Mending the Fractured Self:
Helping Our Latinx LGBTQ+ Youth Overcome the Risk Factors of Suicide
Joana Garcia, MFT
Associate Divisional Director
Pacific Clinics
A Need to Improve How We Serve this Population....

<table>
<thead>
<tr>
<th>1990’s, 2010-2012</th>
<th>2015, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amongst transgender population, 41% have made suicide attempts</td>
<td>Transgender (adult) suicide attempts 40 percent (compared to less than 5% of the US pop)—92% before age 25</td>
</tr>
<tr>
<td>Attempts at suicide especially high for bisexual teens</td>
<td>Only 5% of bisexual youth reported being “very happy”; 1/10 felt they “definitely fit in” in their community</td>
</tr>
</tbody>
</table>
A Need to Improve How We Serve this Population....

<table>
<thead>
<tr>
<th>1990’s, 2010-2012</th>
<th>2015, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGB youth 3.5 times more likely than non LGB youth to attempt suicide</td>
<td>8% of LGB youth made attempt requiring treatment by a Dr. or nurse (compared to 3% non LGB)</td>
</tr>
<tr>
<td>33% LGB youth made a plan about how to attempt suicide (compared to 12% non LGB)</td>
<td>49% LGB youth seriously considered suicide in the past year (compared to 13% non LGB) (approx. 4xs)</td>
</tr>
</tbody>
</table>
“When Health Care Isn’t Caring...”
Lambda Legal (2010)

- Refused Health Care: 7% LGB, 26.7% Transgender
- Health Care Professionals used harsh or abusive language: 10.7% LGB, 20.9% Transgender
- Health Care Professionals refused to touch me or used excessive precautions: 10.6% LGB, 15.4% Transgender
- Health Care Professionals were physically rough or abusive: 4.1% LGB, 7.8% Transgender
And the Latinx LGBTQ+ Community at a glance:

- Pew Research Center 2013 LGBT survey: Latinx Americans comprise 15% of all US adults and 17% of LGBT adults.
- In 2017 HRC survey, 72% of Latinx youth surveyed heard family members say negative things about LGBTQ+ people.
- 45% of transgender youth were taunted by family.
- 93% of genderqueer Latinx youth rate their stress a five or higher on a 10 point scale.
- 79% “usually” feel depressed or down; 73% “usually” feel hopeless/worthless.
By The End of this Session, You should be able to.....

- List factors in the client’s social map that influence identity development & impact risk
- Summarize key socio-historical events that shaped the identity development of Latinx LGBTQ+ populations
- Recognize unique challenges faced by Latinx LGBTQ+ community that increase suicide risk
- Identify approaches that are evidenced based and holistic in supporting members of this population
Outline for this Session:

- Explore the Systemic and Contextual Elements of Ethnic Minority Identity, Sexual Orientation, and Gender Identity Development for Latinx LGBTQ+
- Identify Suicide Risk Factors
- Identify Effective Models to Treat & Minimize Risk
Why the “Fractured Self”? 
Elements of Identity Development for Latinx LGBTQ+ Youth

- Ethnic Minority Identity
- Sexual Orientation/Affective Orientation
- Gender Identity and Expression
First, Consider Ethnic Minority Identity Theory:

4 or 5 Stages

Minority

Majority

Binary

Distress

Age/Time

AAUGH!
Identity Development as Latinx:

Ruiz’s Five Stage Model (1990)

<table>
<thead>
<tr>
<th>Casual</th>
<th>Cognitive</th>
<th>Consequence</th>
<th>Working Through</th>
<th>Successful Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stage when the individual accepts negative labels attached to Latinx identity</td>
<td>3 Erroneous Beliefs: 1. Maintaining a Latino identity means being poor, 2. Escaping this can only be done through assimilation 3. Success only possible through assimilation</td>
<td>Estrangement from the Latino community b/c of the sense that negative attributes are associated with being Latino; fragmented</td>
<td>Individual feels distress b/c of alienation from the Latino community and is motivated to integrate one’s Latino identity into a sense of self</td>
<td>Latino identity is integrated into one’s own identity and positive attributes are included</td>
</tr>
</tbody>
</table>
Attempts to Explain a More Integrated Sense of Self.....

- Acculturation Perspective (Bautista de Domanico, Crawford, & DeWolfe, 1994)
  - Healthiest form is integration of both identities
- Biracial Identity Development Model (Poston, 1990)
  - Confusion and guilt ensue as one is forced to “choose” an ethnic identity and hopefully get resolved by claiming a multicultural identity
- Biracial Identity Model (Root, 1990)
  - Resolves with strong kinship to other biracial people and only recognizing one’s racial heritage intellectually
..And What About External Influences…

Consider the contextual elements of where one lives (rural vs urban), parents’ immigration status, make-up of school population (Umaña-Taylor, 2013)

Secure identity achieved via exploration of one’s values, goals, and beliefs and making commitments (Internalized ethnicity) in the domains of occupation, ideologies, and interpersonal values (Marcia, 1994)
Elements of Identity Development for LGBTQ+ Youth

Then there’s sexual orientation/gender identity development:

- **Cass’s Model (1979)** -- “stability and change in human behavior are dependent on the congruency or incongruency that exists within an individual’s interpersonal environment”

- **Troiden Model (1989)** -- might use denial, repair, avoidance, redefinition, or acceptance after confusion phase
Elements of Identity Development for LGBTQ+ Youth: Gender Identity

Sex Assigned At Birth

Gender Expression

Gender Identity

NATURE, NURTURE, CULTURE
BUT 1 + 1...
A More Integrated Perspective to Identity Development for Latinx LGBTQ+ Youth...It’s Called Intersectionality:

- Grounded Theory Methodology (Richard A. Stevens Jr., 2004)
  - Previous models don’t readily address religious, cultural, ethnic or racial dimensions as they relate to the development of a gay identity; empowerment needed to explore how SO intersects with other dimensions of identity
- E.S. Morales’ five “state” model (1983, 1990)
Contextual and Environmental Considerations for the Latinx LGBTQ+ Community

- Key historical events that shaped local community views
- Key historical events that shaped family views
- One’s immediate experience of historical events
Key Events...

1. Stonewall (1969)
2. Palmdale, Gabriel Fernandez (2013)
3. Orlando, Pulse Nightclub (2016)
## Contextual and Environmental Considerations for the Latinx LGBTQ+ Community (cont).

<table>
<thead>
<tr>
<th></th>
<th>Gender Role</th>
<th>Individualistic Vs Collectivist</th>
<th>Religion</th>
<th>View on Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Latinx</strong></td>
<td>Machismo/ Marianismo</td>
<td>Collectivist (Familismo)/ respeto</td>
<td>Largely Catholic</td>
<td>See you as the authority (respeto)</td>
</tr>
<tr>
<td><strong>African-American</strong></td>
<td>Matriarchal or Patriarchal</td>
<td>Collectivist (Fictive Kin)</td>
<td>Largely Christian</td>
<td>Depending on generation, less trusting</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>Traditionally Patriarchal</td>
<td>Collectivist (Harmony)</td>
<td>Mixed, Largely Christian</td>
<td>May be unwilling to acknowledge strong emotion</td>
</tr>
<tr>
<td><strong>Native American</strong></td>
<td>Assigned roles but fluid/2-spirit</td>
<td>Collectivist</td>
<td>Christianity/ Harmony w/nature</td>
<td>May include ceremony/ rituals</td>
</tr>
</tbody>
</table>
Contextual and Environmental Considerations for the Latinx LGBTQ+ Community (cont).

Immigration issues

According to 2013 US Census Bureau, 53.2 million Hispanics in the US, representing 17 percent of the total US population

About ½ of first and second generation groups were Hispanic; Mexican: highest number amongst the total Hispanic pop. (34.3 Million) and about 1/3 in each generation

190,000 are LGBTQ Latinx undocumented immigrants

Shifts in perceptions with generation shifts

Decreased demand for women to have children younger
Increasing acceptance of LGBTQ amongst Latinx Catholic
Suicide Risk Factors

- **History of Mental Disorders**
  - LGBTQ+ youth 3x's more likely to have mental health disorders

- **History of Alcohol and Substance Abuse**
  - 56% of bisexual youth “strongly” or “somewhat” agreed that they have experimented with alcohol and drugs; 50% of lesbian and gay youth reported the same (more than twice as high as heterosexual youth, 22%)*

- **Feelings of Hopelessness**
  - 23% of LGBTQ+ youth feel things won’t get better compared to 8% of non-LGBTQ+*

- **Isolation, feeling of being cut off from others, victimization at school**
  - 21% of LGBTQ+ youth reported being bullied, 18% feel lonely*

- **Loss**
  - 26% of LGBTQ+ youth indicated family was not accepting*

- **Feeling like a burden; victimization/high stress at home**
  - 46% chose their family among a list of places where they most often hear negative messages about being LGBT*

* Data from HRC Youth Survey 2017
Suicide Risk Factors

- **Major physical illness**
  - 18% of LGB students had experienced physical dating violence; 23% who had dated or went out with someone during the 12 months before the survey had experienced sexual dating violence*

- **History of being abused or mistreated**
  - 18% of LGB students had been forced to have sexual intercourse at some point in their lives; 10% threatened or injured with a weapon*

- **Homelessness**
  - On average 30% of transgender respondents (to the US Transgender Survey of 2015) experienced homelessness at some point in their lifetime and 12% in the year prior to the survey

- **Unwillingness to seek help**
  - According to the US Transgender Survey of 2015, 23% of respondents did not seek health care due to fear of being mistreated and 33% did not because they could not afford it

*2015 CDC Youth Risk Behavior Survey
Additional Risk Factors for LGBTQ+ Community Well-Being: Minority Stress

- Prejudice Events
- Internalized Homophobia
- Expectations of Rejection
- Stress Associated with Concealment
Coming Out...
Saliendo del closet...
More Risk Factors for Latinx LGBTQ+ Community Well-being...

- Immigration and Poverty: 2/3 were first and second generation; 19% of the first and second generations were living below the poverty level (2013 US Census Bureau); 3rd and higher generations had lowest rates of poverty
- Impact of Values/Cultural Beliefs on Identity Development/Support
Suicide Risk: Protective Factors and Challenges within the Latinx LGBTQ+ Community

Protective Factors

- Societal: restrictions on lethal means, availability of physical and mental health care
- Community: supportive school environment; sources for care after psychiatric hospitalization
- Relationship: connectedness to individuals, family, community, and social institutions; supportive relationships with health care providers
- Individual: coping/problem solving, reasons for living, moral objections

Challenges in the Latinx LGBTQ+ Community:

- Societal: potentially higher chance of poverty and limited access to physical/mental health care (due to financial limitations/stigma)
- Community: could be limited by generation
- Relationship: could be challenged by values; even with access to care, may have negative experiences (Lambda Legal study)
- Individual: challenging with levels of rejection; even with faith-based objection, there can be conflict with regards to connectedness to faith organization
Effective Treatment for Suicide Prevention (General): Assessment/Acute

Effective Screening and Training on Recognition of Risk Factors

24 Hour Crisis Team

Continuity of Care for individuals with risk with a focus on immediate (within 48 hours) and continuous follow up after a suicide attempt following d/c from a hospital, ED, or other inpatient facility
Effective Treatment for Suicide Prevention (General): Immediately After

<table>
<thead>
<tr>
<th>Managing</th>
<th>Managing Co-Occurring Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducting</td>
<td>Conducting Follow Up within 7 days of Hospital Discharge</td>
</tr>
<tr>
<td>Conducting</td>
<td>Conducting Multidisciplinary Reviews and Sharing Information with Families after a Suicide/Attempt</td>
</tr>
</tbody>
</table>
Effective Treatment for Suicide Prevention (General): Long Term

- Communicate Messages of Hope, Resilience, and Recovery to Clients and their Families
- Routinely Assess Access to Lethal Means (CALM)
- Collaborative Care (CM’s, Therapists, Meds Staff)
- Implement Effective Therapies (DBT, CBT)
- Person-Centered Care, which includes Improving Client-Provider Communication (Caring Contacts)
- Multiple Points of Access in the Least Restrictive Environment (CAMS)
- Appropriate Empowerment of Families and Significant Others in Treatment, Peer Support, and Post-Discharge Follow Up
- Recovery-Oriented Services Based On: Recovery Emerges from Hope, is Person-Driven, is Holistic, is Supported by Peers and Allies, is Culturally Based, Grounded in Respect
- Conducting Community Outreach (ex. Connecting with Schools)
**Effective Treatment for Suicide Prevention with LGBTQ+ Youth: Let’s Start with Core Competencies....**


<table>
<thead>
<tr>
<th>Human Growth and Development</th>
<th>Social and Cultural Diversity</th>
<th>Helping Relationships</th>
<th>Group Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Orientation and Ethical Practice</td>
<td>Career and Lifestyle Development</td>
<td>Assessment</td>
<td>Research and Program Evaluation</td>
</tr>
</tbody>
</table>
Human Growth and Development

Impact of stigma, prejudice, discrimination, and pressures on developmental decisions and milestones

Development may be delayed or compromised by identity confusion, SI, Abuse, Homelessness...

Recognize, acknowledge, and understand the intersecting identities of LGBTQ+ individuals and their accompanying developmental tasks
Social and Cultural Diversity

Queer people of color may be marginalized within their LGBTQIQA communities, which means they may lack the type of support that could operate as a protective factor.

Spiritual development and religious practices may be important for the individual but may present challenges given the limited LGBTQ+ positive religious institutions.
Helping Relationships

Acknowledge the societal prejudice and discrimination experienced by LGBQQ persons (eg homophobia, biphobia, sexism, etc.) and collaborate with individuals in overcoming internalized negative attitudes.

Ensure that all clinical-related paperwork and intake processes are inclusive and affirmative of LGBQQ individuals.
Group Work

- Recognize the power the group process has for LGBQQ members in affirming identity
- (Counselor) Demonstrate an awareness of their own affectional orientation, the fluidity of sexuality, and how stereotypes may have influenced group counselor attitudes towards LGBQQ members
- Competent group leaders will employ a strengths-based approach to work with LGBQQ members
- Intervene actively when either overt or covert disapproval of LGBQQ members threatens member safety, group cohesion, and integrity
## Working with Allies: Help them to...

<table>
<thead>
<tr>
<th>Learn</th>
<th>Be aware of their own biases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize</td>
<td>Recognize their own privilege and how they can use it to support the LGBTQ+ community</td>
</tr>
<tr>
<td>Recognize</td>
<td>Recognize microaggressions, bias incidents, and discrimination and learn how to speak out against them</td>
</tr>
<tr>
<td>Explore</td>
<td>Explore how and when to best support their significant other, friend, family member, partner, etc.</td>
</tr>
</tbody>
</table>
## Working with People who are Intersex:

<table>
<thead>
<tr>
<th>Work</th>
<th>Understand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work as allies...understanding the difference between the concealment vs the client-centered (for intersex individuals)</td>
<td>Understand one’s gender is not necessarily tied to one’s sex and that affectional orientation is not directly related to either</td>
</tr>
<tr>
<td>Understand the gender binary and its impact on people who are intersex</td>
<td>Empower parents to advocate and resist oppression from medical communities</td>
</tr>
</tbody>
</table>
Effective Treatment Models for LGBTQ+

- Follow clients’ language and be non-judgmental
- Don’t assume the issues of gender and sexual orientation are the core problem they are presenting with
- Don’t assume it’s a “phase” or choosing it to be “trendy”
Effective Treatment Models for LGBTQ+

- Use an Affirmative Therapy Model:
  - Affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity and provides a set of guidelines for treatment of gay, lesbian, and bisexual individuals in a culturally competent manner.
  - It is consistent with the principles of: Person in environment, strengths perspective, cultural competency models (requires unique knowledge base, set of attitudes and beliefs, and skill base for a given population)
  - Celebrate, advocate and validate identities of GLB individuals and help them develop healthy identities in which the GLB identity is one of many parts of their identity
Effective Treatment Models for LGBTQ+: Trans-Affirmative Framework

- **Articulate**: Articulate an affirmative and inclusive perspective of gender
- **Use**: Use gender-neutral language and use the client’s language with respect to gender pronoun (you can state your own)
- **Clarify**: Clarify your role and the primary purpose of the therapeutic relationship
Effective Treatment Models for LGBTQ+: Trans-Affirmative CBT

8 sessions

Manualized, but flexible

Psychoeducation

Challenge Transphobic Negative Self-Beliefs
Effective Treatment for Suicide Prevention for LGBTQ+

Trans-Affirmative CBT and Suicide Risk Management

- Use CBT to counter hopelessness
- Hope Box (Virtual Hope Box)—contains personalized objects or symbols that symbolize life experiences, reasons for living, aspects of life that are valued, and sources of social support and interpersonal connection
- Engaging trans-affirming social connectedness
Why an Affirmative Approach is Effective for Youth:

<table>
<thead>
<tr>
<th>Focuses on affirming youths’ identities</th>
<th>Empowers youth</th>
<th>Supports youth in self-identifying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports youth in identifying homophobic forces in their lives</td>
<td>Considers problems in the context of the homophobia and discrimination that youth experience</td>
<td>Can be used in a variety of settings in which GLB youth interact and receive supportive services, including schools, residential facilities, and outpatient settings</td>
</tr>
</tbody>
</table>
When Using CBT, Make it Culturally Responsive....the ADDRESSING Model

Age/Generational
Developmental Disabilities
Disabilities Acquired
Religion and Spirituality
Ethnic and Racial identity
Socioeconomic Status
Sexual Orientation
Indigenous Heritage
National Origin
Gender

CBT and IPT, Individual and Group To Address Depressive Symptoms (Bernal, Bonilla, and Bellido, 1995)....

- Considered the dimensions of language, metaphor, context

**CBT MODEL:**

![Diagram showing the CBT model with interconnections between thoughts, daily activity, mood, and interactions with others.](image-url)
The IPT Model:

- Is presumed to facilitate recovery by decreasing symptoms and by developing more satisfying and healthy relationships

<table>
<thead>
<tr>
<th>SESSION NUMBERS</th>
<th>FOCUS OF TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Information about depression and its development, explanations about IPT, evaluation of the interpersonal relationships, identification of main problems, discussion of expectations</td>
</tr>
<tr>
<td>5-8</td>
<td>Aim to help the patient work on the selected interpersonal problem</td>
</tr>
<tr>
<td>9-12</td>
<td>Discuss termination, acknowledge feelings related to separation from the therapist, review the course of treatment</td>
</tr>
</tbody>
</table>
Parent Involvement

- Parents part of the initial assessment
- Participated in the pre- and post-treatment assessments using the CBCL-P
- Therapists worked with parents to strengthen positive family values (familismo)
- Discussions were conducted individually and together with the child
- Max of 2 additional sessions with parents (individually or with child) for reinforcement or activity planning
Group Versions:

- CBT
- IPT

Additional Skills:

- Peer Modeling
- Practicing Interpersonal & Communication Skills
- Feedback Giving and Receiving
- Using Positive Reinforcement from Group Members
Results:

- No differences between group or individual modalities
- CBT produced significantly greater decreases in depressive symptoms than IPT (maybe directive, structured approach is in line with *respeto*?)
- IPT showed beneficial effects in the areas of self-concept and social adaptation (may have better addressed the concepts of *personalismo* and *familismo*)
Integrating Values, Cultural Beliefs, and Worldview into treatment: Interian, Martinez, Guarnaccia on Using Motivational Interviewing

Focuses on individual value conflicts

Medication Management: Focus the intervention on improving depression, not taking medication

Engagement: Build on personalismo
Including Family.....

FAMILISMO AS A STRENGTH

Has been linked to better health outcomes, lower levels of substance abuse, and decrease of child maltreatment

Change the Narrative: Living authentically is part of the “American Dream”; do you want your child to experience the effects of rejection? (psychoeducate)
Who’s included in “extended support”?
(According to the Social Justice Sexuality Project)

- 35% of Latinx LGBT are out to “all in the neighborhood”
- 38% feel completely supported by family
- 45% are out to all family members
HOPE, RESILIENCE, & TRIUMPH
Resources

Suicide Prevention:
- Trevor Project: thetrevorproject.org—trevor lifeline 866-488-7386
- National Suicide Prevention Lifeline 1-800-273-8255; text START to 678678
- Trans lifeline 1-877-565-8860

Family Resources:
- PFLAG (Parents, Friends, Families of Lesbians and Gays; (www.pflag.org)
- The Human Rights Campaign: www.hrc.org
- Family Acceptance Project in SF State University (familyprojectsfsu.edu)
- Asociación Internacional de Familias por la Diversidad Sexual (familiasporladiversidad.org)
Resources (cont):

Health Resources:
- Bienestar (bienestar.org); 866-590-6411; 323-727-7897
- LGBTQ Center LA (lalgbtcenter.org); 323-993-7450
- WPATH (wpath.org)

Legal Resources:
- Lambda Legal (lambdalegal.org) 213-382-7600

School Resources:
- GLSEN Gay, Lesbian, Straight Education Network (glсенla.org) 323-460-GLSEN
- GSA Gay Straight Alliance Network (gsanetwork.org)
- The Point Foundation (pointfoundation.org)
GRACIAS