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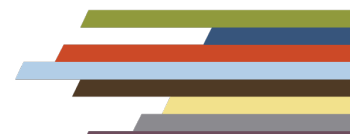
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About the presenter: Yovanska Duarte-Vélez, PhD

She received her PhD from the University of Puerto Rico and is currently an assistant professor in the Department of Psychiatry and Human Behavior at Brown University and Bradley Hospital. Dr. Duarte-Vélez is also a licensed clinical psychologist with extensive experience with children and families from diverse backgrounds. Her work has focused on the assessment and treatment of Latinx youth with suicidal behaviors in the context of their family and society. She started her career as a clinical researcher in PR, where she developed a CBT protocol that addresses culture and adolescence developmental stage as central components in treatment, the Socio-Cognitive Behavioral Therapy for Suicidal Behaviors (SCBT-SB) supported by the AFSP. She transported this protocol from PR to Rhode Island to expand its applicability to Latinx youth living in the USA through an NIMH training grant. Currently, she is conducting a randomized clinical trial to test the efficacy and effectiveness of the SCBT-SB funded by the National Institute on Minority and Health Disparities.





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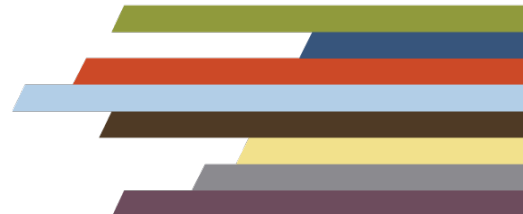
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TAILORING TREATMENT FOR GENDER AND SEXUALLY DIVERSE LATINX YOUTH WITH SUICIDAL BEHAVIORS

Yovanska Duarte-Vélez, PhD

June 18, 2020

1:00PM EDT



Author Disclose Conflicts of Interest

Dr. Duarte-Velez does not have any conflicts of interest.

Grant Funding:

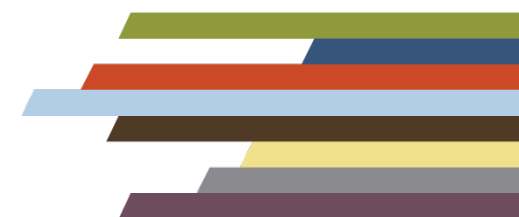
NIMH F31 MH12708: Suicide risk in Puerto Rican Adolescents; AFSP1YIG-00047: Development of a treatment protocol for suicidal Latino/a adolescents; NIMH 5K23MH097772: Treatment for Latino/a Adolescents with Suicidal Behavior; NIMHD 5R01MD013907: A culturally centered CBT protocol for suicidal ideation and suicide attempts among Latinx youth



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**BLACK
TRANS LIVES
MATTER**



Objectives

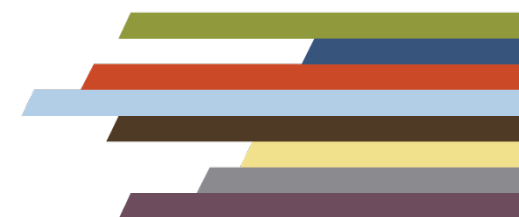
- ✓ Explain and introduce the Socio-cognitive behavioral therapy for suicidal behaviors (SCBT-SB)
- ✓ Identify main theoretical components of the SCBT-SB
- ✓ Describe Tailoring treatment for gender and sexually diverse Latinx youth



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Where Did I Come From? Who am I?



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Demographics

Latinxs in the U.S. and Puerto Rico

Latinxs in the U.S.:

50.5 million (16%)

43% more than 2000

- 63% Mexican
- 3.5% Cuban
- 7.9% Central American (excluding Mexican)
- 9.2% Puerto Rican
- 2.8% Dominican
- 5.5% South American

Puerto Rico: 3.5 million (2014)

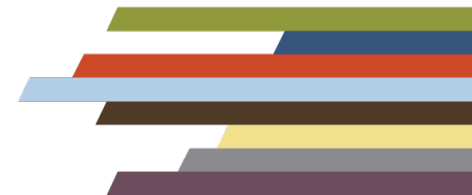
(U.S. Census Bureaus, 2010)



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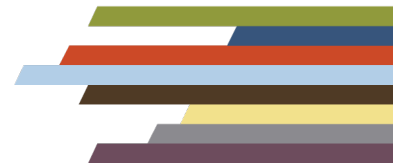
Latinx's Identity:

Differences:

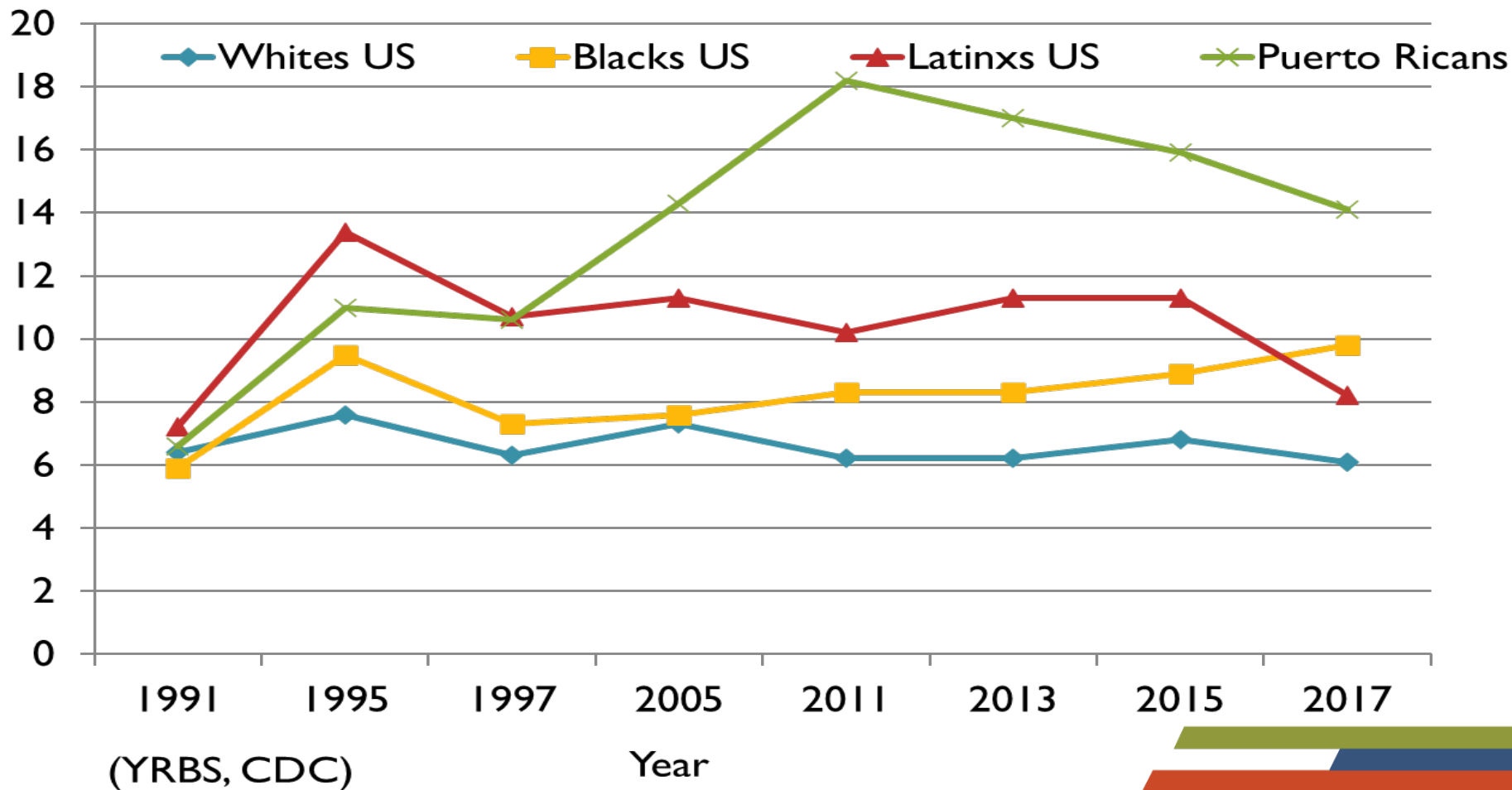
- ❑ Historical context of migration
- ❑ Geographic location
- ❑ English knowledge
- ❑ Demographic and socioeconomic characteristics

Commonalities:

- Language – Spanish
- For some: Physical features (mix of races)
- “*Familismo*”
- Spirituality
- “*Personalismo*”
- Common values and beliefs rooted in a history of conquest and colonization
- Experience of migration
- Acculturation process/stress
- Racism and discrimination



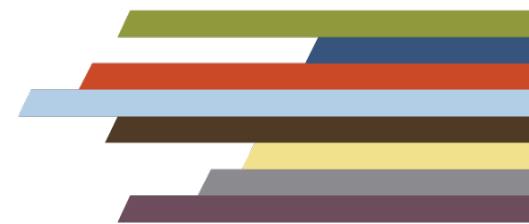
Percentage of High School Students who Report Suicide Attempts by Race/Ethnicity, 1991-2017



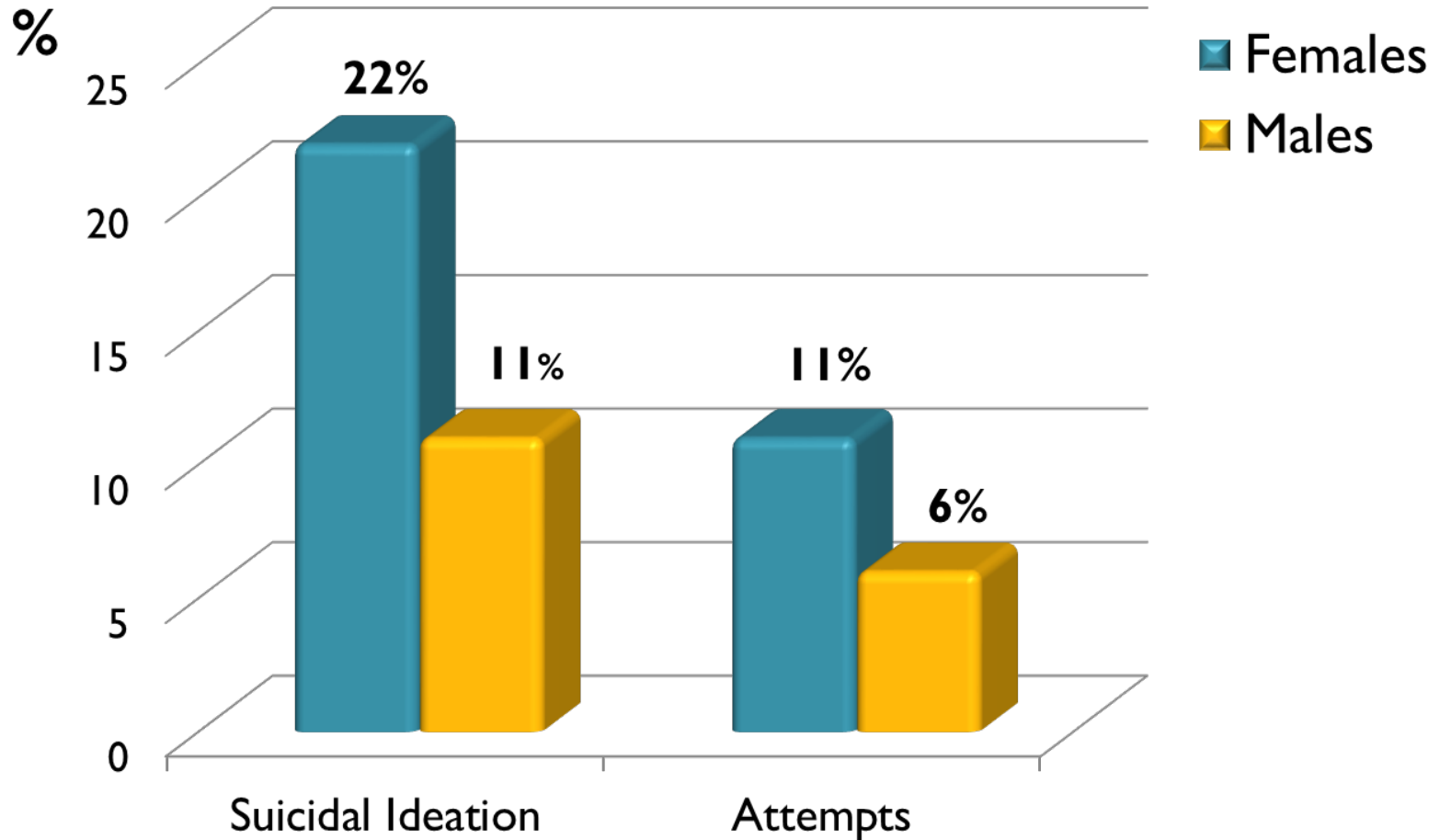
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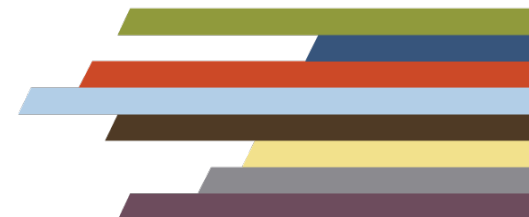
Percentage of High School Latinx Students who Report Suicidal Ideation and Attempts by Sex, 2017



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Suicide Rate, 2017

USA Age Adjusted -14	Female	Male
Puerto Rico Health Depart.	2	13.3
Latinx US	2.6	11.2
Black US (Non-Latinx)	2.8	11.4
White US (Non-Latinx)	7.9	28.2
American Indians/Alaska Native (Non-Latinx)	11	33.8
Asian or Pacific Islander (Non-Latinx)	3.9	9.9

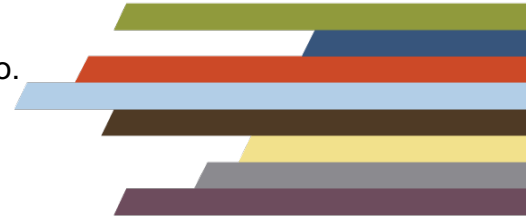
National Vital Statistics Report (NVSR) *Deaths: Final Data for 2017*, CDC
 Departamento de Salud, Puerto Rico 2000 – 2017. Comisión para la Prevención del Suicidio.



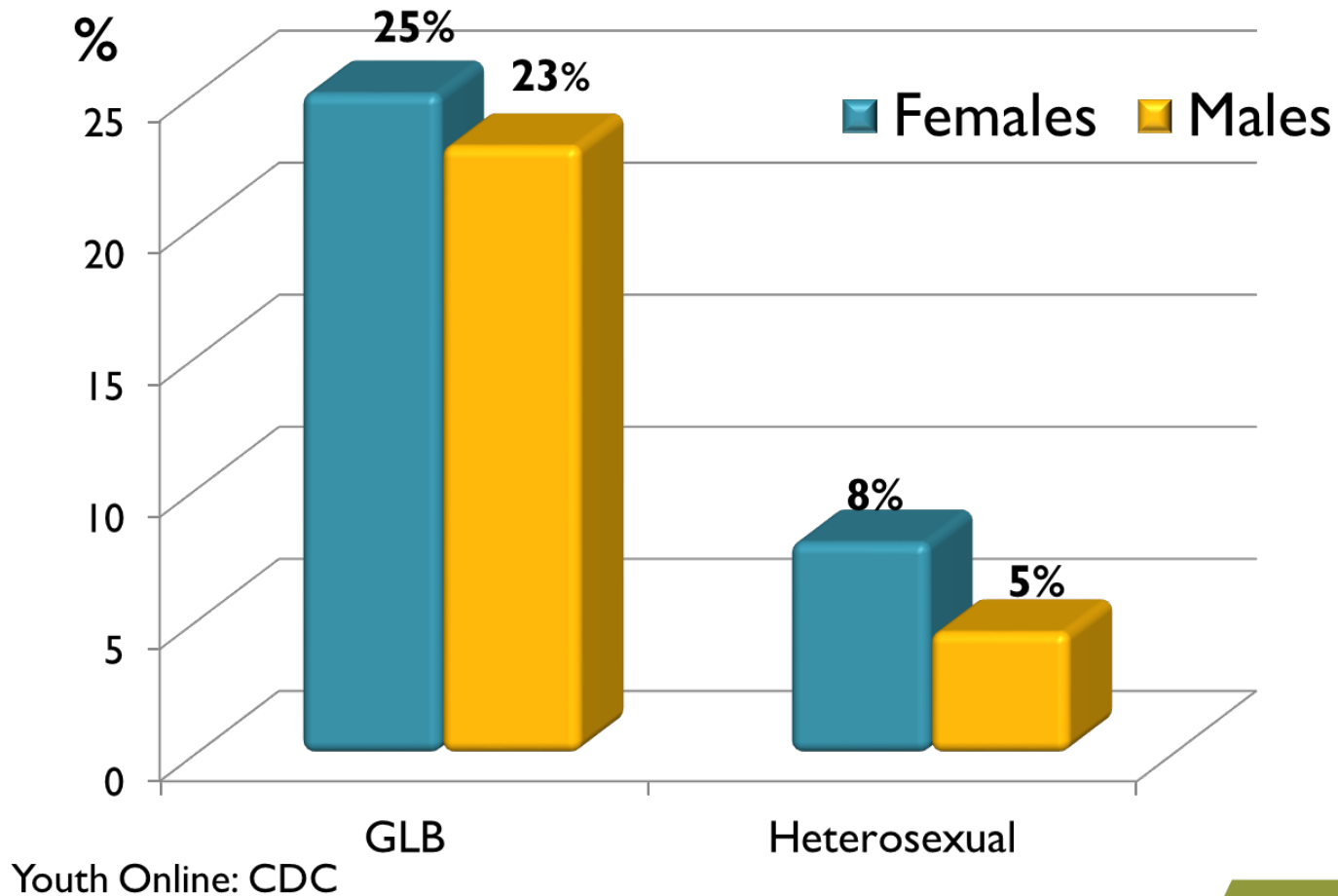
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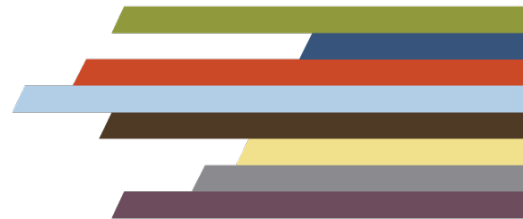
Percentage of High School Latinx Students who Report Suicide Attempts by Sexual Identity, 2017



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Latinx Youth Disparities: Evidence-Based Treatment

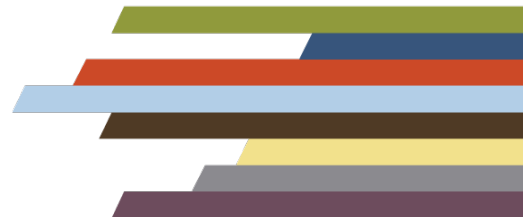
- No evidence-based treatment for Latinx youth with suicidal behaviors (SB).
- Efficacy studies on SB → low % of ethnically diverse participants → no power to examine its impact on minoritized groups
- Few studies are including a higher percentage of Latinx teens with SB in their samples.



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Latinx Youth Disparities: Evidence-Based Treatment

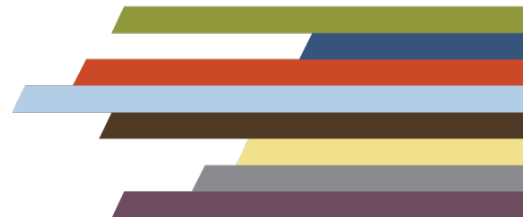
- Few studies are targeting specific risk factors to prevent SB among Latinx.
- Data on evidence-based practices for suicidal Latinx youth is limited but slowly growing.
- Meta-analysis → culturally adapted therapies were superior to those that did not explicitly incorporate cultural considerations.



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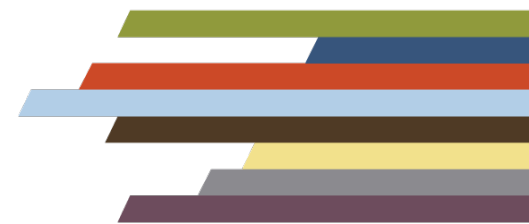


Distinctive Factors

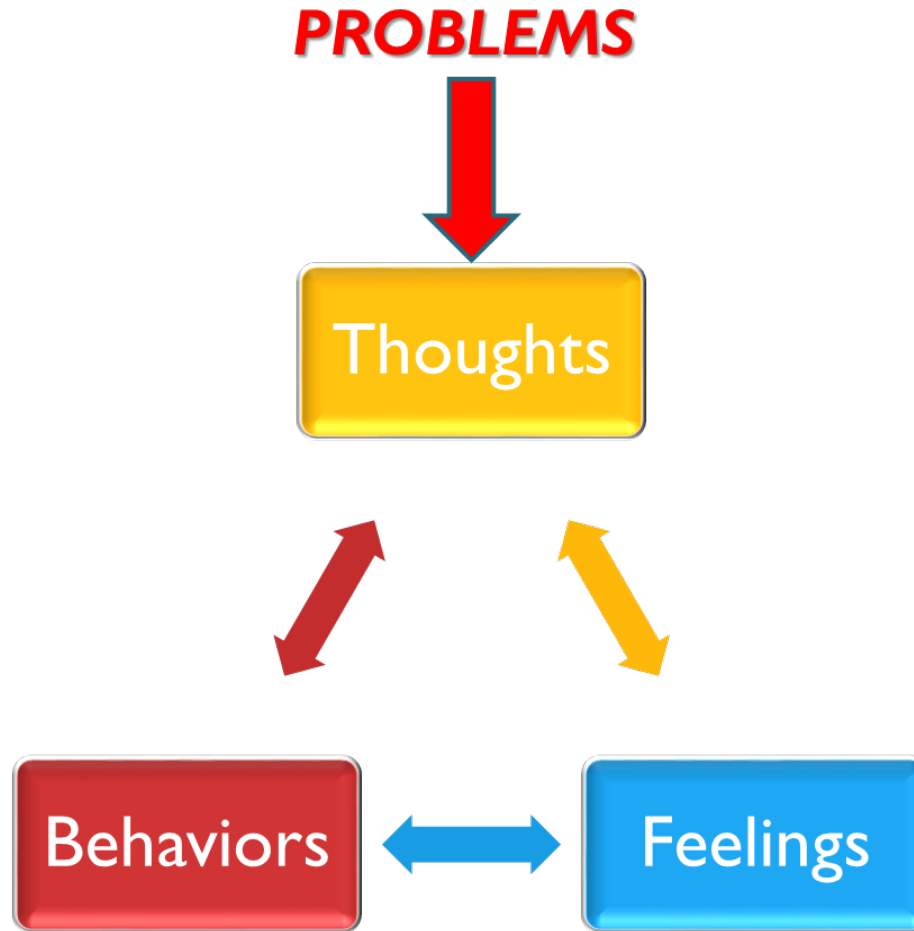
- Latinx Values
 - Familismo – centrality of the family
 - Spirituality – “everything is in God’s hand”
 - Machismo vs Marianismo – gender roles
 - Personalismo – valuing close connections
- Spanish Language
- Acculturation / Enculturation
 - Acculturation Conflicts: “our ways”, “in my country”, “in my times” versus “the American way”, “these times”



Identity Integration



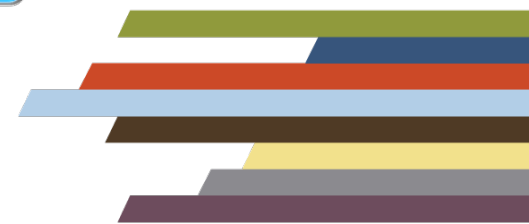
CBT MODEL



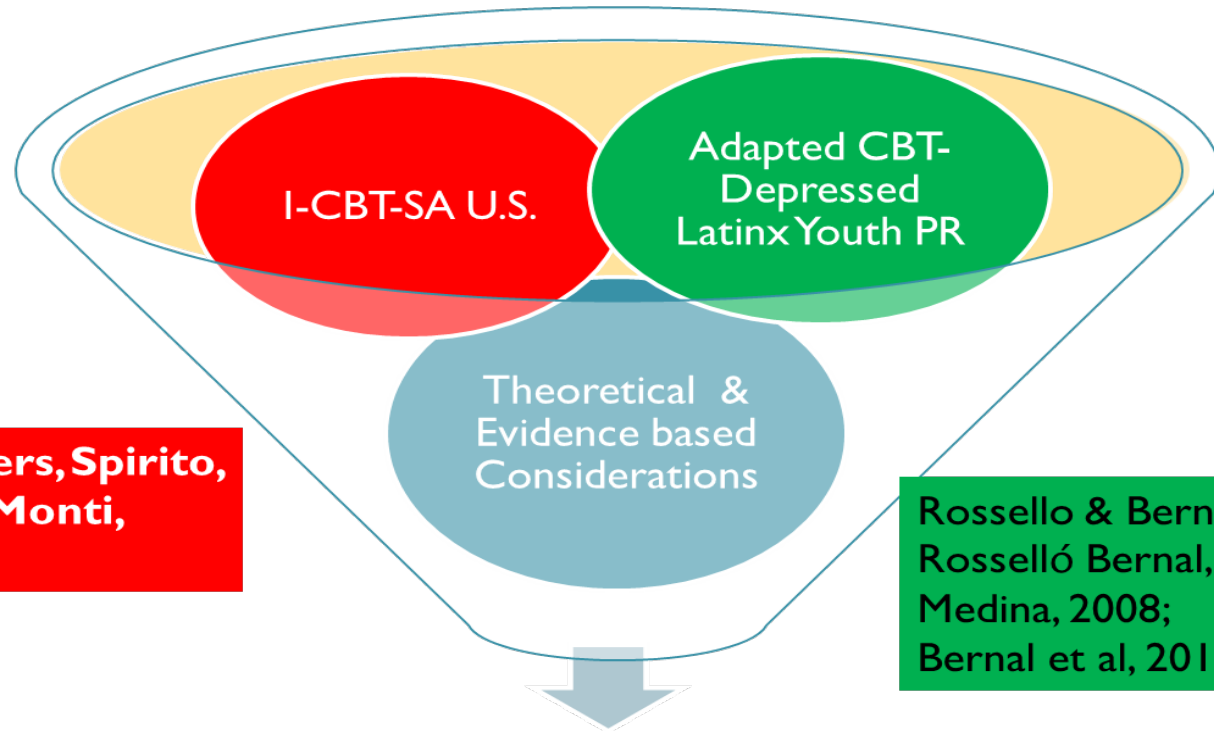
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Initial Phase of Treatment Development



Esposito-Smythers, Spirito, Hunt, Kahler, & Monti, 2011

Rossello & Bernal, 1999; Rosselló Bernal, Rivera-Medina, 2008; Bernal et al, 2019

Socio-Cognitive Behavioral Treatment Protocol for Suicidal Behavior

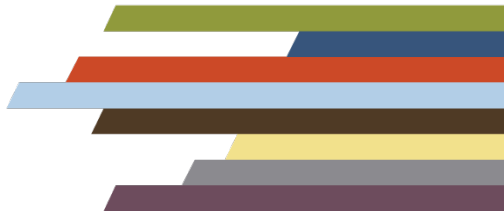
Duarté-Vélez, Y., Torres-Dávila, P., Spirito, A., Polanco, N., & Bernal, G. (2016). Development of a treatment protocol for Puerto Rican adolescents with suicidal behaviors, *Psychotherapy*, 53(1), 45-56.



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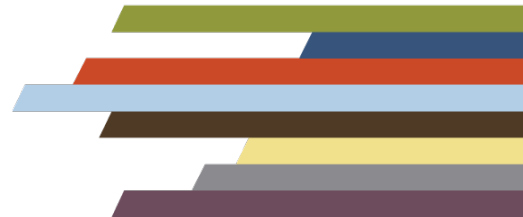
Expansions to the CBT Manual

New Perspectives:

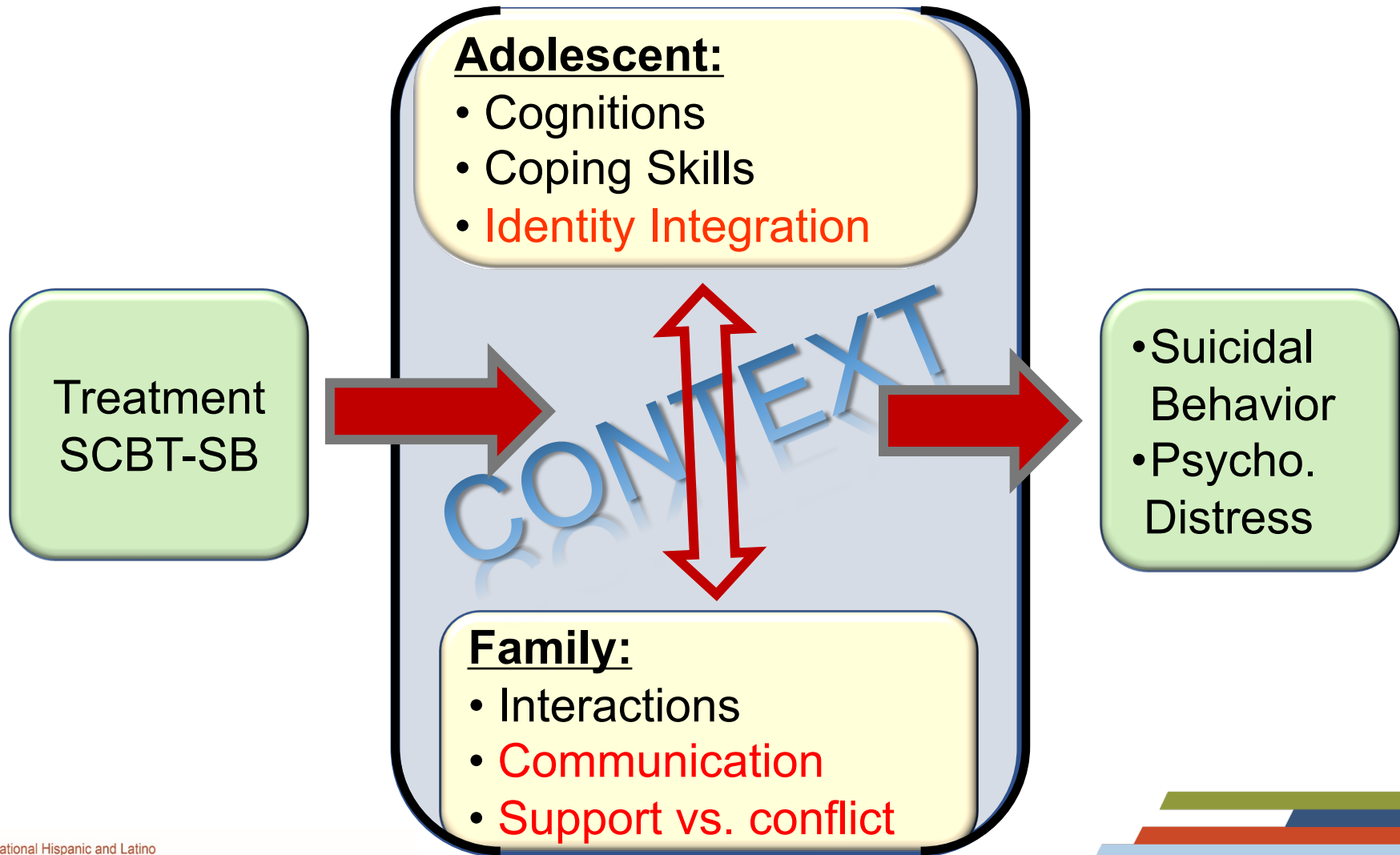
- **Ecological**
- **Developmental**
✓ IDENTITY
- **Feminist / Gender**
✓ LGBTQ Affirmative
- **Family System**

Specific changes:

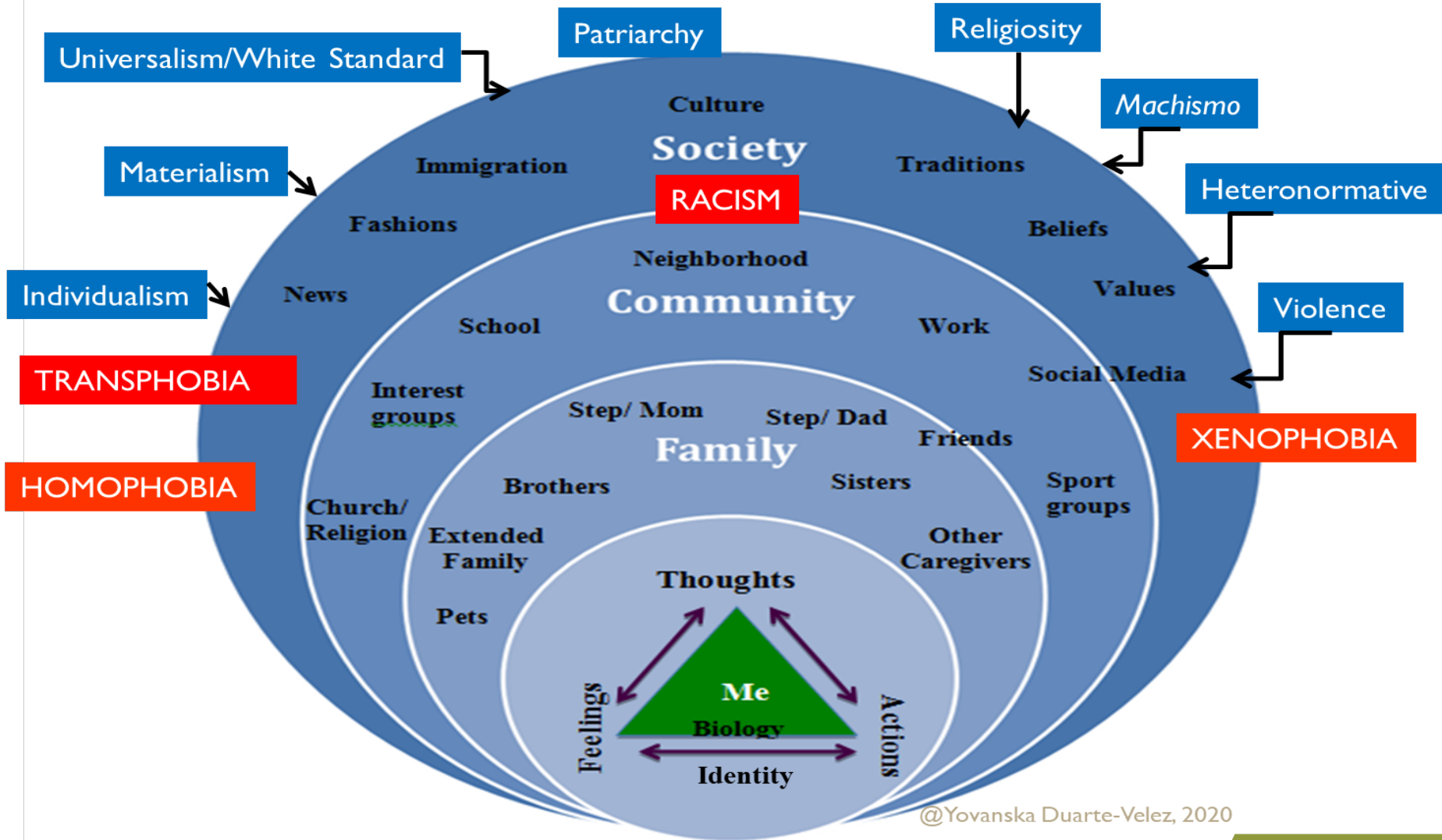
- Focus: Suicidal Crisis management
- Risk factors to SB
- Substance abuse
- Emotion regulation



Change Model: SCBT-SB



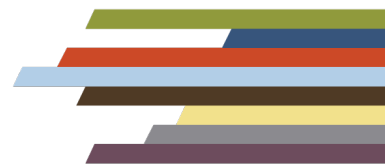
UNDERSTANDING THE SUICIDAL CRISIS: SOCIO-COGNITIVE BEHAVIORAL MODEL



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Social Biases Produce...

Externally:

- Discrimination
- Micro-Aggression
- Acts of Aggression

Internally:

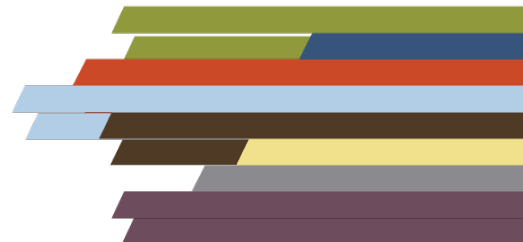
- Minority / Multiple Minority Stress (unique, chronic, socially-based)
- Internalized Racism
- Internalized Homo/Bi/Trans-phobia



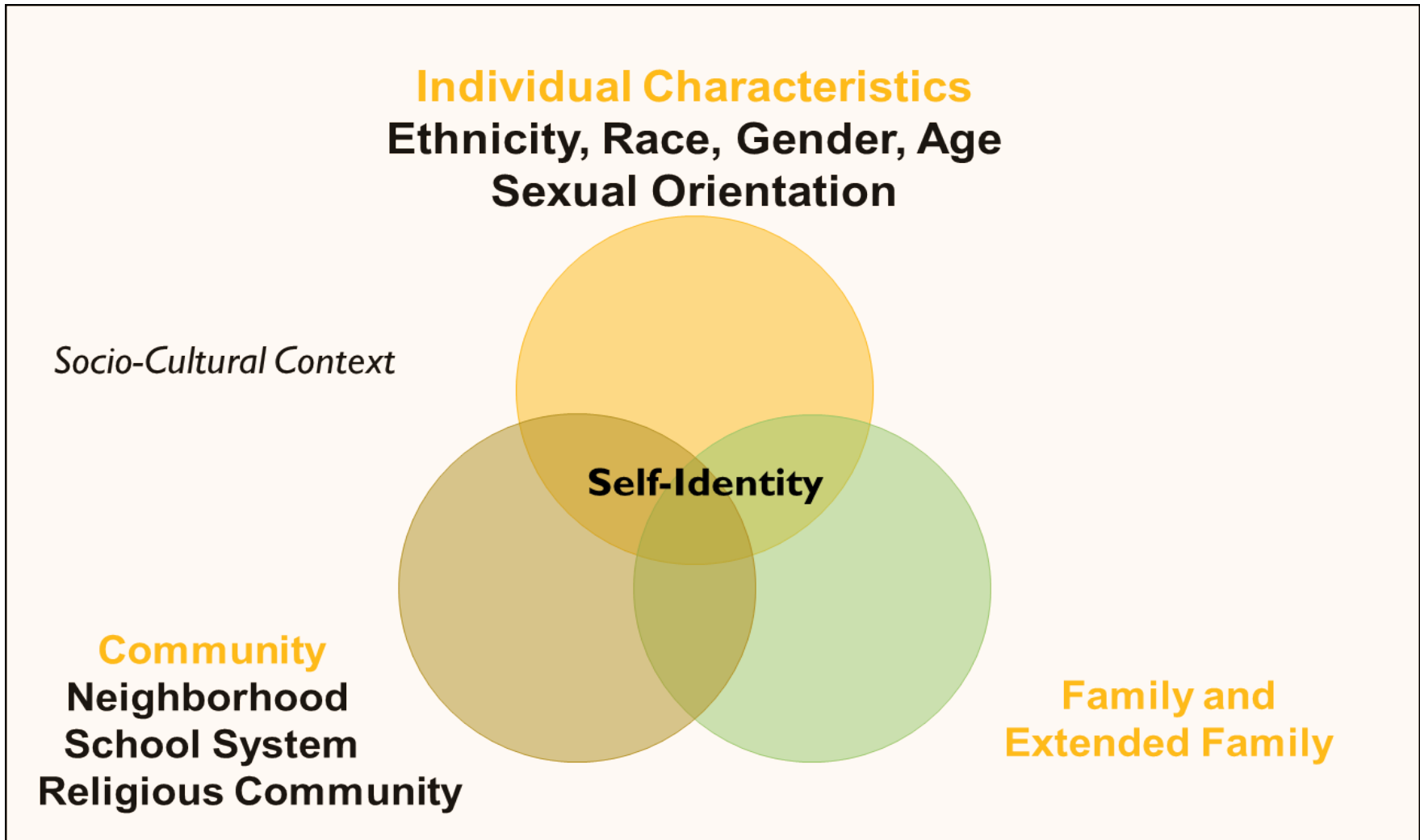
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Identity Development: Who am I?



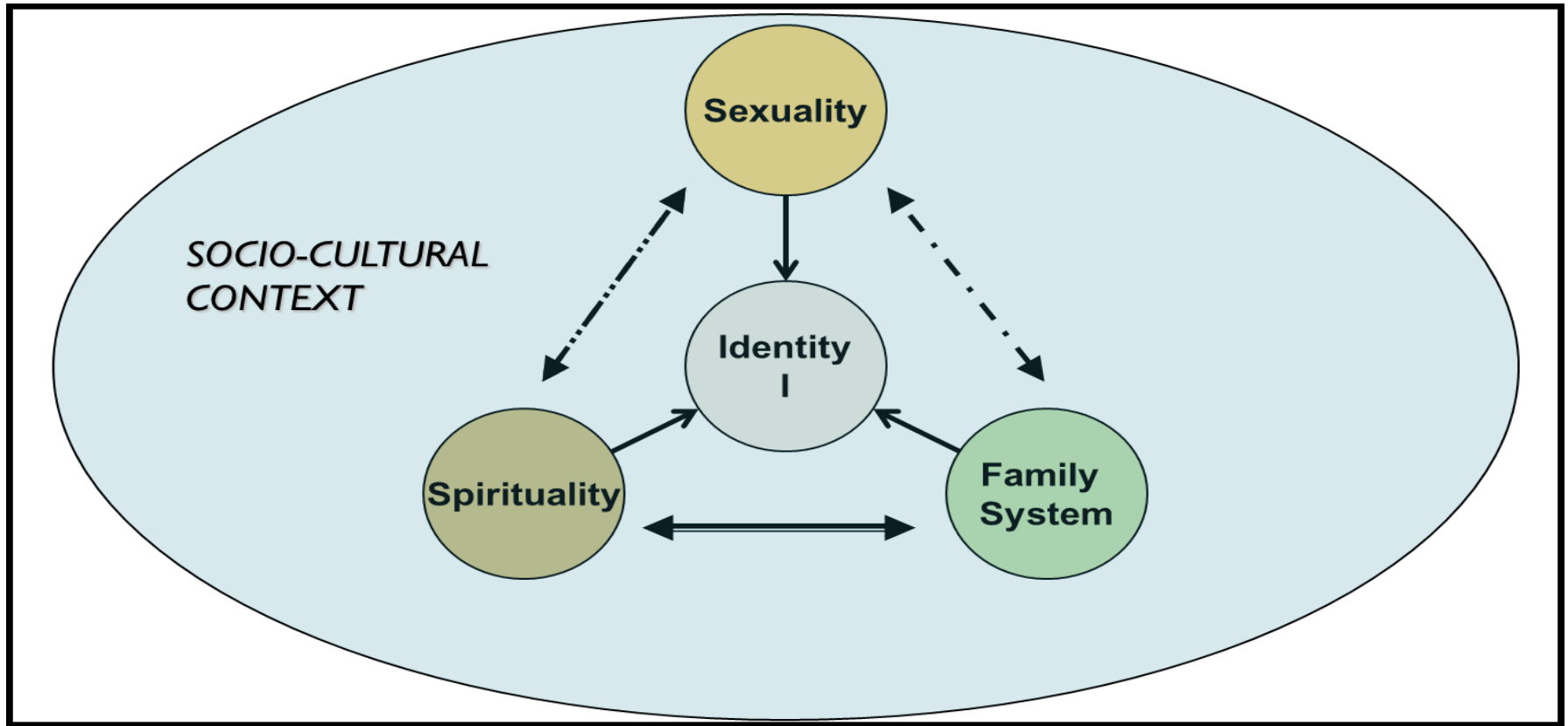
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Identity Development: Conflicts



Duarte-Vélez, Y., Bernal, G. & Bonilla, K. (2010). Culturally Adapted Cognitive-Behavior Therapy: Integrating Sexual, Spiritual, and Family Identities in an Evidence-Based Treatment of a Depressed Latino Adolescent. *Journal of Clinical Psychology: In session*, 66, 895-906.

SCBT- SB Treatment Protocol

Crisis Module

Thoughts
Module

Affect
Regulation
Module

Family
Communication
Module

Social
Interaction
Module
**Negative peer relations*

Activity
Module

Trauma Module
After Thoughts & Emotion. Reg.

Substance

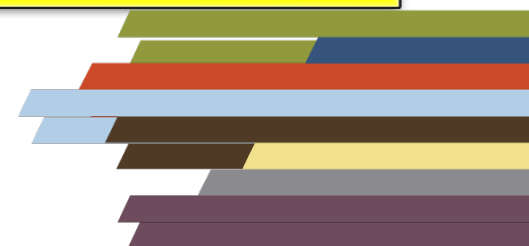
Identity
Affirmation
(Sexual orientation & Gender Diversity)



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Crisis Module

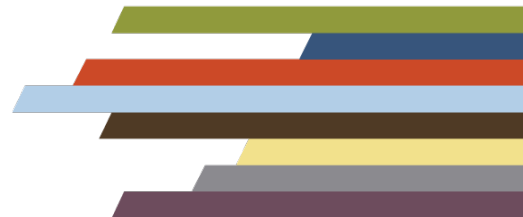
Family Session: Understanding the suicidal crisis

Individual Sessions

- Identity - Who am I?
- Chain Analysis
- Power of Thoughts & Cognitive restructuring
- **Communication Skills**
- Decision-Making: SOLVE

Caregivers Sessions

- Raising in different cultures
- Parenting skills
- **Family Communication**



Developmental perspective: Identity



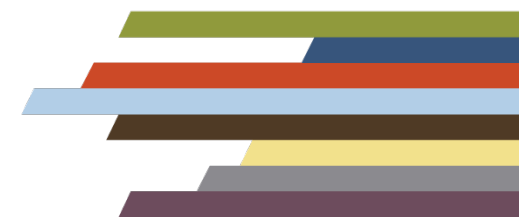
- Establish empathy and rapport with the adolescent.
- Ask adolescent to observe themselves, define who they are, how they feel, and their reasons for living.
- How does the adolescent see themselves in the future?
- **Identify areas of adolescent's identity that may influence suicidality or may be in conflict.**
- Define adolescent's therapeutic goals.
- Personal project: Hope Box



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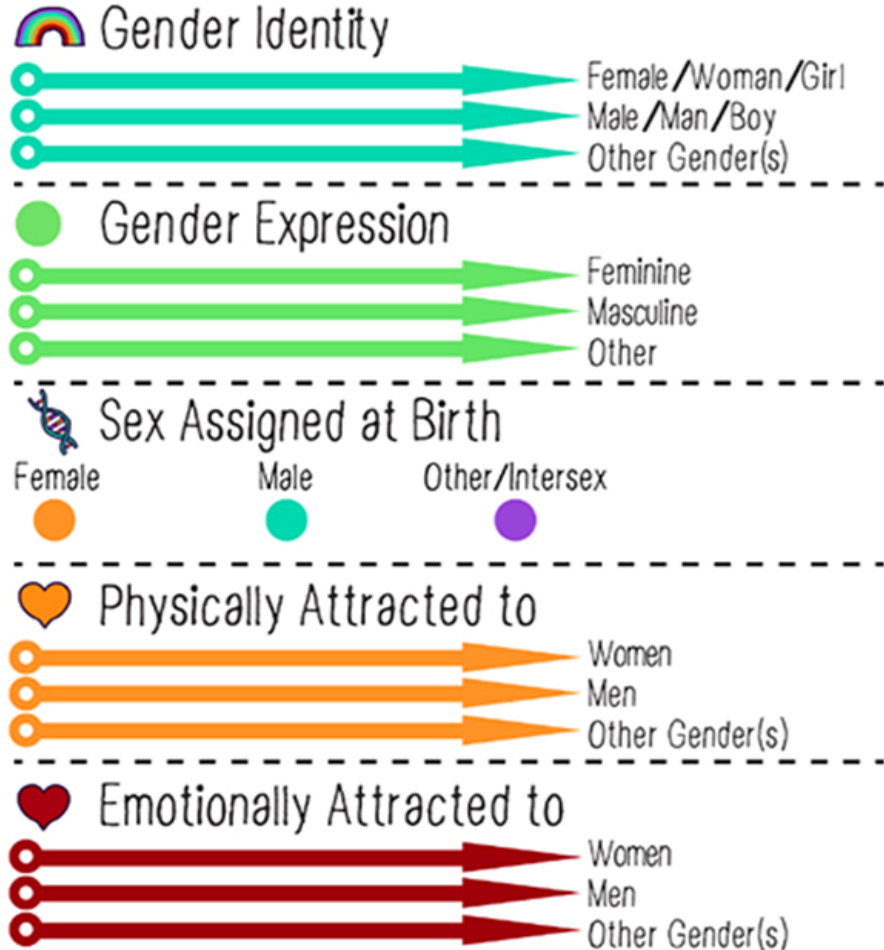
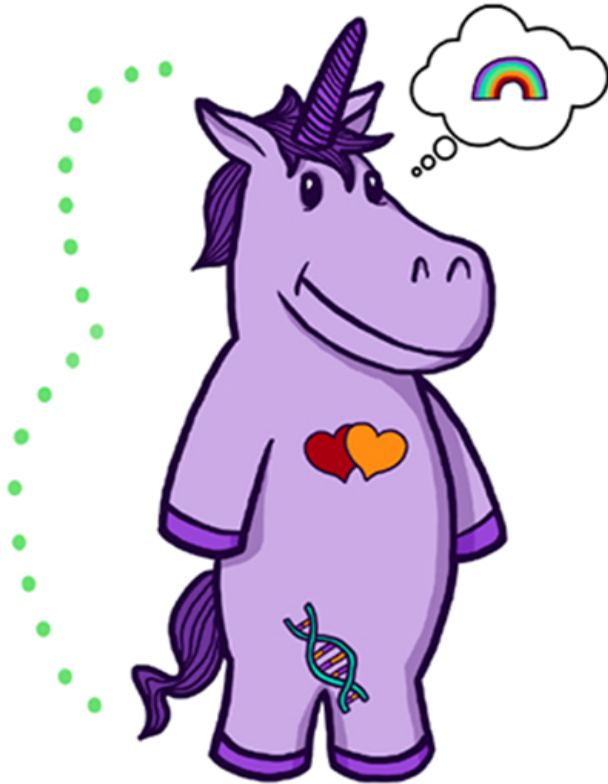
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The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

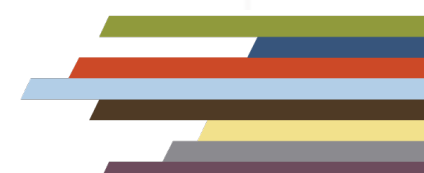
Design by Landyn Pan and Anna Moore



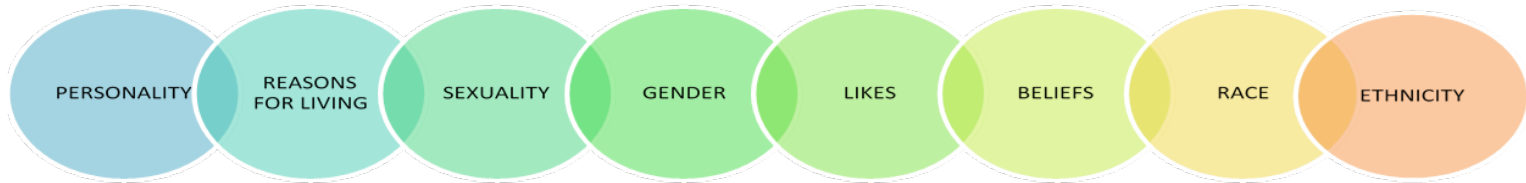
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WHO AM I?

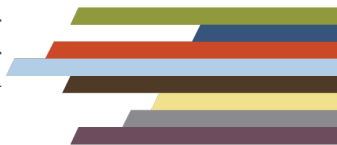


I AM _____

- serious happy communicative participatory slow dreamer
- honest creative patient
- demanding irritable restless calm quiet cautious
- smart impatient I say what I think obedient aggressive
- sweet decided bossy animated disobedient active
- extrovert empathic introvert leader
- worry-free think things through insistent sentimental adventurous
- detailed-orientated dependent sociable loner realistic
- independent sure of myself resourceful boring self-disciplined
- impulsive indecisive I ask for a lot entertaining

REASONS FOR LIVING/ THINGS THAT MOTIVATE ME:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



1. SEXUALITY:

What does sexuality mean to you?

What's your sexual orientation?

Are you comfortable with your sexuality?

What do like about people you're attracted to?

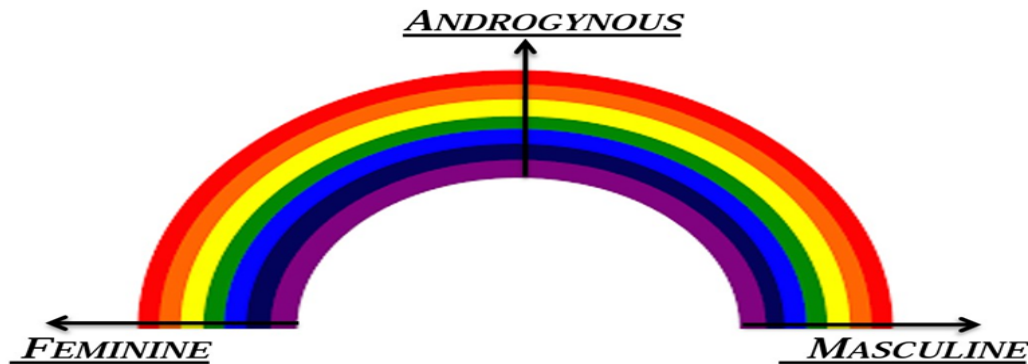
How do you behave or get close to a person you're attracted to?



2. GENDER:

What's your gender? _____

Where do you fall in your gender expression (E.g. dress, behaviors, etc.)? Make a mark.



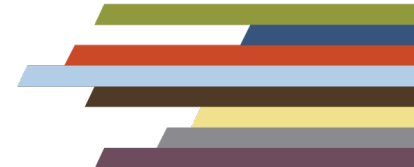
What are your pronouns? _____



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3. LIKES:

What do you like? (Music, movies, books, clothes, hobbies, food)



What type of social media do you use (Facebook, Twitter, Snapchat, etc.)?

Are there specific websites you log on to? Why?

4. LANGUAGE:

What language do you prefer?

For Media (reading books, TV shows, music, etc...)? _____

To communicate with your friends? _____

To communicate with your family? _____

What language does your nuclear and extended family use? _____

5. BELIEFS:



Do you have spiritual beliefs? _____

What do you believe in? _____

Do you have a political belief or stance? What is it?

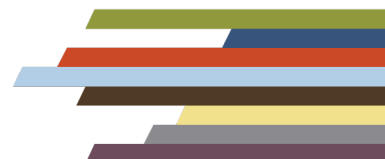
Are your beliefs similar or different from your parents? _____



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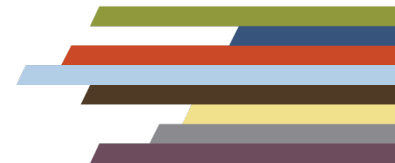
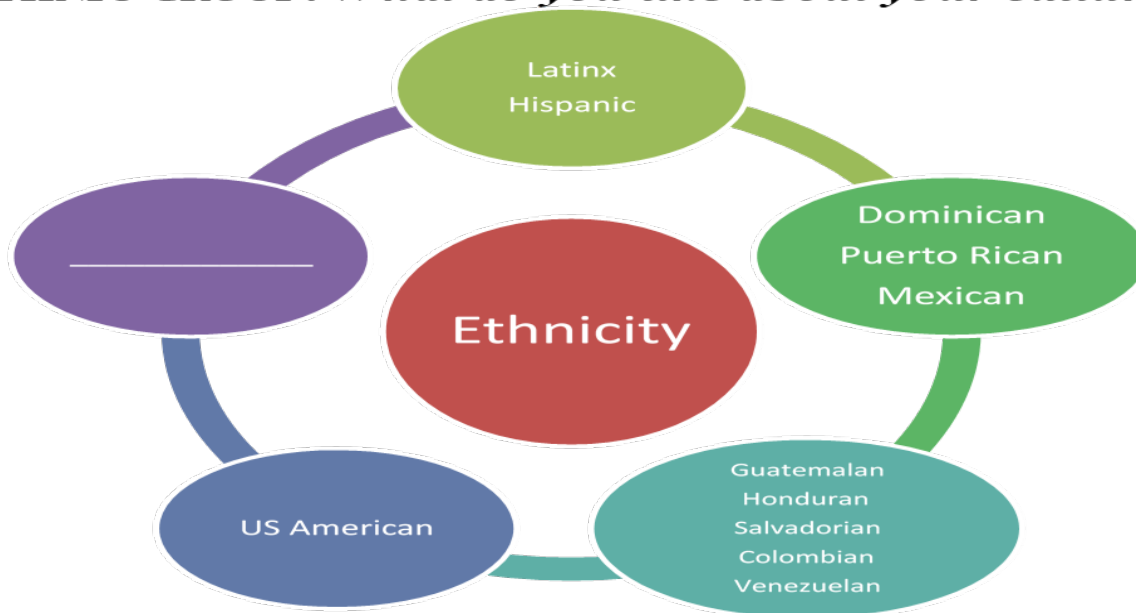
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6. RACE: What does race mean to you?



7. ETHNIC GROUP: What do you like about your culture?



Exploring your Sexual Orientation and Gender

1. Who are you attracted to (physically or sexually)?

1... 2... 3... 4... 5... 6... 7... 8... 9... 10...

Exclusively
Same gender

Both/All
genders

Exclusively
Other gender(s)

2. With whom do you have a special emotional connection?

3. How comfortable (satisfied or happy) do you feel with your sexual orientation?

1... 2... 3... 4... 5... 6... 7... 8... 9... 10...

Unsatisfied

Neutral

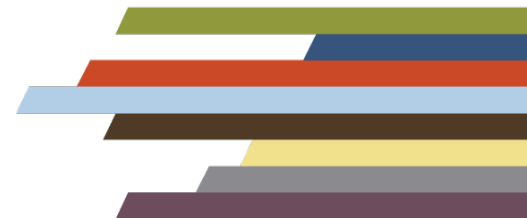
Satisfied



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Exploring your Sexual Orientation and Gender

4. About your gender, with whom you identify the most?

1... 2... 3... 4... 5... 6... 7... 8... 9... 10...
Exclusively Masculine Both/None Exclusively Feminine

5. About your gender expression, how do you like to present yourself the most?

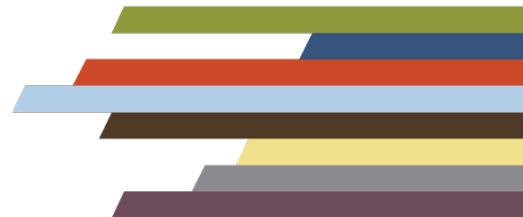
6. How comfortable (satisfied or happy) do you feel with your gender identity and expression?



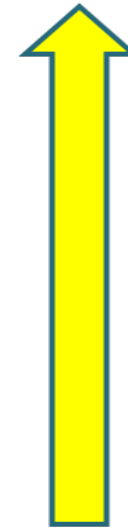
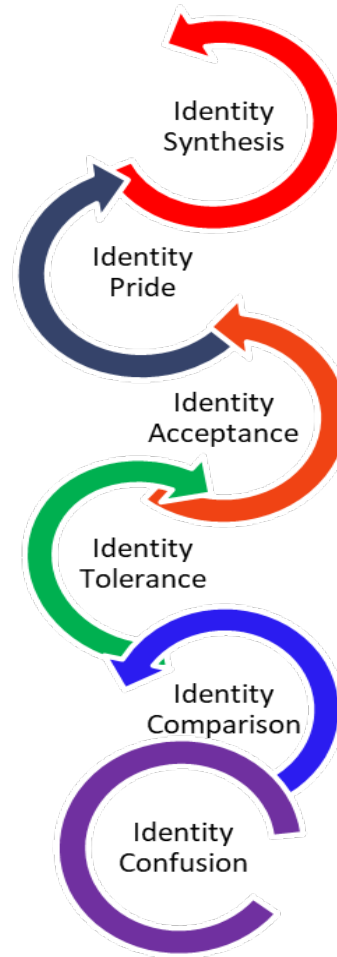
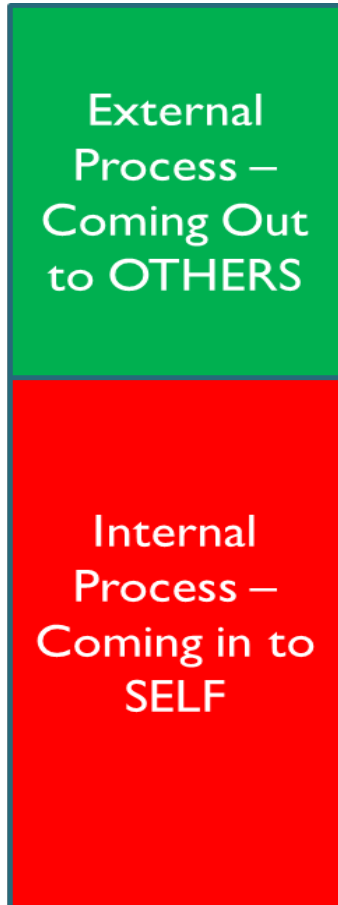
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LGBTQ Identity Development Process



PARENTS

SUPPORTIVE
FAMILY MEMBER

CLOSE FRIEND

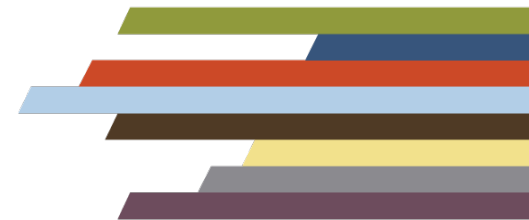
(Cass, 1979; Halpin & Allen, 2004)



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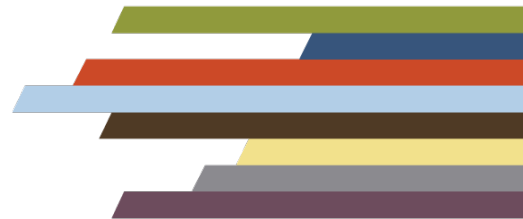
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Cognitive Restructuring

- Where is this idea coming from? (*social norms, e.g. church, movies, family*)
 - Beliefs/ideas some people have versus facts
- It is normal to have certain ideas because we were taught that... (*socialization, e.g. internalized homophobia*)
- Is this true? (*Look for the evidence, social norms may not be right or true*)
 - How do you know or prove that it is true? Or not true?
- Challenge: Look for positive models.



Working with the Family

- Socio-Cognitive Behavioral therapy
 - ✓ Mediator: Support vs Conflict

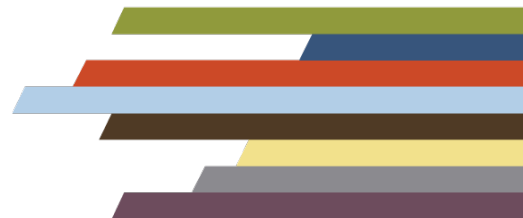
- Family Acceptance Project
 - <https://familyproject.sfsu.edu>*
 - ✓ Mediator: Acceptance vs Rejection
 - ✓ *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children, 2014*



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Working with the Family

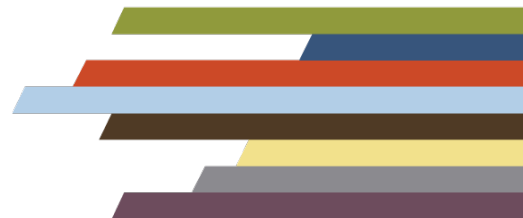
- Engage – gain their trust
- Show respect for their values & beliefs
- Nonjudgmental approach
 - Assume their concerns are based on love
 - Understand that it may be a process of grief
 - Let them express freely their fears and concerns
- Provide psycho-education
 - General information – “not an illness, but a normal part of the human diversity”
 - Family acceptance studies - Explain how caregivers’ behaviors (words, comments, body language, decisions) relate to teen’s well being.



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Caregivers' Journey

English: *Lead with Love* Film (35 mins)- Real stories about LGB teens

- What do you think about the film?
- Where are you as parent in that process from surprise to acceptance?
- Could you relate to any of the family members?
- What are your questions and concerns about your child?

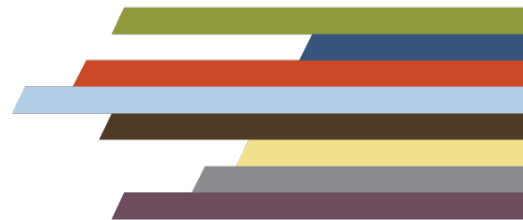
(Huebner et al., 2013)



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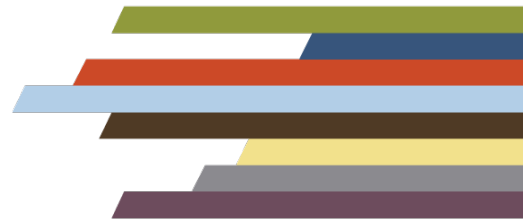
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Lead with Love: Stage-Based Models of Change

- **Pre-contemplators** - self-absorbed with their own grief, confusion, or concerns.
 - ❖ *Understand how painful this can be.*
- **Contemplators** - learn more about being LGBTQ and gain insight about their true pain which comes from misinformation.
 - ❖ *Provide accurate evidence-based information*
 - ❖ *Provide motivation for change by explaining the effect of rejection vs acceptance.*
- **Preparation & Action Stage** – provide specific behavioral guidance & modeling. Connect with resources & support groups.



LEAD WITH LOVE / DIREGE CON AMOR

- **L**et your affection show
- **E**xpress your pain away from your child
- **A**void rejecting behaviors
- **D**o good before you feel good
- **A**fecto debe ser mostrado
- **M**uestra tu dolor lejos de tu hijo/a
- **O**bvia conductas de rechazo
- **R**ecuerda hacer el bien antes de sentirte bien

Huebner, D. M., & Rullo, J. E. (2010). LEAD with Love: Quick Guide for Parents.

Translation of: Huebner, D.M., & Rullo, J.E. (2010). LEAD with Love: Quick Guide for Parents.



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PILOT RCT

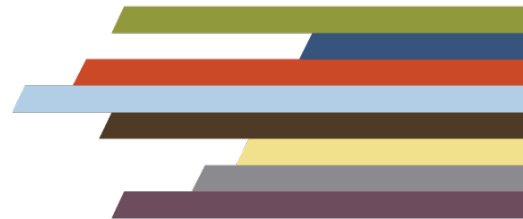
SCBT-SB VS TAU



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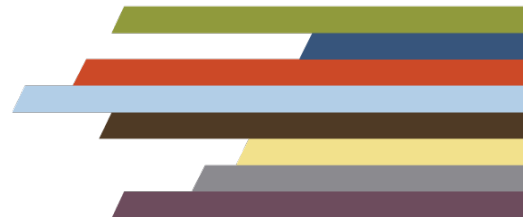
Inclusion & Exclusion Criteria

INCLUSION:

- Self-identify as Latino, Latina, or Latinx,
- Ages of 13 to 17
- **Active suicidal ideation** (past month) or have made an **attempt** within the past two months
- Participation of a legal guardian

EXCLUSION

- Psychotic disorder, Substance dependence
- Pervasive developmental disorder, IQ below 70
- Receiving psychotherapy (psychiatric care was acceptable)
- Mandated psychological care by the judicial system.



Study Objectives

- **Primary Aim:**

- **Feasibility** of the treatment protocol (SCBT-SB).
- Feasibility of conducting an RCT with this population.

- **Secondary Exploratory Aim:**

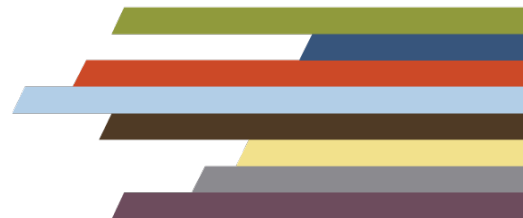
- Examine changes in suicidality (suicidal ideation & attempts) and psychiatric symptoms between the SCBT-SB and the TAU at three, six, and 12 months following baseline.



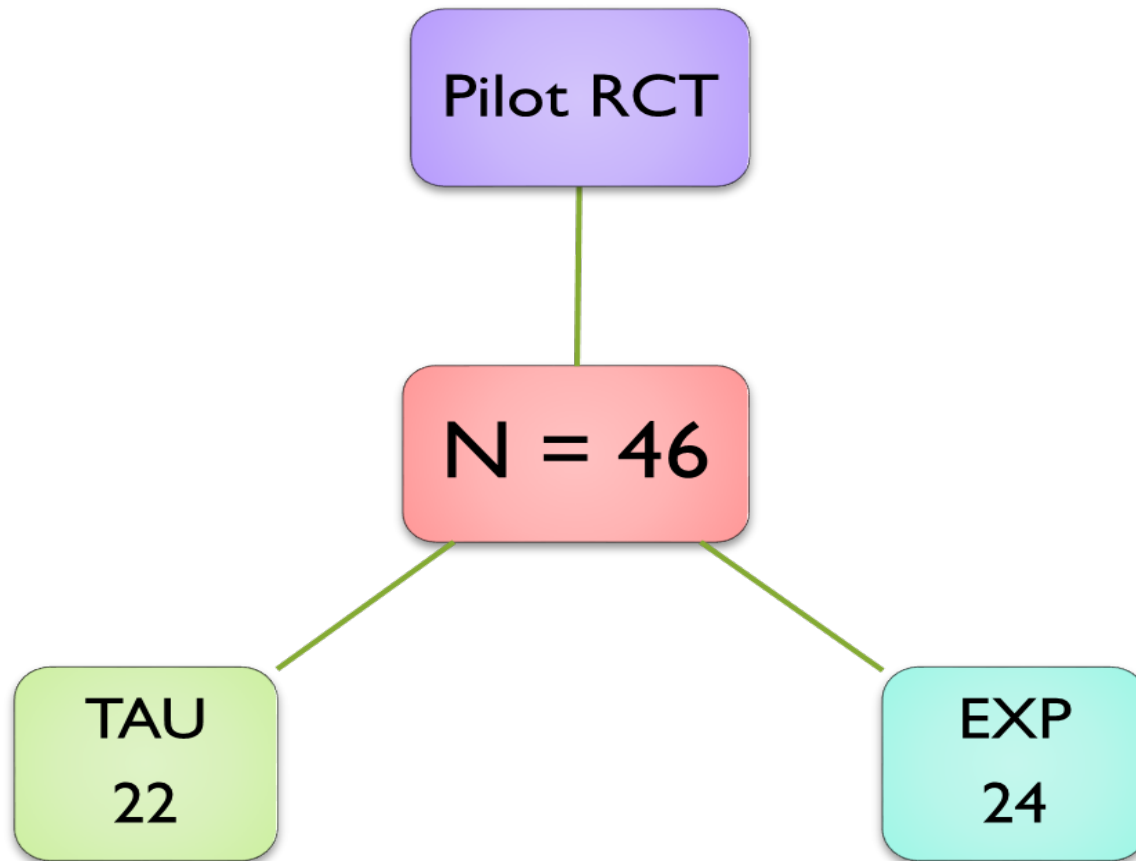
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Pilot RCT: SCBT-SB vs TAU



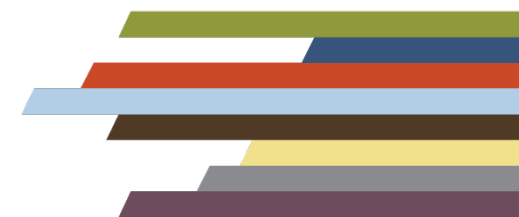
- Support by: NIH Grant: Treatment for Latino/a Adolescents with Suicidal Behavior Grant; 5K23MH097772



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Generational Status in US

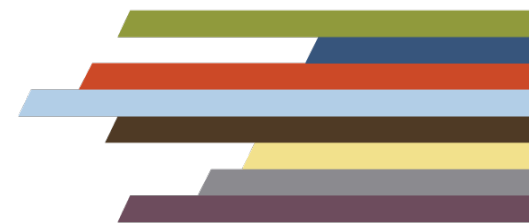
	TAU (n = 22)	SCBT (n = 24)	Total (n = 46)
1st Generation	4	6	22%
2nd Generation	11	13	52%
3rd Generation	7	5	26%



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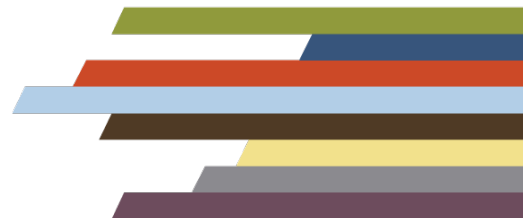
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Total Sample Language Preference by Participant

Language Preference		
Teens	Spanish most of the time	2 (4%)
	Spanish & English same	13 (28%)
	English all or most of the time	31 (67%)
Caregiver	Spanish all or most of the time	22 (48%)
	Spanish & English same	12 (26%)
	English all the time	12 (26%)



Gender

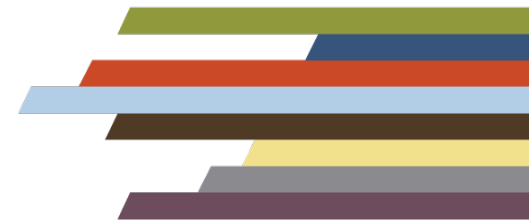
	TAU (n = 22)	SCBT (n = 24)	Total (n = 46)
Female	14	20	74%
Male	5	2	15%
Trans-male	2	0	4%
Trans-female	0	1	2%
Gender fluid	1	1	4%



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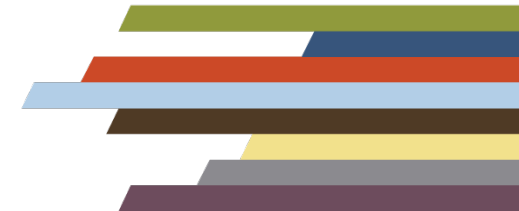
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Sexual Orientation

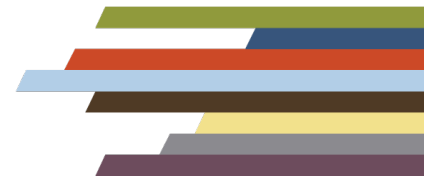
	TAU (n = 22)	SCBT (n = 24)	Total (n = 46)
Heterosexual	13	9	48%
Unsure/None/ Don't know	3	5	17%
Bisexual	5	9	31%
Gay or Lesbian	1	1	4%

Note: Diverse Sexual orientations = 24 (52%)



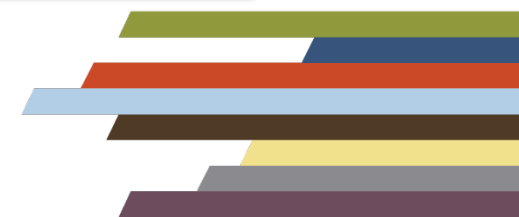
Primary Aim Results

- Pilot intervention showed adequate feasibility and acceptability.
 - Real-world setting: recruitment site & community clinic
 - Heterogeneous population – few exclusions
 - Intervention: Applied with flexibility, sessions limited by medical insurance
 - Providers – frontline therapist



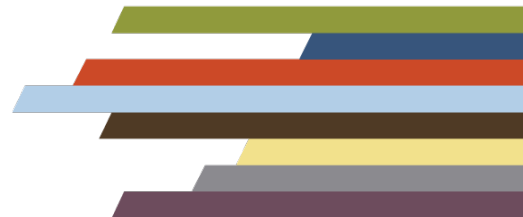
Explanatory Aim Results Intent to Treat Treatment Effects (Cohen's d)

Outcomes	3-Month	6-Month	12-Month
Teen's Report:			
Suicidal ideation	.1	.2	.1
Suicidal attempts	N/A	.0	-.4
Depressive Sx	-.1	-.1	-.5
Internalizing	N/A	.1	-.4
Externalizing	N/A	.2	-.1
Caregiver's Report:			
Internalizing	N/A	.4	.5
Externalizing	N/A	.2	.6



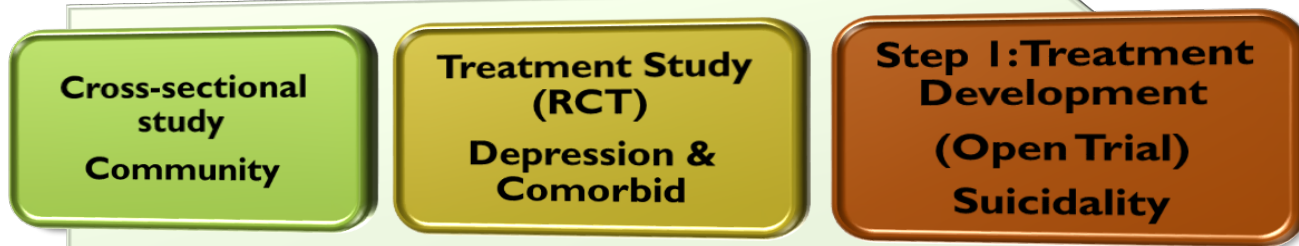
Conclusions: Interventions

- SCBT-SB is the first outpatient treatment for suicidal behaviors among Latinx youth with positive results.
- ❖ Explore treatment response based on:
 - Sexual orientation
 - Gender:
 - ✓ Males - Impulsive behavior, and gender socialization (e.g. not seeking help) may place them at higher risk of suicide.
 - ✓ Trans/Non-binary/Nonconforming – clinical presentation & family environment are more challenging.



RESEARCH PATH OF TREATMENT DEVELOPMENT

Puerto Rico



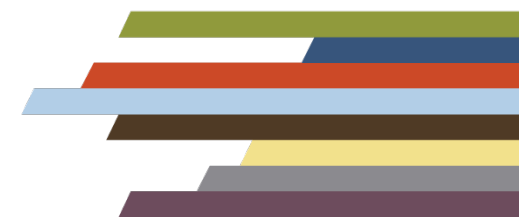
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HELPFUL WORKBOOKS

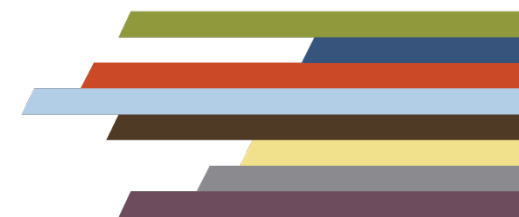
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GRACIAS!!!

THANK YOU!!

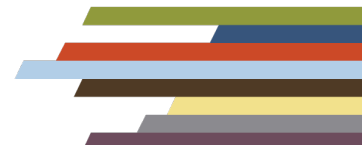


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@Yovanska Duarte-Velez, 2019



- THANK YOU AND QUESTIONS

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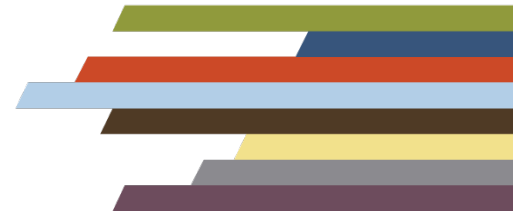


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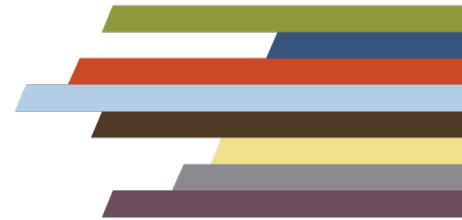
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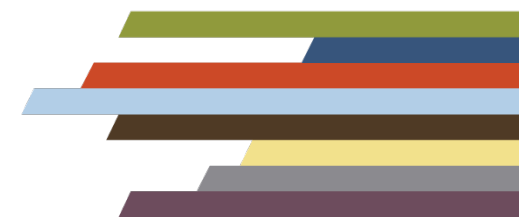


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