

MULTICULTURAL SUICIDE PREVENTION: SAVING LIVES IN OUR DIVERSE COMMUNITIES

Texas Suicide Prevention Symposium

August 2, 2012

Richard Shadick, Ph.D.

Overview of the Workshop

- Preliminary Assessment
- Introductions
- Logistics and Establishing Norms
- Working with Individuals Struggling with Suicide
- The Phenomenology of Suicide
- Multiculturalism and Cultural Competence
- Diversity and Suicide
- Assessing Suicide
- Patterns in Diverse Populations
- Prevention and the Kit
- Intervention and Postvention
- Final notes
- Post-Assessment and evaluation

Preliminary Assessment

- Please take a few minutes to fill out the confidential preliminary assessment now
- This tool will be used to:
 - Help you observe what you have learned
 - Identify training needs of participants
 - Provide a quality measure of the workshop

Introductions

- Richard Shadick, Ph.D.
 - Director, Counseling Center and Adjunct Professor of Psychology
 - Multicultural Suicide Prevention Kit
 - Funded by GLSM grants, Mental Health Association of NY State
 - Private Practice
 - Suicide Risk Assessments and psychotherapy with suicidal individuals and suicide survivors

Introductions

- Name
- Discipline
- Setting that you work in
- One goal for today's meeting that you hope to accomplish

Logistics

- Breaks
 - Formal and informal
- Questions
- Discussion – established norms

Working with Suicide

- Rewarding work
 - Tangible results occur when working clinically with suicidality
- Taxing work
 - Countertransference
 - Compassion fatigue
 - Vicarious traumatization
 - Burnout
- Self care during the workshop

Phenomenology of Suicide

- Suicide is defined as when someone ends one's life
- More than 36,000 people kill themselves each year
- Suicide is the second leading cause of death among 25- to 34-year olds and the third leading cause of death among 15- to 24-year olds.
- Suicide among 45- to 54-year-olds rate of suicide is higher in this age group than in any other.
- Anatomy of a suicide:
 - Risk (distal) and protective factors, precipitating causes (proximal), catalytic components, cultural factors...

Understanding Suicide within Diverse Populations

- Diverse populations include race and ethnicity, religion, sexual orientation, ability, residential status
- Diversity is a cornerstone of this country and should be embraced and celebrated

Multiculturalism

- The multicultural perspective explains behavior in terms of unique, culturally-learned perspectives as well as common-ground, universal generalizations.
- Culture is defined as...
- “Cultural competency is not a goal, it is a commitment”

Multicultural Competence

- Requires competence across three dimensions (Sue, 2001):
 - **Race and Culture Specific Attributes:** e.g., Latino American, Asian American, African American, European American
 - **Components of Cultural Competence:** Awareness of attitudes/beliefs; Knowledge; and Skills
 - **Foci of Cultural Competence:** Individual, Professional, Organizational, Societal

Race and Culture Specific Attributes

In addition to:

- Understanding the individual uniqueness of each client and commonalities of all humans
- Important to acknowledge the existence of group influence
 - Shared cultural values and beliefs
 - On both client and one who intervenes

Components of Competence

- Awareness-understanding of one's own cultural conditioning that affects beliefs, values, and attitudes
- Knowledge-understanding and knowledge of the worldviews of culturally different individuals and groups
- Skills-use of culturally appropriate interventions and communication skills

Helms and Richardson (1997) and Sue et al. 1982

Foci of Cultural Competence

- Individual –multiculturally competent assessments*, referrals, and treatment
- Professional-practices that foster greater understanding of complexity of a diverse students experience through presentations*, research, and publishing
- Organizational-trainings for our staff, centers, and universities
 - Not just prevention of suicide and depression but oppressive systems that foster discrimination and prevent help
- Societal-changing mono-culturalism and its attendant factors

Transactional-Ecological Framework

- Framework that examines the person-environment interaction over a biopsychosocial approach
 - It is concerned with the:
 - Individual
 - Interpersonal
 - Community
 - Society

Minority Stress Model

- The juxtaposition of minority and dominant culture values and the resultant conflict with the social environment experienced by minority group members
- Stress Diathesis model
- Multiple minority identities can compound the effect
- Those who do not experience discrimination don't see it and cannot understand the stress; Not seeing the stress is a microaggression as well

Unique Factors of Diversity that May Lead to Suicidality

- Hate Crimes
- Discrimination
- Microaggressions

Hate Crimes

- Hate Crimes are those which "manifest prejudice based on race, religion, sexual orientation, disability, or ethnicity."
- Adapted from Federal Hate Crimes Statistics Act of 1990 & Violent Crime Control and Law Enforcement Act of 1994.

Discrimination

- Discrimination is the unlawful and intentional act of unfair treatment of a person based on race, ethnicity, gender, religion, national origin, physical or mental disability, and age.

Microaggressions

- These are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative cultural slights and insults to the target person or group.
 - Snubs
 - Put-downs
 - Patterns of disrespect.

Possible consequences for Victims:

Emotional

- It is important to state that positive outcomes occur frequently
- Negative emotional responses most frequently experienced by victims of hate crime violence are anger, fear, and sadness.
- Victims of overtly hostile and injurious hate crimes often manifest a coping response marked by avoidance of out-group persons.

Possible Consequences for Victims:

Emotional

- In severe cases, clients may evidence symptoms characteristic of posttraumatic stress disorder (PTSD).
- Other emotional symptoms include...
 - Guardedness
 - Dysphoria
 - Feelings that are difficult to control
 - Denigration of one's identity
 - Hopelessness, thoughts of suicide

Possible Consequences for Victims:

Physical

- Numbing
- Medical problems
- In recurring harassment, the victimized individual may become habituated to victimization, resulting in dysregulation of their harm-avoidance skills.

(Barnes & Ephross, 1994; Dutton, Burghardt, Perrin, Chrestman, & Halle, 1994; Root, 1992)

Assessing Suicide

- Risk and Protective Factors
 - Both general and diversity-specific
- Including measures
- **Risk factors** are characteristics that make it *more likely* that individuals will consider, attempt, or die by suicide
- **Protective factors** are characteristics that make it *less likely* that individuals will consider, attempt, or die by suicide.
- Risk and protective factors are found at various levels: individual (e.g., genetic predispositions, mental disorders, personality traits), family (e.g., cohesion, dysfunction), and community (e.g., availability of mental health services).
- They may be fixed (those things that cannot be changed, such as a family history of suicide) or modifiable (those things that can be changed, such as depression).

General Risk Factors

General risk factors for suicide include the following:

- Prior suicide attempt(s)
- Substance abuse
- Mood disorders
- Access to lethal means

Diversity-Specific Risk Factors

- Risk factors for some may be protective factors for others (e.g., religion)
- Acculturative stress
 - Acculturation and enculturation
- Discrimination

General Protective Factors

General protective factors include the following:

- Access to effective mental health
- Social connection to individuals, family, community, and social institutions
- Problem-solving skills
- Contacts with caregivers

Diversity-Specific Protective Factors

- Family support
- Community networks
- Religion and spirituality

Proximal or Precipitating Factors

- There is some variation but frequently there are more commonalities
 - Relational break ups, financial or academic stress, health related issues
 - Losing face or status in the community

Factors Related to Suicide for Diverse Populations

- Asian-American
- Hispanic/Latino/a
- African American
- White
- LGBTQ
- Religion
- Disabled Individuals
- Residency

Pace University's Multicultural Prevention Kit

- One particular approach to prevention

What are Essential Components of a Prevention Kit - Activity

- Targeted population(s)?
 - Level of intervention?
 - Setting?
 - Resources?
-
- Develop or enhance for your setting

Community Input in Development of a Cultural Competence Model

- Focus groups with key stakeholders
- [Appreciative Inquiry](#)
- Outside evaluator focus groups
- Other sources
 - Research-Lit reviews, accessible databases (Site-specific, County, State, and federal records), websites
 - Training evaluations
 - SPRC
 - Fellow Organization data

Examples of Questions Used at Pace

- 1. How can the CC best serve your community around the issue of suicide?**
- 2. How is suicide understood individually, in the family, in the community?**
- 3. From whom would you seek help when feeling depressed?**
- 4. How do you see the Pace CC as a place to get help? What ideas do you have that would help the CC better serve you in general?**
- 5. What would make it more likely that you would refer a friend to the CC?**

Multicultural Competence Toolkit-Overview

Target Audiences

- **Pace University**
- **Counseling Centers in NY, CT, NJ**
- **Health Partners**

Why a Kit?

- **Platform Approach**
- **Portability**
- **Modifiability**

Multicultural Competence Toolkit-Overview

Kit Contents

- **PowerPoint Presentation**
- **Vignettes**
- **Quizzes (Pre and Post)**
- **Fact Sheets**
- **Brochures**
- **Bibliographies**
- **Evaluation Forms**
- **PSAs**

Multicultural Competence Toolkit-Overview

Assessment of Impact

- **Participant Feedback**
- **Change in Awareness, Knowledge, Skills**
 - Immediate (quizzes)
 - Long-term (local measures of impact)

Going Forward

- **Cycle of Trainings**

Diversity Series

- Pace University's Diverse students
 - Located in Lower Manhattan-resident and commuter students
 - 80+ countries represented
 - Strong GLBTQQI presence on campus
 - Disability Service housed within the Center
 - Hate crimes-Muslim population

Development and Production

- Culled data from the sources
- Spoke with experts
- Once the content was decided mock ups were made and disseminated to
 - Students, Staff, Faculty
 - Other Counseling Centers
 - Grantees at the 2007 and 2008 Grantee meeting
- Feedback was incorporated and new mock ups were made and disseminated again
- Once complete, accompanying posters were made

The Result

➤ Series of 7 brochures representing major diverse student groups:

- Asian American
- African American
- Latino
- Muslim
- International
- Disabled
- GLBT

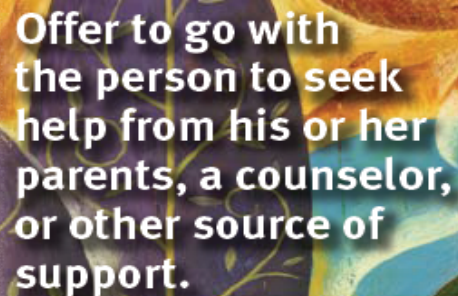
You Can Help

First and foremost, take suicide seriously. It is always better to over-react than under-react. Additionally, here are some other things you can do when someone you know is thinking about suicide:

- Seek support from others. Do not allow yourself to be sworn to secrecy.
- Listen and accept the other person's feelings. Try not to judge or argue.
- Be direct and listen. Don't act shocked by their plans.
- Never dare someone to kill themselves.
- Offer to go with the person to seek help from his or her parents, a counselor, or other source of support.
- If possible, never leave the person alone.

Find Someone Else Who Can Help

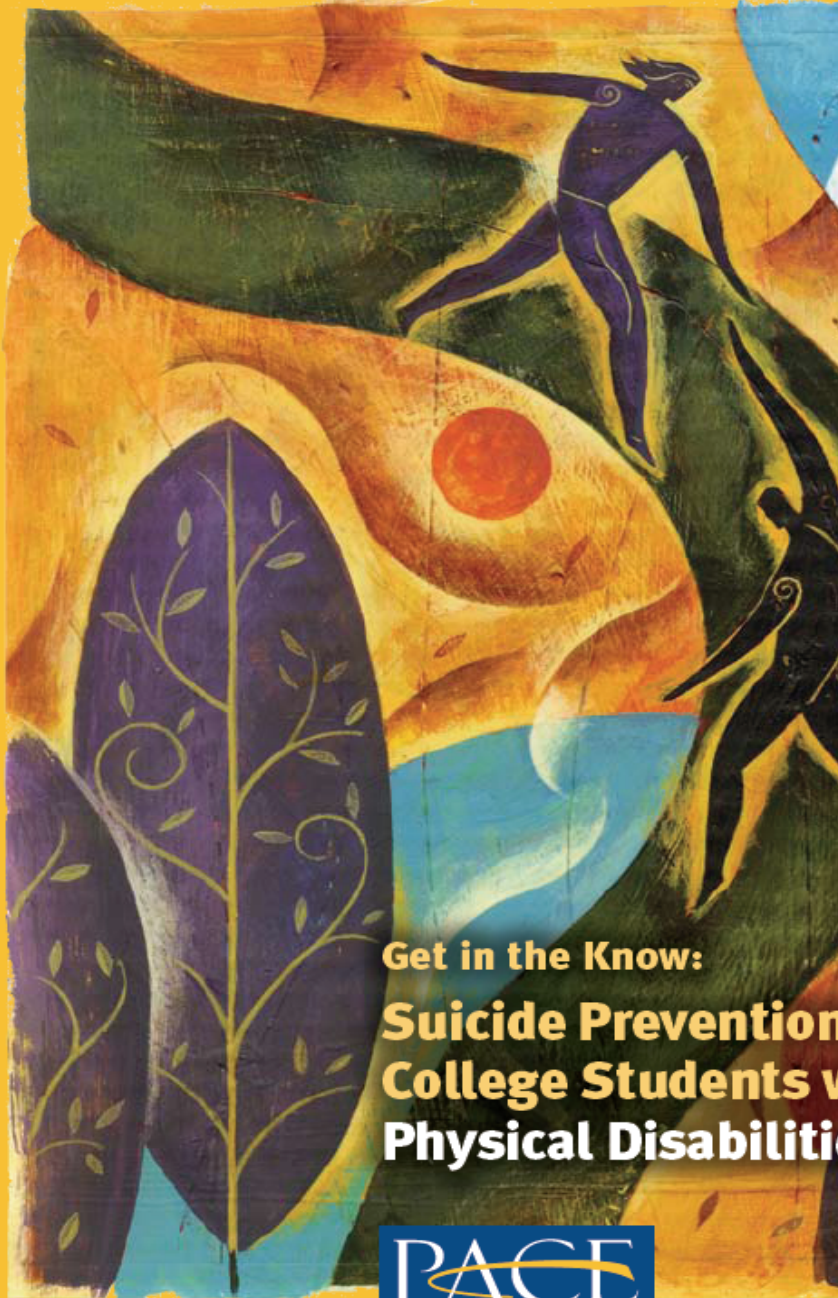
- The Counseling Center
- Resident advisers
- Campus Security
- Family or friends
- A religious or spiritual counselor



Offer to go with the person to seek help from his or her parents, a counselor, or other source of support.

We are here to help.

Counseling Center
156 William Street
12th floor
New York, NY 10038
(212) 346-1526
www.pace.edu/counseling



Get in the Know:
Suicide Prevention
College Students with
Physical Disabilities



College Students with Physical Disabilities, Depression, and Suicide

Students with physical disabilities make up approximately 5 percent of the college population, yet their specific risk factors are often overlooked. Similar to other students during their college years, students with physical disabilities are learning to become increasingly self-sufficient. Living without the presence of caretakers may become overwhelming, thus putting some students at increased risk for depression and suicide. The severity and visibility of a disability as well as whether the disability is acquired may contribute to depression and possibly suicide. Research has shown that a disabled person's risk for suicide is higher if the disability is less visible.

Risk factors for suicide within the physically disabled community

- A history of abuse
- Denial of the disability
- Persistent beliefs of achieving full health and/or ability
- A family history of depression and/or suicide
- An inability to integrate the disability into one's identity
- Easy access to firearms or other lethal methods
- Impulsive or aggressive inclinations
- Conflicts with friends, roommates, or peers
- Having made a previous suicide attempt or having had previous thoughts of suicide
- Having experienced a recent loss (e.g., death or break-up)
- Unwillingness to seek help because of stigma associated with seeking mental health services

Know the Warning Signs

Although individuals may vary in how they respond to suicidal thoughts, there are common warning signs that may suggest an individual is considering suicide. In particular, it is important to notice and follow up when someone you know is acting out of character. An individual may be at risk for suicide if he or she:

- Reports feeling very depressed
- Talks about wanting to commit suicide
- Experiences anxiety and/or stress
- Is focused on death and dying
- Writes poems, letters, or stories about death and/or suicide
- Is having academic problems
- Starts giving away possessions
- Withdraws from friends and activities he or she once enjoyed
- Prepares for death by making out a will
- Says things like, "I don't deserve to be here," "I wish I was dead," "I am going to kill myself," or "I want to die"
- Experiences feelings of hopelessness and helplessness
- Increases use of alcohol and/or other drugs
- Engages in reckless behaviors
- Experiences a decline in health and/or physical ability

Suicide prevention starts with understanding depression.

What Is Depression?

Depression is a condition that affects people of all abilities, ages, races, genders, and sexual orientations. Contrary to what many believe, a person with depression cannot "get over it" or "snap out of it" any more than someone with a medical problem can get over their illness. When someone is depressed he or she typically feels sadness that lasts longer than a few days or weeks. Depression can be passed from one generation to the next; sometimes stress or other life events trigger depression, or depression may result from a combination of factors. Like many other conditions, depression can be treated. This brochure is intended to provide education to help you better understand depression and know how and when to seek help when you or someone you know is experiencing depression.

What Does Depression Look Like?

Recognizing depression is a critical first step in getting yourself or a friend the help needed. It is important to keep in mind that friends or loved ones may not know how to ask for help, so understanding what to look for is important.

Common concerns among college students with physical disabilities and chronic physical health conditions who experience depression

- Relationship problems: Conflicts with roommates, parents, friends, partners, and/or professors, feelings of social isolation
- Engaging in risky behaviors: Violence, unprotected sexual practices, alcohol and other drug abuse, and/or driving under the influence
- Academic problems: Missing classes, not completing assignments, inattentiveness, and/or failing exams and courses

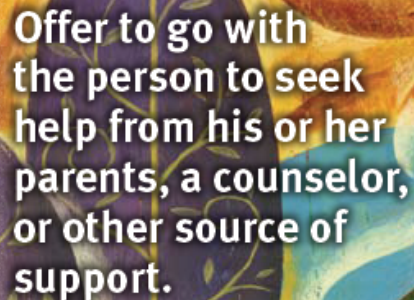
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- Be direct and listen. Don't act shocked by their plans.
- Never dare someone to kill themselves.
- Offer to go with the person to seek help from his or her parents, a counselor, or other source of support.
- If possible, never leave the person alone.

Find Someone Else Who Can Help

- Family or friends
- An imam or other religious leader
- The Counseling Center
- Resident advisers
- Campus Security



Offer to go with the person to seek help from his or her parents, a counselor, or other source of support.

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Get in the Know:
Suicide Prevention
for Muslim
College Students



Muslim College Students, Depression, and Suicide

In Islam, as in other religions, committing suicide is considered a great sin. Consequently, little documentation regarding the prevalence of suicide within the Muslim community is available. However, this does not mean that depression and suicide do not affect the Muslim college student community.

Within some Islamic countries, suicide and attempted suicide are against the law. As a result, Muslim students who feel depressed or suicidal may be reluctant to seek help due to legal concerns and fears of stigmatization. Instead, they may tend to withdraw from others, thereby increasing their risk of suicide.

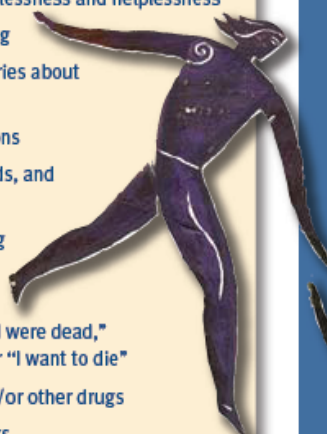
Risk factors for suicide within the Muslim student community

- Experiences with prejudice
- Conflicts between Muslim culture and other cultures
- Academic problems
- Preoccupation with suicide
- A family history of depression and/or suicide
- A history of abuse
- Access to firearms or other lethal methods
- Impulsive or aggressive inclinations
- Having made a previous suicide attempt or having had previous thoughts of killing oneself
- Conflicts with friends, roommates, or peers
- Fears of legal consequences for seeking help
- Having experienced a recent loss (e.g., death or break-up)

Know the Warning Signs

Although individuals may vary in how they respond to suicidal thoughts, there are common warning signs that may suggest an individual is considering suicide. In particular, it is important to notice and follow up when someone you know is acting out of character. An individual may be suicidal if he or she:

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- Experiences feelings of hopelessness and helplessness
- Is focused on death and dying
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- Starts giving away possessions
- Withdraws from family, friends, and activities once enjoyed
- Prepares for death by making out a will
- Says things like, "I don't deserve to be here," "I wish I were dead," "I am going to kill myself," or "I want to die"
- Increases use of alcohol and/or other drugs
- Engages in reckless behaviors



Muslim students may be reluctant to seek help due to legal concerns and fears of stigmatization.

What Is Depression?

Depression is a condition that affects people of all ages, races, genders, and cultures. Contrary to what many believe, a person with depression cannot "get over it" or "snap out of it" any more than someone with a medical problem can get over an illness. Depression can be passed from one generation to the next; sometimes stress or other life events trigger depression, or depression results from a combination of factors. When someone is depressed he or she typically feels sadness that lasts longer than a few days or weeks and this can be accompanied by thoughts of wanting to hurt or kill oneself. Fortunately, depression can be treated. This brochure is intended to provide education to help you better understand depression and know how and when to seek help when you or someone you know is experiencing depression.

What Does Depression Look Like?

Recognizing depression is a critical first step in getting yourself or a friend the help needed. It is important to keep in mind that friends or loved ones may not know how to ask for help, so understanding what to look for is important.

Common concerns among Muslim college students who experience depression

- Academic problems: Missing classes, not completing assignments, inattentiveness, and/or failing exams and courses
- Relationship problems: Conflicts with roommates, family, friends, and/or partners, feelings of social isolation, feeling misunderstood
- Engaging in risky behaviors: Violence, unprotected sexual practices, alcohol and other drug abuse, and/or driving under the influence
- Spiritual disconnection: Loss of faith, alienation from religion due to suicide thoughts.



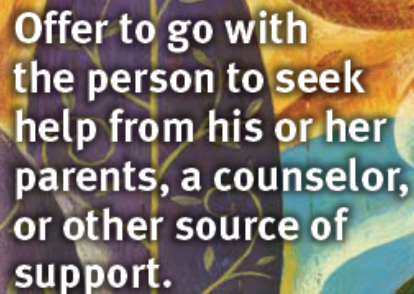
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- The Counseling Center
- Resident advisers
- Campus Security
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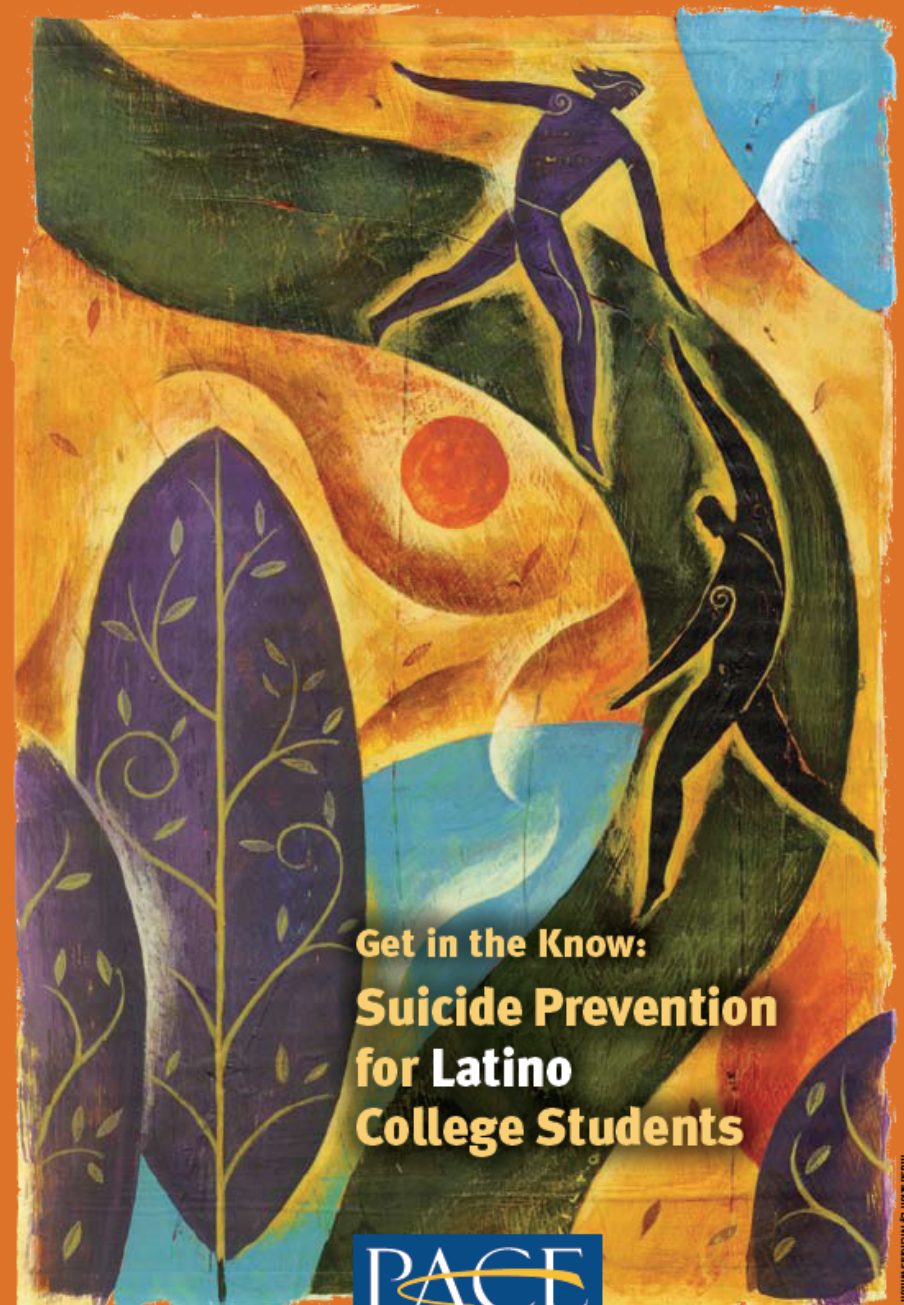
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**Get in the Know:
Suicide Prevention
for Latino
College Students**



Latino College Students, Depression, and Suicide

Recent statistics indicate that Latino college-aged individuals are at a higher risk for attempting suicide than individuals from many other ethnic groups. Latino college-aged women report some of the highest rates of depression and Latino men under 25 are at an increased risk for committing suicide. Among Latino groups, research shows that Puerto Ricans, in particular, have disproportionately high rates of suicide. Additionally, problems related to school, including poor academic performance, have been shown to be correlated with those who commit suicide.

Risk factors for suicide within the Latino community

- A history of abuse
- Conflicts within family and/or lower levels of family attachment
- Isolation from spiritual community
- A family history of depression and/or suicide
- Experiences in same sex intimate relationships and/or questioning one's sexuality
- Easy access to firearms or other lethal methods
- Impulsive or aggressive inclinations
- Conflicts with friends, roommates, or peers
- Having made a previous suicide attempt or has had previous thoughts of killing oneself
- Having experienced a recent loss (e.g., death or break-up)
- Unwillingness to seek mental health services

Know the Warning Signs

Although individuals may vary in how they respond to suicidal thoughts, there are common warning signs that may suggest an individual is considering suicide. In particular, it is important to notice and follow up when someone you know is acting out of character. An individual may be at risk for suicide if he or she:

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- Starts giving away possessions
- Experiences feelings of hopelessness and helplessness
- Academic problems
- Withdraws from family, their community, or friends, and activities once enjoyed
- Prepares for death by making out a will
- Says things like, "I don't deserve to be here," "I wish I were dead," "I am going to kill myself," or "I want to die."
- Increases use of alcohol and/or other drugs
- Engages in reckless behaviors

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What Does Depression Look Like?

Recognizing depression is a critical first step in getting yourself or a friend the help needed. It is important to keep in mind friends or loved ones may not know how to ask for help, so understanding what to look for is important.

Common concerns among Latino college students who experience depression.

- Engaging in risky behaviors: Violence, unprotected sexual practices, alcohol and other drug abuse, and/or driving under the influence
- Relationship problems: Conflicts with roommates, parents, friends, partners, and/or professors
- Academic problems: Missing classes, not completing assignments, inattentiveness, and/or failing exams and courses



SUICIDE TRANSCENDS BOUNDARIES

Suicide is the second leading cause of death among college students.

There is strength in seeking help.

Don't wait until it's too late.

Get in touch.

24-Hour National
Suicide Prevention Lifeline
1-800-273-TALK

Did you know that...

African-Americans are less likely to disclose thoughts or feelings related to suicide?

Asian-Americans have one of the highest rates of suicide?

Caucasian male students commit suicide more frequently than Caucasian female students?

International students may experience culture shock and depression?

Latinos are at a higher risk for attempting suicide than individuals from many other ethnic groups?

Lesbian, gay, bisexual, and transgendered students attempt suicide more often than their heterosexual peers?

Muslim students feeling depressed or suicidal may be reluctant to seek help due to legal concerns and fears of moral stigmatization?

Physically disabled students' risk for suicide is higher if the disability is less visible?

Training Vignettes

Diversity Public Service Announcements

– 30 second version

- **Have you ever felt so hopeless that you did not want to wake up in the morning? Suicidal thoughts and feelings are not as uncommon as you might think.**
- In fact, did you know that African-Americans are less likely to disclose thoughts or feelings related to suicide?
- In fact, did you know that Asian-Americans have one of the highest rates of suicide?
- In fact, did you know that International students often experience culture shock and depression? Such Depression can lead to thoughts of suicide.
- In fact, did you know that Latinos are at higher risk for attempting suicide than individuals from many other ethnic groups?
- In fact, did you know that Lesbian, gay, bisexual, and transgendered students have more suicide attempts than their heterosexual peers?
- **If you are thinking of ending your life, caring, professional counselors are available at the Pace University Counseling Center. Please Contact us at 212-346-2526 or come by our office at 156 William St. 12th Floor. Don't suffer in silence.**

Intervention – Treatment Issues

Stigma and Therapy

- Diverse individuals underutilize mental health services.
- Percentages of youth with unmet mental health needs (Yeh et al., 2003):
 - Non-Hispanic White: 31%
 - African American: 48%
 - Hispanic/Latino/a: 47%
 - Asian/Pacific Islander: 72%

Factors Interfering with Counseling

- Shame and guilt about having “mental problems”
- Mistrust of service providers
- Fear of how it will reflect badly on the family

Empirically Validated Treatment Approaches

- CBT
 - Examples
- Psychodynamic
 - Examples
- Pharmacotherapy
 - Examples
- Other approaches
 - ECT, TMS

Postvention

- Essential component of working within a larger setting
- Multicultural approach is key as well
- Elements of a multiculturally savvy postvention approach must consider
 - Whom to involve
 - For example-spiritual community, elders, families
 - What information to provide
 - How it is provided is as important as what is provided

Final Notes

Post-Assessment and Evaluation

Contact information

Richard Shadick, Ph.D.

Pace University Counseling Center

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