Developing Culturally Competent Suicide Prevention Trainings

Joyce Chu, Ph.D.; Shikha Saggi, MS; Gabriel Corpus, MA; Lichin Ly, MPH; Kaleen Carimbocas, MA; Brandon Hoeflein, MS
Palo Alto University

May 31, 2019
Frameworks for Rethinking Diversity and Culture in Suicide Prevention Trainings

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Palo Alto University, Clinical Psychology Program
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Mission

• Raise awareness about cultural variations and cultural influences on suicide

• Present a usable framework/approach to account for diversity in suicide prevention
“NOISE” IN EPIDEMIOLOGY RATES

EPIDEMIOLOGY

Culturally specific symptom expression

Classification of death (natural, accidental, suicidal, homicidal)

Classification of cultural group identification

Under-estimates/Under-reporting
Asian American Elderly Women

American Indian/Alaskan Natives  (CDC, 2013)

Gender and Sexual Minority populations  (Garofalo et al., 1999; Grossman & D’Augelli, 2007; Clements-Nolle, Marx, & Katz, 2006)

Military populations (20 daily suicide deaths)  VA Office of Suicide Prevention (2016)

African American boys & Latina girls  (CDC, 2009; Eaton et al., 2011)

South Korea, China, Japan, India  (Kim, Jung-Choi, Jun, & Kawachi, 2010; OECD, 2017; Värnik, 2012)
Gaps: Training in Culturally Competent Suicide Assessment

Figure 1. Types of training received by practitioners.

Chu, Poon, Kwok, Leino, Goldblum, & Bongar (2017)
Take Home Points

1. Be Aware: Certain countries, and ethnic and sexual minority subgroups (elderly, female, adolescents) at elevated risk

2. Don’t use mental illness as a sole screener / warning sign for suicide
Cultural Synthesis, Improving Suicide Assessment

The Cultural Theory and Model of Suicide

- 95% of the culturally specific suicide risk literature encompassed by 4 factors:
  - Cultural Sanctions
  - Minority Stress
  - Social Discord
  - Idioms of Distress

Chu, Goldblum, Floyd, & Bongar (2010)
<table>
<thead>
<tr>
<th>Culturally specific risk category</th>
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<tr>
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</tr>
<tr>
<td>Idioms of distress</td>
<td>One’s likelihood to express suicidality The way suicide symptoms are expressed Chosen methods or means of attempting suicide</td>
</tr>
</tbody>
</table>
| Minority stress                  | Stresses cultural minorities experience because of social identity or position including:  
  • Acculturation as moderated by ethnic identity and density  
  • Discrimination-related strain  
  • Social disadvantages |
| Social discord                   | Conflict, lack of integration, or alienation from family, community, or friends |
3 Theoretical Principles
The Cultural Theory/Model of Suicide

1. Cultural Stressors
   - Minority Stress
   - Social Discord

2. Look for Cultural meanings – of both stressors & suicide
   - Cultural Sanctions

3. Look for alternative signs of suicide risk
   - Cultural Idioms of Distress

Chu, Goldblum, Floyd, & Bongar (2010)
Effects on our Suicide Prevention Efforts?

The Lifeline is **FREE**, confidential, and always available.

**HELP**
a loved one,
a friend,
or yourself deal with trauma.

Community crisis centers answer Lifeline calls.

NATIONAL
SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Having Trouble Coping?

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Printed 2007 • Reprinted 2011
CMHS-SVP-0155
Having Trouble Coping?

After a traumatic event, problems may come and go. It’s important to know when to ask for help. Please call us if you or someone you know is experiencing any of the following problems, especially if a problem is making it hard to get through the day or is getting worse.

- Eating or sleeping too much or too little
- Pulling away from people and things
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than you should
- Feeling unusually confused or forgetful; on edge, angry, or upset; or worried and scared
- Fighting with family and friends
- Unable to get rid of troubling thoughts and memories
- Thinking of hurting or killing yourself or someone else
- Unable to perform daily tasks like taking care of your kids or getting to work or school

Call the Lifeline at 1-800-273-TALK (8255)
(en español, 1-888-628-9454)

With Help Comes Hope
Feeling ashamed about something
Feeling treated unfairly because of who you are
Doing careless things that put you in danger
Feeling too tired to get up
Feeling isolated from others that understand you
Thinking others are better off without you

Call the Lifeline at 1-800-273-TALK (8255)
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With Help Comes Hope
Cultural Review of a Suicide Prevention Training Industry Standards

Shikha Saggi, M.S., Gabriel Corpus, M.A.
Research Assistants,
Palo Alto University, Clinical Psychology Program
gcorpus@paloaltou.edu
### Psychoeducation About Suicide and Mental Health

The training teaches the importance of understanding topics related to suicide and mental health:

- Overview of suicide and mental health including language, concepts, factors, and definitions (NAASC, 2014)
- Myths, data (statistics, characteristics, demographics) on suicide (NAASC, 2014)
- Exploration of attitudes, experiences with and beliefs about suicide of trainees and in general (NAASC, 2014)

### Referral of Individuals in Suicidal Distress

The training addresses how to share appropriate suicide and crisis resources, and where or how to refer someone with suicidal thoughts or behaviors (e.g., for informal or formal/professional help).

### Evaluating the Suicide Environment

The training teaches how to evaluate the individual's level of distress and if it breaches their distress tolerance level to lead them to have suicidal ideation, intent, and/or plan (Bongar & Sullivan, 2013; Greaney, 1996; Peruzzi & Bongar, 1999; Yufit, 1988).

### Directly Inquire about Suicide

The training teaches how to directly inquire/ask about suicide (Bongar & Harmatz, 1991; Bongar & Sullivan, 2013; Fremouw et al., 1990; Motto, 1989).

### Evaluate Risk and Protective Factors

The training teaches how to identify risk and protective factors of the individual (Bongar & Sullivan, 2013; Fremouw et al., 1990; Pokomy, 1983) including:

- Defining/exploring warning signs of suicide (Rudd et al., 2006)
- 7 factors related to suicide risk: previous suicidal behavior, type of current suicidal symptoms, precipitant stressors, symptomatic presentation, self-control and impulsivity, predispositions, and protective factors (Joiner, Walker, Rudd, & Jobes, 1999)
- Protective factors (cultural factors) (NAASC, 2014)

### Determine Current Level of Suicide Risk

The training teaches that based on the previous three components (evaluating suicide environment, directly inquiring about suicide, evaluating risk and protective factors), a current level of suicide risk can be determined (Bongar & Sullivan, 2013; Clark, 1998; Fremouw et al., 1990; Greaney, 1996; Pokomy 1983; Yufit, 1988)

- Reduction of an individual’s psychological pain or “psychache” (Schneidman, 1993)

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**1) Table: Industry Standards & Guidelines for Suicide Prevention Trainings**

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## Components

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  - Basic safety planning  
  - Enhance protective factors and decrease risk factors  
  - Referral and connection to a professional trained in suicide prevention  
    - Provides information on local community resources and how to network these resources |
| Reduce Access to Lethal Means | The training teaches how to evaluate for and reduce access to lethal means (e.g. firearms, prescription medications, substances, etc.) to reduce risk of suicide/self-harm, and maintain safety of individual (Bongar & Sullivan, 2013; Kaplan, Adamek, & Rhoades, 1998; Shneidman, 1989; Sullivan, 2004). |
| Suicide Risk Documentation | The training teaches how to competently document individual’s risk factors, protective factors, current level of risk and distress, and coping skills (Bongar & Sullivan, 2013). |
## Key Components of Gatekeeper Training Program

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- Myths, data (statistics, characteristics, demographics) on suicide (NAASC, 2014)  
- Exploration of attitudes, experiences with and beliefs about suicide of trainees and in general (NAASC, 2014) | Cultural sanctions  
The training assesses culturally relevant lay beliefs and attitudes about life, death, and suicide-related outcomes (Wong et al., 2014). The training also discusses cultural sanctions in relation to suicide (i.e. acceptability of suicide as an option versus the unacceptability and shame associated with life events; Walker et al., 2006; Wendler et al., 2006; Wong et al., 2014). |
| Referral of Individuals in Suicidal Distress | The training addresses how to share appropriate suicide and crisis resources, and where or how to refer someone with suicidal thoughts or behaviors (e.g., for informal or formal/professional help)                                                                                                                                         | Minority Stress  
The training discusses that cultural minorities may experience stress because of social identity or position (Canetto, 2008; Chu et al., 2010; Goldston et al., 2008; Leong & Leach, 2008; Walker; 2007 Wendler, Matthews, & Morelli, 2006).  
Statistics on minority populations (demographics) |
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  - 7 factors related to suicide risk: previous suicidal behavior, type of current suicidal symptoms, precipitant stressors, symptomatic presentation, self-control and impulsivity, predispositions, and protective factors (Joiner, Walker, Rudd, & Jobes, 1999)  
  - Protective factors (cultural factors) (NAASC, 2014) | Minority Stress  
The training discusses how to evaluate for risk factors including cultural minority stress that may be due to stress around one’s own social identity or position (Canetto, 2008; Chu et al., 2010; Goldston et al., 2008; Leong & Leach, 2008; Walker, 2007; Wendler, Matthews, & Morelli, 2006).  
Social Discord  
The training teaches how to identify possible risk factors due to past/current family conflict, lack of integration into community, or alienation from family, friends, or community (Chu et al., 2010; Goldston et al., 2008; Joiner et al., 2002; Walker, 2007; Wender, Matthews, & Morelli, 2006). Similarly, the training may suggest protective factors related to the connection with an individual's’ community, family, and friends.  
Idioms of Distress  
The training teaches that individuals from different cultural backgrounds (as well as subcultures) may have different factors that serve as risk and protective factors because individuals may have various ways of expressing emotional distress (Chu et al., 2010; Goldston et al., 2008; Leong & Leach, 2008).  
Cultural Sanctions  
The training teaches how to identify/evaluate an individual's’ risk and protective factors while being mindful about culturally relevant attitudes about life, death, and suicide-related outcomes (Walker et al., 2006; Wendler et al., 2006; Wong et al., 2014). |
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  - Basic safety planning  
  - Enhance protective factors and decrease risk factors  
  - Referral and connection to a professional trained in suicide prevention  
    - Provides information on local community resources and how to network these resources (Livingworks, 2005) | **Cultural Preparing**  
  Training includes an ecological perspective and incorporates discussions on community and environment-centered suicide preventive interventions (Wong et al., 2014).  
**Cultural Networking**  
Training discusses the collaboration with communities of color to devise, implement, and evaluate suicide preventive interventions (Wong et al., 2014). |
| Reduce Access to Lethal Means      | The training teaches how to evaluate for and reduce access to lethal means (e.g. firearms, prescription medications, substances, etc.) to reduce risk of suicide/self-harm, and maintain safety of individual (Bongar & Sullivan, 2013; M. S. Kaplan, Adamek, & Rhoades, 1998; Shneidman, 1989; Sullivan, 2004). | **Idioms of distress**  
The training discusses culturally preferred methods of suicide and reducing to access to lethal means beyond firearms. |
| Suicide Risk Documentation         | The training teaches how to competently document individual’s risk factors, protective factors, current level of risk and distress, and coping skills (Bongar & Sullivan, 2013). | N/A  
The aim is to document all of the above cultural considerations |
Cultural Review of a County Suicide Prevention Trainings Program

Applying Industry and Cultural Standards to trainings
Race and Ethnicity in Santa Clara County, CA

Source: US Census Bureau, 2018
SANTA CLARA COUNTY SUICIDE PREVENTION PROGRAM

Goals

Reduce and prevent suicide deaths in Santa Clara County

Outcome Objectives

1. Increase early identification and support for people thinking about suicide
2. Increase use of mental health services
3. Strengthen community suicide prevention and response systems
4. Reduce access to lethal means
5. Improve messaging in media about suicide

Cross-cutting
Data & evaluation
Policy implementation
Cultural competency
Suicide Prevention Adult Training Programs

Basic
QPR: Question, Persuade, Refer

Recognize the warning signs of a suicide crisis. Learn how to question, persuade, and refer someone to help.

Audience: General-adult
Format: In-class, online
Duration: 1-2 hrs

safeTALK

Learn to move beyond the common tendency to miss, dismiss, and avoid suicide. Apply the TALK steps: Tell, Ask, Listen, and KeepSafe.

Audience: General-adult
Format: In-class
Duration: 3 hrs

MHFA (+ youth)

Understand risk factors and warning signs for common mental health challenges and 5-step mental health action plan to help both youth and adults in crisis.

Audience: General-adult
Format: In-class
Duration: 8 hrs

ASIST

Learn to provide suicide first aid to a person at risk. Identify key elements of a suicide safety plan and the actions required to implement it.

Audience: mental health professionals, caregivers
Format: In-class
Duration: 2 days

Suicide to Hope

Understand a framework for finding and exploring recovery and growth opportunities for clients with suicide experiences. Apply a Pathway to Hope (PaTH) model for setting recovery goals.

Audience: mental health professionals
Format: In-class
Duration: 8 hrs

To arrange a training and for information about youth trainings, please contact jasmine.lopez@hhs.sccgov.org

All trainings are free and funded by the voter-approved Mental Health Services Act (Prop. 63).
Objectives

- Review 7 suicide prevention trainings, in regards to cultural competence
- Provide recommendations for cultural adaptation

Methods

- 6/7 gatekeeper trainings reviewed
- Attendance by Palo Alto University research team
- Trainings evaluated against components in 3 tables
Results
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<td>Evaluating the Suicide Environment</td>
<td>Minority Stress</td>
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<td>Social Discord</td>
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<td>Idioms of Distress</td>
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<td>Directly Inquire about Suicide</td>
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<td>Cultural Sanctions</td>
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<td>Determine Current Level of Suicide Risk</td>
<td>Minority Distress</td>
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<td>Develop Safety Plan and Treatment Plan</td>
<td>Cultural Networking</td>
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<td>Cultural Preparing</td>
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<td>Reduce Access to Lethal Means</td>
<td>Idioms of Distress</td>
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Recommendations

- Culture of the training environment
- Discussion on cultural identities
- Cultural signs and risk factors
- Culturally informed questioning
- Diversity in multimedia materials
Next steps

- Incorporation of review findings into trainings: QPR, LivingWorks (= 3/6 trainings offered)
- Standard evaluation measures (including cultural) incorporated across trainings
- Further analysis planned for summer 2019
Community Trainings: Cultural Adaptations - Explicit & Implicit
Goal:
Train community members on cultural suicide prevention

Mental Health 101

Suicide Prevention 101

Suicide Prevention 201
Mental Health 101

● Overview *(Implicit)*
  ○ Diagnoses
  ○ Stress & Coping
  ○ Stigma
  ○ Seeking help in our County

● How to Culturally Adapt *(Explicit)*
  ○ Trainer style
  ○ Preparing background
    ■ Has there been a SCD or a MH struggle?
    ■ What are the demographics?
      ● Age, race/ethnicity, sexual orientation, religion/spirituality
Mental Health 101

‘Getting a Feel’ for Stigma

Please stand up, if you are able
Suicide Prevention 101

Be Sensitive, Be Brave

Myths (Implicit)

Warning Signs (Implicit)

Asking About Suicide (Explicit & Implicit)
  Knowledge, Observe, Practice

Santa Clara support options (Explicit & Implicit)

Self-Care (Implicit)
Be Sensitive: Human Connection

- I hear you right now, and I’m worried about you.
- I really do care about you, and I want to make sure you’re safe, so let me ask…
- You’re dealing with a lot right now; I know that a lot of people who are dealing with kind of stress have dark thoughts.

Be Brave: Ask the Question

- Have you ever felt that others will be better off without you?**
- Are you having thoughts about suicide?
- Have you wanted to give your life away?”*
- Have you been thinking about making sure you never wake up again?
Suicide Prevention 201

Cultural Theory and Model (Chu et al., 2010)

Culturally Appropriate Tools (Chu et al., 2013)
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