Multicultural Considerations during Individual Crisis Intervention

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Course Schedule

- 1:15-1:20 Introductions and objectives review
- 1:20-1:50 Defining crisis and crisis state – Suicidal and non-suicidal ideation
- 1:50-2:00 Ethics and legal consideration during crisis intervention
- 2:00-2:45 Identifying general and multicultural risk and protective factors for suicide in youth and associated psychological disorders
- 2:45-3:00 Break

Course Schedule

- 3:00-3:30 Conducting suicide risk assessments
- 3:30-4:00 Table top activity with debriefing – Conducting culturally informed suicide risk assessments
- 4:00-4:20 Intervention and restoration: Safety planning and models of intervention in the school setting
- 4:20-4:30 Questions

Course Objectives

- Participants will:
  - Define crisis terminology
  - Compare and contrast suicide and non-suicidal self injury
  - Describe the legal, ethical, and cultural considerations associated with crisis intervention in schools
  - Identify multicultural risk and protective factors in youth with suicidal ideation
  - Apply the steps of suicide risk assessment utilizing Joiner's (2005) Interpersonal-Psychological Theory
  - Identify campus-wide suicide prevention and intervention strategies through school, home, and community collaborations.

Suicide Statistics

- Affects more than a million people worldwide
  - 13.0 per 100,000 in the U.S. (Curtin, Warner, & Hedegaard, 2006)
- 34% of "lifetime suicide ideators" make a plan
  - 72% with a plan make an attempt
- Rates of suicide declined between 1986 and 1999 but steadily rose between 1999 and 2014 (Curtin et al.)
  - The age-adjusted suicide rate increased by 24% between 1999 and 2014, going from 10.5 to 13.0 (respectively) per 100,000 people

Suicide Statistics among Youth (CDC, 2015)

- Suicide is the 3rd leading cause of death of youth ages 10-24
- Top 3 methods involve use of a firearm (45%), suffocation (40%), and poisoning (8%)
- Suicide kills approximately 4600 youths each year but 157,000 youths end up in the hospital annually due to self-inflicted injuries
  - 81% of the deaths were male; 19% were females
  - But females attempt suicide more often than males
- Native American/Alaskan Native youth have the highest rate of suicide completion (followed by Whites, then Blacks)
- Hispanic youth were more likely to attempt suicide than their Black and White, non-Hispanic peers, based on a survey of youth in grades 9-12

Suicide Statistics among Youth

Figure 1. Suicide rates among young adults aged 18–24, by race and Hispanic origin and sex: United States, 2012–2013
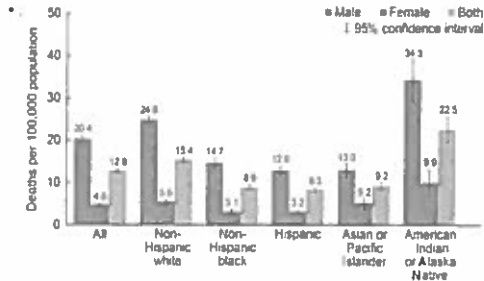
Defining Crisis

- Precipitating event
- Perception as threatening or damaging
- Emotional distress
- Impairment in functioning
- Failure to use coping methods (Kanel, 2015)

Defining Crisis State

- One's response to a crisis event and perception of their ability to cope with the crisis event
  - "An acute disruption of psychological homeostasis in which one's usual coping mechanisms fail and there exists evidence of distress and functional impairment." (Yeager & Roberts, 2003, p. 6)

Crisis State Responses

- Parasuicide- Deliberate self-injury or imminent risk of death, with or without the intent to die (Gunnell & Frankel, 1994)
  - Suicide attempts
  - Ambivalent suicide attempts
  - Nonsuicidal self-injury (NSSI)
- Suicide Completion

NSSI Functions and Motivations
Nock and Prinstein (2004, 2005) 4-Factor Model
(Franklin, 2012)

	Intrapersonal	Interpersonal
Negative	Decreases or distracts adverse feelings or thoughts	Facilitates avoidance of undesired social situations or communication
Positive	Generates desired feelings	Facilitates communication and help-seeking

Differentiating Self-Injury from Suicide

Assessment Focus	Suicide Attempt	Self Injury
What was the intent?	Escape Pain	Relief From Unpleasant Affect (Emotional Pain)
Level of Damage/Potential Lethality	Lethal	Little Physical Damage, Non-lethal
Chronic Pattern?	Rarely Chronic	Chronic
Decrease in Discomfort	No Immediate Improvement	Rapid Improvement
Hopeless/Helplessness	Central	Periods Of Optimism; Some Sense Of Control
Core Problem	Depression, Situational Triggers	Body Alienation; Situational Stressors, Poor Body Image

Homicidal Ideation

- Homicidal ideation refers to thoughts of causing severe harm or injury to others

- Most people who are homicidal are also suicidal

  - Murder-Suicide: 1,000 to 1,500 deaths per year in the US
  - 2/3 of school shooters were either killed during the incident, or killed themselves afterward
  - 90% of murder-suicides involved a firearm

Crisis Intervention

- Primary goals of crisis intervention are:
- Immediate symptom reduction
- Strengthening coping mechanisms
- Restoration to the previous level of functioning
- Prevention of further psychological breakdowns and dysfunctions

Crisis Intervention

- Assumptions:
  - People are basically strong, healthy, competent, and adaptable. Clients egos are resilient and capable of change
  - People's presenting problems do not reflect an underlying mental illness but merely a need for outside assistance and support
  - The present and future are more important than the past

Crisis Intervention

- Assumptions:
  - The therapist works toward facilitating the clients coping efforts rather than toward a permanent cure
  - Assessment is done on an on-going process basis rather than as a symptom-oriented mental status exam.
  - Small interventions will naturally lead to larger systemic changes. Minor changes lead to more permanent changes.

Crisis Intervention

- The goal is to eliminate symptoms and distress in the shortest possible time with the least amount of suffering
- Stages.
  - Formulation Identifying the specific crisis and the clients reactions to it
  - Implementation—Assessment of the client's life prior to the crisis, setting short-term goals and implementing techniques to achieve goals
  - Termination Progress in achieving goals is assessed. Discuss termination and post-termination issues

APA Ethical Principles of Psychologists and Code of Conduct (2002)

- Principle A: Beneficence and Nonmaleficence
  - Psychologists strive to do no harm.
  - Safeguard the welfare and rights of clients/patients and affected persons and the welfare of animal subjects of research.
  - Resolve conflict responsibly
  - Be aware of the possible effect of their own physical and mental health on their ability to help others.

NASP Principles for Professional Ethics (2010)

- RESPECTING THE DIGNITY AND RIGHTS OF ALL PERSONS
- PROFESSIONAL COMPETENCE AND RESPONSIBILITY
- HONESTY AND INTEGRITY IN PROFESSIONAL RELATIONSHIPS
- RESPONSIBILITY TO SCHOOLS, FAMILIES, COMMUNITIES, THE PROFESSION, AND SOCIETY

NASP Principles for Professional Ethics (2010)

- Principle I.2. Privacy and Confidentiality
  - Standard I.2.3 "...If a child or adolescent is in immediate need of assistance, it is permissible to delay the discussion of confidentiality until the immediate crisis is resolved."

Texas Family Code § 32.004

- A child may consent to counseling for:
  - suicide prevention;
  - chemical addiction or dependency; or
  - sexual, physical, or emotional abuse.
- A licensed or certified physician, psychologist, counselor, or social worker having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused, is contemplating suicide, or is suffering from a chemical or drug addiction or dependency may:
  - counsel the child without the consent of the child's parents or, if applicable, managing conservator or guardian;
  - with or without the consent of the child who is a client, advise the child's parents or, if applicable, managing conservator or guardian of the treatment given to or needed by the child; and
  - rely on the written statement of the child containing the grounds on which the child has capacity to consent to the child's own treatment under this section.

Texas Education Code § 38.016 - Psychotropic Drugs and Psychiatric Evaluations or Examinations

- (b) A school district employee may not:
  - (1) recommend that a student use a psychotropic drug; or
  - (2) suggest any particular diagnosis; or
  - (3) use the refusal by a parent to consent to administration of a psychotropic drug to a student or to a psychiatric evaluation or examination of a student as grounds, by itself, for prohibiting the child from attending a class or participating in a school-related activity.
- (c) Subsection (b) does not:
  - (1) prevent an appropriate referral under the child find system required under 20 U.S.C. Section 1412, as amended; or
  - (2) prohibit a school district employee who is a registered nurse, advanced nurse practitioner, physician, or certified or appropriately credentialed mental health professional from recommending that a child be evaluated by an appropriate medical practitioner; or
  - (3) prohibit a school employee from discussing any aspect of a child's behavior or academic progress with the child's parent or another school district employee.
  - (d) The board of trustees of each school district shall adopt a policy to ensure implementation and enforcement of this section.

Texas Education Code-Other Texas Statutes Regarding Suicide

- Each school district shall have a district improvement plan that is developed, evaluated, and revised annually….[and] must include strategies for improvement of student performance that include methods for addressing the needs of students for special programs, including suicide prevention programs Section 39.053 (c) (1)-(4)
- Before issuing teaching certificates the individuals must receive instruction regarding mental health, substance abuse, and youth suicide (SB 674)
- Staff development must include suicide prevention training annually (HB 2186)
- School counselors should help ensure their school's counseling programs and services integrate best practices in suicide prevention. Tex. Education Code § 33.006 (a) and (b)
- Beginning with the 2016 fall semester, Texas public colleges and universities must provide suicide prevention information to all incoming full-time students – including undergraduate, graduate, professional degree, and transfer students. Tex. Education Code § 51.9194

Threat assessment

- The United States Secret Service and the United States Department of Education created a threat assessment guide
  - Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates
- Schools should have a policy on conducting a threat assessment inquiry or investigation.
- Sharing information should be consistent with FERPA.
- Creation of a threat assessment team prior to a crisis is advantageous (Hayes, 2014).

Ethical Decision Making

- Transcultural Integrative Model (Garcia, 2009)
  - Four Steps
  - Based on Integrative model
  - Adds strategies for negotiating, arbitrating, and consensus seeking, and using a relation approach
  - Awareness and fact finding
  - Formulate an ethical decision based on data collected, discriminatory laws/regulations, reflective of differing world views, consult with an expert
  - Identify competing values that may interfere with your course of action
  - Carry out the plan

Suicide Risk Factors

- Previous attempts
- Lack of personal and social support
- Lethal, available, specific suicide plan
- Family history of suicide
- Personality disorder
- Inability to resolve emotional pain
- Substance use
- History of violent or self destructive behavior
- Long-term medical illness
- History of mental illness
- Loss of significant relationship
- Low tolerance for distress
- Lack of future plans/hopelessness
- Access to firearms
- Negative attitude toward help-seeking
- Acceptability of suicide
- Less participation in religious activity

Suicide Risk Factors

- Previous attempts
  - Prior suicide attempt is the strongest risk factor for completed suicide, increasing the risk between 10-60 fold (Bridge, Goldstein, & Brent, 2006)
  - 15–30% of adolescents who attempt suicide attempt again within a one year period
    - Most at-risk period is in the first 3-6 months after an attempt
- History of violent behavior and substance use
  - Those with more frequent substance combined with violent behaviors have significantly more attempts (Pena, Matthieu, Zayas, Masyn, & Caine, 2012)

Suicide Risk Factors

- Less participation in religious activity
  - Predicted more acceptance of suicide and more suicide planning
- Acceptability of suicide
  - "Young persons with the greatest acceptance of suicide were more than fourteen times more likely to plan their suicide as those with the least acceptance of suicide (26.3% versus 1.8%)" (Joe, Romer, & Jamieson, 2007, p. 171)
- Lack of future plans/hopelessness
  - "Persons who had experienced hopelessness symptoms, including feeling sad unable to carry out normal functions, were more likely to report suicide plans" (Joe et al., 2007, p. 170)
  - Did not eliminate the relationship between acceptance and planning

Warning Signs: Feelings

- Guilt, shame, self hatred – "What I did was unforgivable"
- Pervasive sadness
- Persistent anxiety
- Persistent agitation
- Persistent, uncharacteristic anger, hostility, or irritability
- Confusion – can't think

Warning Signs: Statements

- Hopeless
  - "Things will never get better"
  - "There's no point in trying;" can't see a future.
- Helpless
  - "There's nothing I can do about it
  - "I can't do anything right."
- Worthless
  - "Everyone would be better off without me"
  - "I'm not worth your effort."

Warning Signs: Actions

- Making Plans
- Risk taking
- NSSI
- Obtaining weapons
- Withdraw from friends/activities
- Neglect of responsibilities (unexcused absences)
- Defiant/delinquent behavior
- Increased substance use

- Obsession with death
- A sudden lift in spirits
- Drawings, written or symbolic gestures of death or suicide-Social Media
- Changes in sleep and appetite
- Irritability/Aggression
- Drop in grades

Multicultural Considerations

- Cultural Competence
  - APA endorsed form of psychological practice for over 50 years
- Cultural Adaptations
- "Traumatic events do not exist in a vacuum. Like other social phenomena, they should be understood within the social and cultural context in which they occur." (Young, 1997, p. 7-14)

Presentation of Suicide Risk in the Black Population

- Less likely to report suicidal ideation, explicit depression (Day-Vines, 2007; Early &Akers, 1993; Gibbs, 1997)
- John Henryism coping styles (Breland-Noble, 2004)
- Help-seeking through informal sources (Neighbors, Musick, &Williams, 1998).

Risk Factors for Black Youth

- Fighting;
- Lack of belonging;
- Threats to family cohesion; and
- Peer Conflict (Wagman, Ireland, & Resnick, 2001)
- Physiological and psychological stressors
    - Perceived racism and discrimination (Clark, Anderson, Clark, & Williams, 1999)
- Abuse (Anderson et al., 2002; Ialongo, et al., 2004)
- The dashed "American Dream"

Protective Factors among Black Youth

- Perceived family connectedness (Day-Vines, 2007; Wagman et al., 2001)
- Church attendance (Billingsley & Caldwell, 1991; Day-Vines, 2007; Gibbs, 1997; Morlock, Puri, Matlin, & Barksdale, 2006; Wagman et al., 2001)
- Emotional well-being for females;
- Increased number of people living in the household for males; and
- High GPA for males; (Wagman et al., 2001)
- Educational attainment (Willis, Coombs, Drentea, & Cockerman, 2003)

Special Risk Considerations among Black Youth

- Consider proxy for suicide
    - Unprotected sex
    - Substance abuse
    - Reckless driving
    - Violent lifestyles
    - Victim-precipitated homicide (Poussaint & Alexander, 2000).

Suicidality in Latino Youth

- Latino youth engage in more suicidal ideation, planning, and behavior than their counterparts (except Native Americans) but their suicide rates are lower than Whites and Native Americans but higher than Blacks (Zayas & Pilat, 2008)
- Hispanic youth were more likely to attempt suicide than their Black and White, non-Hispanic peers, based on a survey of youth in grades 9-12 (CDC, 2015; Pena et al., 2012)
- Black and Hispanic females were significantly more likely to have attempted suicide among youth suicide attempters with low substance use and low rates of violent behaviors (Pena et al., 2012)
- Most lifetime attempts by Latinos occur when they are under the age of 18 (Fortuna, Perez, Canino, Sribney, & Alegria, 2007)

Risk Factors for Latino Youth

- Different pace of acculturation between parents and children (Goldston et al., 2008; Zayas & Pilat, 2008)
- Access to services and likelihood to use to services
- Ataque de nervios
- For Latino female adolescents... (Zayas & Pilat, 2008)
  - Conflict between movement toward autonomy and the Latino emphasis on familism and the Latino female's self-identification as part of the family
  - Disruptions to the family unit, rather than to peer conflict or disruption as seen in other ethnic groups
  - May be modeling behaviors of their mothers

Suicidality in Asian Youth

- Lowest rate of suicide completion for males when compared across all ethnic groups and smallest gender differences in completion rates (Goldston et al., 2008)

Risk/Protective Factors for Asian Youth

- Perception of suicide (Goldston et al., 2008)
- Value of interdependence and subsequent lack of emotional expression (Goldston et al., 2008; Han, Oliffe, & Ogrodniczuk, 2013)
- More somatic complaints rather than typical expressions of depression and anxiety
- Inconclusive evidence of the role of acculturation
- Affiliation with strong cultural groups may be protective
- For East Asians, "High levels of family conflict and low support directly increase suicide risk within this population" (Han, Oliffe, & Ogrodniczuk, 2013, p. 365)

Suicidality in American Indian and Alaska Native (AI/AN) Youth

- AI/AN youth have the highest rate of suicide completion (CDC, 2015)
- Suicide accounts for 20% of deaths of AI/AN youth, ages 15-19 (Goldston et al., 2008)
- Death rates due to unintentional injuries among AI/AN youth ages 10-19 was 50% higher than U.S. counterparts

Risk Factors for American Indian and Alaska Native (AI/AN) Youth

- Geographic isolation and lack of social capital, contributing to sense of hopelessness (Goldston et al., 2008)
- High rates of alcohol use
- Possible increased risk of suicide contagion
- Referrals to outside mental health professionals may be incongruent with interpersonal relatedness (Wexler, White, & Trainor, 2015)
- Fear of stigma
- Culturally unresponsive treatments

Risk Factors for American Indian and Alaska Native (AI/AN) Youth

- Wexler & Gone (2012)
  - Four assumptions underlying suicide prevention may conflict with indigenous beliefs
    - Psychological versus social framing
    - Personal choice versus social obligation
    - Clinical expertise versus social relations
    - Health services versus community projects

Suicidality in LGBT Youth

- Youth from sexual minorities (gay or lesbian, bisexual, not sure) showed significantly higher instances of suicidal ideation regardless of gender, race, or whether they have been bullied (Mueller, James, Abrutyn, & Levin, 2015)
- "LGB youth are 4 times more likely, and questioning youth are 3 times more likely, to attempt suicide as their straight peers" (CDC, 2011)
- "Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers."
- "Nearly half of young transgender people have seriously thought about taking their lives, and one quarter report having made a suicide attempt" (Grossman & D'Augelli, 2007)

Risk Factors for LGBT Youth

- Bullying or victimization (Mustanski, Garofalo, & Emerson, 2010)
- Stress related to the awareness of sexuality (SPRC, 2008)
- Rejecting families (Ryan, Huebner, Diaz, & Sanchez, 2009; SPRC, 2008)
- Elevated risk of substance abuse and depression (SPRC, 2008)
- Racial minorities (Bostwick et al., 2014)
- Gender nonconformity (SPRC, 2008)

Suicide Risk Assessment

- Mental Status Exam
  - Formal assessment tool to determine severity of disorder
    - Appearance
    - Attitude
    - Behavior
    - Speech
    - Mood and affect

Suicide Risk Assessment

- Consider how you conduct the risk assessment
  - Be explicit in your word choices
    - Say the word "suicide"
- Risk level: Low, medium or high?
  - Determines type of intervention

Indicators of Low Risk

- Vague feelings of hopelessness, despair, and depression.
- No concrete or immediate suicide plan.
- No expressed threats of suicide.
- Ability to escalate to a higher risk level.
- One or more support person(s) available.
- May benefit from supportive counseling and monitoring.
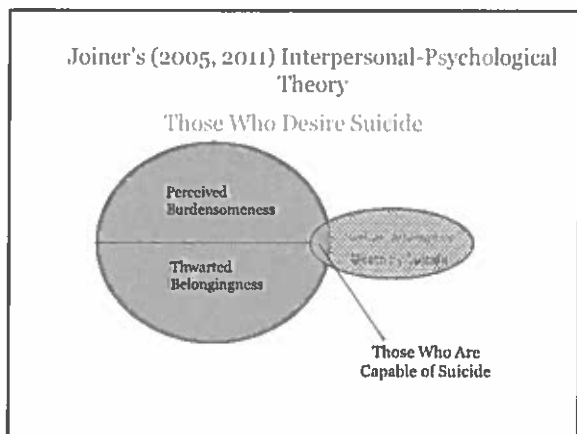
Indicators of Medium Risk

- Expressed statements of a desire to die
- No concrete plan or plan that is very hard to execute
- No means of harm in their possession
- Probably some support person available
- Not experienced success in everyday activities

Indicators of High Risk

- Direct suicidal threats
- Means for harm is close at hand
- Well-developed suicide plan
- Made final arrangements
- No support person
- Experienced serious loss within last year
- Extreme changes in mood
- High conflict in the home

Theoretical Framework of Suicide Risk

- Most important areas of risk:
  - History of Previous Attempts/Fearlessness
  - Nature of current suicidal symptoms
  - Resolved plans and preparation (Joiner, 2011)

Joiner's (2005, 2011) Interpersonal-Psychological Theory

Those Who Desire Suicide

Perceived Burdensomeness

Thwarted Belongingness

Those Who Are Capable of Suicide

The Acquired Ability for Suicide

- "When self-injury and other dangerous experiences become "unthreatening and mundane" – when people work up to the act of death by suicide by getting used to its threat and danger – that is when we might lose them. That is when they have developed the acquired ability to enact lethal self-injury." (Joiner, 2011)

Table Top Activity

- Read the crisis scenario in pairs.
  - One person will role play as the student, the other as the LSSP
- Conduct an ongoing risk assessment
  - A new crisis will occur at designated intervals
- Form conclusions regarding level of risk based on risk factors
- Discuss the cultural considerations
- Switch Roles and review the 2nd crisis scenario

Risk Level and Intervention

- Low: Ideation, may have a plan, have no means
  - Supportive crisis intervention, verbal safety plan
- Middle: Ideation, plan, have means but something can stop them
  - Written safety plan, increased contact, family watch, take away means, refer to medication evaluation, possible voluntary hospitalization when very depressed

Risk Level and Intervention

- High: Ideation, plans, have means, nothing can stop them, angry
  - Hospitalization, IOP/PHP, medication, outpatient therapy

Safety Planning

- Stanley & Brown (2012)
  - Between 11 and 50% of suicidal individuals refuse or dropout of therapy quickly
  - 60% of attempters only attend 1 session of therapy after discharge from the ED
  - Of the attempters who do attend treatment, 38% drop out within the first 3 months
  - Brief, immediate intervention is needed

Don't you mean, "No-harm Contract?"

- Nope!
- No empirical support for the efficacy of no-harm contracts (Stanley & Brown, 2012)
- May actually obscure suicide risk
- In one study, 41% of clinicians using contracts had patients die by suicide or severely attempt while on contract (Kroll, 2000)
- Agreement to follow "coping card" (AKA safety plan) may be better, because it tells people what to do instead of what not to do (Joiner, 2011)

Components of a Safety Plan

- Warning signs of suicide/internal triggers
- Internal coping strategies
- Social contacts and social settings for distraction
- Friends and family to resolve crises
- Contacting mental health professionals
- Restricting access to lethal means

Notification of Emergency Conference

- You MUST notify parents if a child is a suicide risk
- TX Health and Safety Code – Mental Health Promotion and Intervention, and Suicide Prevention.
  - Establishes a procedure for providing notice of a student identified as at risk of committing suicide and notice of a recommendation for early mental health intervention regarding a student to a parent or guardian of the student after the identification of early warning signs

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Components of Notification
of Emergency Conference Form

- Statement indicating parents were notified of risk
- Type and level of risk
- Recommendations for outside psychological services
- Signatures of parent/guardian and school officials
- Attempts to make contact with the parent/guardian and designated emergency contacts

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Don'ts of Interventions

- Don't tell them they're being silly
- Don't agree that their problems are really bad
- Don't tell them they should be ashamed
- Don't leave them alone
- Don't moralize or use guilt to change their feelings

Intervention and Restoration

- Be aware of ethics and law
- Mitigate the crisis
- Take crisis intervention training courses
- Complete a comprehensive intake
- Be culturally adaptive

Intervention and Restoration

- Motivational interviewing for reluctant clients
- Cognitive Behavioral and Solution-Focused Interventions
  - Individual
  - Family-based
- Positive Psychology-hope
- Provide Psychoeducation to parents

School-based Interventions

- Identify/screen for children at-risk
- Engage in school-based parasuicide, homicide, and cultural competency training (gatekeeper training)
  - NASP PREPaRE Training
- Social Skills Training
  - Reconnecting Youth class
  - Counselors CARE (C-CARE)
  - Project CAST (Coping and Support Training)

Intervention and Restoration

- African Americans may benefit from community-based interventions
  - Expand church outreach and intervention
  - Lay health advisor (LHA) intervention
  - Safe Haven model
- Latinos may benefit best from a family-based approach (Zayas & Pilat, 2008)
- Numerous AI/ANs suicide prevention programs emphasize cultural heritage, help-seeking behaviors within the local community, and helpful cultural practices (Goldson et al., 2008)

Intervention and Restoration

- Know the culture-specific needs and profile of your school and its community
- Identify prominent religious figures, healers, and access to interpreters or culture specific organizations
- Include cultural brokers of the affected minority group
- Develop a list of community resources to include translators, counselors, psychologists, psychiatric hospitals, and mental health clinics

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