

Clinical Considerations for Providing Anti-Racist Care for BIPOC Suicidal Youth

Recognize and explain	Recognize and explain the effects of system level factors (including: discrimination, microaggressions and racism on exhibited symptoms). <i>For suicide interventions this can be done during initial intake, when examining risk and protective factors or when completing a chain analysis.</i>
Address	Address aspects related to internalized racism. <i>For suicide interventions, it is particularly important to address internalized racism and intergenerational trauma with both caregivers/parents and youth.</i>
Do not forget	Do not forget that open conversations about race, ethnicity, religion, spirituality and culture help build a strong therapeutic alliance. <i>For suicide interventions, an open discussion about intersectionality will be an important first step in recognizing both oppressive and privileged identities.</i>
Recognize	Recognize that the treatment you are providing, like Dialectical Behavior Therapy (DBT) may not be specifically developed for minoritized youth. <i>Do your best to get training in different treatment modalities that are specifically developed for minoritized youth.</i>
Do not be	Do not be afraid to tell your client that you do not understand all the experiences related to skin color or race/ethnicity. <i>Remember that part of building cultural humility is understanding your own social identities and how they impact your work as a clinician.</i>
Address	Address aspects related to collective and individual trauma. <i>For youth suicide interventions, it will be very important to provide trauma-informed care.</i>
Work on	Work on emotional regulation and energy devoted to hypervigilance and racism-related anxiety. <i>This work can be done by understanding how racism-related anxiety manifests in the body (recognizing signs and triggers) and developing ways to both resist and cope (i.e., distress tolerance skills) with race-related stress.</i>
Use	Use psychotherapies that have been shown to be effective in BIPOC communities. <i>For suicide interventions: culturally adapted cognitive behavioral therapy, multisystemic therapy and culturally adapted DBT. Hire clinicians of color to deliver these interventions.</i>

Adapted from: Cénat, J. M. (2020). How to provide anti-racist mental health care. The Lancet Psychiatry, 7(11), 929-931.

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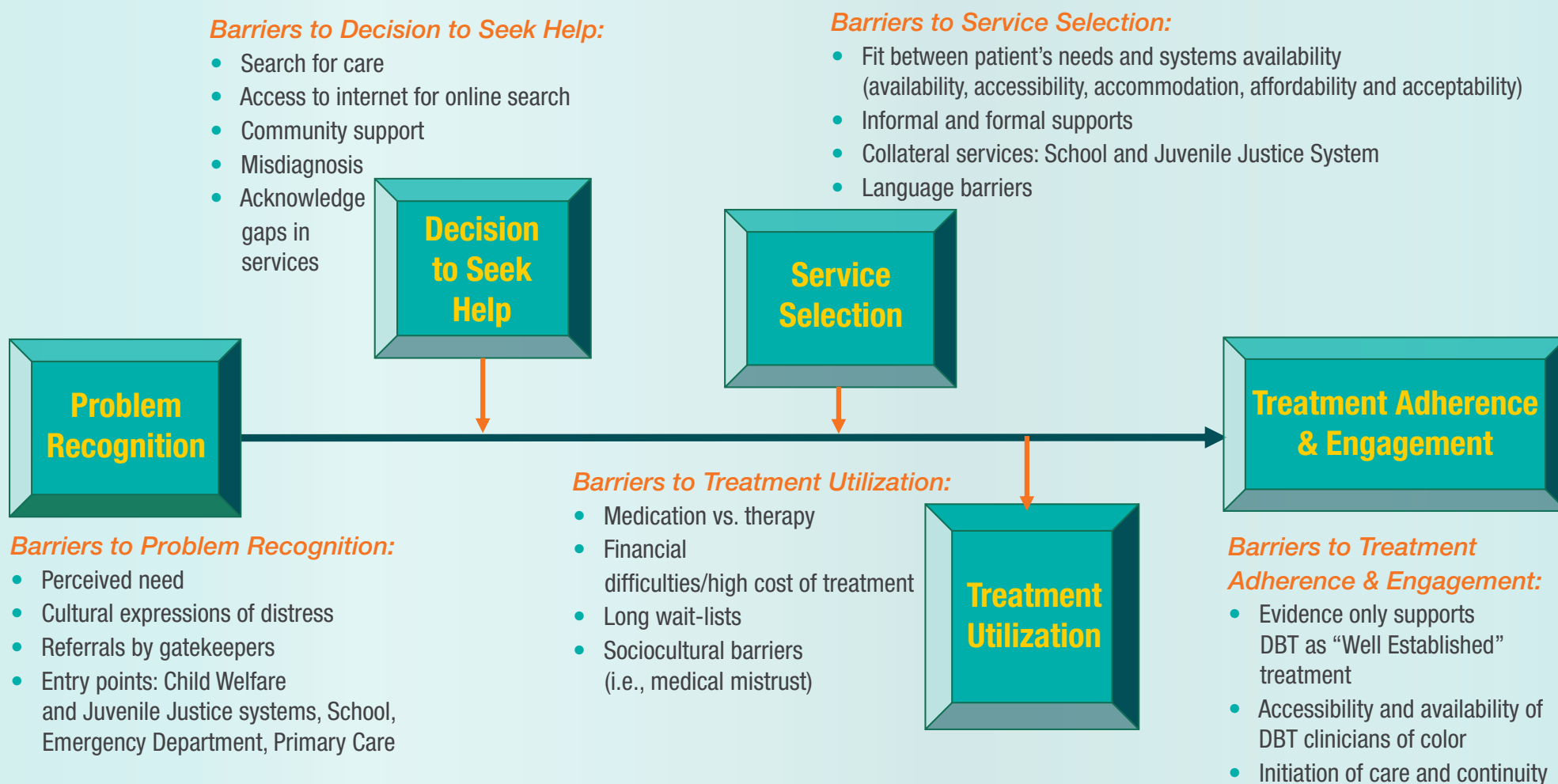
Evidence-Based Risk and Protective Factors for Black and Latinx Youth Suicide

	Black Youth	Latinx Youth
Risk Factors	<ul style="list-style-type: none"> Experiencing racial discrimination/microaggressions Parental conflict Increased acculturation into “White society” Barriers to accessing evidence-based mental health care Stigma Systemic racism Poverty/poverty concentrations Death or loss of loved one Living in home with a firearm Community/neighborhood violence Trauma/adverse childhood experiences 	<ul style="list-style-type: none"> Ethnic identity (low attachment) Conflicting gender expectations Second/third generation status Acculturative stress Intergenerational acculturation conflict with caregiver/parent Inability to communicate with caregiver Incongruence in academic expectations Parental incarceration Experiencing racial/ethnic discrimination/microaggressions Community violence Perceived racial bias
Protective Factors	<ul style="list-style-type: none"> Religiosity/spirituality (i.e., participation in organized religious practices) Social and emotional support Strong Black identity Cultural cohesion Strong academic performance Sense of connectedness Positive self-esteem Access to evidence-based mental health care 	<ul style="list-style-type: none"> Higher affective ethnic identity Part of religious community Familism High mother-daughter mutuality (connectedness and communication) High cohesion and low conflict in family Engaging in political activism

Note: When examining risk and protective factors among Black and Latinx youth in your clinical practice (particularly during intake assessments and case formulations), it is important to use a *Social-Ecological* approach to comprehensively organize these risk and protective factors across individual, interpersonal/relationship, community and social levels. Using this multi-level framework will allow for nuanced view of relationship between multi-level factors. Please note the risk and protective factors listed above are not comprehensive, and in order to engage youth in your treatment plan, it is important to ask youth if there are other factors that might impact their self-injurious thoughts and behaviors.

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Intergrated Model of Barriers to Mental Health Services Among BIPOC Youth



Selection Adapted from Andersen et al., 1968; Cauce et al., 2002; Eiraldiet al., 2006; Frenket al., 1992; Goldsmith et al., 1988; Penchansky & Thomas, 1981; Srebniket al., 1996.

Note: Use this integrated model to better understand which barriers currently impact the community members that you serve in your clinical practice. Circle all the barriers that your patients report as "getting in the way" of receiving mental health care, and openly discuss with your clinical team how to help your patients overcome these barriers, and importantly, how your clinic can facilitate access.

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Continuum of Cultural Consciousness

Note: One individual level strategy for facilitating treatment access for BIPOC youth is for clinicians to prioritize cultural safety for their patients. Providing culturally responsive care, which entails one's ability to respond respectfully to people from different cultures, is not an end goal but rather a life-long process that begins with cultural awareness and requires constant "updating". Below we describe the "Continuum of Cultural Consciousness" which can be seen as a continuum of multiple skills and processes, including: developing cultural self-awareness, gaining cross cultural knowledge, understanding biases and power imbalances, and holding systems accountable. These skills build on each other and change over time in response to new experiences and situations. We encourage clinicians to think about where they currently are on the continuum, and reflect on how they can move forward.

Cultural Awareness

- Understanding your values & beliefs (and of others) + similarities /differences.

Cultural Sensitivity

- Non-judgemental acceptance (and respect) of cultural differences between cultures.

Cultural Competency

- Set of skills or processes that enable clinicians to provide services that are culturally appropriate for the diverse populations that they serve.

Cultural Humility

- Life-long process of self-reflection, mutual learning, recognition of power imbalances (shared and equal power) and implicit biases.

Cultural Safety

- Understanding & acknowledging the power differential existing between therapist and patient & adjusting behavior/ services to empower and better meet patients' needs (shifting of power to patient).

Adapted from: Project READY: Reimagining Equity & Access for Diverse Youth; Yeung, S. (2016). Conceptualizing cultural safety: Definitions and applications of safety in health care for Indigenous mothers in Canada; Dell, E. M., Firestone, M., Smylie, J., & Vaillancourt, S. (2016). Cultural safety and providing care to Aboriginal patients in the emergency department. Canadian Journal of Emergency Medicine, 18(4), 301-305.

Clinical Recommendations for Culturally Responsive Suicide Interventions for BIPOC Youth and Families

Include family unit in ALL aspects of care (assessment, treatment planning, treatment delivery) and if possible other supportive adults in the youth's immediate context (i.e., teachers, coaches).

Provide youth and family members with culturally-relevant psychoeducation on risk factors associated with suicide. Spend time to debunk myths about suicide while also validating stigma associated with seeking care and the barriers to accessing care.

Reinforce and praise help-seeking behavior among youth and families of color. Be flexible with "therapy termination rules" and provide families with "caring contacts" to help problem-solve treatment non-adherence.

Integrate strength-based approaches whenever possible, and importantly during SAFETY plans.

When providing lethal means counseling, tailor your psychoeducation around the different methods common for a particular racial/ethnic group. You can use "Decision Aid Tools" to tailor your feedback to families, see: <https://lock2live.org>

Disclose your own intersectional identities with your clients and encourage them to reflect on and share about their different intersecting identities. This is particularly important for adolescents that are still developing their sense of self.

If providing manualized treatments in your clinic, make sure to be flexible in your delivery and adapt the skills to the problem areas that the youth is presenting with. If your manual does not offer skills for resisting and coping with racism/racial trauma, look for other treatments developed to address these areas and get some training in those modalities (e.g., The Adapted-Coping with Stress Course [A-CWS], developed by Robinson and colleagues, 2021).

Distress tolerance/skills for coping with stress should be expanded to include coping with environmental stressors (e.g., racism).

Note: The clinical recommendations above were developed as guiding blocks to help clinicians adapt their suicide interventions for BIPOC youth and their families. Please also note that some of the recommendations above are yet to be empirically tested in large ethno-racially diverse samples and are based on clinical experience from the authors of this handout.

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