



Relationship of Social Network to Protective Factors in Suicide and Alcohol Use Disorder Intervention for Rural Yup'ik Alaska Native Youth[☆]



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ABSTRACT

Suicide and alcohol use disorders are significant Alaska Native health disparities, yet there is limited understanding of protection and no studies about social network factors in protection in this or other populations. The Qungasvik intervention enhances protective factors from suicide and alcohol use disorders through activities grounded in Yup'ik cultural practices and values. Identification of social network factors associated with protection within the cultural context of these tight, close knit, and high density rural Yup'ik Alaska Native communities in southwest Alaska can help identify effective prevention strategies for suicide and alcohol use disorder risk. Using data from ego-centered social network and protective factors from suicide and alcohol use disorders surveys with 50 Yup'ik adolescents, we provide descriptive data on structural and network composition variables, identify key network variables that explain major proportions of the variance in a four principal component structure of these network variables, and demonstrate the utility of these key network variables as predictors of family and community protective factors from suicide and alcohol use disorder risk. Connections to adults and connections to elders, but not peer connections, emerged as predictors of family and community level protection, suggesting these network factors as important intervention targets for intervention.

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Relación de la red social con los factores protectores del suicidio: Intervención en los trastornos de consumo de alcohol de jóvenes nativos Yup'ik de Alaska

RESUMEN

El suicidio y los trastornos en el consumo de alcohol son disparidades de salud significativas entre los nativos de Alaska. Sin embargo, hay una comprensión limitada de las dinámicas de protección y no hay estudios sobre el papel de las redes sociales en esta población o en otras poblaciones. La intervención Qungasvik mejora los factores de protección contra el suicidio y los problemas de consumo de alcohol a través de actividades basadas en las prácticas y los valores culturales de los Yup'ik. La identificación de factores de redes sociales de carácter protector en los contextos culturales de comunidades Yup'ik muy unidas y densas del suroeste de Alaska pueden ayudar a identificar estrategias de prevención efectivas contra el riesgo de suicidio y los problemas con el alcohol. Con datos de redes egocéntricas e indicadores de encuesta sobre los factores protectores contra el suicidio y el abuso de alcohol en 50 adolescentes Yup'ik, proporcionamos datos descriptivos de las variables de composición y estructura de la red, identificamos aquellas variables claves de la red social que explican una mayor proporción de la varianza en la estructura de cuatro componentes principales de dichas variables, y demostramos la utilidad de dichos indicadores

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como predictores de los factores familiares y comunitarios de protección contra el suicidio y el riesgo de consumo abusivo de alcohol. Las conexiones con adultos y las conexiones con ancianos, pero no las conexiones con iguales, emergieron como predictores de la protección a nivel familiar y comunitario, lo que sugiere que estos factores de la red son un objetivo importante de la intervención.

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Suicide and alcohol use disorders are significant health disparities experienced by Alaska Native people, with youth, and male youth in particular, at significantly higher risk for death by suicide and alcohol related problems, in contrast to their age cohort in the U.S. general population (Allen, Levintova, & Mohatt, 2011). Rural Yup'ik Alaska Native communities in southwest Alaska have been severely impacted by suicide and alcohol, and in response, several of the communities in this region have created a multi-level cultural intervention for their youth that draws extensively from Yup'ik traditional practices and cultural worldview, drawing from community strengths and local expertise (Rasmus, Charles, & Mohatt, 2014). The resulting Qungasvik (toolbox) intervention is an adaptive intervention. Each community selects from a set of modules that create protective experiences for youth on the individual, family, and community levels against suicide and alcohol use disorder.

A protective factors model for prevention

The Qungasvik intervention represents the results of a community-based participatory research (CBPR) intervention development process grounded in Yup'ik protective factors model. The intervention is strengths based, and instead of adopting a risk reduction approach, seeks to increase protective factors believed to mediate suicide and alcohol use disorder risk. A culturally grounded protective factors theoretical model for prevention of suicide and alcohol use disorder risk in Alaska Native youth guides the Qungasvik intervention.

The protective factors model was derived from qualitative work that generated a heuristic model of protective factors (Allen et al., 2006; Mohatt, Hazel, et al., 2004; Mohatt, Rasmus, et al., 2004) and a set of culturally appropriate measures for the study of the process of change and outcome. These protective factor measures at the level of the individual, family, and community were successfully tested in a predictive model of Reasons for Life (RFL) and Reflective Processes about alcohol abuse consequences (RP) (Allen, Mohatt, Fok, Henry, & Burkett, 2014). RFL and RP are co-occurring strengths-based ultimate outcome variables for the Qungasvik intervention. The individual, family, and community protective factors predictor variables of RFL and RP function as intermediate prevention strategy target variables in the culturally grounded theoretical model guiding the Qungasvik multilevel intervention. Research has produced promising preliminary findings of growth in dose related youth RFL and RP outcomes and in parent and community level protective outcomes in response to exposure to Qungasvik as a preventative intervention (Allen, Mohatt, Fok, & Henry, 2009; Mohatt, Fok, Henry, & Allen, 2014).

Qungasvik as a multilevel intervention has numerous modules at the community and family levels that seek to enhance protection through its strengths-based model. Previous research has identified intervention dose related growth in measures of these intermediate intervention target protective factors hypothesized in the theory of change to be responsible for the Qungasvik intervention effects (Mohatt et al., 2014). However, despite our observations, in conducting the intervention, regarding its impacts on community and family functioning and their network structures, we understand little regarding the relationship of the social networks within

these geographically remote, tight knit, kinship-based Yup'ik rural communities to these protective factor variables. Enhanced understanding of social network variables important in protection could guide more effective intervention efforts in our work in these communities. At present, there is similarly no published data providing even basic description of the potentially distinctive characteristics of the social networks in remote Alaskan Indigenous communities.

Relationships between social networks, suicide and alcohol use disorder

There is a long history on study of the influence of social factors in suicide (Berkman, Glass, Brissette, & Seeman, 2000; Durkheim, 1951) and more recent work on social networks in relation to youth alcohol use (Sznitman, 2013). However, the majority of this research is focused on risk, and few studies in the literature explore the relation of network variables for protection. Network variables can be classified as structural or compositional (Hall & Wellman, 1985). Network structure describes the topology of a network and can include variables such as *network size*, or the number of actors; *density*, expressed as the number of actual actors/possible number of ties; *degree centrality*, or the number of ties incident to an actor; *closeness centrality*, or the reciprocal of the sum of the shortest distances between a node and all others; *betweenness centrality*, or the number of times a node is on the shortest path between all other nodes; as well as variables describing sub-networks such as *cliques*, or tight groupings of actors; *structural holes*, or networks including disconnected segments (Burt, 1992); *reciprocity*, defined as the extent to which relationships are reciprocal in directed networks and *transitivity*, which is the proportion of all potential relationships among three people in which two of the parties do not have a relationship or are hostile toward one another (Wasserman, 1994). Compositional variables focus on actors or relationships' attributes, or to the type of resources to which actors have access, and include such things as *homophily*, which is the extent to which similar actors associate, *boundary density*, or the extent to which actors associate across sub-networks, as well as numerical counts of relationships with certain attributes.

Network studies of youth in schools nationwide showed evidence that *social isolation*, defined as having no friend or only friends who have themselves no friend, and *network intransitivity*, or the proportion of all 2-step relations between actors that have no direct relations, were associated with more suicide thoughts and behavior in female participants, suggesting that these two network variables may increase suicide risk (Bearman & Moody, 2004). Preliminary results of an ongoing clinical trial in 40 US high schools testing Sources of Strength, a universal youth suicide prevention program (Wyman et al., 2010) that trains peer leaders to change social network structure to decrease isolation and increase connectedness to adults to reduce attempted suicides, have confirmed the relationship of a number of social network variables with suicide risk and protection. Social isolation and intransitive friendship networks associate with increased suicide attempt, and maladaptive attitudes in peer networks (i.e., help-seeking rejection, maladaptive coping, or suicide acceptance) associate with increased suicide ideation and attempts, while

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