WAC'INYEYA: HOPE AMONG AMERICAN INDIAN YOUTH

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Abstract: This article examines what gives American Indian youth hope. The project included 56 rural tribal youth in focus groups across a Northern Plains reservation. The participants completed a Youth Personal Balance Tool to provide perspective on the balance according to a medicine wheel model of their lives. The focus groups asked questions from a strengths-based perspective about what gives them hope and how they could show others they were hopeful. The project culminated with the youth developing creative representations of hope and presenting these projects to family and community.

INTRODUCTION

Wac'inyeya means "strong youth" in Lakota. Taking the perspective of what makes the youth strong, this study focused on "hope" and what gives Native youth hope. Many times research projects focus on the problems that impact people and society; however, in indigenous communities we, as researchers, hear from community members the need to focus on the resiliency of the people and what helps them be strong during adversity. With this perspective in mind, we gathered information on the factors that promote well-being and hope for indigenous youth.

Suicide Among American Indian Youth

Suicide disproportionately affects the American Indian (AI) population in the United States. Among AI communities, suicide is the second leading cause of death (Gray & McCullagh, 2014). Among the 18 states in the National Violent Death Reporting System (NVDRS), the American Indian/Alaska Native (AI/AN) rate was 350% higher than other racial/ethnic groups (Leavitt et al., 2018), and AIs aged 15-34 years of age complete suicides at a rate that is 150% higher than the general population (Centers for Disease Control and Prevention [CDC], 2013). Further, when compared with youth across all races in the United States, the suicide completion rates among AI youth aged 15-24 years old is two times more for AI males and three times more

for AI females (CDC, 2013). In particular, one Northern Plains tribe had a suicide rate of 60 per 100,000, which is 465% the national rate of 12.9 per 100,000 (CDC, 2015; Oglala Sioux Tribe Suicide Task Force, 2016). Suicide rates for other groups typically increase with age, whereas suicide rates are the highest among AI youth and actually decrease with age (Gray & Mason, 2014).

These daunting statistics highlight the importance of research that addresses the epidemic of suicide among AI youth. However, research that investigates the positive aspects of AI communities is severely lacking. O'Keefe, Tucker, Wingate, and Rasmussen (2011) expressed the need for research that focuses on factors that decrease suicide rather than examining the factors that increase suicide risk. Therefore, this study sought to explore positive characteristics of hope that serve as protective factors in AI communities.

Construct of Hope

To address the paucity of positive research, the current study sought to investigate hope among AI youth that could be protective factors against suicidality. Several protective factors have been identified for AI youth. Chandler and Proulx (2006) found that higher cultural continuity resulted in lower suicide rates among AI youth. Cultural continuity was defined as a tribal community having the ability to maintain cultural ties to the history of their tribe and the amount of tribal self-government they possessed. This suggests that AI youth who perceived a connection with their tribal ancestry and sovereignty of their tribe had lower rates of suicide. Similarly, Borowsky et al. (1999) found that connectedness with family and discussing problems with their family and friends were protective factors for AI youth against suicide attempts. Most notably, however, this study found that increased protective factors were more effective in reducing the probability of suicide attempts than were decreasing risk factors. This points to the need for research that focuses on positive attributes that can be used as protective factors for AI youth. O'Keefe and Wingate (2013) suggested using positive psychology as a tentative theoretical framework to investigate possible protective factors for AI youth. Specifically, it was suggested that the relationships among hope, optimism, and suicidal behavior should be examined (Wingate et al., 2006).

Snyder and Lopez (2002) define hope as a person's belief that they can find pathways to their goals, and this results in motivation for using these pathways. Further, they posit that these hopeful thoughts motivate the emotions and well-being of a person. Studies that have examined

this relationship have found that higher levels of hope were associated with lower levels of suicidal ideation in AI youth (O'Keefe et al., 2011; O'Keefe & Wingate, 2013). This suggests hope as a potential protective factor. Previous research has found that hope moderates the relationship between rumination and suicidal ideation (Tucker et al., 2013), and hope negatively predicts burdensomeness and belongingness, which is connected to suicidal ideation (Davidson Wingate, Rasmussen, & Slish, 2009). Conversely, previous research has found that hopelessness about thwarted belongingness, perceived burdensomeness, and hopelessness about these constructs predicted variance in suicide risk and suicidal ideation (Tucker et al., 2013. This research further highlights the relationship of hope to suicidality. Hope has been researched in AI communities, and researchers have found similar results. O'Keefe and Wingate (2013) found that higher hope ratings were correlated with lower thwarted belongingness, perceived burdensomeness, and suicidal ideation. Further, higher levels of hope were correlated with higher levels of acquired capability.

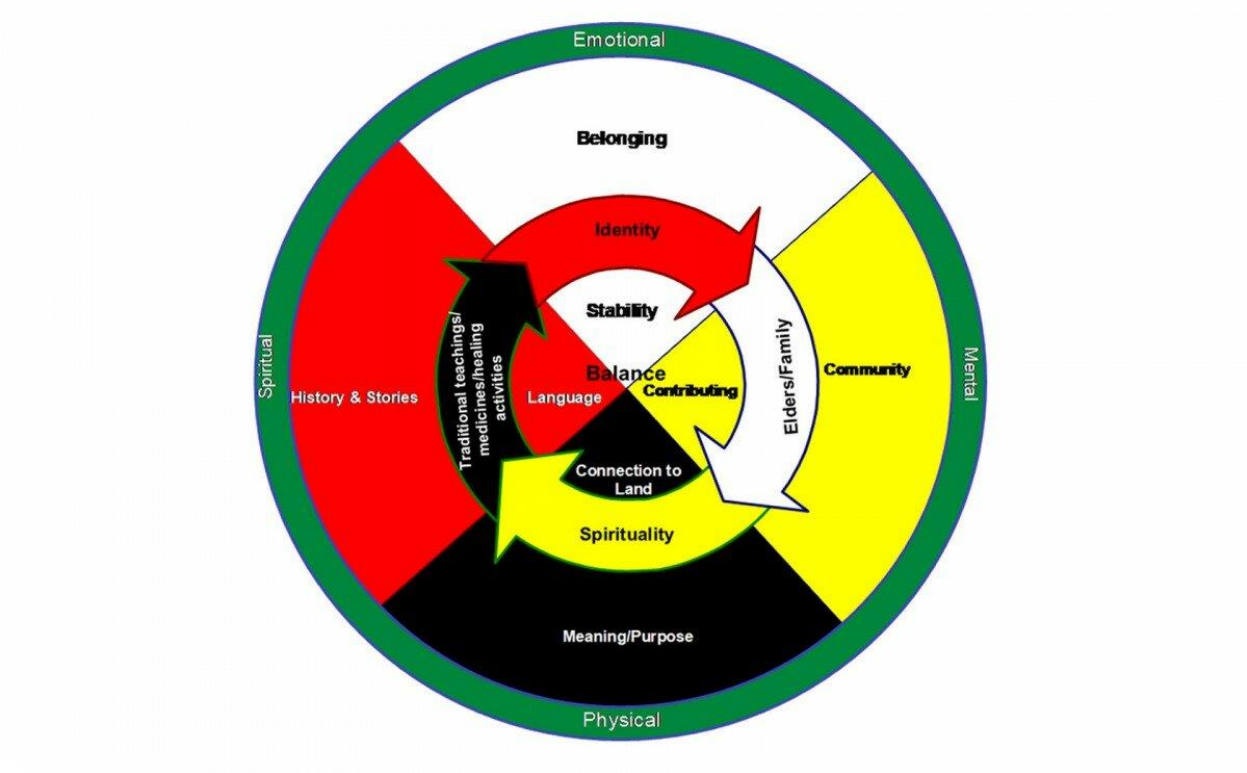
This research suggests that hope is a potential factor related to preventing suicidality and promoting well-being for AI communities. Many AI communities, however, follow a well-being model that is holistic in nature and is grounded in the balance of interpersonal relationships and in the natural and spiritual world (Rountree & Smith, 2016). Since the medicine wheel is important in the beliefs and understanding of the tribe collaborating with the research, we sought to view the assessments and outcomes around the cultural tenants of this tribe. In following the holistic worldview of AI communities in the Northern Plains, the current study used the conceptualization of the medicine wheel employed by Barraza, Bartgis, and the Fresno Native Youth Council (2016) as part of the Fresno American Indian Health Project (2014). The medicine wheel is comprised of the four directions representing lifespan (i.e., infancy, childhood, adulthood, elderhood) and areas of wellbeing (i.e., mental, physical, emotional, spiritual; See Figure 1.). Further, the techniques of community-based participatory research (CBPR) were used in order to maintain a collaborative process with harmony and balance between the AI community and the researchers.

Culturally Responsive Methodology in AI Suicide Research

Joseph Trimble, arguably one of the foremost advocates of ethical cross-cultural research in AI communities, wrote extensively about critical methodology issues in Indian Country (Trimble, 1977). In his work, the researcher is described as a "sojourner," or person who resides temporarily within AI communities. The researcher is, in the majority of cases, an outsider who

must build relationships and earn trust throughout the research process. As such, certain "guiding assumptions" must be understood by the researcher (Whitbeck, 2006). These include resisting the urge to Pan-Indianize cultures that are quite heterogeneous; understanding that Indigenous-specific knowledge is a valuable ally in prevention work and is not inferior to Euro-centric epistemologies; that population-specific risk and protective factors must be considered in the context in which they both exist and interact; that ownership is key to successful prevention work; and that many AI youth desire to understand their identity and experiences within the context of cultural knowledge (Whitbeck, 2006).

Figure 1. The Medicine Wheel as viewed among the plains tribes is fluid with the sectors blending into one another. The figure below illustrates this concept.



Community-based participatory research (CBPR) is a collaborative research process with the researcher and community members being partners in the process and decision making of the research with equity between partners (Israel et al., 2008, p.48). CBPR is an approach for working with the community (or tribe) and sharing ideas, concepts, and applications from the beginning of the project through the dissemination of the results is critical to establishing the equity in the partnership and developing the sustainability beyond the research project.

Historically, suicide prevention and intervention programs in AI communities have relied heavily on evidence-based practice but have rarely sought information or feedback directly from community members prior to or after implementation (Walker, Whitener, Trupin, & Migliarini, 2015). This CBPR project resulted in the collaboration of an AI university researcher and an AI community leader working with youth to address the question, "What gives AI youth hope?" The progressive nature of this research opportunity allowed investigators to address two key issues in research methodology currently utilized in AI communities. First, how do researchers address suicide prevention/intervention using a strengths-based and culturally salient approach? Second, how might CBPR be utilized to conceptualize the construct of hope in the participating communities? Therefore, two key pieces of information were necessary for this study: 1) how might we use our research questions to elicit strengths from community members who have primarily been viewed in terms of weaknesses, and 2) how might we gain investment and engagement during an exploration of the construct of hope while retaining the rich and remarkable voices of AI youth.

METHODS

Strength-based approaches "empower" and "mobilize" communities in addressing difficult problems such as suicide (McMahon, Kenyon, & Carter, 2013). In addition, CBPR has been described as both a collaborative and systematic approach for creating social change (Jernigan, 2010). In CBPR, researchers work in relationship with participants, and participants act as key stakeholders in the research process. In addition, the research questions must be relevant to the needs of the community and dissemination of findings intended to directly benefit community members. Furthermore, CBPR builds capacity for AI community members to actively use their unique worldviews and ways of knowing as integral tools for problem solving. CBPR methodologies have been used in AI communities with success across multiple domains including substance abuse prevention, diabetes and obesity prevention, and suicide prevention (Ellis, 2004; Mohatt et al., 2004; Santiago-Rivera, Skawen:nio Morse, Hunt, & Lickers, 1998; Satterfield et al., 2003; Thurman, Plested, Edwards, Foley, & Burnside, 2003). This study allowed the researchers to integrate both strengths-based and CBPR approaches in the Hope Study.

Furthermore, in order to be culturally responsive and flexible with the needs of the community, the researchers implemented a creative photo-voice style project in two phases of the

study (Jennings & Lowe, 2013; Minthorn & Marsh, 2016). This was intended to capture the "voice" of the participants about what gives them hope in their own words and images. Capturing the voice of the Native youth acting as co-researchers within this CBPR framework was crucial to building relationships and promoting self-efficacy (Catalani & Minkler, 2010). The researchers also note that topics such as hope, while promoting hope, might also elicit memories of times of hopelessness in the face of difficulties. Further, participants might lack the ability to verbalize the construct of hope under the influence of difficult emotions. The creative aspect of the Hope Study allowed for multiple means of communication of hope (both verbal and visual). Maintaining flexibility (holding the photo-voice method loosely) also allowed for multiple avenues of expression from traditional arts and crafts, dance, photography, two-dimensional art forms, poetry, and song.

Goal of the Study

The primary goal of the Hope Study was to explore what gives hope to AI youth living in communities that experience high rates of suicide and to do so using a strengths-based, culturally appropriate approach based on input from AI community members.

Approval

Research approvals were received from both the university institutional review board and the partnering tribal research review board prior to proceeding with the study. In addition, a letter of support was received from the tribal president and tribal housing department in response to the immediate need for suicide research supporting culturally based programs in the community.

Participants

Participants were recruited via convenience sampling through tribal members (which we identify as "group leaders") and in collaboration with the tribal housing department and other tribal youth programs. Recruitment fliers were distributed through all tribal districts by group leaders and partnering tribal members. The flier announced a "confidential research opportunity for American Indian (AI) youth ages 14-24." The request for participation announced the opportunity as a study in which participants would talk in groups about the construct of hope with an end result of creating and presenting a project on hope for dissemination to tribal members. Interested

participants were asked to sign up at the tribal housing department. As a result, 56 AI youth (male = 55%, female = 45%) were enrolled to take part in the study. Participating youth were self-identified members of one of the nine tribal districts constituting the partnering tribal community. Participants were 13-24 years of age (M = 16.30, SD = 2.70), and 73% reported themselves as full-time students.

Informed Consent

Both consent and assent were sought prior to participation in the study. As part of a concerted effort to conduct respectful and beneficial research with tribal youth, the consent/assent forms carefully explicated the details of the study, the voluntary nature of participation, the duration of the study, and potential risks and benefits. The purpose of the study was defined as an invitation to be part of a focus group in which the participant "will be asked to fill out a brief demographic form" as well as "questions about you and what gives you hope and your ideas about hope among other youth." The duration of the study was listed as "about one month" in which the participant would attend three groups lasting about 1½ to 2 hours each. Participants were informed that the focus groups would be recorded and that they could choose to skip any questions that made them uncomfortable or for which they declined to answer.

Informing participants as to risks and benefits of the study was a crucial component of the informed consent/assent process due to the historically negative implications of early research in Indian Country. Risks were listed as discomfort with answering questions or talking in front of a group. Instructions were included for whom to contact in the event of distress. These contacts were defined as group leaders who were instructed in how to conduct a referral for resources at an accessible Indian Health Service (IHS) clinic within the community. Group leaders were invested and respected adult members of the tribal community with experience in working within the culture and with AI tribal youth. Group leaders were asked to keep a confidential contact list of participants so that well-being checks could be conducted if needed. In addition, the investigators for the study are an experienced psychologist and social worker with the social worker being well-versed in the needs and available resources of the participating community. As incentive for participating in the study, AI youth received a $50 gift card for each meeting they attended. An additional, and important, benefit of participation in the research was noted as contributing to education about hope for the given community as a means of better-informing suicide prevention programs. In the community presentation of the creative projects participants were acknowledged

for their ability and autonomy in "giving back to the community" by providing ways that they gained hope and developed resiliency to crisis.

Procedures

The Hope Study consisted of a training phase and three distinct research phases (data collection, creative project, dissemination). The training phase was intended to familiarize the adult group leaders with the study procedures as well as discuss the logistics of data collection. Materials such as audio-recording devices, flip-charts, paper materials, and art supplies for creative projects were also distributed during this phase. The first research phase, or data phase, was primarily for building rapport, quantitative (demographics and YPBT) and qualitative (focus group) data collection, and for transitioning into subsequent phases. In the second phase, or creative phase, participants worked in conjunction with adult group leaders to create a personal project centered on developing a visual representation of hope. In the third phase, or dissemination phase, participants were asked to present their creative projects (contingent on comfort level) back to their respective communities. In this third phase, feedback would also be sought from participating community members as to reactions to creative projects and suggestions for interpreting reactions.

Training Phase

This initial phase was conducted with tribal group leaders and the co-investigator on tribal lands. Group leaders were invested and respected adult members of the tribal community with experience in working within the culture and with AI tribal youth and an IHS facility was reasonably accessible within the community for any youth determined to be at risk of suicide. Group leaders were asked to keep a confidential contact list of participants so that well-being checks could be conducted if needed. These group leaders work in the communities with at-risk youth and already have a relationship with them. During this phase, materials were distributed to representative group leaders from each of the nine districts. This consisted of packets with all necessary printed materials and surveys as well as art supplies, flip-charts, and audio-recording devices. In addition to holding a training session covering the proposed outline of the data phase, time was spent with group leaders generating discussion. This discussion portion proved incredibly valuable in understanding the concerns of the community. Additionally, the researchers were

greatly impressed by the dedication shown by community members who wished to give back to the community and help support the youth.

The use of a CBPR approach with the research assistants from the community being trained to conduct the focus groups helped the participants to trust the facilitators and sincerely work on the projects. The enthusiasm of the research assistants for the project helped the participants to be more honest and forthcoming with their responses as they knew their ideas were being valued and could be a way they could give back to the community.

Phase One

During the first phase of the Hope Study, group leaders were asked to gather demographic and consent/assent forms from participants prior to beginning the focus groups. Each group leader also collected confidential contact information should a well-being check be needed. Group leaders opened with the ice breaker exercise (which was not recorded). Upon completion of this rapport-building exercise, group leaders distributed the Youth Personal Balance Tool (YPBT) and delivered instructions. Group leaders were on hand to answer questions or assist as needed. After a brief break, audio recording equipment was turned on and the focus group began. Group leaders delivered focus group questions verbally and instructed participants to use pre-determined pseudonyms during discussion to protect privacy. Group leaders provided adequate time for answering questions as ideas were shared across the group. Responses were also recorded on the provided flip-charts. Responses were then ranked according to order of importance as a group. The session ended with a brief discussion of the second (creative) phase, and participants were encouraged to meet individually with group leaders as needed to discuss ideas for their creative project.

Phase Two

Phase two consisted of participants meeting as a group with group leaders to work on their creative projects using the provided art materials. Participants were instructed that they could use any creative method necessary for representing their ideas about hope (e.g., visual art, poetry, traditional crafts, etc.). Group leaders were on hand throughout the entirety of this phase to monitor for any signs of distress. The creative projects will be discussed in another article later.

Phase Three

This phase was included for dissemination of research back to tribal leaders and invested community members. This will be discussed in a later article. As an added function of the CBPR

framework, feedback will also be sought regarding the resulting creative projects and emerging themes regarding hope among tribal youth.

Ice Breaker Exercise

The ice breaker exercise was included as a way for group members to gain initial ease with the process of talking about themselves. This portion of the study was led by adult group leaders who asked for the participant to give their name and some background information on why they chose to participate in the focus groups. Example questions for the ice breaker exercise include, "What made you want to be a part of this focus group" and "Share with us something (an interesting fact) that most people would not know about you." This was also the portion of the focus group where participants could indicate a pseudonym which they would use for paper and pencil surveys and audio recorded portions of the group meetings to aid in maintaining confidentiality.

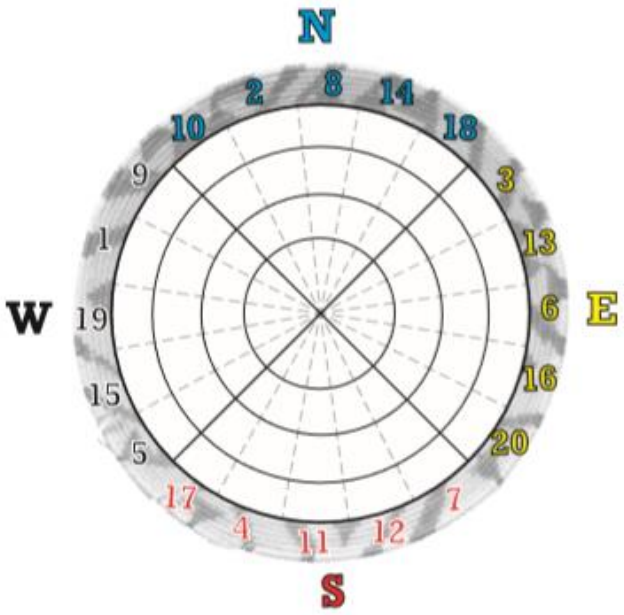
Demographics

Demographic forms were administered via paper and pencil and requested information on sex, age, grade in school, employment (if applicable), and education (highest level completed). An option was available for indicating that a participant was not currently in school or identified as a homemaker or volunteer. Information was also sought on which tribal group the participant was affiliated with.

Youth Personal Balance Tool

The Youth Personal Balance Tool (YPBT; Barraza et al., 2016; Youth Council of The Fresno American Indian Health Project, 2014) was chosen based on its use of a culturally relevant medicine wheel framework consistent with many AI worldviews and use of a CBPR model. The youth version of this scale was developed and piloted through The Fresno American Indian Health Project (FAIHP) Youth Council and adapted from a previous unpublished version developed for adults (A. Rabideau & S. CrossBear, personal communication, May 27, 2015 as cited in Barazza et al., 2016). The YPBT is based on a Likert scale format ranging from "0" (very untrue) to "4" (very true) and consists of 20 total questions drawn from one of four domains. These four domains are situated within a visual representation of a medicine wheel (Cross, 2003). These domains consist of: "spiritual" (corresponding with the direction of east and color yellow); "emotional (south, red); "physical" (west, black); and "mental" (north, blue; see Figure 2 for a visual representation of the medicine wheel).

Figure 2: Youth Personal Balance Tool medicine wheel created by FAIHP (Barraza et al., 2016; Youth Council of The Fresno American Indian Health Project, 2014)



Participants are asked to answer all 20 statements first and to pick only one score (0 to 4) for each statement (see Table 1 for examples of statements). Participants are then instructed to "chart" their numeric responses in the circular medicine wheel model. The model is arranged by domain with each question corresponding to a quadrant (domain) and color. Colored pencil or pens (yellow, red, black, and blue) are used to "shade in" each "slice" of the circular model as it corresponds with the question. Any remaining slices of the circular model are shaded in with gray. Shading in respective portions constitutes an active and engaged portion of the focus group. Participants were then asked to consider which quadrants had the most shading and which were the grayest. Shaded portions constituted areas of strength, whereas gray portions were areas that could benefit from additional attention to increase balance across domains.

Further YPBT instructions state, "A possible goal may involve increasing the color in one quadrant so that all four quadrants are as close to equal as possible and striving towards fulfillment" (Barraza et al., 2016; Youth Council of The FAIHP, 2014). For example, if the physical domain was primarily shaded gray but the mental domain was primarily shaded blue (an area of strength) then a participant may reflect on problem solving and other mental skills to increase physical well-being. A major goal of completing the YPBT was to increase awareness of areas of strength and promote introspection on ways in which the participant might create balance and harmony within their lives in an autonomous manner.

Table 1
Sample questions and domains from the Youth Personal Balance Tool*

Domain	Statement
Spiritual	• I have dreams or visions that help guide me. • I believe that even though we can't see the Creator or spiritual world, we know it exists.
Emotional	• There is something that I have in my life right now that I have a passion for and am excited to do it every day. • When my family and friends do well I try to tell them.
Physical	• I take care of my body (such as exercising, watching my diet, and/or choosing to be drug free). • I take responsibility for my mistakes and actions.
Mental	• I make an effort to learn something new every day. • I talk with elders about my options before making a decision.

*Barraza et al., 2016; Youth Council of The Fresno American Indian Health Project, 2014

Focus Group Questions

Focus group questions were developed by Hope Study researchers based on input and feedback from the culturally embedded co-investigator. The focus group questions consisted of six open-ended questions delivered during a group discussion led by adult group leaders. For example, questions asked were: "When you get discouraged, what gives you hope?" and "How would someone else know you were hopeful?". Questions were intended to be brief but thought provoking to generate room for discussion among participants. Adult group leaders were helpful in creating a safe space for communicating ideas and instructed to monitor for signs of distress if they emerged.

Table 2
Focus group questions on hope

1.	Would you introduce yourself and tell us a little about if you are in school and what you like to do?
2.	What are your favorite things to do?
3.	What are your dreams for the future?
4.	When you get discouraged, what gives you hope?
5.	If you were to tell someone about being hopeful for the future, how would you describe or show them you were hopeful?
6.	How would someone else know you were hopeful?

Data Analysis

Analysis of pilot data collected during the Hope Study were analyzed using both quantitative and qualitative methods. Descriptive statistics were calculated for both demographics and the YPBT using SPSS 23.

Theme analysis was used to code the focus group portion by coding initially, identifying related themes, and then recoding into that paradigm of themes. The emergent themes naturally mapped onto the YPBT medicine wheel framework (i.e., focus group responses generally coded into one of the four domains: spiritual, emotional, physical, or mental). Team members were responsible for the coding.

RESULTS

Quantitative

The 20 items of the YPBT produced a Cronbach's alpha of 0.79. Data from the YPBT indicated that there were no significant differences between males and females across all domains (See Table 3). The physical domain indicated more activity for males (M = 3.44, SD = 0.37) than females (M = 3.43, SD = 0.35). The mental domain was lowest for males (M = 3.10, SD = 0.43), and the spiritual domain was lowest for females (M = 2.98, SD = 0.66). Although there were no great differences in responses on the YPBT, it did indicate a good degree of balance over the four domains for our participants.

Table 3
Male and female participant mean scores and standard deviation for the domains of the Youth Personal Balance Tool*

Domain	Male *M* (*SD*)	Female *M* (*SD*)
Spiritual	3.12 (0.57)	2.98 (0.66)
Physical	3.44 (0.37)	3.43 (0.35)
Mental	3.10 (0.43)	3.12 (0.38)
Emotional	3.23 (0.58)	3.24 (0.58)

* Barraza et al., 2016; Youth Council of The Fresno American Indian Health Project, 2014

Qualitative

The themes from the focus groups also fit the four domains of the medicine wheel: physical, mental, emotional, and spiritual. Each group, as defined by the YPBT, were east (spiritual, yellow), south (emotional, red), west (physical, black), and north (mental, white; Barraza et al., 2016).

The east and spiritual domain represented the sense of belonging, personal pride, respect, connectedness, faith, prayer, purpose, vision, and love, or the infancy of development. This included things the participants liked to do such as riding horses, being in nature, and being by him/herself. Favorite things that were reported under this domain included "looking at the stars," "spending time in nature," and "playing with animals," highlighting their identity and connectedness. When asked what gave them hope, the focus was on a sense of accomplishment and purpose in life including "my culture," "achievement," "being myself," and "looking forward to the future." Participants indicated that someone else would know they were hopeful spiritually by how inspiring they were to others by motivating them, inspiring them, letting them know that "life is about possibilities," and "telling them it's all worth it." The youth believed others would know they were hopeful by their resiliency and capability for growth that would be demonstrated by "bouncing back" and "showing them you can change for the better."

The south and emotional domain represented mastery of skills and gifts, self-esteem, accomplishments, happiness and enjoyment, impulse and emotional control, sensitivity, forgiveness, and attitude, or the childhood of development. The things they liked to do that fit with the emotional were helping family or spending time with family and friends. Favorite things in the emotional domain included "cruising," "hanging out with friends," and "being around people that make me happy," with an emphasis on family and friends. What gave the participants hope in the emotional domain included developing self-esteem and happiness through relationships including family, friends, and children. Others would know our participants were hopeful through the emotional domain by being "there for them" and telling "them everything will be okay" and "look how far you've come." Emotionally the youth felt that others would know they were hopeful by their attitudes and achievements and by their "laughter," "smiling," "positive attitude," "reactions," and "accomplishing my goals."

To the west is the physical, representing interdependence, humility and accepting responsibility, practice and reaching your potential, power and control, physical health, vision, and reaching goals, or the adulthood of development. The physical interests that were described included sports, being active, and building things. The favorite things identified in the physical

domain included "running," "playing basketball or football," and included things within sports and physical health areas. The things that gave the participants hope in the physical domain included that sense of physical wellness. In the physical domain, participants would use their actions to describe or show their hopefulness by talking "to them," "give them a call," and approaching "them with open arms," demonstrating the physical connection. Physically, others would know the youth were hopeful by their physical and verbal communication demonstrated by "my expressions, words, actions, and by asking me."

Finally, the north or mental domain represents generosity; problem solving; wisdom; freedom from fear, hate, jealousy, and other negative emotions and behaviors; commitment to lifelong learning and service; doing things in moderation; and truth, or the elder of development. Those activities within the spiritual domain included writing, poetry, music, art, reading, and fixing things. Favorite activities within the spiritual domain included "singing," "drawing," "painting," and "playing video games," which were areas of creativity and mental stimulation. The spiritual domain was represented as giving hope by creativity and self-expression through writing poetry, music, art, and fixing things. In the mental domain the participants would describe or show their hopefulness by modeling hope. This would be done by teaching "them about life," working "hard," "don't quit," and "show them they should finish school," demonstrating mental toughness, persistence, and productivity. The ways that participants believed others would know they were hopeful that were in the mental domain involved dedication, commitment, and perseverance. This would be demonstrated by "seeing me working hard," "staying focused," "getting good grades," and "finishing school."

DISCUSSION

It was important that the data be interpreted culturally to be more meaningful, useful, and appropriate for the community. Since the data fit into a medicine wheel set of domains it allowed for this cultural interpretation.

The participants in this project put a high emphasis on goal attainment as a measurement of hope. Most of them recognized the importance of education in achieving their goals. Because of the high numbers of youth dropping out of school, it is important to find ways for them to continue to achieve, get an education, and make progress toward their goals.

Close trusting and supportive relationships were also important. Sharing of hope was

largely focused on relationships and peer-mentoring in which hope was actively communicated and taught to others. Family and a sense of belonging emerged as a dominant factor for generating and reciprocating hope. This would indicate work in strengthening family and social relationships in healthy ways would be important to promote hope and resilience.

The participants in this study appeared to be well-supported in the physical domain; however, increased support for healthy self-expression, connectedness, positive self-identity, and emotional regulation may help create a balanced approach to hopeful living.

Limitations

Because this project was focused on a small group of youth in a single reservation the findings cannot be generalized to all youth or even AI youth, but must be looked at as an initial examination of hope among one small group. Further qualitative analysis is needed to strengthen the emerging themes and the association between the thematic elements. Recommendations from this project lay the groundwork for development of strengths-based approaches that address the high suicide rates based upon development of strong relationships, supporting activities that value the different abilities of youth, and giving back to the community and family in ways they feel are valuable.

Future Directions and Implications for Prevention/Intervention Work

Recommendations for practice and intervention development would include a family-oriented approach that would strengthen and build healthy relationships. Finding ways to explore the efficacy of peer-to-peer mentoring and support that provides a way to give back as well as a support network for times of stress. Also, the validation of individual personal growth through goal-setting and goal completion could be instrumental in promoting hope. Honoring those completing goals brings value and self-esteem to the individual that they are finding success in a way that is meaningful to the individual. Finding ways to recognize individual strengths, abilities, and talents demonstrates that all have a way to contribute to the community and be a part of it. Even the little toe serves a purpose. Utilize creative forms (art, writing, music, dance, building, etc.) to engage youth in positive self-expression that will develop a sense of value and accomplishment. Continuing to support physical activities such as sports, culture camps, horse camps to encourage healthy social interactions, and relationship building will provide those

networks for help when things do not go as well. Having opportunities for youth to address leadership in the communities where their ideas and suggestions are heard and considered demonstrate to the youth that they can be vehicles for positive change in their communities. Volunteering to help elders and being role models for those younger will help give them hope for the future while drawing upon the strength and resilience of their history. Identifying ways that helped the community survive and continue will reinforce the resilience that is a part of who they are. Use of the YPBT on a regular basis with youth can help them monitor their progress toward a balanced life. It can also be helpful in setting goals and making changes in their lives that lead to a stronger and healthier outcome.

CONCLUSION

The Wa'cinyeya (Hope) Project found that youth among this tribe found hope in feelings of connectedness, a connection with nature and spirituality, and education. Connectedness was found in positive family relationships, wanting to be a good example to their children, and in participating in team sports where they feel leadership, feel like a vital part of the team, and have hope of following a role model, such as Kyrie Irwin (an American Indian NBA player). The connection with nature and spirituality are indicated in cultural aspects of feeling connected to the whole when in nature and, even if not participating in cultural ceremonies of spirituality, feeling spiritual when observing and interacting in nature. In general, the youth reported feeling that education was an essential part of attaining their goals, and those goals also gave them hope. With respect to the medicine wheel, the physical, mental, spiritual, and emotional aspects were present in the responses from the youth. Community members are making plans to utilize the results of this study to integrate the results into suicide prevention planning and programming. By integrating the ideas of the youth into future planning, the information becomes sustainable and more effective in future work.

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We would like to dedicate this manuscript to the life of the participant who completed suicide during the course of the study and the many valuable contributions she made to the project. We wish you peace and happiness.

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