response	Attempters	Nonattempters
Yes	2	3
No	21	24
Not Sure	7	3

Similarly, groups did not differ in their exposure to the suicide of significant others (acquaintance or family member; see Table 5 and Table 6). Results from Table 5 are in response to the question, "Has a friend ever committed suicide." In Table 6 the issue explored is reflected in the question, "Has a family member ever committed suicide?"

As shown in Table 7, Attempters were no more or less likely than Nonattempters to have attended government or boarding school. Thus, contrary to earlier reports, it does not appear from the present results that this experience is relevant to suicide in the American Indian youth studied.

Table 8 addresses the subject of cultural conflicts. This issue is reflected in

Table 5

Influence of Completed Suicide of Friend

Response	Attempters	Nonattempters
Yes	23	24
No	7	6

Table 6

Influence of Family Members on Suicide

Response	Attempters	Nonattempters
Yes	8	13
No	22	17

Table 7

Government School Attendance

Response	Attempters	Nonattempters
Yes	13	10
No	17	20

Table 8

Cultural Conflict

Response	Attempters	Nonattempters
Yes	29	25
No	1	5

responses to the question, "I am comfortable with my Indian culture and experience no conflicts." The results indicate that 90% of the subjects are comfortable with their Indian culture and are not experiencing any conflict, and that the groups do not differ on this dimension.

One of the final factors to be examined is that of noncultural influences such as alcohol and drug use. Table 9 shows the frequency of responses to the question, "When using alcohol and/or drugs has suicide ever been considered?" This question could be answered by choosing one of four possible answers, (1) always, (2) often, (3) rarely and (4) never.

Results indicate that there was no difference between the Attempter and Nonattempter groups in terms of their propensity to consider suicide when using drugs and/or alcohol.

The final of the biographical questions to be answered concern subjects considering suicide as a viable alternative to living. Table 10 displays the results to the question which states, "Has suicide ever been considered as possible Table

9

Influence of Alcohol and Drug on Suicide

Response	Attempters	Nonattempters
Always	2	1
Often	1	3
Rarely	5	5
Never	22	2

method for solving problems?" Here, pronounced group differences emerged, with Attempters more likely to endorse the question in the affirmative.

Basic characterizations can be made of this particular subject population. The Attempters were much more likely than the Nonattempters to consider suicide an alternative when solving problems. An equal number of Attempters and Nonattempters knew someone who had committed suicide. There was no difference between the groups in reporting that they would not consider suicide if a friend committed suicide. Neither government school attendance nor the experience of cultural conflict was associated with suicide. Finally, 72% of subjects reported that suicide ideation was not associated with alcohol and/or drug use.

Lastly, potential group differences in mood state as assessed by the BDI were explored. Results indicate that 21 subjects' scores on the BDI were in the

Table 10

Suicide Considered as a Solution to Solving Problems

Response	Attempters	Nonattempters
Yes	30	6
No	0	24

mild to moderate range of depression. Of the 21 subjects whose scores were in this range, 12 subjects were from the group of Attempters and 9 from the Nonattempters group, a significant difference (see Table 11).

Table 11

Results of Revised Beck Depression Inventory

	Scoring in the Mild to Moderate Range	
Respondant	Attempters	Nonattempters
Male	5	5
Female	7	4
Total	12	9

CHAPTER V

DISCUSSION

Subjects were divided into Attempter/Nonattempter groups and responses were obtained for variables relevant to suicide, including Expressiveness, Conflict, Cohesiveness, Adaptability, Cohesion, Suicide Ideation, Depression, Ever Attempted Suicide, Friend Suicide Influence, Friend Suicide, Family Suicide, Government School Attendance, Cultural Conflict, Alcohol/Drug Use Suicidality, and Suicide Solution. Significant correlations emerged; the first and most significant was between the variables of Depression and Ever Attempted Suicide. Attempters scored higher on the Revised Beck Depression Inventory than did Nonattempters. This result supports conclusions in current literature that depression is an important characteristic of suicide (Berlin, 1984; Hochkirchen & Jilek, 1963; Shore & Manson, 1983). There is much potential value in this finding, an additional important evidence that the Beck Depression Inventory may help to predict suicide in Indian youth. This result, coupled with the finding that Attempters reported they considered suicide as a potential problem solution, indicates that subjects who are depressed and have previously attempted suicide may be at risk for future attempts. In addition this study supports the idea that Indian youth between the ages of 15-24 consider suicide if a close friend or acquaintance has committed suicide, notwithstanding the fact that there was no difference on this variable between the groups in the present study. This finding is supported by current literature which reports the high risk age range of Indian

suicide as being 10-24 and the loss of a loved one as contributing factors to suicide (May, 1987; Shore et al., 1972; Berlin, 1984; Dizmang & Bopp, 1974; Long, 1986). A sadly disturbing finding is that 78% of study participants have known someone who had successfully completed suicide.

In addition, the experience inherent in living on the reservation presents Indian people with unique challenges. One such unique challenge for Indian children is the sometimes mandatory attendance at government or boarding school. Blanchard et al. (1976) presented attendance of a boarding school as a contributing factor of suicide. Results from this study indicate a lack of suicide attempts or ideation in those subjects that attended government or boarding school. These findings are important because prior anecdotal research has implicated these factors of depression, age range, loss of a loved one such as a close friend, and attendance of government/boarding school as being contributing factors in Indian suicide (Hochkirchen & Jilek, 1985; May, 1987; Curlee, 1968; Berlin, 1984; Blanchard, et al., 1976; Shore & Manson, 1983).

Summary

The results from the Biographical Inventory and the revised Beck Depression Inventory substantiate once again the importance of individual history, unique life experiences, and environment in the risk for suicidality and its indicators such as depression. The biographical inventory provided descriptive data pertinent to suicide and this particular Indian tribe.

Limitations and Recommendations

A limitation of this study is the utilization of the self-report technique which assumes participants will give an accurate report of their perceptions using a form normed on a non-Indian population. In addition, the subjects' reports are retrospective in nature. The final limitation to be considered in this study is the homogeneous population studied, for example, all Blackfeet Indians. The generalizability of the findings is limited.

The biographical inventory might be a useful tool because it provided an instrument for gathering data currently unavailable concerning Blackfeet Indian youth. Although the biographical inventory did not appear to have measurement relevance, it provided information that could be useful in a therapeutic setting. Therefore, demographic information may be helpful in understanding and conceptualizing the past history and current behavior of suicide Attempters. The biographical inventory may also be considered a valuable instrument for future research because it can be easily modified for a particular subject population.

The dynamics involved in Indian youth suicide are various and complex. Further research needs to be conducted on Indian populations, particularly focusing on Indian youth and their families. Future studies could possibly have suicide Attempters identify for themselves what the causes and characteristics are of Indian youth suicide. This could be accomplished by the use of a self-report measure that was more subjective and that would require personal interaction with the tester. A standardized set of questions could be asked each subject and

their responses could then be recorded. This would allow the subject to report individual thoughts, experiences, and feelings regarding the issue of suicide.

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APPENDICES

Appendix A
Consent Agreement

I understand the purpose of this study and hereby agree to voluntarily participate in this research project. I understand that we can withdraw from this project at any time, that he/she will not be penalized because of such withdrawal. I understand that any use of records will be treated in strict confidence by the researchers and no one will be able to identify me from material written or presented.

_____ _____

Signature Date

_____ _____

Parents/Guardian Date

_____ _____

Witness Date

Appendix B

Consent Form

Utah State University

Research Project

Principal Investigator: Rebecca R. Crawford, Ph.D. Candidate

Informed Consent

Name: Date:

Description of the Project

This project is designed to study causes and characteristics of Indian adolescent suicide.

If you decide to voluntarily participate in this project, you will be asked to complete a Family Environment Scale (FES), Scale for Suicide Ideation (SSI), the Beck Hopelessness Scale and a Biographical Inventory. In total, these questionnaires should take about one hour to complete.

Participation in this project will assist in the increase of knowledge that may provide for increased understanding concerning Indian adolescent suicide. The information obtained during the study will be kept strictly confidential and used for research purposes only.

If you have any questions about this project, you may contact the following:

Rebecca R. Crawford, Ph.D. Candidate (801) 750-6613

Elwin Nielsen, Ph.D. (801) 750-1463

Appendix C
Biographical Inventory

1. Please state your age. _____

2. How many sisters do you have?

   a. None
   b. 1
   c. 2 or 3
   d. 4 or 5
   e. 6 or more

3. How many brothers do you have?

   a. None
   b. 1
   c. 2 or 3
   d. 4 or 5
   e. 6 or more

4. Where do you live most of the time up to the age of 14?

   a. A small town (less than 5,000 population or a farming community).
   b. A town (5,000 to 50,000).
   c. A city (50,000 to 150,000).
   d. A large city (more than 250,000).
   e. A suburb to a large city.

5. Which of the following best describes you?

   a. Greatly influence my friends in their opinions, activities, or ideas.
   b. Influence my friends somewhat in their opinions.
   c. Sometimes influence my friends, sometimes don't.
   d. Don't influence my friends much, but have strong ideas of my own.

6. If you heard that someone had criticized you, how would you react?

   a. Wouldn't give it another thought.
   b. Might think of it briefly then forget it.
   c. Might be a little concerned for a time.
   d. Would be somewhat concerned and probably would try to think back and find out why.
   e. I would be quite concerned and would be quite uneasy until I had "worked it through" either with the person or in my own mind.

7. How do you feel about talking to people you don't know?

   a. Almost always find it rather enjoyable.
   b. Usually find it rather enjoyable.
   c. Usually find it rather unpleasant.
   d. Almost always find it unpleasant.
   e. Never talk to people I don't know.

8. How easy have people found it to talk to you about their personal problems?

   a. Extremely easy compared to most.
   b. Somewhat easier than most.
   c. About average.
   d. Somewhat difficult to talk with.
   e. Difficult to talk with.

9. How important is it to you to be popular with other people?

   a. A matter of extreme importance.
   b. Moderately important in life.
   c. Something which concerns me very slightly.
   d. Something to be ignored.

10. What do you, or did you, plan to do after high school?

   a. Get further vocational or technical training.
   b. Attend college or junior college.
   c. Work.
   d. Enter the military service.
   e. I do not know or none of the above.

11. Have you decided upon your future occupation?

   a. Definitely
   b. Tentatively
   c. Not yet

12. What level of education have you intended to receive?

   a. To graduate from high school.
   b. A few years of college.
   c. Possibly graduate from college.
   d. Graduate from college.
   e. To obtain a graduate degree (MA, PhD, MD, LLD).

13. What do you do with your spare time during the lunch hour?

   a. Relax with friends.
   b. Go to the library.
   c. Do some interesting activity.
   d. Find some quiet place and read.
   e. None of the above.

14. How much do you apply yourself to your work or school work?

a. To a great extent.
b. To a large extent.
c. To some extent.
d. To a small extent.

15. How important has it been to you to get good grades?

a. Extremely important.
b. Important
c. Somewhat important
d. Not too important.
e. Not important at all.

16. How important is or was it to you to go to college?

a. Extremely important.
b. Important.
c. Somewhat important.
d. Not very important.

17. How many times during your school years were your parents called to come to the Principal's Office to discuss your problems (poor grades or misconduct)?

a. Never.
b. Once.
c. Two or three times
d. Four or five times.
e. Never.

18. What was your average grade in secondary school?

a. B plus or better
b. B or B minus
c. C or C minus
d. C minus or lower
e. D or lower

19. Where have you gained the most knowledge?

a. School.
b. From my family and home environment.
c. Reading on my own, outside of school work.
d. My own observations.

20. Generally, how do you most often solve a problem?

a. Studying it out alone.
b. Discussing it with others.
c. Both of the above about equally.

21. How well have you been able to concentrate on work, studies, or other important matters?

a. No trouble.
b. A little trouble.
c. Quite a bit of trouble.
d. A great deal of trouble.

22. How have you felt about school?

a. Liked it very much.
b. Liked it most of the time.
c. Just accepted it as necessary.
d. Often a little unhappy with it.
e. Disliked it and will be glad to finish.

23. How old were you when you first went on a trip of over 100 miles?

a. I have never been on such a trip.
b. Under 10
c. 10 to 12.
d. 13 or older.

24. Where do you get your spending money? (Answer only if you are living with your parents or guardian.)

a. Entirely or almost entirely from my family.
b. Partly from my family and partly from my own earnings.
c. Entirely or almost entirely from my own earnings.
d. None of these.

25. During school, how many awards for achievement (good grades, science fair, etc.) have you received?

a. None
b. 1
c. 2
d. 3 or 4
e. 5 or more

26. How often has your mother worked on a job outside your home?

a. Has held a full-time job for a number of years.
b. Has held a full-time job for a few years.
c. Has frequently worked part-time.
d. Has occasionally worked part-time.
e. Has not worked outside the home.

27. Altogether, how long have you lived away from home up until the present or until you got married?

a. One month or less.
b. One to six months
c. Six months to one year.
d. One to four years
e. More than four years.

28. How many of your friends have gone, or are likely to go to college?

a. All of them.
b. Most of them.
c. Some.
d. Few.
e. None of them.

29. How often do or did you discuss your occupational choice with your parents or other adults?

a. Never.
b. Seldom.
c. Occasionally.
d. Frequently.

30. How much do you enjoy reading?

a. Greatly like.
b. Somewhat enjoy.
c. Don't care for.
d. Dislike.
e. Don't know.

31. How much time do you spend reading for pleasure?

a. Less than 1 hour per week.
b. 1-5 hours per week.
c. 6-10 hours per week.
d. 11-15 hours per week.
e. More than 15 hours per week.

32. How do you rate your physical growth compared to most others of your sex?

a. Very much faster.
b. A little faster.
c. About the same.
d. A little slower.
e. Very much slower.

33. How much schooling did your mother have?

a. Did not graduate from high school.
b. High school graduate.
c. Attended college.
d. College graduate.
e. Graduate training.

34. How much school did your father have?

a. Did not graduate from high school.
b. High school graduate.
c. Attended college.
d. College graduate.
e. Graduate training.

35. How do you behave when things do not go right?

a. Tend to become moody and cross.
b. Don't let it bother me; manage to remain cheerful and good natured.
c. It bothers me but I don't take it out on other people.

36. When working on a difficult problem, which do you prefer?

a. To stay with it until you find a solution.
b. To study it for a while then get away from it so that fresh ideas will come later.

37. How would you rate yourself in following through with something in spite of difficulties and distractions?

a. Well above average.
b. Above average.
c. About average.
d. Slightly below average.
e. Well below average.

38. How do you react to an unpleasant situation?

a. Generally try to react immediately and figure out the best solution..
b. Most of the time I put off a decision for a little while so I can think it over.
c. Often I want to sleep on it or put off a decision for quite a while.
d. Don't worry about it, things will take care of themselves.

39. How would you describe yourself?

a. A doer.
b. A thinker.

40. Do you think you are <u>least</u> often regarded as

a. Very sensitive.
b. Over-confident ("cocky").
c. Independent and different.
d. Physically lazy (but <u>not</u> mentally lazy).
e. Shy.

41. Which <u>one</u> of these characteristics bothers you <u>most</u> in people you meet?

a. Bragging.
b. Lack of initiative.
c. Trying to get something for nothing.
d. Being very competitive.
e. Lack of imagination.

42. Do you have enough self-control to actively keep working for things you want in the future?

a. Always.
b. Usually.
c. Sometimes.
d. Seldom.
e. Never.

43. How often do you have a desire to be alone with your own thoughts and interests?

a. Very frequently.
b. Frequently.
d. Rarely.
e. Very rarely.

44. How important is it to you to be independent?

a. Very important.
b. Quite important.
c. Not very important.
d. Not important.
e. Don't know.

45. How well can you think under pressure?

a. I'm at my best.
b. Very well.
c. Well.
d. About average.
e. Get a little rattled under pressure.

46. How self-confident are you?

a. Am very confident of myself.
b. Am quite confident of myself.
c. Have some self-confidence.
d. Am not very self-confident.

47. Compared with the average person, how well do you think you understand yourself?

a. Much better than average.
b. A little better than average.
c. Average.
d. A little below average.
e. Quite a bit below average.

48. Which one of the following is the most important to you?

a. Money.
b. People.
c. Ideas.
d. Things.
e. Don't know.

49. Which of the following statements do you feel would help best in running our daily lives?

a. We should let our emotions guide us.
b. We should depend more on our emotions and less on reasoning.
c. We should depend on both our emotions and reasoning.
d. We should depend less on our emotions and more on reasoning.
e. We should let reasoning guide us.

50. How do you feel about rules and regulations?

a. They should be followed by all members of an organization.
b. They should be considered as guides but not always strictly followed.

51. How often do you think about your values and goals in life?

a. Frequently.
b. To some extent.
c. To a small extent.
d. To a very small extent.

52. How much does it seem that your life is complicated?

a. To a great extent.
b. To some extent.
c. To a small extent.
d. To a very small extent.

53. Which of the following best describes you?

a. Want to be successful in order to make my family proud of me.
b. Want to be successful because I want to be a group leader.
c. Want to be successful in order to help others.
d. Want to be successful to please myself.
e. Don't know or does not apply.

54. What income do you expect to have ten years from now? (Note: This item refers to your own income. If you expect to be married and not working, select the first alternative.)

a. Do not expect to have my own income.
b. $10,000 +
c. $15,000 +
d. $25,000 +
e. $40,000 +

55. Choose one of the fields below which is of most interest to you at the present time.

a. Engineering, agriculture, and technology.
b. Medical fields.
c. Arts and humanities.
d. Housewife.
e. None of these.

56. How do you compare with all other people in popularity?

a. I am much above average.
b. I am somewhat above average.
c. I am about average.
d. I am somewhat below average.
e. I am much below average.

57. How do you compare with all people in creativity and imagination?

a. I am much above average.
b. I am somewhat above average.
c. I am about average.
d. I am somewhat below average.
e. I am much below average.

58. When you have a difficult task to perform, what do you usually do?

a. Ask someone else to do it for me.
b. Ask someone else to show me or help me.
c. Look up methods in a book or manual.
d. Try to work it out alone.
e. Look for some other approach.

59. How often do you have difficulty expressing yourself in words?

a. Often.
b. Occasionally.
c. Rarely.

60. Up to the time you were 18, how many times did you change residence?

a. None or once.
b. Twice.
c. Three times.
d. Four times.
e. Five or more times.

61. During most of the time until you were 21, or until you left home, you lived in a place where

a. You were well treated and happy.
b. You were fairly well treated and satisfied.
c. Conditions were tolerable.
d. Conditions were somewhat unsatisfactory.
e. You wanted to leave as soon as possible.

62. How much time did you spend away from home before you were 18 years old?

a. 1 month or less.
b. 1 to 6 months.
c. 6 months to a year.
d. 1 to 4 years.
e. More than 4 years.

63. In your home town, what was the major source of income?

a. Agriculture, dairy, etc.
b. Industry or manufacturing.
c. Wholesale, retail, or tourist trade.
d. Mining or minerals.
e. There were many different sources.

64. Since you were 18, how often have you been in trouble with the law (including military service, court materials)?

a. None.
b. Only once.
c. Two or three times.
d. Four or five times.
e. Six times or more.

65. Which of the following best describes your social skills?

a. I have never had any problem with my social skills.
b. I had problems with my social skills when young, but have since outgrown them.
c. I had problems with my social skills when young and occasionally am still bothered by them.
d. I had problems with my social skills when young and still feel bothered by them.

66. How often do you feel self-conscious?

a. Very frequently.
b. Quite often.
c. Occasionally.
d. Rarely.
e. Never.

67. I feel that the most important goal in life is to

a. Win friends.
b. Be successful.
c. Achieve happiness.
d. Take whatever comes.
e. Find self-satisfaction.

68. Using your own interpretation of what success means, do you feel your father has been successful?

a. Yes.
b. No.
c. Partly.
d. I'm not sure.

69. What was your position in order of birth?

a. First.
b. Second.
c. Third.
d. Fourth.
e. Fifth or more.

70. Which of the following best describes your present relationship with your mother?

a. A very warm relationship.
b. A rather warm relationship.
c. A rather indifferent relationship.
d. A rather cold relationship.
e. Does not apply.

71. How much disagreement or trouble have you had with your mother (or guardian)?

a. None.
b. Very little.
c. Little.
d. Considerable.
e. A great deal.

72. How much disagreement have you had with your father (or guardian)?

a. None.
b. Very little.
c. Little.
d. Considerable.
e. A great deal.

73. How often did you discuss problems of sex, choice of friends, vocational plans, scholastic progress, etc. with your father (or guardian)?

a. Very frequently.
b. Frequently.
c. Rarely.
d. Very rarely.

74. When you were in high school, to what degree do you confide with your parents (or guardians), talk with them about your problems, tell about your troubles, seek their advice, etc.?

a. I hid nothing from them; we often talked over my problems, etc.
b. I often confided with them.
c. Occasionally we talked things over.
d. We seldom talked things over.
e. I practically never talked with them about my personal problems.

75. How would you describe the marital happiness of your parents (or guardians)?

a. Very happy.
b. Fairly happy.
c. Fairly unhappy.
d. Very unhappy.

76. In regard to social activities, your parents were

a. Very active.
b. Rather active.
c. Usually not very active.
d. Rather inactive.
e. Very inactive.

77. About how old was your father when you were born?

a. Under 20.
b. 21 to 25.
c. 26 to 30.
d. 31 to 35.
e. Over 35.

78. About how old was your mother when you were born?

a. Under 20.
b. 21 to 25.
c. 26 to 30.
d. 31 to 35.
e. Over 35.

79. Which one of the following words would best describe your father?

a. Considerate.
b. Tolerant.
c. Forceful.
d. Stern.
e. Prejudiced.

80. Which of the following best describes your present relationship with your father (or guardian)?

a. Very warm relationship.
b. A rather warm relationship.
c. A rather indifferent relationship.
d. A rather cold relationship.
e. I have no father or guardian now living.

81. How protective was your father?

a. Wouldn't let me do a lot of things because he was afraid I might get hurt.
b. Let me do most things and stopped me only when there was real danger.
c. Encouraged me to take risks.
d. Pushed me into doing things that I was afraid of.

82. How much did your father criticize you?

a. Very often.
b. Often.
c. A little.
d. Very little.

83. How hard on you was your father when he disciplined you for doing something wrong?

a. Very severe.
b. Rather severe.
c. Rather mild.
d. Very mild.

84. How often is alcohol and/or drugs used to solve problems?

a. Always.
b. Often.
c. Rarely.
d. Never.

85. When using alcohol and/or drugs has suicide ever been considered?

a. Always.
b. Often.
c. Rarely.
d. Never.

86. How many positive role models can be identified in your life?

a. One.
b. Two.
c. Three or more.
d. None.

87. Has suicide ever been considered as a possible method for solving problems?

a. Yes.
b. No.

88. If suicide was ever considered, was a method ever identified?

a. Yes.
b. No.

89. Has anyone you know ever committed suicide?

a. Yes.
b. No.

90. Have you ever considered suicide as an option to living?

a. Yes.
b. No.

91. Has a family member ever committed suicide?

a. Yes.
b. No.

92. Has a friend ever committed suicide?

a. Yes.
b. No.

93. Have you ever attended government, residential, and/or boarding school?

a. Yes.
b. No.

94. How long did you attend government, resident, and/or boarding school?

a. Less than one year.
b. One-two years.
c. Two-three years.
d. More than four years.
e. Never attended.

95. I am comfortable with my Indian culture and experience no conflicts?

a. Yes.
b. No.

96. I am comfortable being identified as Indian and see no cultural conflicts in the future?

a. Yes.
b. No.

97. If a close friend committed suicide would you consider suicide?

a. Yes.
b. No.
c. I'm not sure.

98. Have you ever attempted suicide?

a. Yes.
b. No.

99. Among your peers, is suicide acceptable?

a. Yes.
b. No.
c. I'm not sure.

100. How do you feel about filling in a questionnaire such as this one?

a. I enjoyed it; I would enjoy a discussion with those who constructed it.
b. It was interesting.
c. I found it somewhat interesting.
d. I found it neither interesting nor too distasteful.
e. It was a nuisance; I resented it.

Family Environment Scale

Form R

Rudolf H. Moos

1. Family members really help and support one another.
2. Family members often keep their feelings to themselves.
3. We fight a lot in our family.
4. We don't do things on our own very often in our family.
5. We feel it is important to be best at whatever you do.
6. We often talk about political and social problems.
7. We spend most weekends and evenings at home.
8. Family members attend church, synagogue, or Sunday School fairly often.
9. Activities in our family are pretty carefully planned.
10. Family members are rarely ordered around.
11. We often seem to be killing time at home.
12. We say anything we want to around home.
13. Family members rarely become openly angry.
14. In our family, we are strongly encouraged to be independent.

15. Getting ahead in life is very important in our family.
16. We rarely go to lectures, plays or concerts.
17. Friends often come over for dinner or to visit.
18. We don't say prayers in our family.
19. We are generally very neat and orderly.
20. There are very few rules to follow in our family.
21. We put a lot of energy into what we do at home.
22. It's hard to "blow off steam" at home without upsetting somebody.
23. Family members sometimes get so angry they throw things.
24. We think things out for ourselves in our family.
25. How much money a person makes is not very important to us.
26. Learning about new and different things is very important in our family.
27. Nobody in our family is active in sports, Little League, bowling, etc.
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.
29. It's often hard to find things when you need them in our household.

30. There is one family member who makes most of the decisions.
31. There is a feeling of togetherness in our family.
32. We tell each other about our personal problems.
33. Family members hardly ever lose their tempers.
34. We come and go as we want in our family.
35. We believe in competition and "may the best man win."
36. We are not that interested in cultural activities.
37. We often go to movies, sports events, camping, etc.
38. We don't believe in heaven or hell.
39. Being on time is very important in our family.
40. There are set ways of doing things at home.
41. We rarely volunteer when something has to be done at home.
42. If we feel like doing something on the spur of the moment we often just pick up and go.
43. Family members often criticize each other.
44. There is very little privacy in our family.
45. We always strive to do things just a little better the next time.
46. We rarely have intellectual discussions.
47. Everyone in our family has a hobby or two.
48. Family members have strict ideas about what is right

and wrong.

49. People change their minds often in our family.
50. There is a strong emphasis on following rules in our family.
51. Family members really back each other up.
52. Someone usually gets upset if you complain in our family.
53. Family members sometimes hit each other.

54. Family members almost always rely on themselves when a problem comes up.
55. Family members rarely worry about promotions, school grades, etc.
56. Someone in our family plays a musical instrument.
57. Family members are not very involved in recreational activities outside work or school.
58. We believe there are some things you just have to take on faith.
59. Family members make sure their rooms are neat.
60. Everyone has an equal say in family decisions.
61. There is very little group spirit in our family.
62. Money and paying bills is openly talked about in our family.

63. If there's a disagreement in our family, we try to smooth things over and keep the peace.
64. Family members strongly encourage each other to stand up for their rights.
65. In our family, we don't try that hard to succeed.
66. Family members often go to the library.
67. Family members sometimes attend courses or take lessons for some hobby or interest(outside of school).
68. In our family each person has different ideas about what is right and wrong.

69. Each person's duties are clearly defined in our family.
70. We can do whatever we want to in our family.
71. We really get along well with each other.
72. We are usually careful about what we say to each other.
73. Family members often try to one-up or out-do each other.
74. It's hard to be by yourself without hurting someone's feelings in our household.
75. "Work before play" is the rule in our family.

76. Watching T.V. is more important than reading in our family.
77. Family members go out a lot.
78. The Bible is a very important book in our home.
79. Money is not handled very carefully in our family.
80. Rules are pretty inflexible in our household.
81. There is plenty of time and attention for everyone in our family.
82. There are a lot of spontaneous discussions in our family.
83. In our family, we believe you don't ever get anywhere by raising your voice.
84. We are not really encouraged to speak up for ourselves in our family.

85. Family members are often compared with others as to how well they are doing at work or school.
86. Family members really like music, art and literature.
87. Our main form of entertainment is watching T.V. or listening to the radio.
88. Family members believe that if you sin you will be punished.
89. Dishes are usually done immediately after eating.

90. You can't get away with much in our family.

CURRICULUM VITAE

Rebecca R. Crawford
May 1992

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Personal Data:

Birthdate:	June 9, 1958
Birthplace:	Browning, Montana
Ethnicity:	American Indian (Blackfeet/Sioux)

Education:

Doctoral Student in Professional-Scientific Psychology (Clinical Emphasis, APA Approved)
Project Completion Date: June 1992
Utah State University, Logan Utah

M.Ed. Educational Counseling, August 1986
Montana State University, Bozeman, Montana

B.A. Psychology (APA Approved), March 1982
University of Montana, Missoula, Montana

Clinical Experience:

September 1991 to present	Assistant Clinical Professor of Psychology for the Family Practice Residency Program in the Department of Family Medicine, School of Medicine, University of North Dakota Family Practice Center Grand Forks, North Dakota

Responsibilities: Provide individual and family therapy in the context of short-term treatment to those clients referred by Family Practice physicians whose therapeutic issues are connected to medical conditions.

Clinical Experience continued:

September1990 to August 1991	Clinical Internship University of Colorado Health Sciences Center Denver, Colorado

Rotations were with the Denver Indian Health and Family Services, Adult outpatient psychotherapy, Child Assessment Team, Adult Assessment Team, Child Evaluation team, Emergency Room at University Hospital. Resposibilities included conducting of personality and neuropsychological assessment of both adults and children in addition to providing individual, family, and group pschodynamically orientated therapy.

Nov. 1988 to Aug. 1990	Therapist Intermountain Sexual Abuse Treatment Center, Logan, Utah

Responsibilities : Provided individual, group and family therapy in the context of "family focused" treatment which in turn supported family members with the required sevices and, in addition, provided the necessary support for victim of abuse.

Sept. 1989 to March 1990	Practicum Therapist Utah State University Counseling Center Utah State University, Logan Utah

Responsibilites: Provided individual psychotherapy. Individual client work included marital and interpersonal problems. conducted intake interviews with new clients and present cases to staff.

April 1989 to Aug. 1989	Practicum Intern (School Psychology) Developmental Center For Handicapped Persons, Utah State University, Logan, Utah

Responsibilites: Provided individual, marital, and family therapy. Conducted intake interviews. conducted psychological assessments including interviewing, administration of projective tests, test interpretation and report writing. Psychotherapy with adult clients with a variety of presenting problems and diagnoses.

Academic and Research Experience:

Jan. 1992 to May 1992	Assistant Professor of Psychology, Department of Psychology University of North Dakota Grand Forks, North Dakota

Responsibilities: Provided instruction in two graduate level courses; American Indian Mental Health Issues and Individual Inteeligence testing.

September 1991 to present	Assistant Clinical Professor of Psychology for the Family Practice Residency Program in the Department of Family Medicine, School of Medicine, University of North Dakota Family Practice Center Grand Forks, North Dakota

Responsibilities: Provide Instruction to Family Practice Residents regarding behavioral science topics such as diagnosis and interpersonal skills training.

Sept. 1989 to March 1992	Dissertation Research: Utilized the Family Environment Scale, the revised-Beck Depression Scale, Scale for Suicide Ideation, and the Biographical Inventory to identify the causes and characteristics of suicide among American Indian adolescents.
Nov. 1987 to Aug. 1990	Graduate Research Assistant: Collection, scoring and coding of developmental data of premature/low birth weight infants. Research sites in which devlopmental data is received were located in Louisiana and South Carolina. Analysis of data will track motor development of premature/low birth weight infants. Research by Dr. Lee Huntington.

Academic and Research Experience continued:

March 1990 to May 1990	Teacher: Counseling Native Americans, University of Utah (Extension Services). Responsibilities included teaching basic counseling skills, preparation and grading of exams.

Employment Experience:

Sept. 1992 to present	Assistant Clinical Professor of Psychology for the Family Practice Residency Program in the Department of Family Medicine, School of Medicine, University of North Dakota Family Practice Center Grand Forks, North Dakota
Jan. 1992 to May 1992	Assistant Professor of Psychology, Department of Psychology University of North Dakota Grand Forks, North Dakota

Resposibilites: include initiation of a systematic behavioral science training program for first, second and third year Family Practice Residents which provides high levles of interpersonal skill training, consultation service, lecture series, research consultative team and implementation of a behavioral science rotation. In addition, instruction in two graduate level courses; American Indian Mental Health Issues and Individual Inteeligence testing.

Sept. 1986 to Sept. 1987	Public Health Advisor USPHS Indian Health Service Billings, Montana

Responsibilities: Provided training and maintenance of the Alcohol Data Tracking Guidance System (ATGS) a data collection system for the Indian Health Service alcohol programs.

Employment Experience continued:

May 1982 to May 1983	Intake Worker/Counselor White Buffalo Center Blackfeet Tribe Browning, Montana

Responsibilities: Provided counseling services to Native American males and females of the Blackfeet REservation. Work included family and adolescent psychotherapy. Intervention areas included working with social services, Indian Health Services and judicial system.

Professional Presentations:

Crawford, R. (1991, April). Domestic Violence and Native Americans. Presentation at the Domestic Violence Program of Denver. Denver, Colorado.

Crawford, R. (1991,May). American Indian Mental Health Issues. Colloquium at the University of North Dakota Department of Psychology, University of North Dakota, Grand Forks, North Dakota.

Crawford, R. (1991, July). Identification of the Causes and Characteristics of American Indian Youth Suicide. Presentation at the Fourth Annual Convention of American Indian Psychologists & Psychology Students, Utah State University, Logan, Utah.

Crawford, R. (1989, May). Native American Suicide and Alcoholism. Presentation at the United Inter-Tribal Council: Native American Education And Cultural Awareness Week, Utah State University, Logan, Utah.

Crawford, R. (1989, July). Causes, Charactersitics of Adolescent Suicide. Presentation at Utah Youth Corrections Conference, Park City, Utah.

Professional Presentations continued:

Crawford, R. (1989, July). American Indian adolescent Suicide. Presentation at the Second Annual Convention of American Indian Psychologists & Psychology Students, Utah State University, Logan, Utah.

Crawford, R. (1988, March). Prevention of American Indian Adolescent Suicide. Presentation at the Suicide Prevention Workshop, Gleichen, Alberta, Canada.

Crawford, R. (1988, July). Building Self-Esteem in AMerican indian Youth. Presentation at the American Indian Scouting Seminar, Boise, Idaho.

Publications:

Crawford, R. (1989, October, in press). American indian adolescent Suicide. Journal of Indigenous Studies.

Additional Training Experiences and Workshops:

American Indian and Alaska Native Youth Suicide sponsored by the National Center of American Indian and Alaska Native Mental Health Research. Attended three days of presentations in Estes Park, Colorado, October, 1990.

Off the Beaten Path... Putting an End to Child Abuse & Neglect The Eighth National Conference on Child abuse and Neglect Attended three days of workshops and presentations in Salt Lake City, Utah, October, 1989.

Intermountain Sexual Abuse Treatment Conference Attended one day of presentations in Logan, Utah, September, 1989.

Gestalt Therapy Techniques with Children and Adolescents Virginia Oaklander, Ph.D. One day workshop presented at the University of Utah, Salt Lake City, February, 1989.

Honors:

Selected as recipient for the American Psychological Association: Minority Fellowship Program. This fellowship is a competitive national fellowship awarded to individuals for high academic and leadership performance, 1988-1990.

References:

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