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Modifying the Relational Suicide Assessment for Use with Latinx LGB Adolescents

Daphne Pozo

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Modifying the Relational Suicide Assessment for Use with Latinx LGB Adolescents

by

Daphne Pozo

An Applied Clinical Project Presented to the College of Arts, Humanities, and Social Sciences of Nova Southeastern University In Partial Fulfillment of the Requirements for the Degree of Doctor in Marriage and Family Therapy

Nova Southeastern University

2019
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By

Daphne Pozo

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This Applied Clinical Project was submitted by Daphne Pozo under the direction of the chair of the Applied Clinical Project and committee listed below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment of the requirements for the degree of Doctor of Marriage and Family Therapy in the Department of Family Therapy at Nova Southeastern University.

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To all those struggling with who they are: keep fighting. You are loved and you are worthy. You are not alone.
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Abstract

Among adolescent suicides, the Lesbian, Gay, Bisexual (LGB) subpopulation has been found to be affected at disproportionate rates (Russell & Fish, 2016). Analyzing this subpopulation by race/ethnicity, statistics show that Latinx LGB adolescents are more likely than their White peers to have a history of attempted suicides (Bostwick et al., 2014). Despite these statistics, a suicide assessment addressing the cultural needs of Latinx LGB adolescents has not been created. To address this gap in the literature, I sought to create a modified version of the Relational Suicide Assessment (RSA), originally created by Flemons and Gralnik (2013), for use with Latinx LGB adolescents. The data in this study was collected by implementing three focus groups, with five participants each. The participants were presented with the original RSA, they provided qualitative feedback about what they believed should be added or deleted, and once the research was transcribed, I created the modified assessment. The findings indicate that the RSA can be modified to account for the ethnic and cultural needs of the Latinx LGB adolescent. Five major themes in relation to suicide emerged: Latinx values/Machismo, religion/faith, family, school, and self worth. Cultural and other considerations for practitioners are also discussed. Utilizing these themes as well as feedback from the participants, the modified Relational Suicide Assessment for use with Latinx LGB adolescents was developed.

Key words: lesbian, gay, bisexual, LGB, adolescent, Relational Suicide Assessment, Latinx
CHAPTER I: INTRODUCTION

From an early age, I experienced first-hand the strong identification Latinx people have to their culture, especially living in Miami, Fl. Miami’s population is largely composed of a strong Latinx community. As a result, many of the people living in the city do not speak English because they never had to learn. Many have brought their culture and native rules along with them from the places from which they came. Consequently, the area has become a melting pot of different Latinx cultures attempting to continue their lifestyle from their country of origin in a new physical location. The presence of this Latinx culture in the Miami area is so strong that many non-Latinx residents actually follow and incorporate Latinx practices and customs.

Consequently, I have learned that my upbringing was very different from that of many of the non-Latinx individuals I have met throughout my life. “Hispanic parents have been described as socializing their children according to cultural values and styles of interaction that differ from those of the dominant U.S. culture” (Lorenzo-blanco, Unger, Baezconde-garbanati, Rittolson, & Soto, 2012, p. 1351). Accordingly, growing up in a traditional Latinx household, the bond between every member of my family was very strong. I am the youngest of three siblings and our relationships have always been very intertwined with one another. Physical and emotional closeness was always the goal within my household growing up. Everyone knew each other’s business, there were no secrets, and everyone did what they could for one another because that is what family is supposed to do. In fact, when I moved away to study Marriage and Family Counseling at the University of Florida in Gainesville, FL I was surprised to learn that major theorists in the field (who were non-Latinx) would have labeled my family as “dysfunctional”. But,
because of how I was raised, I often questioned my professors and wondered, “What’s so wrong with the way I was raised?” To me, there has never been anything wrong with my upbringing or with how my family functions—even if it might seem “dysfunctional” to others.

In my Latinx household, there were certain undeniable, unspoken truths my parents instilled in us and were followed by each member of my family. Despite living in America since the 1980’s, my parents always abided by the cultural beliefs from their country of origin, Cuba. These include but are not limited to: respecting the family name and honoring the values that were instilled at an early age, doing anything for the family because blood is thicker than water, believing that the only thing more important than family is God, and never doing anything to bring shame upon your parents. Since then, I have come to learn that many of these cultural values are similar for many subcultures within the Latinx community.

These basic inherent beliefs, along with my strong cultural identification, molded me into the person I am today. Although I do not prescribe to all of the traditional values and beliefs that are usually taught in a Latinx household, I understand the impact it can have on the members of this tight-knit community.

**Latinx Culture**

The original term used throughout my proposal and paperwork was “Latino”. However, after conducting my research and realizing how exclusive the term is, I have decided to use the term Latinx to describe this population. The term ‘Latinx’ is utilized throughout this paper to describe people of Latin descent, in a gender neutral manner.
The Latinx population is one of the largest ethnic minorities in the United States, characterized by its shared language, customs, and ancestry (Caballero, 2011). The importance of family in a Latinx household cannot be understated and has been described as “a vital source of support that is made up of close-knit, cohesive, and interdependent relationships” (Lorenzo-blanco et al., 2012, p. 1352). Amongst the shared traditions, many Latinx parents highlight the importance of respecting adults, a collective relationship amongst all members of the family, and following traditional gender roles (Lorenzo-blanco et al., 2012). Moreover, the culture is often guided by a strong belief in the Catholic religion which is associated with a conservative attitude towards social issues such as marriage and education (Espinosa, 2008).

Traditional gender roles often guide behaviors amongst members of this population and are often passed down from one generation to the next (Lorenzo-blanco et al., 2012). Abiding by the principles of the polarization of gender roles, men and women are seen as opposites and should behave as such (Boe, Maxey, Bermudez, 2018). This includes men adopting an aggressive and dominant persona while women are seen as docile and nurturing. Thus, men view themselves as the head of the household and providers for the family while women are supposed to maintain the household and raise the children. Men should behave in ways that are ‘manly’ while women should be ‘feminine’ (Caballero, 2011).

Due to the rigidity of most traditional immigrant Latinx households, conflict can arise if a member of the family does not abide by the unspoken rules. Particularly, because of the adherence to traditional gender roles and the population’s strong affinity to Catholicism, it can be especially difficult for a Latinx child to identify as Lesbian, Gay,
Bisexual, Transgender (LGBT). In fact, most Latinx people have negative perceptions towards those who identify as LGBT, which can be seen as a form of social deviance (Ramirez-Valles, Molina, & Dirkes, 2013). However, the LGBT community is viewed by some as providing a safe space to those newly identified as LGBT.

The LGBT Community

Despite my intentions to be inclusive of everyone within the LGBTQ+ community, most of the research published focuses solely on the LGBT community. Consequently, the research presented within this paper is geared towards the LGBT community.

The LGBT community is a group of people categorized by their sexual orientation and is composed of diverse members (Rosario, Schrimshaw, & Hunter, 2004). This community prides itself on being a safe space for members to seek social support from others who are currently undergoing or have undergone similar life experiences with regard to their sexual orientation (Demant, Hides, White, & Kavanagh, 2018). In addition to providing support, the community can help teenagers establish a sense of pride in their newfound identity while making connections that can aid during challenging times (Johns, Pingel, Youatt, Soler, McClelland, & Bauermeister, 2013). According to Johns et al. (2013), connection within the LGBT community has been linked to overall positive health benefits such as psychological well-being.

Members of the LGBT community have one commonality—the hardship and stigmatization they have had to endure as a result of their sexual orientation (Institute of Medicine, 2011). Because some members tend to go against the traditional gender roles and against the mass heteronormative beliefs, they can be treated harshly by society and
can often be rejected by others due to their attraction to the same sex. As a result of the discrimination many members of the LGBT community face, they often experience negative physical, social, and mental outcomes (Institute of Medicine, 2011). These negative outcomes are exacerbated if the member is also an ethnic/racial minority (Rosario et al., 2004).

According to the research by Kelso (2015), although there have been great strides in the representation of LGBT people in the media, the media still chooses to depict ‘safe images’ – images of White, middle-class people. This leads to the exclusion of minorities who identify as LGBT. This monolithic representation of the LGBT community can lead to difficulties when a youth of color questions their own sexual identity. Gomillion and Giuliano (2011) found that a lack of role models can lead to feelings of exclusion within society.

**Self of the Therapist**

I can trace back my interest in the LGBTQ+ population back to my childhood years when I first learned the definition of the word “gay” and how people would often use the word in a negative manner. This is especially true being raised in a Latinx community where being gay is often equated to being less than a person. I often wondered why being gay was considered an insult and how people could judge someone for who they love. To me, it seemed simple. Anyone could love anyone and it was okay as long as it did not hurt anyone. Unfortunately, not everyone shared my views. As I grew older, being Latinx and supporting the LGBTQ+ community began to seem like a paradox but my opinion on the topic never seemed to waver.
During my undergraduate career as a Psychology major, I decided to take a course studying LGBT topics and their history. As part of the requirements for the course, each student had to complete at least 20 hours of volunteer service at an LGBTQ+ center or event. I did some research on local LGBTQ+ resources and found a center geared towards providing a safe space for racial/ethnic minority LGBTQ+ teens after school due to the geographical area it was in. Their program included free sexually transmitted infections testing, a computer center for kids to do homework, services for homeless youth to be able to bathe and eat on a daily basis, and, what intrigued me the most, peer led support groups in which anybody of any age in the LGBTQ+ community could join. There were many nights I sat in on support groups and listened to the members’ voices, their worries, their hardships, and their fears. Many of the youth spoke about the rejection they had faced when they came out to their parents and some even spoke about being kicked out of their homes as a result. Older members listened and provided support but they, too, were struggling with the stigmatization and discrimination that many LGBTQ+ individuals face on a daily basis confounded by their cultural expectations. Some spoke about their battles with depression, others about their struggles with substance use, but most spoke about their inner conflict towards being a racial/ethnic minority while also being a sexual minority.

It was during this time that I decided I wanted to work with the Latinx LGB community—I found myself lacking knowledge on the transgender population as well as the other sexual orientations and did not want to practice outside my competence. At that time, I wanted to become more than just an ally in order to help the LGB community overcome their adversity. This did not come easily, however, because, despite always
being a supporter of the LGBTQ+ community, I had grown up in the Latinx culture where traditional gender roles were maintained and strong religious values were honored. I began to challenge myself, my beliefs, and my biases as a Latinx woman in order to work towards cultivating a non-judgmental and curious attitude—not only professionally but also personally. It soon became clear to me that being Latinx and a supporter of LGBTQ+ people was not mutually exclusive; it was possible to be both. I worked extensively to become an advocate for the LGBTQ+ community while challenging those around me to question their negative beliefs and their biases about the LGBTQ+ community. I was met with some opposition along the way but, for the most part, the people whom I encountered were willing to keep an open mind. However, I have found that religious and cultural affiliations can lead to rigid values. It can be very difficult for someone to go against their ingrained beliefs in an attempt to adopt a more accepting attitude towards a marginalized population. As such, my work as a therapist and as a person encompasses promoting inclusion for all.

Throughout my few years working as a therapist in the field in Miami, I have encountered racial/ethnic minority teenagers, specifically Latinx, struggling with their sexual orientation. It has been my experience that most members of the LGBTQ+ community (regardless of race or ethnicity) struggle with their sexual identity due to a fear of society’s response as well as familial reactions. However, certain Latinx values exacerbate these negative experiences. Consequently, I try to provide a safe space for teens to genuinely talk about their worries, their negative experiences at school, and their fear of rejection from their family, friends, and the community. However, my fears as a mental health professional have become centered on their personal safety based on the
astonishingly high rates of negative outcomes LGBTQ+ teens have, specifically with regard to suicide.

More recently, as a doctoral student in the Marriage and Family therapy program at Nova Southeastern University, I took an elective course focused on suicide prevention. During it, I marveled at my personal lack of knowledge despite the prevalence of suicide. A key concept I learned from Joiner (2010) is that people who were likely to die by suicide are people who perceived themselves as being a burden to others and experiencing alienation from others. Moreover, he stated that the vast majority of people who died by suicide had a diagnosable mental disorder at the moment in which they died. Due to the combination of these factors, as well as feelings of hopelessness, a person believes they have no remaining choice but to take their own life. Nonetheless, Joiner wrote that due to the high levels of ambivalence a person can feel about dying by suicide, there is still a chance they can change their mind—the connection with another human being can be so powerful that a suicidal person can choose to keep living.

As I was reading for this course and learning about ways in which to prevent suicide, I could not help but think back to the Latinx LGBTQ+ teens I had encountered in my life and how often so many of them felt stigmatized, isolated, rejected, and depressed—all critical factors when trying to understand suicidality. I wondered how many of them had had suicidal thoughts, suicidal plans, or even took their life by suicide because of the constant conflict between their cultural identity and their sexual identity. I wondered how many lives could be saved if one person took the time to let these teens know they care. I wondered what I could do to make a difference.
My interest in this subject culminated when I began to research suicide assessments within the Marriage and Family Therapy field. In my research, I was pleased to find that many suicide assessment tools had been translated to Spanish and that many assessments considered family factors when evaluating whether someone was an imminent danger to themselves. However, to my surprise, none of the screening tools I found had been created for the Latinx LGB population, granted, a very small and specific population but, nonetheless, a population that has been found to have high rates of suicidal ideation and suicide attempts. Further, the suicide screening tools I found that were geared towards Spanish speakers had simply been translated rather than taking into account the culture and the distinct contexts in which Latinx individuals live. Thus, my study was developed.

For the purpose of this study, I decided to focus exclusively on the LGB population suicide prevention due to the complexities that are involved with being a transgender youth. These intricacies involve other aspects (i.e., gender identification, health issues, and different forms of discrimination that are not applicable to members of the community that identify as LGB) that are not within the scope of this study.

**Rationale for the Study**

Suicide amongst adolescents is a growing epidemic that has quickly become the third leading cause of death amongst this age group (Mustanski & Liu, 2013). Suicide rates within this population become even higher when analyzing the trends amongst LGB teenagers. “Multiple studies demonstrate that disproportionate rates of distress, symptomatology, and behaviors related to these disorders are present among LGBT youth prior to adulthood” (Russell & Fish, 2016, p. 5). When compared to their heterosexual
counterparts, research has shown that LGB youth are more likely to experience poor mental health such as depression, substance abuse, anxiety disorders, mood disorders, post traumatic stress disorder, as well as suicidal ideations and attempts (Russell & Fish, 2016). This subpopulation has been found to have higher levels of suicidal ideation and to be at a greater risk of suicide than their heterosexual peers (Mustanski & Liu, 2013).

The rates of suicide can also be broken down further by ethnicity/race. Research has found that, within the general population, Whites are twice as likely to die by suicide when compared to Latinx (O'Donnell, Meyer, & Schwartz, 2011). However, when looking at the rates of suicide amongst LGB youth, Latinx LGB youth are more likely than their White peers to have attempted suicide (Bostwick et al., 2014). Despite these overwhelming statistics, little research has been conducted with regard to the prevention of suicide specifically amongst Latinx LGB youth.

**Purpose of the Study**

The purpose of this study was to implement focus groups for the modification of the Relational Suicide Assessment (RSA) in order to be focused for use with Latinx LGB adolescents. Although many screening tools for suicidality exist, this screening tool focuses on the specific risk and protective factors that are unique to this population. As such, this assessment was cultivated with Latinx LGB teens specifically in mind, in response to the staggering rates of suicidal ideation and suicide attempts amongst Latinx LGB adolescents. This was accomplished by presenting the RSA to professionals in South Florida who work directly with Latinx LGB teenagers (i.e. therapists, health care professionals, counselors, community LGBT center staff, etc.), then they provided qualitative feedback to the researcher about what they believe should be added or deleted,
and, lastly the researcher modified the assessment as recommended by the consensus of the participant professionals. By providing a series of focus groups for the modification of the screening tool, it was my hope that doing so may eventually impact the rates of suicide among Latinx LGB youth. This study sought to answer the question, “Can the RSA tool be effectively modified to account for the specific ethnic and cultural needs of the LGB community embedded within the Latinx teenage population?”
CHAPTER II: LITERATURE REVIEW

Fundamental Values of Latinx Culture

In every culture, there exists an unwritten set of guidelines which influence the behaviors of the members and the ways each member is supposed to interact with one another (Garza & Watts, 2010). “Historically, these norms serve as protective factors for the people of that specific culture” (Garza & Watts, 2010, p. 110). As such, in order to understand the Latinx culture, one must attempt to understand the values and belief systems that exist and guide the culture itself. For the purpose of this study, familismo, machismo, and respeto are explored from a Latinx lens in order to further understand the pivotal principles that exist within this culture which are closely related to the discrimination of LGB people.

Familismo

The term familismo is an all-encompassing term used to describe the collective nature one subscribes to within their family in the Latinx culture (Calzada, 2010). Research has found familismo to be a multifaceted construct composed of at least three dimensions: the structural dimension which explores the relative physical proximity and the presence of boundaries between the members, the behavioral dimension which analyzes the behaviors of the members towards family, and the attitudinal dimension which is the overall commitment of each member to the system as a whole (Steidel and Contreras, 2003). For the purpose of this study, familismo will be expanded upon utilizing the attitudinal dimension.

“Attitudinal familism has been defined as a cultural value that involves an individual’s strong identification with and attachment to his or her extended families and
strong feelings of loyalty, reciprocity, and solidarity among members of the same family” (Steidel, & Contreras, 2003, p. 313-314). In their research, Steidel and Contreras (2003) found that attitudinal familismo is comprised of four necessary components: 1) the belief that the needs of the family are greater than the need of the individual, 2) the need for physical and emotional closeness also known as family interconnectedness, 3) the act of always being there for one another during times of need, and, 4) the respect and protection of the family honor. Rather than valuing independence like the American culture does, Latinx value interdependence amongst their members, including extended family members (Garza & Watts, 2010). Accordingly, from an early age, children are taught that there is nothing more important than family and that every member must do anything in their power in order to maintain the family order.

**Respeto**

Due to the high emphasis that is placed on family interconnectedness, respect is a strong tenet of the Latinx culture. Respeto is the belief in the familial hierarchy in which members with less power (i.e., children) should respect those with more power (i.e., the parents, grandparents, or any other adult within the familial system) (Calzada, 2010). The obedience of children in Latinx families is critical due to the high esteem placed on listening to one’s elders (Solís, Smetana, & Tasopoulos-Chan, 2017). In other words, respeto is the delineation of boundaries between members of the family in order to maintain harmony within the system (Calzada, 2010). If a member is viewed as being disrespectful, emotional and physical consequences can be enforced such as spanking a child or shaming the person for what they have done.
Machismo

In accordance with the traditional gender roles that exist within the Latinx culture, both parents often instill the concept of machismo in their children. Machismo is a guiding principle many males follow which places a great deal of emphasis on hyper-masculinity and dominance (Davis & Liang, 2015). This concept is often reinforced by both men and women through the cultural norms which value men as aggressive beings and are often seen as authority figures (Vaughan, Wong, & Middendorf, 2014). Hence, men are encouraged to dominate women in order to create a family. In this family, the female is supposed to serve the family and her husband while the man is seen as the head of the family (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Men are expected to be emotionally and physically strong, they are expected to protect others, and they are expected to maintain control of the system (Ingoldsby, 1985).

In the Latinx culture, it is expected that men behave in accordance with their masculinity and are often shamed if they do not. Phrases such as “Be a man” and “Never show weakness” are frequently transmitted throughout households in an attempt to foster masculinity. Because of the rigid adherence to the Machista culture, males who portray characteristics that are conceptualized as being feminine are often ridiculed due to the heavy importance placed on men behaving in accordance with traditional gender roles (Boe, Maxey, & Bermudez, 2018). Thus, when a male identifies as being attracted to the same sex, he may be seen as possessing feminine qualities and when a female identifies as being attracted to the same sex, she may be seen as possessing masculine qualities. These generalizations of the genders often lead to shame and discrimination in which
people are seen as ‘less than’ because they do not fit the mold created by the dominant culture (Boe, Maxey, & Bermudez, 2018).

**Latinx Attitude toward the LGB Community**

The amalgamation of the intrinsic Latinx values listed above, along with a strong religious affiliation, can lead Latinx individuals who believe in traditional values to have a heteronormative view of the world in which heterosexuality is the preferred way of being (Boe et al., 2018). This has led to a negative view of the LGB community, in which members can be viewed as behaving in a manner that is “immoral” (Ramirez-Valles, Molina, & Dirkes, 2013). This negative view of LGB people can play a major role when a teenager begins to identify as a sexual minority.

Ergo, Ryan, Russell, Huebner, Diaz, & Sanchez (2010) conducted a study in order to investigate the role of family acceptance as a protective factor for teenagers that identified as LGBT amongst Latinx and non-Latinx participants. According to the results of this study, it was found that certain characteristics of Latinx families (i.e., immigration status, occupation, and religion) were more likely to be associated with a less accepting attitude. Families that place emphasis on the more traditional values associated with being Latinx are more likely to be less accepting and more likely to disapprove of their child who identifies as LGB (Potoczniak, Crosbie-Burnett, & Saltzburg, 2009), especially if the family behaves in accordance with traditional gender roles (Newman & Muzzonigro, 1993). Hence, a homonegative attitude amongst the Latinx community results in rejecting attitudes towards Latinx LGB youth (Richter, Lindahl, & Malik, 2017), perpetuated by traditional gender roles and the Machista culture.
Latinx LGB Youth

Minority Stress Theory

I have chosen minority stress theory in order to delineate the unique hardships Latinx LGB adolescents must endure due to their multiple minority identities. This theory, described by Meyer (2003), posits that people who belong to a minority group are more likely to be exposed to negative stressors such as stigma and discrimination which can lead to overall negative outcomes such as mental health problems. These stressors can have a detrimental effect on members of the minority group due to the intense pressure they face from others in society. Meyer (2003) states that minority stress theory carries three basic assumptions:

…minority stress is (a) unique—that is, minority stress is additive to general stressors that are experienced by all people, and therefore, stigmatized people are required an adaptation effort above that required of similar others who are not stigmatized; (b) chronic—that is, minority stress is related to relatively stable underlying social and cultural structures; and (c) socially based—that is, it stems from social processes, institutions, and structures beyond the individual rather than individual events or conditions that characterize general stressors or biological, genetic, or other nonsocial characteristics of the person or the group.

(p.4)

Included in the description of minority groups that undergo an excessive amount of stress are race/ethnicity and sexual orientation. Because Latinx LGB youth belong to multiple minorities, it can be predicted that they face additional stressors. In their research of the intersectionality between ethnicity/race and sexual orientation, McConnell, Janulis,
Phillips, Truong, & Birkett (2018) found that LGBT minority men reported incidents of stigmatization based on their sexual orientation as well as their race/ethnicity which ultimately led to elevated levels of stress.

Furthermore, Meyer (2003) states that there exist three processes within minority stress theory specifically related to members of the LGB community: 1) objective stressors which are external and traumatizing events of stigmatization, 2) expectations that these external events will happen, and 3) the vigilance associated with them, and the internal processes about being LGB such as internalized homophobia. Usually, an accepting family can serve as a buffer for the LGB youth against these stressors. However, Filice and Meyer (2018) found that, when analyzing the effects of rejection based on sexual orientation in people of color, the opposite effect is present—Latinx LGB youth who do not have a buffer suffer from poor mental health outcomes when their family rejects them.

Research by Ryan, Huebner, Diaz, & Sanchez (2009) found that the most critical objective stressor for LGBT young adults was negative family reactions and, subsequently, rejection; this stressor in particular was linked to detrimental health outcomes. The results of this study showed that LGBT young adults who have experienced family rejection are over eight times more likely to attempt suicide and over five times more likely to report symptoms of depression, when compared to young adults who were accepted by their families. Thus, families play a major role in the lives of newly identified LGB members.
Identity Formation and Integration

Adolescence is defined by the exploration of self and integration of roles as well as new identities (Newman & Muzzonigro, 1993). This process, however, can become convoluted if the adolescent begins to identify as LGB. The research by Rosario et al. (2004) has found that the formation of an LGB identity usually begins in childhood or adolescence when one becomes aware that they are having ‘different’ feelings and begins to question their sexual orientation. This confusion and curiosity often leads to the exploration of preferences by participating in sexual activities. Ideally, once confirmed, the person can begin to identify as LGB and thus begins the process of identity integration. According to Rosario et al. (2004), if identity integration has been accomplished, the person views their sexual orientation in a positive manner by overcoming their internalized homophobia, no longer feeling shame or guilt about being LGB, being more willing to identify according to their sexual orientation, and beginning to participate in LGB activities within the community. The pinnacle of the transition is the overall integration of the new LGB identity into all aspects of their life (Newman & Muzzonigro, 1993).

However, when investigating the impact of race and ethnicity on the coming out process, Rosario et al. (2004) have found that:

For ethnic/racial minority LGB individuals, the coming-out process may be complicated by cultural factors that operate to retard or arrest the process. Extensive writings about Latino and Black LGB individuals have suggested that cultural factors including the importance of family, traditional gender roles, conservative religious values, and widespread homophobia may lead many
ethnic/racial minority individuals to experience difficulties in the formation and integration of an LGB sexual identity. (p. 216)

The intersection of the multiple identities a Latinx LGB teenager subscribes to must be examined in order to understand the oppressive context in which these teenagers live (Ibañez, Van, Flores, Millett, & Diaz, 2009). Latinx teenagers who begin to identify as LGB may feel an internal conflict about the clash of their multiple identities and may feel as though they must reject one identity over the other (Duarté-Vélez et al., 2010). The integration of these multiple identities can feel impossible to youth and, if attempted, can create a conflict within the teenager, within the family, and within the community itself because of the contradicting values (Newman & Muzzonigro, 1993). “Queer youth of color … may face conflicts between strong familial and cultural expectations and minority identity that white youth do not have to contend with” (Boe et al., 2018, p. 93-94). Since the concept of family is so important within the Latinx culture, when an adolescent identifies themselves as a sexual minority, they not only risk losing the support from their family but also their identity within the Latinx community (Potoczniak, Crosbie-Burnett, & Saltzburg, 2009).

**Internalized Homophobia**

The intense amount of shame and stigmatization experienced by the Latinx LGB youth can lead to an internalization of the adverse messages they are receiving from their family, community, and society in general. A major stressor that many members of the LGB community face, regardless of race/ethnicity, is internalized homophobia. Internalized homophobia is caused by the internalization of negative messages about LGB people as a whole (Meyer 2003). Rather than dismissing these negative messages,
people are unable to overcome these anti-gay beliefs and believe them to be true. This internalization of homophobia, consequently, leads to the stigmatization of oneself, a poor self view, and negative mental health outcomes including suicidal ideation (Meyer, 2003). Internalized homophobia can be particularly troubling for Latinx LGB youth because they may be receiving negative messages from multiple contexts—the Latinx community and the LGBT community. Without the support of either community, these youth are often left to battle their inner conflicts alone.

**Discrimination against LGB Youth**

Due to the negative view of same sex attraction, homophobia within the Latinx community can be common (Flores, Mansergh, Marks, Guzman, & Colfax, 2009). Discrimination from the Latinx community and from family can occur in which the youth is considered “anti-family, not community oriented, and non-propagating” (Newman & Muzzonigro, 1993, p. 217) because of their budding sexual orientation. This stigmatization from others within the Latinx community can cause the youth to feel shame, guilt, and self-hate. These harmful feelings can be amplified if the person has a strong identification with a minority culture that subscribes to traditional familial values (Newman & Muzzonigro, 1993), such as being part of a traditional Latinx family.

This alienation an LGB teenager faces from their cultural community is further complicated by the possible racism they may face within the LGBT community. As stated earlier, the LGBT community is portrayed as being disproportionately White and, as a result, racism within the community occurs often. In a study conducted by Ibañez, Van, Flores, Millett, & Diaz (2009) in which the researchers analyzed the effects of racism on the gay Latinx male within the LGBT community, data concluded that more
than half of the participants had experienced some form of discrimination within the community. This study also stated that higher rates of racism incidents were reported from those with darker skin and Indian-like features.

Thus, LGB youth may face rejection from both of their identities and can lead to a phenomenon described as a “tricultural experience” by Pritchard (2013). In this phenomenon, “queer youth of color” (p. 321) experience homophobia that is commonly experienced by their White counterparts, racism that is also experienced by other members of their ethnicity/race, and exclusion from the two groups which would usually be viewed as sources of support. This isolation can lead to damaging, and sometimes even deadly, effects for the adolescent during a developmental stage in which they require additional support. As Han (2009) stated, “Given the prevalence of negative racial attitudes in the larger gay community and the homophobia in communities of color, it’s not surprising that so many GLBTQ people of color come to hold negative perceptions of themselves and of others like them” (p.112).

**Latinx LGB Youth and Suicide**

The research indicates that when compared to heterosexuals, members of the LGB population are at increased risk of various mental health disorders as well as higher suicide rates (Mustanski & Liu, 2013). It is predicted that, when compared to their heterosexual peers, LGB adolescents are twice as likely to have suicidal ideations and two to seven times more likely to follow through with their suicide plans (Bostwick et al., 2014). The importance of helping this subpopulation cannot be overseen since most members of the LGB community who attempt suicide do so before the age of 25 (O'Donnell, Meyer, & Schwartz, 2011), the median age of attempted suicide being 17.5
years old (Meyer, Dietrich, & Schwartz, 2008). Further evidence has revealed that Latinx LGB members have even more increased risk of suicidal ideation and attempting suicide when compared to White LGB members (O'Donnell, Meyer, & Schwartz, 2011). Utilizing minority stress theory in order to understand this occurrence, one can make an assumption that, due to the multiple stressors a Latinx LGB youth faces as a result of being a member of both minority groups, the risk for negative outcomes increases (Sutter & Perrin, 2016). Racism, homophobia, stigma, rejection, isolation, and alienation are just a few of the stressors Latinx LGB can face without support from either community. Thus, the risk of suicidal ideation and suicide attempts for this subpopulation are too high for the mental health field to ignore.

**Risk Factors for Suicide**

According to the Centers for Disease Control (2019), a certain number of risk factors exist when investigating suicides but these factors do not constitute a causal relationship. Suicide does not discriminate and can occur regardless of age, race, ethnicity, socioeconomic status, religion, and sexual orientation. Although not all-encompassing, risk factors for suicide as listed by the CDC (2019) are: a family history of suicide, history of family abuse, history of suicide attempts, history of mental health disorders, history of substance abuse, feelings of hopelessness and/or isolation, certain medical conditions, access to lethal means of suicide, local clusters of suicide, a triggering event or recent loss, and a barrier to mental health treatment.

As Kitts (2005) states in his research, identifying as LGB is not a risk factor for suicide; rather, the psychosocial stressors that are experienced as a result of being LGB are the risk factors that mental health professionals should be concerned about. When
exploring the risk factors associated with LGB youth suicide, Rimes et al. (2018) found
the following stressors to be relevant: experiencing stigmatization associated with being a
sexual minority especially in a school setting, coming out before the age of 16 years old,
and identifying as being LGB at an early age. Moreover, Russell and Fish (2016) have
identified other risk factors such as lack of support, biased-based victimization–bullying
due to a youth’s identification as LGB, family rejection due to being LGB, youth
homelessness as a result of familial rejection, and verbal and/or physical harassment from
family once LGB identity has been disclosed. Last, Remafedi (1999) found gender
nonconformity to be largely associated with suicide attempts. As a result of a
combination of these risk factors, LGB youth are more susceptible to alienation, mental
illness and substance/alcohol abuse which can lead to suicidal ideation and may
eventually lead to suicide attempts (Russell & Fish, 2016).

It is the researcher’s assumption, based on the research provided throughout this
paper, that Latinx LGB youth have yet another set of risk factors that could lead to their
suicide. The intrinsic values and beliefs that Latinx families instill in their children can
also be seen as suicide risk factors for an LGB adolescent. The subscription to traditional
gender roles, a strong religious affiliation, the Machista culture, the belief in respeto, and
the importance of honoring the family name, can all lead to detrimental outcomes, such
as internalized homophobia and shame, for an LGB youth that has been rejected by their
family. Since belongingness and pride in one’s identity is so important within the Latinx
community, a youth can feel as though they are betraying their culture and their loved
ones due to their sexual orientation. Because of the negative, shaming messages many
Latinx youth receive from their culture, their community, and their families, LGB youth
may feel as though they cannot relate to anyone and, as a result, alienate themselves. This alienation is reinforced by the discrimination and victimization many Latinx LGB youth can encounter from both communities and can lead to suicidal ideation and/or attempt. As a result, I have included Latinx-specific risk factors that may be relevant within the teenager’s context when screening for suicide.

**Protective Factors**

In addition to risk factors, the CDC (2019) also lists a variety of protective factors that can behave as safeguards against the possible risks that a person may encounter. These protective factors are applicable to everyone, regardless of sexual orientation, and they include: seeking help for mental health and/or substance abuse treatment, support/connection from family, friends, and community, utilizing appropriate coping skills against stressors, and access to effective care. Specifically, for LGB youth, Russell and Fish (2016) have found LGB affirmative school environments with inclusive curriculum and LGB training for staff as well as support from parents and peers to behave as buffers against negative outcomes. Additionally, research by Lesesne et al. (2015) has postulated that youth would benefit from having LGB adult role models that could potentially provide support during difficult experiences.

As such, it is my belief that unique protective factors exist specifically for Latinx LGB youth due to their culture. The concept of familismo can be viewed as a protective factor due to the interdependent and collective nature of the concept (Boe et al., 2018). If, according to this concept, a family is a group of members that are willing to go above and beyond for one another, then a member belonging to a sexual minority, theoretically, should not affect that perspective. This, of course, is a simplification of the concept but
could be utilized as a resource for families. Furthermore, Potoczniaik, Crosbie-Burnett, and Saltzburg (2009), found that extended family members, which tend to be very common within Latinx households, were generally more accepting of the youth’s sexual orientation and could be viewed as an additional source of support.

Ergo, this research study decided to focus on the Latinx LGB youth’s risks and resources when assessing for suicidality due to its comprehensive nature. Since I am a family therapist, I chose to modify an existing relational suicide assessment in order to better fit the needs of this specific population.

**The Relational Suicide Assessment**

The Relational Suicide Assessment was created by Flemons and Gralnik (2013) and is an assessment tool for suicide that can be best described as being “collaborative, empathically grounded, and oriented towards discovering possibilities” (p.6). Unlike other suicide assessments that solely focus on the risks of the person who is in a crisis situation, the RSA also takes into account the resources that a person has in order to overcome their current crisis; these resources can include coping skills, past moments of success and/or resiliency, and exceptions to the problem. Furthermore, the RSA also assesses the person’s support system–including their significant others–and their ability to aid or worsen the crisis. Rather than viewing the client as having a problem, the RSA views the client in terms of their relationships. Since the suicidal person does not exist in isolation, it would only make sense to gather information on the people in their lives that are either contributing to the crisis or helping during times of crisis. According to Flemons and Gralnik (2013):

The information you gather is about various relationships in the client’s world –
those between the client and his or her experience (including thoughts, sensations, perceptions, emotions, images, behaviors, desires, and choices); those between the client and his or her significant others; and those between the client and possibilities for safety and therapeutic change. (pp. 10-11)

The RSA involves three steps:

1. Empathetically exploring risks and resources in the client’s world. This is done by gathering information on the client’s unique risks (i.e. history of mental health, substance use, self harming behaviors, family history of suicide, hopelessness, suicidal ideation, etc.) as well as their significant others risk behaviors. This step also includes assessing for resources within the client and from their support system. In order to accomplish this step, Flemons and Gralnik created the Risk and Resource Interview Guide, also known as the RRIG (See Appendix A), which involves a qualitative interview between the therapist and suicidal person.

2. Coming to safety decision. Based on the answers given in step 1, the therapist must utilize their clinical judgment in order to decide whether the person is at risk for suicide. A safety decision is critical to ensure the client’s safety during the crisis and can be reached by considering all of the information presented throughout step 1; this information includes: the client’s risks and resources, the therapist’s view of the client’s engagement throughout the conversation, and the therapist’s insider (empathetic) and outsider (professional) perception of safety.

3. Collaboratively developing a detailed safety plan. The safety plan is collaboratively created between therapist and client if the therapist believes the
client can successfully “negotiate the dangerous territory of suicidal ideation, desires, urges, plans, and access to means” (p. 12). The safety plan includes information such as: people who can help the client implement the steps of the safety plan, restricting access to lethal means, list of alternative behaviors, safe places to go to, emergency resources the client could contact, personal resources the client could contact, participation in mental health and/or substance use treatment, and whether the client will take a leave of absence.

Rather than choosing what is best for a suicidal person, the therapist and the client work collaboratively to decide what is the best route to take in order to ensure safety.

According to Flemons and Gralnik (2013), therapists who utilize the RSA during a crisis have to utilize their therapeutic judgment in combination with the above mentioned steps in order to assess whether the suicidal person requires immediate attention or has enough resources in their lives to aid them through the crisis.

I chose the RSA for this study for multiple reasons. To begin with, I am a Marriage and Family Therapist. For that reason, I am a systemic thinker—I conceptualize people with regard to the relationships they have in their lives. Instead of viewing people from an individual perspective, I understand individuals in relation to the many relationships that exist in their lives. This is also heavily influenced by my Latinx upbringing in which relationships are at the forefront of our daily living. As such, I believed the RSA was a good fit for Latinx youth because of the emphasis the culture puts on family. This focus on family led me to believe that an assessment which solely focused on the individual person would not take in to account the many factors that are influencing a Latinx LGB youth at any given time. However, I questioned the
applicability of the assessment’s use with Latinx populations since both creators are non-Latinx, and the applicability to Latinx populations is not mentioned throughout the assessment information.

As is evidenced by research, psychological assessment tools do not generalize to Latinx cultures due to their distinct values/beliefs. According to Benuto (2013), some researchers have indicated that cultural variations in symptom presentation exist (e.g., Ballenger et al., 2001), and others have even suggested that assessment measures do not fully capture endorsement of symptoms because of language or cultural barriers (Asnaani, Richey, Dimaite, Hinton, & Hofman, 2010) calling to attention the importance of examining psychological testing and assessment practices as they relate to Hispanics. (p.6)

Benuto (2013) continues this discussion by stating that standardized psychological assessments do not take into account the language and cultural values that are present within the Latinx culture. As a result of this discrepancy, the results of the assessments can be skewed. Moreover, Benuto (2013) found that, even when an assessment is translated into Spanish, it does not necessarily mean it will be as reliable or as valid as the English version because of certain linguistic differences and cultural values that should be considered.

Furthermore, Paniagua (2014) found that the mental health services offered to minorities are often clouded by the lack of education and knowledge that many practitioners have about the specific culture of their client. The author also found that, often times, practitioners fail to take into account cultural norms and traditions that should be considered when providing therapy. Hence, minority cultures are more likely
to be over-diagnosed as having mental health problems because the psychometric properties in most tools used to assess for pathology are not suitable for non-White cultures.

Two important problems with such assessment instruments are their use of inappropriate norms for the members of various cultural groups and their lack of cross-cultural validity or cultural equivalence (i.e., an instrument that was developed to measure a given mental health problem among members of one cultural group may not measure the same problem accurately in members of another cultural group). (p. 25)

Thus, this gap in the research motivated me to develop the modified assessment for Latinx LGB adolescents through a series of focus groups.

**Focus Groups**

Focus groups were originally described by Kitzinger (1995) as “a form of group interview that capitalizes on communication between research participants in order to generate data” (p. 299). The participants of focus groups are chosen based on their similar experiences and characteristics (Krueger & Casey, 2015). The researcher then creates a safe, open environment in which participants can share their opinions on the research topic as a means of analyzing patterns within the conversation. In order to obtain data and generate conversation, the researcher asks open-ended questions about the topic of interest. An important requirement of all focus groups is that they should provide qualitative data in order for the researcher to better understand the research topic (Krueger & Casey, 2015). The use of focus groups in the family therapy field has been
researched for its use with families as well as the larger system. Piercy and Hertlein (2005) state:

Researchers can use focus groups to learn about a wide range of practice issues and can then use focus group results to improve clinical services. For example, researchers can use focus groups to assess needs, understand problems, and evaluate services in order to improve them. (p. 97)

Utilizing focus groups was important to my research because it provided me with access to an array of experiences that I would not otherwise have. In this group setting, participants can openly discuss their opinions based on the work they have done with Latinx LGB teenagers. By conducting several focus groups, I believe I was better equipped to analyze trends and patterns in the data that were relevant to the improvement of the assessment. By doing so, I created a modified RSA for use with the Latinx LGB population in order to reduce suicide rates within the community. This is not only useful on an individual level for clients but also within the larger system as I continue to attempt to improve the mental health services that we, as practitioners, offer to the community.

Summary

The literature review presented in this paper has found that although Latinx LGB adolescents are at a greater risk of dying by suicide than their heterosexual counterparts, there is no suicide assessment that has been created for use with this specific population. To close this gap in the literature, this study sought to create a modified version of the RSA which accounts for the ethnic and cultural needs of the Latinx LGB community. The following chapter presents the methodology that was utilized in this study including
an overview of focus groups methodology, self of the researcher, data collection, and data analysis.
CHAPTER III: METHODOLOGY

Project Conceptualization

The purpose of this study was to create a modified version of the RSA designed specifically for Latinx LGB adolescents. The original assessment tool was presented during a series of focus groups to English speaking professionals within the South Florida community who have served the Latinx LGB community for 5 years or more. Once the professionals were oriented to the goals of the original assessment tool, the participants provided feedback and suggestions they had in order to make it more culturally relevant to the target population. The need for this modified assessment cannot be overstated since, to the researcher’s knowledge, there is no other suicide assessment that has been created that takes into account the cultural/ethnic needs of Latinx LGB youth.

In order to complete my research, I took the following steps:

1. There were three focus groups with five participants per group.
2. I recruited participants to be a part of my study. Specifically, professionals in South Florida who work directly with Latinx LGB youth and have at least 5 years of experience with this population. Participants of all cultural backgrounds were included in order to gain a diverse perspective but participants had to be able to understand/speak English in order to be able to grasp the RSA in its entirety.
3. In each focus group, the RSA including the RRIG was presented, and its purpose was discussed by the researcher. Each focus group discussed the assessment in detail and, based on their experience with the population, gave suggestions, additions, and/or deletions to the tool. Once feedback was received,
I analyzed the trends in the qualitative data and modified the tool as recommended by the consensus of my various assembled panel of experts. In the case of any major discrepancies between the various groups, I reserved the right to assemble another panel of professionals with expertise in the use of individual and family assessment tools before the final version was drafted.

**Participants**

The main goal of this research study was to present the original RSA to professionals in South Florida who work directly with Latinx LGB teenagers in order to gain their feedback on the assessment and how best it can be modified for use with the Latinx LGB teenage population. Since South Florida has a robust population of Latinx people, I believed this would be the ideal setting for the implementation of my assessment. As such, the participants in this research were the professionals, specifically those that have worked with Latinx LGB youth in South Florida. Their input was valuable in providing feedback about the assessment with regards to its applicability, usefulness, and ability to help the youth who are contemplating suicide.

**Methodology**

In order to conduct my research, I chose focus groups as my preferred method of inquiry. According to Nyumba, Wilson, Derrick, & Mukherjee (2018),

Focus group discussion is a technique where a researcher assembles a group of individuals to discuss a specific topic, aiming to draw from the complex personal experiences, beliefs, perceptions and attitudes of the participants through a moderated interaction. (p. 21)
As such, the purpose of a focus group is to conduct a qualitative group interaction with participants who have undergone similar life experiences in order to gather data related to the topic of interest (Krueger & Casey, 2015). Although many confuse focus groups with interviews, the two research methods are vastly different. Unlike an interview, in which the researcher has control of the conversation through the use of questions, the researcher in a focus group is seen as a moderator of the conversation between the participants in the group (Nyumba et al., 2018).

**Components of Focus Group Research**

According to Nyumba et al. (2018), focus group research consists of four components. The first component of focus groups is the research design which includes: defining the purpose of the research, identifying participants, recruiting the participants, and finding a location for the focus groups to be held. The authors state that the most important aspect of this component is the identification and recruitment of participants “since the technique is largely based on group dynamics and synergistic relationships among participants to generate data” (p. 22). Thus, importance should be placed on the participants being chosen for the focus groups. Secondly, data is collected during the focus groups by observing non-verbal cues, audio and/or tape recording the dialogue between participants, and noting any themes that may arise.

Third, data analysis follows in order to analyze the qualitative data that arose from the focus groups. Although many methods of data analysis exist, data coding will be explained as it is relevant for this study. In the first stage of data coding, also known as initial coding, the researcher lists any important keywords, themes, and ideas that are relevant to the research topic. During the next stage, known as focused coding, the
researcher combines or deletes the codes that had been listed during the first stage. The authors report that the researcher should pay special attention to any connecting ideas that arise multiple times during coding, especially between different focus groups. Last, the final component of this research design is to report the data found.
Reliability and Validity

Although qualitative research has its own notion of reliability different from that of quantitative research due its subjectivity, focus group research focuses its definition of reliability on the procedures utilized to conduct the groups. According to Piercy and Hertlein (2005), “researchers should follow a standard, definable protocol for both running focus groups and analyzing focus group data” (p. 96). In order to accomplish this, researchers should publish the exact procedures utilized in the research so that
anyone can have access to it. The authors mention that another way to increase reliability is to have multiple coders coding the data.

Validity is defined as “the degree to which the data accurately reflect what the researcher intends to measure” (Piercy & Hertlein, 2005, p. 96). According to Piercy and Hertlein (2005), the validity in focus group research is defined as “accurately reflecting the participants’ view” (p. 96). Thus, a valid representation of the focus group data will include accurate transcripts of the conversations and ideas that are a direct product of the open dialogue.

**Self of the Researcher**

As part of self of the therapist work, it is critical to examine the beliefs, values, and assumptions a person has in order to be aware of them; awareness is critical in order to avoid being biased. Although being bias-free is impossible, a researcher should be committed to constantly questioning their assumptions while attempting to reduce them (Ladkin, 2007). For the purposes of this study, I examined my own assumptions, beliefs, and values in order to raise my awareness as the researcher.

To begin with, due to my experiences with the LGBTQ+ community, I was able to realize that I have an affinity towards their benefit and their success. I have seen the hardship that this community often has to endure, and as a result, I knew I could be biased about what is helpful for them. Mainly, I was aware that I can be biased towards favoring the LGB community over other communities. I was also aware that I needed to be mindful of this bias when speaking about the LGB community and when I was conducting the focus groups. Also, by way of the purpose of the study, I was also assuming that others would like to help the LGB community and aid in their overall
functioning. By being aware of these biases and assumptions, I was better equipped to avoid having them cloud my judgment and my sense-making abilities.

Moreover, I believed the modified RSA would be a valuable tool for therapists to have. Consequently, I was biased towards the success of this assessment and I was aware of this. I hoped to reduce this bias by participating in open dialogues with other professionals. By receiving their feedback, I wanted to increase my objectivity while being open to their suggestions. Their suggestions were integrated into the tool so that their experiences were incorporated into the modified assessment.

Lastly, although I have worked as a therapist for Latinx teens that identify as LGB, I am by no means a seasoned therapist in this specific area. Through my research on the subject matter, professional experiences, and personal experiences I was able to hone in the specific risks and resources for this population, but I believed I could still be missing knowledge on crucial aspects of my study. By collaborating with other professionals who have worked with this population and are ranging in experience levels, the overall comprehension of the modified assessment increased.

**Development of the Study**

Due to the aforementioned passion I have for the LGBTQ+ community, I knew I wanted my research to contribute to the advancement of the community. Initially, I thought of creating a general training for beginning therapists in order to present them with the different aspects of working with LGB adolescent clients but this did not satisfy my need to create a difference within the community. I continued to brainstorm and spoke with professionals within the LGBTQ+ community until I eventually decided to focus on suicide. This specific area of interest stood out for me because, when I looked
through many scholarly journals, I realized that there were not many articles geared towards the suicide of Latinx LGB teens. Upon further investigation, I found that I could not locate a suicide assessment geared towards helping Latinx LGB teens. Hence, my research topic was created and I was determined to create a suicide assessment tool for Latinx LGB adolescents.

Once I knew what my research was going to consist of, I began to read through the literature; the subject areas I researched were: LGB youth, LGB youth mental health, LGB youth suicide, suicide statistics, Latinx views of LGB, Latinx values and beliefs, Latinx LGB, Latinx LGB youth, and suicide screening tools/assessments. Reading through the research, I began to note that many of the articles often elaborated upon the same subjects when discussing Latinx LGB; these topics included familismo, Machismo, respeto, traditional gender roles, religion, and internalized homophobia. Researching these specific topics helped me become more aware of the underlying factors that are present within the Latinx community which often affect the overarching view of the LGB community. Further, I was interested in learning about the differences within both communities and how these differences might affect an adolescent who has recently identified as LGB. Lastly, a lot of my research was focused on the relational aspect of being a Latinx LGB youth because of the importance of family within the Latinx culture.

Because of my interest in the relational aspect of Latinx LGB suicide, I began to search for suicide assessments that take into account the person’s family. Unfortunately, many of the tools/assessments that exist focus solely on the suicidal individual. Luckily for me, however, I had taken the suicide prevention course at Nova Southeastern with Dr. Flemons–one of the creators of the RSA (See Appendix B for written permission from
the authors to use the assessment). I decided to choose the RSA for my study because it included all of the factors that I deem essential when working with Latinx LGB teens—a focus on relationships, assessing for risks as well as resources, and working collaboratively with the client as well as their significant others. I believed that the RSA was a comprehensive tool that was modifiable for the population that I chose for this study.

**Data Collection**

**Stage 1**

As mentioned, the first stage of data collection involved acquiring participants for the study. For the purposes of the research, I conducted three focus groups involving five English speaking participants who had worked with Latinx LGB teens for at least five years in South Florida. I sent out emails to known professionals in the community asking them for their participation in the study (see Appendix C). I also recruited participants using snowball sampling and social media postings. Once sufficient participants were chosen, each person received a consent form which highlighted the purpose of the study, the procedures, the possible risks, the benefits, confidentiality, and voluntary participation (see Appendix D). When every participant received and reviewed the consent form, a date and time was chosen in order to conduct the focus groups. Two of the three focus groups were conducted at local LGBTQ+ agencies in South Florida. Their names are not being disclosed for confidentiality reasons. The last focus group was conducted at Nova Southeastern University (See Appendix E).

**Stage 2**

The second stage of the study involved the focus groups utilizing the participants
selected. Each focus group lasted about 1.5 hours and was audio recorded. The following steps were taken during each focus group:

1. I went over the signed consent form which included the purpose of the study, the procedures, the possible risks, the benefits, confidentiality, and voluntary participation. Each participant was provided with a signed copy of their consent form. I then presented a PowerPoint presentation on the RSA as well as its usefulness in therapy (See Appendix F). Each participant was given a handout of the RRIG for use during the focus group. I also included introductions as well as rapport establishing exercises. This step was conducted in approximately 25 minutes.

2. The focus groups were conducted in order to discuss the RSA in detail using open-ended questions (See Appendix G). Based on their experience with the population, the participants made suggestions, additions, or deletions to the tool based on their experiences with Latinx LGB teenagers. During this time, I was also able to ask follow-up questions. This step was originally intended to be conducted in approximately 35 minutes but in all cases was conducted in approximately 50-55 minutes.

3. During the last step, participants were asked to provide feedback about the modified assessment and I reviewed all of the relevant themes/trends within the conversation. Participants were asked about their perceptions of the modified tool overall and how likely they were to use it in their practice as professionals within the field. This step was intended to be conducted in approximately 30 minutes but in all cases was conducted in approximately 10-15 minutes.
Stage 3

During the final stage, I analyzed the feedback given by the participants. I gathered the relevant patterns and themes that were present in the focus groups and amended the original assessment accordingly in order to create a modified version for use with Latinx LGB teenagers. Once completed, I sent my modified assessment to Dr. Flemons and Dr. Gralnik to obtain their feedback; any contribution provided was added to the assessment in order to create the final version of the modified assessment.

Data Analysis

Since the data was gathered through open-ended questions in a focus group setting, the data analysis was conducted using transcriptions of the focus groups; this process was simplified through the use of audio recording in order to capture the conversations and responses of the participants. The data was coded for themes/patterns that I deemed relevant. As such, the data gathered from this study was subjective to my perception of importance and necessity for use with this population. Once the data had been gathered and analyzed, a new version of the RSA was cultivated in accordance with the feedback received from the focus groups as well as from Dr. Flemons and Dr. Gralnik. Hence, the original tool was altered to include specific modifications for use with Latinx LGB youth. Through the creation of this modified version of the RSA, it is my hope that the assessment tool will be considered culturally contextualized for use with Latinx LGB adolescents. I discuss the findings in Chapter IV.
CHAPTER IV: RESEARCH FINDINGS

Participants

For the purpose of this study, I conducted three focus groups with five participants per group; therefore, fifteen total participants were involved in this study. The first and second focus groups were conducted in local LGBTQ+ agencies in South Florida which provide services to Latinx LGB youth. Members of the staff from each agency participated but, as mentioned, the names of the agencies will not be disclosed due to confidentiality reasons. The third focus group was conducted with professionals within the community who wished to participate because of their involvement and experience with the Latinx LGB community. This final focus group was conducted in a classroom at Nova Southeastern University.

Demographics

Due to the nature of this study, I will not numerically break down the demographics of the sex or gender of the participants. This study included participants who identified as male, female, transgender, non-binary, and gender non-conforming as well as others who chose not to disclose. The participants all ranged in ages from 18-50 years old and had at least five years or more of experience with Latinx LGB adolescents. Their experiences ranged from therapists, to LGBTQ+ agency staff, to educators, to clinical directors, and so forth. Due to the plethora of experience each participant had in their repertoire, I was able to gain a wealth of information utilizing a focus group research method.

Prior to each focus groups, I reviewed the consent forms with the participants, answered any questions or concerns they had, and each participant signed two consent
forms in order to ensure they also had a copy to keep. Once this process was completed, the focus groups were conducted.

Results

The purpose of this study was to execute focus groups in order to modify the Relational Suicide Assessment (RSA) in order to be culturally adjusted for use with Latinx LGB adolescents. This was attempted by presenting each focus group with the original RSA. Once they were presented with the assessment, I then answered any questions the participants had about the original assessment. Subsequently, the participants were asked pointed questions about cultural alterations as well as additions or deletions that should be made in order to be modified for Latinx LGB adolescents. I was also able to ask follow-up questions throughout the process. Once the qualitative data was gathered and transcribed, I created the new modified assessment using the relevant patterns and themes that were cultivated throughout the various focus groups. The themes and findings are discussed below.

Theme One: Latinx Values/Machismo

The Latinx culture is often described by the weight that is placed on maintaining traditions—including abiding by the rules delineated within the Machista subculture:

FG2C: I think it [the RSA] needs to be tailored more towards the culture itself too. Like, the Latino culture. I don’t see anything in here representing that.

FG2M: Can you tell me more about ways in which it can be tailored?

FG2B: Specific roles that are required by the culture to adhere to. From sexual identity to gender identity, particularly for that community because the Mayanismo and the Machismo does not die. It is still carried on, even our
younger people are very much… “Oh but I’m supposed to, you know, be a papi but I don’t feel like a papi.” And we hear that…

Included in the Machista culture is the adherence to traditional gender roles. This occurrence within the Latinx culture was spoken about in the groups, specifically the importance of women behaving in a feminine manner. In the following excerpt, participants describe this phenomenon:

FG2D: As a Latin person, especially somebody from the South American culture… it’s known that women are supposed to be very feminine. You know, that’s what I grew up seeing. That we have to be skinny, pretty, and this and it was… perfect almost. That’s what I’ve been known to see and it was…

FG2B: And a good mother and a good cook. And a good wife. Those are part of the responsibilities of a…

FG2D: And make sure you look pretty at the end of all that.

FG2B: And you have to be lovely for your husband with his cocktail in hand to greet him at the door.

The men, also, have to abide by traditional gender roles by providing a strong presence within the family and within the community:

FG2M: Mhm, so women are supposed to be lovely and feminine and perfect. How are the men supposed to be?

FG2B: Providers.

FG2E: Strong.

FG2D: Dominant.
As the groups described, this rigid view of gender roles can lead to difficulties within the Latinx community and within a family system if a youth does not abide by traditional gender roles, i.e. if a person whose assigned sex at birth is male but behaves in a feminine or non-binary manner in adolescence:

FG2D: There’s a lot of shame of being… if you’re Hispanic and being gay and being a feminine gay man… there is so much shame around that.

This is also true for a person who is assigned female sex at birth but behaves in a masculine or non-binary manner.

Accordingly, being a part of the Latinx culture means adhering to certain values and roles within the community as well as in everyday interactions. One participant describes the intersection between the Latinx culture and identifying as LGB:

FG1A: …I mean the reality is Latinx communities or cultures have or have… terrible… are rooted in, I should say, misogyny and homophobia and racism. And no matter how tolerant or accepting your family may be of you, because they accept you doesn’t necessarily mean that you aren’t subject to all of that in your communications or in your interactions with them. Or your friends.

These homophobic and misogynistic messages are expressed in everyday interactions and can often become normalized through micro-aggressions:

FG1A: …Growing up, it… I may have heard… not that I did but I may have heard my parents or my family calling people “mariquitas” or “mariposas” or whatever and, you know, friends at school might be calling me these things… which are derogatory terms like “fairy” or whatever. And I may not realize that
that’s an instance of bullying. Because culturally or in my home, that’s just what I know.

As a result of these inherent cultural values which often blatantly discriminate against members of the LGB community because of their sexual orientation, a Latinx teenager who identifies as LGB risks losing their cultural identity as well as their community:

FG3A: …so community is a big thing because then if I do come out, you know, because that’s the answer maybe that I need to come out and accept myself, I’m gonna lose everyone then I won’t have no one.

Due to the negative reactions and consequences that may arise as a result of coming out or being out, the youth might internalize the homophobia they are experiencing within their culture. As such, this homophobia may lead to feelings of shame surrounding their sexual identity as well as a negative view of themselves which could ultimately lead them to become a risk for suicide.

Another participant describes the importance of analyzing the Latinx LGB adolescent’s beliefs and values, in order to break down some of the internalized homophobia and shame that can result from the culture’s message:

FG2B: I mean just keeping in mind the specifics of the culture, the expectations of the culture, the traditions of the culture. Because there are things that are going to be inherently embedded in this client that may or may not fit with their identity. So, that needs to be taken into strong consideration. “Oh is that your thought or is that… is that a thought that comes from mom? Hmm, is that your standard? When did you come up with that standard? Oh, you didn’t come up with that standard. Oh, you mean that standard doesn’t actually fit you at all?
Despite these unwavering beliefs and values, the participants identified some protective factors that can arise from the Latinx culture. First, finding other youth or adults who identify as Latinx and as LGB can help the adolescent feel less isolated; this can be especially beneficial if the young person believes they are the only “out” person. In South Florida, where the Latinx population is so high, this can include joining the school’s gay-straight alliance, going to local LGBTQ+ centers, joining the Ballroom, joining online support groups for LGB Latinx youth, finding a Latinx LGB mentor, and going to local Latinx LGB youth events. One participant describes their experience:

FG3A: …what saved me coming out was to go to a Latino night, you know, at a gay bar and see… I look around and I saw all those macho guys, and all this really Latino guy that looks like my uncle and my brothers and say, “They’re gay too?”

Because what I saw before was the White people trying to be… right… really, drag queens so I was like, “Wait, no… they’re like me.” And I said, “Ok I can be me.” And from then on, I only went to Latino clubs. And I was like ok I find my community. And looking back, what I was looking was that I found people like me. Who were not trying to be.

Representation is a major factor in the lives of young Latinx LGB people during their coming out process and throughout their journey as a sexual minority. As one group verbalizes:

FG3A: Right, representation.

FG3B: It’s that fundamental question that every human in this world has is: Who am I? And how do I fit in this world? You know?
Therefore, it is crucial that a young Latinx LGB person feels as though they are not alone and that they have someone they can relate to—regardless of the messages they are receiving from their culture.

**Theme Two: Religion/Faith**

Religion/faith is a theme that was brought into conversation often throughout all three focus groups. Although the focus groups stated that there is no one religion that Latinx people subscribe to, they stated that religion was a deep-seated and, at times, overpowering force within the Latinx community. As described by participants in the third focus group, religion plays a major role in the lives of Latinx people:

FG3B: In the Hispanic community, that faith is the… biggest… and for a lot that are coming from these third world countries, that’s all they’ve got…

FG3D: Yes.

FG3B: Is that church.

FG3D: That’s their foundation.

FG3B: And so it becomes the foundation of exactly who they are and who they become.

The focus of sin and the internalized shame as a result of religion/faith were described to be central tenets within the Latinx faith, as described below:

FG2C: Well it views man as sinful right from birth.

FG2B: Right.

FG2A: It’s true.

FG2C: So it’s basically saying no matter what you do, you’ll never be good enough, you’ll never be whole enough.
FG2B: You’re already a sinner.
FG2C: You’re always a sinner.
FG2B: So these are the things that you need to do to repent and make up for the mortal sin that brought you into this world… construct.

Furthermore, when viewing identifying as LGB from a religious/faith-based lens, the sins can be viewed as being compounded. As one participant stated about this occurrence:

FG2B: You’re like on the direct train to Hell.

As mentioned earlier, many people within the Latinx community view members of the LGBTQ+ community in a negative manner and this notion can often perpetuated by a strong religious affiliation. This can lead to a loss of faith and a loss of community for the Latinx LGB youth. Focus group participants describe the connection:

FG3M: Why is there a loss of faith would you say?
FG3D: Because they recognize that their faith doesn’t care about them so then they go and…
FG3M: Because of their sexual orientation?
FG3C: So there’s a spiritual bind that’s there.
FG3D: So there’s a spiritual component and they miss it so I think a lot of the times, what where I’ve had… I feel like there’s a loss because that person I would go to when I was feeling lost is the same person that hates me so then it’s doing… it’s giving them a venue of faith in a different way but recognizing because sometimes the loss of faith could mean 10 times more than the loss of a parent.
FG3A: Oh yes.
FG3D: Right? So… recognizing that aspect because usually… like, if you think about it in any other way, even murder and all that is forgiven. Right? As an expected human like behaviors but the church isn’t gonna shun you, they’re gonna try to save you. Right? But then you get these messages all the time and then your parents, they haven’t differentiated enough they’re also saying…. They’re being pushed and they’re losing it. So they’re losing their friends, they’re losing their community, they’re losing their youth groups.

Another group discussion describes this loss of religion/faith in addition to family pressures:

FG1E: Religion… religion has really meaning because a lot of people… younger people they have been told, especially by Christianity and Catholicism, you know, of course the Bible, the 10 commandments… and as they grow older, they begin to resent those same beliefs and end up not even believing in certain religion at all. Like, it’s become so relevant for people to say “I don’t believe in God” you know, “Who is God? He does nothing for me.” And then start to question every line in the Bible because they feel like it was made to… it was made against them, especially people in the LGBT community.

FG1B: Especially.

FG1A: Or… they start to question and doubt themselves and fear for their, you know, eternity or their salvation because of the pressures placed on them by their family.

This strong religious belief can often be used against the youth, as described by some participants:
FG3D: It’s not only if they lost faith but how in their system. Like what I would call as a risk, that faith is used against them by their family for that.

FG3A: Right.

FG3C: It gets weaponized.

Using religion as a weapon against the youth can have harmful effects. Often times, the amalgamation of religious and family pressures when a Latinx young person identifies as LBG can lead to detrimental effects, as described by a participant:

FG1A: Somebody struggling with their gender identity could be struggling with their gender identity because of the issues around religion or misogyny and their family and may not be willing to come out to themselves or may be struggling with coming out and/or coming to accept who they are, at which point could become cause for suicide… not cause but influence.

As described by this participant, the inner turmoil caused by the conflict between an adolescent’s sexual orientation and their faith could be viewed as a risk for suicide. Accordingly, it is critical to assess a teenager’s faith as well as how that faith’s inherent message may be contributing to suicidal ideations.

In contrast, as damaging as some religious/faith based beliefs might be, faith/religion was also mentioned as a protective factor for Latinx LGB youth. Many participants described the importance of seeking an accepting and supportive spiritual community, as described below:

FG2B: So people don’t have to be disconnected from their spirituality because they don’t fit or they’re not allowed or they’re not welcome.

FG2A: Or they’ve been shamed into thinking they can no longer be a part of that
community… but there are other spiritual communities that are accepting and affirming.

Also, through positive spiritual connection, coming to peace with one’s faith, regardless of the hateful messages that are being shared, was described as serving as a buffer against suicidal ideation. One participant shared their experience:

FG3A: Because it was not until I found peace with my faith, whatever way that was a process… that struggle was there because I was not accepted by God and I was in sin.

**Theme Three: Family**

Throughout each focus group, the participants also discussed the influence family interactions have on the Latinx LGB youth. As one participant stated,

FG3B: … in the Latin community, it’s all about family…

This focus on family can lead to extreme pressures being placed on the youth, as detailed below:

FG2A: Overwhelming expectations/obligations. I wouldn’t modify that… that’s just inherent in the culture I think

FG2M: The overwhelming expectations?

FG2A: Mhm.

FG2D: Yeah.

FG2M: Can you talk more about that?

FG2A: Sure.

FG2M: What is the expectation?

FG2D: Yeah I agree with that.

FG2M: And how does that relate to being Latino and LGB?

FG2B: Well you’re imperfect from the jump…

FG2A: Yes!

FG2B: If you’re any variant of those things like you’re not okay.

FG2A: Also very concerned with what other people think.

FG2D: Yeah.

FG2A: What people think is very important…

This hyperawareness of what other people think can lead to the excessive humiliation as well as emotional and/or physical harassment of the Latinx LGB young person because they have brought shame to the family name. Similarly, based on their professional experience, many of the participants stated that a Latinx family is very likely going to reject their adolescent child who identifies as LGB. One participant describes the familial reaction often seen in their experience:

FGB2: Your culture and your biological family are going to be rejecting you, chances are or they already have…

Another participant describes the association between the risk factors listed on the RSA in relation to the Latinx LGB youth’s coming out process with the family:

FG3D: …if you look at this and just think blindly – distress, expectations and demands of client, abandoning the client, abuse and bullying the client, viewing the client as flawed, limited awareness of response to client’s suffering, participating in client’s troubling behaviors, unhelpful attempt to regulate the client’s troubling behaviors – you know, fix them… suicide or families thinking
they’re not, like suicidal and they’re… it’s just a show. And dismissive response.

That is 99% of a family’s reaction to a youth coming out.

These negative experiences at home and within the family can often lead to harmful and dangerous outcomes for the youth, as described by a focus group:

FG1A: … I think that there’s a reason why there’s such a high rate of Black and Brown young people that experience homelessness in relation to their counterparts that aren’t. I think that all plays into that as well.

FG1M: Homelessness as a result of coming out and the family is not accepting?

FG1E: Yeah. I wouldn’t dare.

FG1A: Or the fear of coming out. And getting out is easier than staying and coming out.

FG1E: I wouldn’t have done it.

FG1C: There’s also physical abuse that happens from the family like when… I guess that’s part of the conform… but you’re not conforming to my expectations of your gender performance then I’m going to beat you into submission.

FG1E: Parent’s dream become your reality

FG1C: Yeah.

FG1E: Your parent’s dream has to become your reality. And I think they understand that.

Another form of abuse that was mentioned throughout this conversation, through a personal anecdote, was “corrective” sexual abuse in which, in rare cases, family members will sexually abuse a young person in order to “correct” their sexual orientation. For that reason, conformity to family pressure happens often and can take many forms. One of
the forms that was presented within this conversation was the adolescent being forced back into the closet—i.e., living a heterosexual lifestyle in order to appease their parents.

The combination of religious/faith based beliefs as well as the traditional gender role adherence that is elemental to the Machista culture as described above often leads to these negative familial interactions. These interactions can lead to negative internal processes within the adolescent. One participant describes this dynamic:

FG1A: … I think that as a result of all these relationships with family and all the challenges that present themselves as a result of that relationship, individuals—especially young people—will internalize that homophobia, internalize that misogyny, internalize their experience at home and then, as a result, they have diminished self-worth and I think that self-worth is actually an assessment in itself which can lead to whether or not somebody could be or whether you think somebody could be a risk.

As stated by the above participant, the youth might internalize the shame and homophobia associated with being LGB within the Latinx community and could become a risk for suicide. Thus, observing and exploring the youth’s familial interactions is pivotal when assessing for suicide due to the negative reactions and experiences the youth might experience as a result of identifying as LGB.

For these reasons, the participants in the second focus group stated that Latinx LGB youth would benefit from a “chosen family” as described by below:

FG2B: … That’s why it’s so important for the chosen family to be receptive… cause if now we don’t have that as an option, you’re not welcome by the community that you belong to based on your sexual and gender orientation and
you’re outcast from your cultural community as a result of your sexual identity
and, you know what saying?

FG2M: So who is usually the chosen family? Just… people they choose?

FG2B: People…

FG2A: Friends that are family. “Framily”.

FG2B: “Framily”.

FG2A: Mhm. Friends that are family.

FG2B: The chosen family and you know, ideally this would work if you could
have chosen family that had a relatability factor to your experience.

FG2D: I agree with that to a certain extent. I think somebody… a group of people
that just accept you and honor who you are and that’s it…

On the other hand, a biological family can also serve as a protective factor for
youth if they are accepting of their newfound identity. In the experience of the third
focus group, many families will eventually accept the adolescent:

FG3B: And given time, given time I think that most families… if they love
unconditionally will eventually come around.

It was expressed by some participants that by demonstrating acceptance, family members
may become allies for that adolescent and might even advocate for their needs.

Moreover, the parents or entire family system could opt to join the adolescent in therapy.

This can be especially beneficial to the youth if they are experiencing suicidal ideation
and require additional help, as detailed by one participant:

FG3D: … to the desperation, adding to the resources of client, significant others
is: are the families able to go in and initiate voluntary hospitalization. Right? If the parent says yes then you know that you have your parents as allies, and say “Hey your child needs help.”

As such, the emphasis on family within the Latinx culture leads to the interpretation of family as either a risk or a resource when assessing for suicide.

**Theme Four: School**

School plays a major role in the lives of all adolescents. But, school can play an even bigger role in the lives of Latinx LGB young people. One participant describes the role of school in a Latinx LGB adolescent’s life:

FG1C: … like here it says engaging in medical or mental health treatment under suffering. What about engagement in school or even in risk under disruptions and demands, there’s nothing about school. It says loss of social position, financial status but, you know, for adolescents sometimes school is like their whole world, right? …

Participants stressed the importance of including school related matters in the modified RSA due to the weight adolescents place on school and their friends:

FG1M: So what about school would make it a risk?

FG1C: Oh, ok. So loss of social position that could be… slash financial status… that could be about school or abuse/bullying/peril that could happen in that environment… the environment context of where it happened, right? Loss of social position for an adult is something different. For a young person it’s that their friends at school stopped talking to them.

FG1M: Because of their orientation?
FG1C: Yeah. And the bullying…

FG1A: Or they got kicked out of school or suspended.

FG1M: Kicked out of school because of orientation?

FG1E: Not because of orientation but because of things that may have happened because of their orientation while they’re in school.

FG1C: Or dropping out of school because…

FG1E: They may have been bullied.

Other school-related problems mentioned were being “outed” by a peer and getting into physical altercations due to being teased and bullied. Another participant articulates this manifestation as a direct result of macro-aggressions happening within the Latinx community:

FG2C: …but there’s a larger issue on a macro level, right? The larger community as a whole sometimes is very rejecting and so, often times, within the school system, there’s a lot of bullying happening amongst their peers.

As indicated by a participant, these negative interactions with their peers are often compounded by the use of technology. Due to this new technological age, adolescents are now being bullied online by the same people who go to school with them. Thus, technology can serve as both a risk and a resource. As mentioned previously, it is a resource due to the new outlets teenagers can access without having to leave their homes. They are now able to find other people who are like them and can create connections. However, technology is a double edged sword:

FG3E: … It’s like, you know, young people are getting bullied at school and then when they go home, they’re getting bullied online and there’s no escape from it.
As mentioned by the participants, going to school and maintaining friendships are significant factors in the life of a young person. However, as some participants made very clear, if the adolescent is being harassed and bullied at school, and/or if they have lost their support system because of their new identity, it can become increasingly difficult for them. Hence, examining an adolescent’s school life is important when assessing for suicide due to the negative circumstances they may be experiencing.

On the contrary, a supportive and affirming school environment can serve as a buffer against the other risk factors that a Latinx LGB adolescent experiences. The first focus group describes the characteristics of such an environment:

FG1C: Trust counselors is one.

FG1A: Yeah, basically designated people in the school that are considered safe and affirming. Having safe space… those people being bilingual.

FG1C: Yes.

FG1A: Having safe zones and trainings.

FG1E: Yes, especially for the employees.

FG1M: For everyone at school?

FG1E: Mhm.

FG1A: Gender neutral restrooms.

FG1B: Locker rooms.

Theme Five: Self Worth

Due to all of the themes mentioned above—Latinx values/Machismo, religion/faith, family, and school—a Latinx adolescent who identifies as LGB may have diminished self worth as a result of the shame and internalized homophobia they
experience. This diminished self worth can lead to destructive behaviors for that young person, including suicide:

FG2M: So how does all these religious, family factors, negative school environment lead… or have to do with suicidality in this population?

FG2B: Well, it’s like not having a…

FG2D: An outlet.

FG2B: Safety. It’s not having a…

FG2A: Yeah, there’s no safe space.

FG2B: Yeah.

FG2A: At home, at school.

FG2D: No support. No support.

FG2B: So that exacerbates… and also you gotta remember all of these things are individually endorsing the fact that there’s something wrong with you.

FG2D: Right.

FG2C: Right so there’s a core belief of like, “I’m defective”.

FG2B: Yep!

FG2C: And then maybe, “I don’t deserve to be happy”.

FG2D: That’s it.

FG2C: “Because I’m defective”

FG2B: Exactly.

FG2A: Or alive.

FG2B: Or “why bother?” That’s there the “why bother?” comes in

FG2A: Or alive for that matter.
Consequently, it is necessary to explore that adolescent’s self-perception:

FG2B: I guess the biggest thing is to take into consideration the laundry list that we just gave you about the cultural implications, the religious implications, the intra-community expectations, and first and foremost, the client’s relationship with themselves. Cause if you won’t assess for that, you can have a person that… sitting across from you in the room and they might hate the idea that they’re gay… it might bother them more than they can possibly express… but they’re wearing flags all over and they’re super proud and over-compensatory but on the inside… they’re profoundly ashamed because of what they’ve been taught and where they were raised and how they were raised. That’s important.

The presence of diminished self-worth can lead to feelings of hopelessness which can ultimately lead to suicidal ideation, as described by one participant:

FG3B: … that hopelessness, that’s what really leads us, you know… that….

There’s a world that’s never gonna accept me. There’s this world… and so this is where this… these thoughts of suicide really come into play.

Through the loss of hope, people often also lose their ability to see a future. It is important to assess that person’s ability to see a future, regardless of what they are currently experiencing. As one participant states:

FG3E: …I think a lot of times for young people, especially young people a part of the Latinx community, is really like, thinking like “How can I visualize myself outside of this when I’m going through all of this pain and frustration?” Like I think there’s so much in the… the past and like the now, especially like, when they’ve been recently triggered or recently traumatized. They can’t think about
the future, right? And so I think, you know, even having those conversations around like, how do you see yourself? How do you see this? How do you see that?

Other participants describe a persistent loss of hope as a result of the trauma a Latinx LGB adolescent might experience in addition to a lack of representation:

FG3D: …they can’t even conceptualize it.

FG3C: Growing old.

FG3A: And… again, we go back to hope. They can’t see a future. Can you see the future?

It can become exponentially difficult for an adolescent if they are being rejected at home by their family, if their faith is telling them there is something inherently wrong with them, if they’re being harassed at school, and if they don’t follow the strict gender roles their culture abides by. These occurrences can lead to feelings of diminished self worth, feelings of hopelessness, and an inability to see a future. Consequently, these adverse feelings can be dangerous indications in the life of an adolescent that could ultimately lead to suicide.

This loss of hope, however, can be buffered by certain protective factors. In order to allow the youth to visualize a future, it is imperative the clinician discuss the young person’s goals for the future. This is a way in which a Latinx LGB adolescent can begin to imagine a future and perceive possible hope for a future direction. One participant describes this conversation:

FG3B: I always make it an important point to talk about, you know, goals. You
know? And to write them up on a white board somewhere. You know? Those goals… you know? Ok so where are you today? Where do you see yourself 5 years from now? Not even 5 years… 5 months from now. Where do you see yourself, you know, 5 years from now? And work towards that, you know?

Another important conversation to have in order to instill hope is to begin using positive self talk as well as positive affirmations. Since the youth is likely internalizing self-hate and homophobia, positive self talk can help reduce the risk of self harm. This process is described:

FG3B: …When you wake up in the morning, I want you to look at yourself in the mirror, you know, put some notes on there. “I’m important” “I’m special”. Whatever you want to put on there, a message for you. And when you look at yourself in the mirror, look at what you love about this person.

Another protective factor within this theme is the importance of representation and visibility within the community and within the media. As some participants stated, many adolescents don’t see themselves getting older because they have not met anyone like them who is older. Making connections within the Latinx LGB community with older mentors and role models could instill hope within this population.

By cultivating this sense of hope and having a strong connection with the youth, the adolescent is more likely to reach out for help when having suicidal thoughts and ideations:

FG3D: … And when they do have to go, making it voluntary. Speaking to the parent, taking away the taboo of it. So a lot of times, when there was youths, they have even decided, “You know what? I don’t think I’m safe.” Like…cause once
you create that relationship that you’re like “Hey, you know, and sometimes it’s
gonna get so rough you’re not gonna be able to handle them. Like, you’re gonna
need… some help.” Even taking away that they have the power of them… going
into the hospital on their own. Like, they’re seeking help the same way that if you
had a really bad stomach ache and you think you have appendicitis, you’re going
to the emergency…you’re bringing back…taking back the power because
sometimes it is, right? So then it’s then training and having that ability to train the
parents, train the youth to seek the help for themselves because it takes away the
trauma. Because it’s not being forced upon you but you’re doing it to help.

In addition to these themes, the participants mentioned some culturally specific
considerations that should be taken into account.

**Culturally Specific Considerations**

Due to the cultural nature of this modified assessment, the focus groups discussed
the importance of certain cultural considerations. To begin with, some of the focus group
participants stressed the significance of discussing the Latinx LGB adolescent’s
immigration status. In today’s political climate, having an illegal immigration status can
be frightening and sometimes even dangerous. Not only do these young people struggle
with their sexual orientation and all of the stressors that might come with it, but those
factors might also be exacerbated by their immigration status. As pointed out by one
participant, the adolescent’s family or other people within the community could use their
immigration status as a means to closet that young person. This can be done by
threatening to send back the adolescent to their country of origin as a result of coming out
or refusing to go back into the closet. This fear can be worsened by the fact that many
Latinx countries can be physically, emotionally, and legally dangerous for those who identify as LGBTQ+. As such, a conversation about immigration status should be involved when speaking to a Latinx LGB teenager.

Moreover, all three focus groups identified the importance of creating the modified assessment in a Spanish format. Due to the fact that many Latinx clients do not speak English, or would prefer to speak in Spanish, it is necessary to create the modified assessment in both an English and Spanish version. It is crucial to remember, however, the importance of asking for clarification with certain Spanish words or phrases since many Latinx subcultures have different vernaculars. In accordance with this modification, some participants believed that the adolescent would feel more comfortable with a Latinx professional, especially if the adolescent does not speak English. Others believed that the young person would feel more comfortable with a professional who identifies as LGBTQ+. Others, however, stated that the clinician’s sexual orientation and culture probably won’t matter. Ultimately, however, it is at the adolescent’s discretion.

Alongside the importance of translating the modified assessment, two out of the three focus groups stated that the person utilizing this assessment should bear in mind the weight language holds. Specifically, the clinician initiating the conversations should avoid gendered language. Since the Spanish language is a gendered language, i.e. nearly every word is either feminine or masculine, the clinician should avoid using binary pronouns to identify the Latinx LGB adolescent. A suggestion made by a participant is to identify the young person by a chosen nickname, rather than utilizing a masculine or feminine pronoun. This can be life changing for the adolescent because, rather than
invalidating their identity, the professional sitting across from them can provide an inclusive environment.

Along with the inclusive environment, all focus groups discussed the importance of providing a safe space to that Latinx young person who is struggling with their sexual orientation. Although not specific to the Latinx culture, this is a vital component when working with Latinx LGB adolescents. One focus group suggested making the practitioner’s space as welcoming and as comforting as possible. This space can be made LGBTQ+ friendly by having a visual representation that that person is an ally or a member of the LGBTQ+ community—a small sticker on the window, a pride flag hanging on the wall, or a small statue representing inclusivity. These small efforts can help the adolescent feel as though they are not alone and that they have someone they can talk to without feeling judged.

**Other Considerations for Practitioners**

In addition to the cultural considerations listed above, the focus groups also had some general suggestions for any practitioner working with the Latinx LGB adolescent population. First, one of the groups stressed the importance of treating the adolescent with “extreme kindness” because of everything they have had to go through and will continue to go through. They stated that the practitioner should just always assume that the person walking through the door is wounded and has a history of trauma, because of their sexual orientation and the experiences surrounding that:

FG2A: Because the person walking in the door is already assumed to have trauma.

FG2M: Trauma associated with just being…
FG2A: Well, with being…

FG2M: A person or…?

FG2A: Being HIV+ for one thing.

FG2C: Yeah.

FG2A: You know? HIV+ in and of itself is already an ace, you know? Like it is already a trauma.

FG2C: Like, can you imagine getting that diagnosis?

FG2A: And so… and you’re… and in our cause, not 100% of the time, but a large percentage of them are also gay so… having come… coming out as gay is a trauma. I have yet to hear a non-…

FG2C: That’s true.

FG2A: … where parents go “Oh wonderful! So happy for you!” And like, there’s you know… a parade of you know, rainbows and unicorns coming to… you know…

FG2D: To greet you.

FG2A: To greet you. Like, it doesn’t happen. So… there’s a trauma already, you know… there’s trauma… there’s already trauma…

FG2B: Plus, stigma cause now I’m a part of this hated, hated community…

This sense of trauma and stigma that is associated with identifying as a sexual minority can be difficult. Thus, it is important treat the adolescent with “extreme kindness”.

Another important suggestion made by a participant, with relation to the RSA, was to change the term “significant others” to “SOFFA’s” which stands for significant others, families, friends, and allies. This term helps to include all of the people that might
potentially be affecting that adolescent’s life. Rather than having an all-encompassing term to identify the important people in their lives, SOFFA’s helps to pinpoint specific people who could be a risk or a resource in the life of a Latinx LGB teenager. As one participant stated,

FG3B: The coming out process is also for those SOFFA’s.

Third, one participant pointed out that, just because a Latinx LGB adolescent is suicidal, it does not necessarily mean that the cause of suicidality is due to their sexual orientation:

FG3D: …I think it should be a factor that you should… come to play because they might be like “Look I’m perfectly fine with my sexual orientation, that’s not bothering me…” you know, because there are youth that don’t suffer from dysphoria and there’s some youth that are gay that don’t have any like… they’re in a welcoming environment. Like, let’s just say they’re in Wilton Manors, it’s just the norm. Right? And that’s just… it’s a component but not putting the emphasis of like, “Oh because you’re gay or Trans, this is why.” You know?

In view of that, it is the practitioner’s responsibility to view the client as a unique individual. Rather than compartmentalizing all Latinx LGB adolescents as being suicidal due to their sexual orientation, it is imperative that the practitioner takes the time to build a relationship with the adolescent, assess the unique risks and resources, and identify the primary reasons for suicidal ideation—whether or not these reasons are associated with sexual orientation.

Third, a practitioner working with this population should never, under any circumstance, force the adolescent to come out to their family. The practitioner may believe that coming out might help the adolescent and their internal struggles, but it
is necessary to remember that that adolescent knows their family best. They know how their families will react, and how detrimental those consequences can be:

FG3D: …Safety because sometimes… I always said, don’t push to inform the parent and don’t push to tell them. Because they know their… network and their safety. And you may… believe that the parents may… perceive someway and they may show face and be… these nice great people and then behind closed doors they are not.

Ultimately, the decision of whether or not they should come out to their family, friends, peers, and others is at the discretion of that teenager.

Fourth, because of the rigid beliefs and the focus on caring about what other people think that is sometimes present within Latinx systems, some participants pointed out that there tends to be a stigma around mental illness and receiving mental health treatment. The teenager might want to receive therapy and treatment but the family could be rejecting of these behaviors. Sometimes, the family will deny any sign of mental health problems until the teenager is already formulating a plan to die by suicide. Rather than getting mental health help, a family might turn to their church for help. If all else fails, the family might seek mental health treatment for the youth but might also be resistant to the practitioner’s suggestions. Thus, a practitioner should be patient and aware of these factors when working with a Latinx LGB adolescent and their family.

Lastly, a practitioner should learn to feel comfortable with the subject of suicide when working with this population, as described below:

FG3D: …Taking away the taboo of suicide and suicidal thoughts. Because if
you’re not afraid of hearing about the suicidal thoughts, then they’re gonna…
they’re gonna actually visit with them and recognize it. So the first thing I say is like, “I’m not afraid of your suicidal thoughts.”

FG3A: To be comfortable talking about it.
FG3D: To be comfortable about it.
FG3B: Yes.

FG3D: Because it’s just like, hey it’s going to happen… you’re going to have them so…

The participant continues to explain this process:

FG3D: …so that’s usually when they’re like “oh so I can actually speak about them?” Yes! So they’ll… so they’ll call… so once… once you take it away and they’re telling you when they have 1 or 2 thoughts, and they’re not in fear of being Baker Acted, then you’re gonna be able to be a much effective therapist and catch them in their desperation when it’s smaller versus they’re telling you because they can no longer handle it. Cause they’re like “you know what? Now I’ve had it every day, all day so if I say it, and I get Baker Acted, I might as well…”

Being comfortable with talking about suicidal thoughts and the negative feelings this young person is having is essential when assessing for an immediate risk of suicide. As the participant goes on to say:

FG3D: …We expect the thoughts to happen. We get more concerned when it’s… the thought doesn’t go away and it’s persistent and then it has a plan because we have a lot of creative kids. Right?
Thus, having a non-judgmental relationship with an adolescent in which the suicidal thoughts are not exacerbated by the practitioner’s anxiety helps to create an open environment in which the teenager can speak honestly about their suicidal thoughts. Believing that the world would be a better place without them and imagining death as an escape from the pain often times aligns with the turmoil they are experiencing externally and internally. Reframing suicidal thoughts as a reaction to the pain they are experiencing helps to ease the stigma around suicidal thoughts. However, the practitioner should always use their clinical judgment when assessing for suicidality and should do what they believe is best for the adolescent’s well-being as well as their safety.

Hence, in order to gain a sense of comfort about suicide and using the RSA with this population, one participant suggested having intensive and ongoing trainings for practitioners. These trainings would help to normalize the subject while training the practitioner to use the RSA. They would also include role plays that would help the practitioner learn to manage their anxieties within the room.

Conclusion

Ergo, the above themes—Latinx values/Machismo, religion/faith, family, school, and self worth—in addition to other factors that might not be listed within the findings of this research, are pivotal when assessing a Latinx LGB adolescent for suicide. A single or a combination of these fundamental themes can cause the youth to experience damaging effects. These effects can eventually lead to an increased risk for suicide. As a result of the many negative risk factors that are associated with being a Latinx LGB teenager, it is crucial to also analyze the protective factors that may serve as safeguards against the harmful effects embedded within this culture. In addition, cultural
considerations as well as general considerations for practitioners were discussed in order to provide a larger contextual framework that is beneficial when working with this population.
CHAPTER V:

DISCUSSION AND IMPLICATIONS OF STUDY

The purpose of this study was to answer the question, “Can the RSA tool be effectively modified to account for the specific ethnic and cultural needs of the LGB community embedded within the Latinx teenage population?” In order to answer this question, this study conducted a series of three focus groups with experienced professionals who had worked with Latinx LGB adolescents. Throughout each focus group, the participants made suggestions, including additions, deletions, and modifications, that should be made to the original assessment in order for it to be culturally modified. These suggestions were implemented and a modified suicide assessment was created for use with Latinx LGB adolescents.

The purpose of this study was not to create a quantified assessment or to implement the modified assessment. Rather, the purpose of this study was to garner the experience of professionals and their awareness of what cultural factors should be taken into account when working with this specific population. All of the participants were passionate about their work and offered a wealth of feedback that was included in the modified assessment.

Many themes and cultural considerations arose from the focus groups with relation to suicidal risks and protective factors. The main themes that the focus groups discussed and stated were pertinent to the study’s purpose were: Latinx values/Machismo, religion/faith, family, school, self worth as well as specific cultural considerations. These themes align with the research presented throughout this paper.
To begin with, the theme of Latinx values/Machismo was consistently discussed throughout each focus group. Particularly, the emphasis on traditional gender roles within the Latinx culture was spoken about often. Consistent with the findings of Boe, Maxey, & Bermudez (2018), the participants stated the Latinx culture values men behaving in a masculine manner while women should behave in a feminine manner. These rigid beliefs lead to unintentional, and sometimes intentional, homophobic and misogynistic messages that are generated from one generation to the next. These innate cultural messages are seen as normal but are actually forms of micro-aggressions within the family and within the community. As participants discussed, this can be harmful to all Latinx LGB young people but can be especially dangerous if they do not behave in a manner that is consistent with their assigned sex at birth. This often leads to the youth internalizing that shame associated with this occurrence as well as rampant homophobia which, as discussed previously, can lead to a risk of suicide. This is in accordance with the literature by Meyer (2003), which found that internalized homophobia can lead to a poor self view and negative mental health effects, including the potential for suicide. The focus groups, however, identified protective factors that can help buffer against these negative cultural messages: finding other youth or adults who identify as Latinx as well as LGB so that the adolescent feels a sense of connection and being represented within the community in addition to within the media.

The second theme that arose throughout the focus groups was religion/faith. In accordance with the research by Boe et al. (2018) which found that Latinx people who abide by traditional values—including traditional religious values—have a heteronormative view of the world, the focus groups identified some religious values as harmful to the
LGB adolescent. One participant stated that, because many religions that Latinx people subscribe to view people inherently as sinners, an adolescent who identifies as LGB would be viewed as a “compounded” sinner. This may lead the youth to lose their faith and lose their religious community because they might feel as though they are not accepted. Moreover it was identified that, in some case, religious beliefs can be used as weapon against the adolescent. These religious pressures can lead to an increased risk for suicide due to the inner conflict experienced by the youth regarding the messages they are receiving from their faith about their sexual orientation. However, some religious protective factors were also identified within the conversations including: finding an accepting and supportive spiritual community and, eventually, coming to peace with those religious messages.

The third theme that emerged was the theme of family. As indicated from the research by Steidel and Contreras (2003), the Latinx family abides by certain unspoken, and sometimes spoken, rules. These rules include honoring the family honor, the emphasis on family connectedness, and believing that the wellbeing of the family is more important than the wellbeing of one member. These findings are supported by the focus group dialogues which attributed many harmful effects brought to the youth by the family. The combination of Latinx values as well as religious factors often leads to the rejection of a Latinx LGB adolescent—though not the case every time, the focus group stated this is the case most of the time. The adolescent’s coming out and sexual orientation identification is often seen as a source for shame within the family and within the community, as mentioned by the participants. Physical abuse, emotional abuse, and sexual abuse are common. Homelessness as a result of being kicked out of the home or
as a result of being too scared to come out is common. Being pushed back into the metaphorical closet is common. These negative consequences and reactions often lead the adolescent to conform to the familial pressure or, worse, lead the adolescent to be at risk for suicide. This is in accordance with the findings by Russell and Fish (2016) who found that family rejection associated with identifying as LGB, experiencing homelessness after being rejected, and verbal and/or physical harassment from family members due to sexual orientation were all risk factors associated with LGB teenage suicide. Alternatively, the focus groups identified some protective factors within the family system that can help against these risks. They include: having a chosen family as well as the involvement of the family if the family accepts the adolescent. Their involvement as allies and as advocates can be beneficial to the youth. Families who want to be involved can join the adolescent in family therapy and, if needed, facilitate the voluntary hospitalization process when the youth believes they are a risk to themselves.

The fourth theme that materialized was school. Although school was not a risk factor that was discussed in detail throughout this paper, it has proved itself to be a critical aspect in the lives of Latinx LGB adolescents. The participants of this study described school to be an adolescent’s “whole world”. As such, many negative scenarios can arise in school; the participants identified the following: being teased or bullied due to a young person’s sexual orientation, losing friendships due to coming out, getting into fights or getting kicked out of school due to sexual orientation related matters, being outed by a peer at school, or even dropping out of school due to harassment from peers. These negative situations are often worsened by our advanced technological age—the same peers who bully the LGB adolescent at school now has access to bully that young
person online. This isolation and loss of connection can lead to an increased risk of suicide. These findings support the literature by Rimes, Shivakumar, Ussher, Baker, Rahman, and West (2018) which found stigmatization due to sexual orientation, particularly in school, to be a risk factor for LGB adolescent suicide. On the other hand, in accordance with the research by Russell and Fish (2016), the participants of this study found an affirming and inclusive school environment to be a protective factor against suicide. This school environment includes mandatory inclusivity and sensitivity trainings for staff and student, gender neutral facilities, a safe zone to express themselves, and a designated counselor or therapist that is trained in LGBTQ+ matters.

The fifth theme that arose from the focus groups was self worth. Based on the professional experience of the participants in this study, it was found that the amalgamation of the above presented factors can lead to the Latinx LGB adolescent experiencing a loss of self worth. The young person internalizes these negative factors and messages and begins to believe them. This can lead the young person to think “I’m defective” and “I don’t deserve to be happy”. This weakened self worth can lead to feelings of hopelessness which, in turns, can lead to an inability to see a future for themselves. Due to the intense feelings of hopelessness, an inability to see a future, and a lack of representation of older LGB people, the Latinx LGB adolescent can experience suicidal thoughts and feelings. The participants discussed certain protective factors that can help the teenager navigate these negative feelings and they include: a practitioner talking to the youth about their future goals, encouraging the use of positive self-talk and positive affirmations, and finding representation within the community by means of an elder Latinx LGB person who can serve as a mentor or role model.
In addition to these themes, cultural considerations were defined within the focus groups. They include: discussing the Latinx LGB teenager’s immigration status and any risk factors associated with an illegal status, creating the assessment in English and in Spanish, avoiding gendered language by using a nickname for the teenager rather than a pronoun, and providing a safe and comfortable environment for the teenager–including a small representation of being an ally or a member of the LGBTQ+ community, so that the teenager may feel as though they can be themselves.

Although not specifically stated by the participants, I believe it is important to mention within this discussion the importance of awareness. A Latinx adolescent who identifies as LGB will present with suicide risks in any environment—not just in a therapeutic setting. Therefore, any adult who has contact with adolescents should become familiar with the signs and risks for suicide within this population.

Thus, the feedback from the participants based on their experiences helped to cultivate the modified Relational Suicide Assessment for use with Latinx LGB adolescents. Once the assessment was created, it was sent to Dr. Flemons and Dr. Gralnik for review. The final modified assessment was created using the feedback received from all parties involved (See Appendix H). Once the modified assessment was created in English, a Spanish version was formulated (See Appendix I). In an attempt to avoid gendered language of the client within the Spanish version, “elx clientx”–rather than “el cliente” or “la clienta”–is used as a gender neutral term.

Utilizing the suggestions and modifications given by each participant, I created an inclusive suicide assessment that takes into account the cultural context in which a Latinx LGB adolescent lives. To my knowledge, this is the first suicide assessment
created specifically for use with the Latinx LGB adolescent population. It is my hope that this assessment will help to reduce the high rates of suicide within this population.

**Limitations of the Study**

As is standard with any research study, there are some limitations to this study. First, neither the original RSA nor the modified version of the RSA have been researched to substantiate its clinical effectiveness. Second, the participants of this study all reside and are working in South Florida which, as prior mentioned, is a microcosm of different Latinx cultural backgrounds with limited reach to other cultures. As a result, the participants’ perceptions of the culture and the identification of risk/protective factors might have been clouded by this fact. It could be that the results of this study might not generalize to other regions where Latinx cultures are less prevalent.

**Implications for Future Research**

Based on the suggestions and modifications made to the original assessment, future research can implement the modified assessment when working with Latinx LGB adolescents who have been having suicidal ideations. This research would demonstrate whether or not the modified assessment is a viable option when working with this population. Future research can also explore whether this assessment can be made quantifiable. Some of the participants in this study did not like the subjective aspect of the original assessment and stated they would benefit from somehow making the modified assessment numerically valid and reliable. Moreover, this study only takes into account the lesbian, gay, and bisexual populations. Future research studies could explore the cultural and ethnic factors that are existent in a Latinx teenager who identifies as transgender or any other sexual orientation. Lastly, the scope of this study was limited to
the Latinx culture. Further research on different cultural contexts within the LGBTQ+ community could further advance the study of suicide.

**Conclusion**

The rates of suicide within the Latinx LGB adolescent population are astoundingly high when compared to their counterparts. This study aimed to create a culturally aware suicide assessment in order to reduce those rates. Based on the already available research as well as the findings of this study, this study found that the original RSA can be effectively modified for the specific ethnic and cultural needs of the Latinx LGB adolescent population. By integrating the feedback received from the participants into the original assessment, the modified Relational Suicide Assessment for use with Latinx LGB adolescents was created—the first of its kind.
References


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Psychosocial Factors Associated With Suicide Attempts, Ideation, and Future Risk in Lesbian, Gay, and Bisexual Youth. *Crisis*, 40(2), 1-10. doi: 10.1027/0227-5910/a000527


Appendices
### Appendix A

**The Relational Suicide Assessment by Flemons & Gralnik (2013)**

**Risk and Resource Interview Guide**

Derived from Relational Suicide Assessment (W. W. Norton, 2013)

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#### 1. DISRUPTIONS & DEMANDS

<table>
<thead>
<tr>
<th>Risks</th>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Loss/Failure of relationship</td>
<td></td>
<td>a) Distressing expectations/demands of the client</td>
</tr>
<tr>
<td>B) Overwhelming expectations/obligations</td>
<td></td>
<td>b) Abandoning the client</td>
</tr>
<tr>
<td>C) Loss of social position/financial status</td>
<td></td>
<td>c) Abuse/Bullying of the client</td>
</tr>
<tr>
<td>D) Legal/Disciplinary troubles</td>
<td></td>
<td></td>
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<tr>
<td>E) Abuse/Bullying/Peril</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) Effective problem solving</td>
<td></td>
<td>i) Reasonable expectations/encouragement of the client</td>
</tr>
<tr>
<td>2) Positive personal/spiritual connections</td>
<td></td>
<td>ii) Helping the client meet obligations</td>
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</tbody>
</table>

#### 2. SUFFERING

<table>
<thead>
<tr>
<th>Risks</th>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>F) Depressed/Manic mood</td>
<td></td>
<td>d) Viewing the client as flawed/a burden</td>
</tr>
<tr>
<td>G) Anxiety/Anger/Obsessive thinking</td>
<td></td>
<td>e) Limited awareness of/Unhelpful response to the client’s suffering</td>
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<tr>
<td>H) Conflicted identity/Shame/Burdensomeness</td>
<td></td>
<td></td>
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<tr>
<td>I) Hallucinations/Delusions</td>
<td></td>
<td></td>
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<tr>
<td>J) Insomnia/Nightmares</td>
<td></td>
<td></td>
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<tr>
<td>K) Pain/Illness/Injury</td>
<td></td>
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<tr>
<td>3) Engagement in medical/mental health treatment</td>
<td></td>
<td>iii) Empathic response to the client’s suffering</td>
</tr>
<tr>
<td>4) Variability in psychological/physical symptoms</td>
<td></td>
<td>iv) Supporting the client’s medical/mental health treatment</td>
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<tr>
<td>5) Effective response to suffering</td>
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</tbody>
</table>
### 3. Troubling Behaviors

<table>
<thead>
<tr>
<th>Risks</th>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>L)</td>
<td>Withdrawing from activities/relationships</td>
<td>f) Participating in the client’s troubling behaviors</td>
</tr>
<tr>
<td>M)</td>
<td>Substance abuse/Disordered eating</td>
<td>g) Unhelpful attempts to regulate the client’s troubling behaviors</td>
</tr>
<tr>
<td>N)</td>
<td>Impulsive/Compulsive actions</td>
<td></td>
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<tr>
<td>O)</td>
<td>Harming self/others</td>
<td></td>
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<tr>
<td></td>
<td>6) Engaging in activities/relationships</td>
<td>v) Reaching out to the client</td>
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<td></td>
<td>7) Participating in therapy/rehab</td>
<td>vi) Facilitating recovery/safety</td>
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<td></td>
<td>8) Finding alternative behaviors</td>
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### 4. Desperation

<table>
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<tr>
<th>Risks</th>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>P)</td>
<td>Hopelessness</td>
<td>h) Suicidality</td>
</tr>
<tr>
<td>Q)</td>
<td>Intense desire for relief</td>
<td>i) Ignorance/Denial of the client’s suicidality</td>
</tr>
<tr>
<td>R)</td>
<td>Intention/Plan to act on suicidal thoughts</td>
<td>j) Dismissive response to the client’s suicidality</td>
</tr>
<tr>
<td>S)</td>
<td>Communicating about suicidality</td>
<td></td>
</tr>
<tr>
<td>T)</td>
<td>Having/Gaining access to means</td>
<td></td>
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<tr>
<td>U)</td>
<td>Preparing for/Attempting suicide</td>
<td></td>
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<td></td>
<td>9) Hope/Reasons for living</td>
<td>vii) Compassionate response to the client’s suicidality</td>
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<td></td>
<td>10) Variability in suicidality</td>
<td>viii) Active participation in a safety plan</td>
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<td></td>
<td>11) Willingness not to conceal suicidality</td>
<td></td>
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<tr>
<td></td>
<td>12) Active participation in developing and implementing a safety plan</td>
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</table>
Hello Dr. Flemons,
I hope this email finds you well in your sabbatical! I wanted to take some time to thank you for your feedback and suggestions throughout my research for my proposal. I appreciate you sharing some of your expertise with the RSA and allowing me to incorporate the assessment into my research. I wanted to let you know I am very close to defending my proposal – it is titled “focus Groups: Modifying the Relational Suicide Assessment for Use with Latino LGB Adolescents”. Although we have written each other in the past about my use of the RSA in my ACP, I would like to get written approval from you for its use in my research.

I would love to follow up with you once I defend my proposal and when I conduct my research, so that I may share my findings with you.

I was also wondering if you could send me Dr. Gralnik’s email address so that I may let him know about my future research endeavors and ask for written approval for use of the RSA.

Thanks for all of help throughout this process!

Best,
Daphne Pozo

Hi Daphne,
Good for you! Yes, you have my written permission. Sure, let me know how it goes. Here is Dr. Gralnik’s address: gralnikl@fiu.edu

Best,
DF
Hi, Daphne,

Glad to hear you are using the RSA in your research! I will be happy to give my written permission. Please send me any necessary forms.

Sincerely,

Len

Leonard M. Grahn, M.D., Ph.D.
Assistant Professor and Clerkship Director
Senior Medical Director
Department of Psychiatry and Behavioral Health
The Herbert Wertheim College of Medicine
Florida International University
Appendix C
Letter to Recruit Participants in the Study

Date:

Dear Participant:

My name is Daphne Pozo, and I am a doctoral candidate in the Marriage and Family Therapy program at Nova Southeastern University. I am currently doing a research study for my Applied Clinical Project (ACP), the research study that is required for the completion of the doctoral degree. The title of the research is, “Focus Groups: Modifying the Relational Suicide Assessment for Use with Latino LGB Adolescents.” You are invited to participate in this study because of your experience and expertise working with Latino LGB adolescents. You are eligible to participate in the research if you have worked with Latino LGB adolescents for 5 years or more, you are English speaking, you work in South Florida, and you are willing to participate in a focus group geared towards the modification of the Relation Suicide Assessment in order to be used with Latino LGB teenagers. Previous knowledge of the Relational Suicide Assessment is not needed in order to participate in this study; a brief overview of the assessment will be provided.

The purpose of this study is to implement focus groups for the modification of the Relational Suicide Assessment (RSA) in order to be focused for use with Latino LGB adolescents. In order to accomplish this, the RSA will be presented to professionals in South Florida who work directly with Latino LGB teenagers (i.e. therapists, health care professionals, counselors, community LGBT center staff, etc.). The participants will be presented the assessment, they will provide qualitative feedback to the researcher about what they believe should be added or deleted, and the researcher will modify the assessment as recommended by participants. This study seeks to answer the question, “Can the RSA tool be effectively modified to account for the specific ethic and cultural needs of the LGB community embedded within the Latino teenage population?”

Your participation will be extremely beneficial to the research study. If you choose to participate, you will be asked to meet me and other participants at the Brief Therapy Institute at Nova Southeastern University. An audio recording of the focus groups will be used to gather qualitative data. There will be no costs made for participation in the study but refreshments and snacks will be provided at the focus group. A potential benefit of this study is that you can help cultivate a much needed assessment that can be used in your future work with Latino LGB adolescents.

You will be interacting with other participants in the study and will provide your feedback about the applicability of the RSA when working with Latino LGB teens. Maintaining privacy and confidentiality is of utmost importance to this research study. You will be required to maintain confidentiality about all information shared in the focus group as well as the privacy of fellow participants.
Although the focus group session will be audio recorded, only your feedback and suggestions about the tool will be disclosed in the results of the study. Personal identifiers, such as names, will not be revealed in the data analysis write up of this study. All responses, audio recordings, and transcripts will be destroyed 3 years after the completion of the study. All information obtained in the study is strictly confidential unless otherwise required by the law. The university’s human oversight board, regulatory agencies, or Dr. Christopher Burnett may review research records.

You have the right to leave this study at any time or refuse to participate. If you decide not to participate or decided to leave during the study, you will not experience any penalty or loss of services you have the right to receive.

If you or someone you know is interested in participating in my study, please contact me via email at dp1328@mynsu.nova.edu or by phone at 786-222-7959.

Thank you and I look forward to hearing from you.

Sincerely,

Daphne Pozo,
Registered Marriage and Family Therapist Intern

IRB protocol #:

Principal Investigator: Co-Investigator:
Daphne Pozo, DMFT Candidate Dr. Christopher Burnett
1219 Fairlake Trce 3301 College Avenue
Weston, FL 33326 Fort Lauderdale, FL 33314
786-222-7959 954-262-3020

For questions/concerns about your research rights, contact
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
954-262-5369
IRB@nova.edu
Appendix D

NOVA SOUTHEASTERN UNIVERSITY
CONSENT FORM FOR PARTICIPATION

Study Title: Focus Groups: Modifying the Relational Suicide Assessment for Use with Latino LGB Adolescents.

Principal Investigator: Daphne Pozo

IRB Study Number: 2019-144

I am a doctoral candidate in the Marriage and Family Therapy program at Nova Southeastern University. I am planning to conduct a research study, which I invite you to participate in. This form has important information about the study and I encourage you to read the form in its entirety.

Description of the study

The title of the research is, “Focus Groups: Modifying the Relational Suicide Assessment for Use with Latino LGB Adolescents”. You are eligible to participate in the research if you have worked with Latino LGB adolescents for 5 years or more, you are English speaking, you work in South Florida, and you are willing to participate in a focus group geared towards the modification of the Relation Suicide Assessment in order to be used with Latino LGB teenagers.

The purpose of this study is to implement focus groups for the modification of the Relational Suicide Assessment (RSA) in order to be focused for use with Latino LGB adolescents. In order to complete the study, the RSA will be presented to professionals in South Florida who work directly with Latino LGB teenagers (i.e. therapists, health care professionals, counselors, community LGBT center staff, etc.). Prior knowledge of the RSA is not needed in order to participate in this study. The professional participants will be presented the assessment, they will provide qualitative feedback to the researcher about what they believe should be added or deleted, and the researcher will modify the assessment as recommended by participants. This study hopes to answer the question, “Can the RSA tool be effectively modified to account for the specific ethnic and cultural needs of the LGB community embedded within the Latino teenage population?”

What are the possible risks associated with this study?

To the best of my knowledge, there are no foreseeable risks associated with participating in this study.
What are the possible benefits for me or others?
A potential benefit of this study for those who participate is that you can help cultivate a much needed assessment that can be used in your future work with Latino LGB adolescents. By creating a modified version of the RSA for use with Latino LGB adolescents, it is my hope that the high rates of suicide amongst this population can be reduced.

What are my rights as a participant in this study?
Participation in this study is completely voluntary and refusal to participate will not lead to negative outcomes. Participants can leave the study at any given time. If you decide to leave or you decide not to participate, you will not experience any penalty as a result or loss of benefits to which you are otherwise entitled to.

How will confidentiality be maintained?
Only your feedback and suggestions about the tool will be disclosed in the results of the study. Personal identifiers such as your name or workplace will not be revealed in the data analysis write up of this study. All responses and transcripts will be destroyed 3 years after the completion of the study. All information obtained in the study is strictly confidential unless otherwise required by the law. The university’s human oversight board, regulatory agencies, or Dr. Christopher Burnett may review research records.

Who can I contact if I have questions or concerns about this research study?
Principal Investigator: Daphne Pozo, DMFT Candidate
1219 Fairlake Trce
Weston, FL 33326
786-222-7959
Dp1328@mynsu.nova.edu

Co-Investigator: Dr. Christopher Burnett
3301 College Avenue
Fort Lauderdale, FL 33314
954-262-3020

For questions/concerns about your research rights, contact
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
954-262-5369
IRB@nova.edu

Consent
I have read this consent form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have any other questions, I know who to contact. I consent to participate in the research study described above. I will receive a copy of this consent form.

Your Signature
_______________________________________ Date __________
In addition to agreeing to participate, I also consent to having the interview audio-recorded.

Your Signature

___________________________________________________________ Date ____________

Signature of person obtaining consent

___________________________________________________________ Date ____________

Printed name of person obtaining consent

___________________________________________________________ Date ____________
Appendix E

Invitation to Nova Southeastern University

ACP PROPOSAL

Daphne Pozo
Thu 1/31/2019 6:55 AM

Hi Dr Gordon!
I hope this email finds you well. I am writing to you because I am preparing to defend my ACP proposal and I would appreciate it if you allowed me to run my focus groups at BTI. Although the exact date and times are still unknown, I am open to having the focus groups any day of the week including Fridays and Saturdays. If I propose in February, I am hoping to gain IRB approval and begin my research in March.

The title of my study is “Focus Groups: Modifying the Relational Suicide Assessment for Use with Latino LGB Adolescents”. The participants will be professionals in South Florida who have worked with Latino LGB adolescents for the past 5 years or more. There will be 3 focus groups with 5 participants – each session should last about 90 minutes (60 minutes for the focus group and 30 minutes for preparing/cleaning up).

Please let me know if this is possible. I appreciate your consideration.

Thanks,
Daphne Pozo

Arlene Gordon
Fri 2/1/2019 4:03 PM
Daphne Pozo; Francesca Angiuli

Hi Daphne,
Congratulations on getting to this point in your work. It sounds as if you have a wonderful, much needed project.
Do you need space for only 3 sessions each 90 minutes long?
How many participants?
Please contact Francesca as she would be the best person to see about space. My guess is that you want to tape these sessions. If not, would a classroom work?
Best,
Arlene

Arlene Brett Gordon, Ph.D., LMFT
Director, Brief Therapy Institute
Dept. of Family Therapy/CAHSS
Office (954) 262-3032
arlenebg@nova.edu
nova.edu
Hi Dr Gordon, thanks for the kind words! The sessions would be audio recorded so a classroom would work perfectly!

Yes, I would only need space for 3 focus groups session - each session is 90 minutes and would have 5 participants each.

Thanks for the consideration from you both

Best.

Sent from my iPhone

---

Hi Daphne,

When will you need to room? I can tell you Monday mornings and Fridays are the best times.

Please let me know when you can.

Francesca

---

Hi Fran! It’ll be some time in March. I’m not sure yet since I need to propose first and gain IRB approval. I will let you know as soon as possible!! But thank you

Sent from my iPhone

---

Oh ok, well let me know when you are ready and we will work it out. 😊 Best of luck!!
## Focus Groups: Modifying the Relational Suicide Assessment for Use with Latino LGB Adolescents

Daphne Pozo  
Nova Southeastern

### The Relational Suicide Assessment (RSA)

- By Flemons and Gralnik (2013)
- “Collaborative, empathically grounded, and oriented towards discovering possibilities”.
  - Focus on person’s current experience
  - Questions are used to gather data and are interventions
  - Discover possibilities for change
THE RSA...

- Considers risks in relation to resources
- Takes into account the resources that a person has in order to overcome their current crisis; these resources can include coping skills, past moments of success and/or resiliency, and exceptions to the problem
- Assesses the person’s support system—including their significant others—and their ability to aid or worsen the crisis
  - Views person in terms of relationships
  - Positive relationships can be a buffer

(Flemons & Gralnik, 2013)

THE RSA PROCESS

1. Empathetically exploring risks and resources in the client’s world (Risks and Resources Interview Guide)
   - Done by gathering information on the client’s unique risks (i.e. history of mental health, substance use, self harming behaviors, family history of suicide, hopelessness, suicidal ideation, etc) as well as their significant others risk behaviors.
   - This step also includes assessing for resources within the client and from their support system.

(Flemons & Gralnik, 2013)
THE RSA PROCESS (CONTINUED)

2. Coming to safety decision
   - Based on the answers given in step 1, the therapist must utilize their clinical judgment in order to decide whether the person is at risk for suicide.

3. Collaboratively developing a detailed safety plan
   - Collaboratively created between therapist and client if the therapist believes the client isn’t an immediate risk.
   - Includes emergency numbers, personal resources to contact, getting rid of lethal means, safe places, etc.

(Flemons & Gralnik, 2013)

THE RISK AND RESOURCE INTERVIEW GUIDE (RRIG)

Derived from Relational Suicide Assessment (W. W. Norton, 2013)
© 2013 Douglas Flemons, Ph.D. & Leonard M. Gralnik, M.D., Ph.D.
THE RISK AND RESOURCE INTERVIEW GUIDE (RRIG) (CONTINUED)

2. SUFFERING

<table>
<thead>
<tr>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>f) Depressed/Miserable mood</td>
<td>d) Viewing the client as flawed or a burden</td>
</tr>
<tr>
<td>g) Anxiety/Anger/Obsessive thinking</td>
<td>e) Limited awareness of a helpful response to the client’s suffering</td>
</tr>
<tr>
<td>h) Conflicted identity/Shame/Burdensomeness</td>
<td></td>
</tr>
<tr>
<td>i) Hallucinations/Delusions</td>
<td></td>
</tr>
<tr>
<td>j) Insomnia/Nightmares</td>
<td></td>
</tr>
<tr>
<td>k) Pain/Injury</td>
<td></td>
</tr>
<tr>
<td>2) Engagement in medical/mental health treatment</td>
<td>iii) Empathetic response to the client’s suffering</td>
</tr>
<tr>
<td>4) Variability in psychological/physical symptoms</td>
<td>iv) Supporting the client’s medical/mental health treatment</td>
</tr>
<tr>
<td>5) Effective response to suffering</td>
<td></td>
</tr>
</tbody>
</table>

3. TROUBLING BEHAVIORS

<table>
<thead>
<tr>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Withdrawing from activities/relationships</td>
<td>f) Supporting the client’s troubling behaviors</td>
</tr>
<tr>
<td>5) Substance abuse/Disordered eating</td>
<td>g) Unhelpful attempts to regulate the client’s troubling behaviors</td>
</tr>
<tr>
<td>3) Impulsive/Compulsive actions</td>
<td></td>
</tr>
<tr>
<td>4) Harming self/others</td>
<td></td>
</tr>
<tr>
<td>6) Engaging in activities/relationships</td>
<td></td>
</tr>
<tr>
<td>7) Participating in therapy/rehab</td>
<td>v) Reaching out to the client</td>
</tr>
<tr>
<td>8) Finding alternative behaviors</td>
<td>vi) Facilitating recovery/safety</td>
</tr>
</tbody>
</table>

THE RISK AND RESOURCE INTERVIEW GUIDE (RRIG) (CONTINUED)

4. DESPERATION

<table>
<thead>
<tr>
<th>Client</th>
<th>Client’s Significant Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>9) Hopelessness</td>
<td>h) Suicidality</td>
</tr>
<tr>
<td>10) Intense desire for relief</td>
<td>i) Ignorance/Denial of the client’s suicidality</td>
</tr>
<tr>
<td>11) Intention/Plan to act on suicidal thoughts</td>
<td>j) Constructive response to the client’s suicidality</td>
</tr>
<tr>
<td>8) Communicating about suicidality</td>
<td></td>
</tr>
<tr>
<td>7) Having/Using access to means</td>
<td></td>
</tr>
<tr>
<td>5) Preparing for Attempting suicide</td>
<td></td>
</tr>
<tr>
<td>6) Reason for living</td>
<td>vii) Compassionate response to the client’s suicidality</td>
</tr>
<tr>
<td>10) Variability in suicidality</td>
<td>viii) Active participation in a safety plan</td>
</tr>
<tr>
<td>11) Willingness not to conceal suicidality</td>
<td></td>
</tr>
<tr>
<td>12) Active participation in developing and implementing a safety plan</td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS/COMMENTS?

REFERENCES

Appendix G

Focus Group Questions

1. What experience do you have with Latino LGB teens and suicide?

2. How do you currently assess for suicide in your profession?

3. What is your familiarity with the Relational Suicide Assessment?

4. What do you believe are the pros and cons of the RSA?

5. How can the RSA be modified to be used with Latino LGB adolescents?

6. What additions or deletions should be made to the assessment when working with Latino LGB adolescents?

7. What suggestions do you have for professionals using the RSA with Latino LGB teens?

8. What cultural/ethnic considerations should be made when using the RSA with Latino LGB teens?

9. What is your overall perception of this modified RSA for use with Latino LGB teens?

10. How likely are you to use this modified version of the RSA for use with Latino LGB adolescents in your profession?

11. Is there anything else you would like to say about the RSA and its use with Latino LGB teens?
Appendix H

The modified Relational Suicide Assessment for use with Latinx LGB adolescents

1. Disruptions and demands

<table>
<thead>
<tr>
<th>Risks</th>
<th>Client</th>
<th>SOFFA’s (Significant Others, Friends, Families, Allies)</th>
</tr>
</thead>
</table>
|       | A. Loss/failure of relationship  
- including family rejection due to identifying as LGB  
- including loss of friendships due to coming out  
- including loss of faith due to faith’s negative view of sexual orientation  
- including loss of Latinx community | a. Distressing expectations/demands of the client  
- including believing and adhering to traditional gender roles; prescribing to the Machista culture  
- including strong religious belief that views homosexuality as a sin  
- including using faith as a weapon against client  
- including an overwhelming concern with what people will think  
- including viewing the client as bringing shame to the family |
|       | B. Overwhelming expectations/obligations  
- including identifying as gender nonconforming and not adhering to the binary  
- including fear of going to Hell due to sexual orientation  
- including navigating between Latinx culture and LGB culture  
- including the homophobia, misogyny, and racism rooted within the Latinx culture that is perpetuated in daily interactions  
- including micro and macro aggressions | b. Abandoning the client  
- including throwing client out of the house because of sexual orientation  
- including threatening to send client back to their country of origin |
|       | C. Loss of social positions/financial status  
- including dropping out of school due to harassment  
- including homelessness due to sexual orientation | c. Abuse/Bullying of the client  
- including shaming/harassing/abusing client for sexual identity  
- including forcing the client to go back into the closet  
- including “corrective” sexual abuse |
<table>
<thead>
<tr>
<th><strong>D. Legal/Disciplinary troubles</strong></th>
<th><strong>E. Abuse/Bullying/Peril</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- including getting kicked out of school</td>
<td>- including harassment at school or from community due to biased-based bullying</td>
</tr>
<tr>
<td>- including immigration status</td>
<td>- including being “outed”</td>
</tr>
<tr>
<td></td>
<td>- including being an outcast from both communities due to homophobia within the Latinx community and racism within the LGB community</td>
</tr>
<tr>
<td></td>
<td>- including online bullying</td>
</tr>
<tr>
<td></td>
<td>- including stigma associated with being LGB</td>
</tr>
<tr>
<td></td>
<td>- including not having a safe space</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Resources</strong></th>
<th><strong>1. Effective problem solving</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- including being proud of/accepting one’s LGB identity within the Latinx culture</td>
</tr>
<tr>
<td></td>
<td>- including utilizing self affirmations</td>
</tr>
<tr>
<td></td>
<td><strong>2. Positive personal/spiritual connections</strong></td>
</tr>
<tr>
<td></td>
<td>- including LGB role models and mentors</td>
</tr>
<tr>
<td></td>
<td>- including an inclusive and supportive spiritual community; coming to peace with faith</td>
</tr>
<tr>
<td></td>
<td>- including joining GSA at school</td>
</tr>
<tr>
<td></td>
<td>- including joining the Ballroom</td>
</tr>
<tr>
<td></td>
<td>- including online connections and support</td>
</tr>
<tr>
<td></td>
<td>- including having a chosen family</td>
</tr>
<tr>
<td></td>
<td>- including having allies</td>
</tr>
<tr>
<td></td>
<td>- including having people who relate to client’s experience, without judgment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>i. Reasonable expectations/encouragement of the client</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- including accepting and supporting client’s new identity</td>
</tr>
<tr>
<td></td>
<td>- including advocating for an inclusive school environment/school safety</td>
</tr>
<tr>
<td></td>
<td>- including feeling hopeful for client</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th><strong>ii. Helping the client meet obligations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Suffering

<table>
<thead>
<tr>
<th><strong>Client</strong></th>
<th><strong>SOFFA’s</strong> (Significant Others, Friends, Families, Allies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Depressed/Manic mood  - including depression due to family rejection/isolation/possible homelessness</td>
<td>d. Viewing the client as flawed/ a burden  - including viewing the client as “sinning” or as less than due to their sexual orientation  - including trying to “fix” the client</td>
</tr>
<tr>
<td>G. Anxiety/Anger/Obsessive thinking  - including anger/anxiety from victimization as a result of being LGB</td>
<td>e. Limited awareness of/Unhelpful response to client’s suffering  - including choosing traditional Latinx values and beliefs over client  - including cutting off the relationship due to client’s sexual orientation  - including not willing to engage with client</td>
</tr>
<tr>
<td>H. Conflicted identity/Shame/Burdensomeness  - including internal conflict due to being both LGB and Latinx  - including internalized shame/ homophobia/ low self worth/ low self esteem (multiple minority identities =&gt; compounded shame)  - including shame of being “too feminine”  - including lack of representation  - including shame surrounding being HIV+  - including history of trauma</td>
<td></td>
</tr>
<tr>
<td>I. Hallucinations/Delusions</td>
<td></td>
</tr>
<tr>
<td>J. Insomnia/Nightmares</td>
<td></td>
</tr>
<tr>
<td>K. Pain/Illness/Injury</td>
<td></td>
</tr>
</tbody>
</table>

### Resources

<table>
<thead>
<tr>
<th><strong>3. Engagement in medical/mental health treatment</strong>  - including joining a support group for LGB youth  - including going to family therapy with family</th>
<th>iii. Empathic response to the client’s suffering</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Variability in psychological/physical symptoms</td>
<td>iv. Supporting the client’s medical/mental health treatment  - including being willing to engage in family therapy</td>
</tr>
</tbody>
</table>
3. **Troubling Behaviors**

<table>
<thead>
<tr>
<th>Risks</th>
<th>Client</th>
<th>SOFFA’s (Significant Others, Friends, Families, Allies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Withdrawing from activities/relationships</td>
<td>L. Withdrawing from activities/relationships - including isolation/ alienation due to sexual orientation - including loss of interest in school and friendships</td>
<td>f. Participating in the client’s troubling behaviors</td>
</tr>
<tr>
<td>M. Substance abuse/disordered eating</td>
<td>M. Substance abuse/disordered eating</td>
<td></td>
</tr>
<tr>
<td>N. Impulsive/Compulsive actions - including unsafe sexual behaviors</td>
<td>N. Impulsive/Compulsive actions - including unsafe sexual behaviors</td>
<td></td>
</tr>
<tr>
<td>O. Harming self/others</td>
<td>O. Harming self/others</td>
<td></td>
</tr>
<tr>
<td>Resources</td>
<td>6. Engaging in activities/relationships - including making healthy connections within both communities - including having a safe space to express themselves</td>
<td>v. Reaching out to the client - including modifying traditional gender roles beliefs to fit client’s new identity - including accepting client’s newfound identity</td>
</tr>
<tr>
<td></td>
<td>7. Participating in therapy/rehab</td>
<td>vi. Facilitating recovery/safety - including attending family therapy in order to ensure safety - including being willing to facilitate voluntary hospitalization for client</td>
</tr>
</tbody>
</table>
## 4. Desperation

<table>
<thead>
<tr>
<th>Risks</th>
<th>Client</th>
<th>SOFFA’s (Significant Others, Friends, Families, Allies)</th>
</tr>
</thead>
</table>
|       | P. Hopelessness  
- including not being able to see a future  
- including not be able to imagine themselves growing old due to lack of LGB elders  
- including feeling as though the world will never accept them  
- including feeling like they’re the only “out” person  
Q. Intense desire for relief  
R. Intention/Plan to act on suicidal thoughts  
S. Communicating about suicidality  
T. Having/ Gaining access to means  
U. Preparing for/Attempting suicide  
|               | h. Suicidality  
i. Ignoring/Denial of the client’s suicidality  
j. Dismissive response to the client’s suicidality  |
| Resources | 9. Hope/Reasons for living  
- including having goals  
- including being willing to talk about the future  
- including meeting other Latinx who identify as LGB and are happy, healthy, and successful  
|               | vii. Compassionate response to the client’s suicidality  
viii. Active participation in a safety plan  |
|       | 10. Variability in suicidality  
11. Willingness not to conceal suicidality  
- including seeking/asking for help when needed most  
|               |   |
|       | 12. Active participation in developing and implementing a safety plan  |
**Appendix I**

**El Relational Suicide Assessment modificado para uso con adolescentes Latinx que se identifican como LGB**

1. **Alteraciones y Demandas**

<table>
<thead>
<tr>
<th>Clientx</th>
<th>SOFFA’s (Significant Others, Friends, Families, Allies) // (Pareja, Amigues, Familia, Aliados)</th>
</tr>
</thead>
</table>
| A. Pérdida / fracaso de relación  
- incluyendo el rechazo de la familia debido a identificar como LGB  
- incluyendo pérdida de amistades debido a salir del closet  
- incluyendo pérdida de fe debido a la perspectiva negativa de la fe sobre la orientación sexual  
- incluyendo pérdida de la comunidad Latinx | a. Expectativas / demandas angustiantes de elx clientx  
- incluyendo creer y adherirse a los roles tradicionales de género; la prescripción a la cultura Machista  
- incluyendo fuertes creencias religiosas que ven a la homosexualidad como un pecado  
- incluyendo el uso de la fe como un arma contra elx clientx  
- incluyendo una preocupación abrumadora con lo que la gente pensará  
- incluyendo ver a elx clientx como trayendo verguenza a la familia |
| B. Expectativas / obligaciones abrumadoras  
- incluyendo identificación como género no conforme y no adherir al binario  
- incluyendo el miedo de ir al infierno debido a la orientación sexual  
- incluyendo navegar entre la cultura Latinx y la cultura LGB  
- incluyendo la homofobia, misoginia, y racismo arraigado dentro de la cultura Latinx que es perpetuado en las interacciones diarias  
- incluyendo micro y macro agresiones | b. Abandonar a elx clientx  
- incluyendo echar a elx clientx de la casa debido a la orientación sexual  
- incluyendo la amenaza con enviar a elx clientx de vuelta a su país de origen |
| C. Pérdida de posiciones | c. Abuso / Bullying de elx clientx  
- incluyendo avergonzar / acosar / abusar a |
<table>
<thead>
<tr>
<th>Recursos</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>sociales/situación financiera</td>
<td>elx clientx por identidad sexual</td>
<td></td>
</tr>
<tr>
<td>- incluyendo dejar la escuela debido al acoso</td>
<td>- incluyendo obligar a elx clientx a volver al “closet”</td>
<td></td>
</tr>
<tr>
<td>- incluyendo la falta de vivienda debido a la orientación sexual</td>
<td>- incluyendo abuso sexual “correctivo”</td>
<td></td>
</tr>
<tr>
<td>D. Problemas legales/disciplinarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo ser expulsado de la escuela</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo el estatus migratorio</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Abuso / Bullying / Peligro</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo el acoso en la escuela o por la comunidad debido a acoso basada en prejuicios</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo ser revelado como LGB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo ser descartado de ambas comunidades debido a la homofobia dentro de la comunidad Latinx y el racismo dentro de la comunidad LGB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo el acoso en línea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo el estigma asociado con identificar como LGB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- incluyendo no tener un espacio seguro</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 1. Resolución efectiva de problemas | i. Expectativas/fomento razonables de elx clientx | |
| - incluyendo estar orgulloso de / aceptar la identidad LGB dentro de la cultura Latinx | - incluyendo aceptar y apoyar a la nueva identidad de elx clientx | |
| - incluyendo la utilización de afirmaciones de uno mismo | - incluyendo abogar por una escuela inclusiva / seguridad en la escuela | |
| 2. Conexiones personales/espirituales positivas | - incluyendo sentir esperanza por elx client | |
| - incluyendo modelos a seguir y mentores que identifican como LGB | | |
| - incluyendo una comunidad espiritual inclusiva y solidaria; llegando a la paz con fe | | |
| - incluyendo unirse a la GSA en la escuela | | |
| - incluyendo unirse al Ballroom | | |
| | ii. Ayudar a elx clientx a cumplir con sus obligaciones. | |
2. **Sufrimiento**

<table>
<thead>
<tr>
<th><strong>Riesgos</strong></th>
<th><strong>Clientx</strong></th>
<th><strong>SOFFA’s</strong> (Significant Others, Friends, Families, Allies) // (Pareja, Amigues, Familia, Aliados)</th>
</tr>
</thead>
</table>
| F. Estado de ánimo deprimido / maníaco  
- incluyendo la depresión debido al rechazo de familia/aislamiento/posible falta de vivienda | d. Ver a elx clientx como tener defecto/ ser carga  
- incluyendo ver a elx clientx como "pecando" o como "menos de" debido a su orientación sexual  
- incluyendo tratar de "arreglar" a elx clientx | |
| G. Ansiedad/Enojo/Pensamiento obsesivo  
- incluyendo la ira/ansiedad asociado con la victimización de resultado de identificar como LGB | e. Conocimiento limitado de / Respuesta inútil al sufrimiento de elx clientx  
- incluyendo la elección de valores tradicionales y creencias de la cultura Latinx sobre elx clientx  
- incluyendo cortar la relación debido a la orientación sexual de elx clientx  
- incluyendo no estar dispuesto a interactuar con elx clientx | |
| H. Identidad conflictiva / Vergüenza / Sintiéndose como una carga  
- incluyendo conflictos internos debido a ser tanto LGB como Latinx  
- incluyendo la vergüenza internalizada / homofobia / bajo valor propio / baja autoestima estima (múltiples identidades minoritarias => vergüenza compuesta)  
- incluyendo la verguenza de ser "demasiado femenino"  
- incluyendo la falta de representación  
- incluyendo la verguenza que rodea al ser VIH +  
- incluyendo antecedentes de trauma | |
### 3. Comportamientos Preocupantes

<table>
<thead>
<tr>
<th>Clientx</th>
<th>SOFFA’s (Significant Others, Friends, Families, Allies) // (Pareja, Amigues, Familia, Aliados)</th>
</tr>
</thead>
</table>
| L. Retirarse de las actividades/relaciones  
- incluyendo el aislamiento / alienación debido a la orientación sexual  
- incluyendo la pérdida de interés en la escuela y en amistades | f. Participando en los comportamientos preocupantes de elx clientx  
g. Intentos inútiles para regular los comportamientos problemáticos de elx clientx  
- incluyendo rechazo adicional debido a nuevos comportamientos preocupantes |
| M. Abuso de sustancias / alimentación desordenada | |
| N. Acciones impulsivas / compulsivas | |

#### Riesgos

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Alucinaciones/Delirios</td>
<td>iii. Respuesta empática al sufrimiento de elx clientx</td>
</tr>
</tbody>
</table>
| J. Insomnio/Pesadillas | iv. Apoyar el tratamiento médico y de salud mental de elx clientx  
- incluyendo estar dispuesto a participar en terapia familiar |
| K. Dolor / Enfermedad / Lesión |  |

#### Recursos

3. Participación en el tratamiento médico y de salud mental  
- incluyendo unirse a un grupo de apoyo para jóvenes que identifican como LGB  
- incluyendo ir a terapia familiar con la familia  
4. Variabilidad en los síntomas psicológicos/físicos  
5. Respuesta efectiva al sufrimiento  
- incluyendo encontrar un centro seguro para adolescentes que identifican como LGB para ir después de la escuela  
- incluyendo trabajar para aumentar su propio autoestima y valor propio
### 4. Desesperación

<table>
<thead>
<tr>
<th>4. Desesperación</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recursos</strong></td>
</tr>
<tr>
<td>6. Participar en actividades/relaciones</td>
</tr>
<tr>
<td>- incluyendo hacer conexiones saludables dentro de ambas comunidades</td>
</tr>
<tr>
<td>- incluyendo tener un espacio seguro para expresarse</td>
</tr>
<tr>
<td>7. Participar en terapia/rehabilitación</td>
</tr>
<tr>
<td>8. Encontrar comportamientos alternativos</td>
</tr>
<tr>
<td><strong>Riesgos</strong></td>
</tr>
<tr>
<td>P. Sin esperanza</td>
</tr>
<tr>
<td>- incluyendo no poder ver un futuro</td>
</tr>
<tr>
<td>- incluyendo no poder imaginarse envejeciendo debido a la falta de ancianos LGB</td>
</tr>
<tr>
<td>- incluyendo sentir como si el mundo nunca los aceptará</td>
</tr>
<tr>
<td>- incluyendo sentir como si fueran los únicos que se identifican como LGB</td>
</tr>
<tr>
<td>Q. Deseo intenso de alivio</td>
</tr>
<tr>
<td>R. Intención/Plan de actuar sobre los</td>
</tr>
<tr>
<td><strong>Clientx</strong></td>
</tr>
<tr>
<td>h. Tendencias suicidas</td>
</tr>
<tr>
<td>i. Ignorar / Negar las tendencias suicidas de elx clientx</td>
</tr>
<tr>
<td>j. Respuesta despectiva a las tendencias suicidas de elx clientx</td>
</tr>
<tr>
<td><strong>SOFFA’s</strong></td>
</tr>
<tr>
<td>(Significant Others, Friends, Families, Allies) // (Pareja, Amigues, Familia, Aliados)</td>
</tr>
</tbody>
</table>

- incluyendo comportamientos sexuales inseguros

- Hacerse daño o a los demás

V. Tener contacto con elx clientx

- incluyendo la modificación de creencias de los roles tradicionales de género para adaptarse a la identidad nueva de elx clientx

- incluyendo la aceptación de la identidad nueva de elx clientx

VI. Facilitar la recuperación / seguridad

- incluyendo la participación en la terapia de familia para asegurar la seguridad de elx clientx

- incluyendo estar dispuesto a facilitar la hospitalización voluntaria de elx clientx
<table>
<thead>
<tr>
<th><strong>pensamientos de suicidas</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S. Comunicarse sobre las tendencias suicidas</td>
<td></td>
</tr>
<tr>
<td>T. Tener/Obtener acceso a los medios</td>
<td></td>
</tr>
<tr>
<td>U. Preparación para/Intento de suicidio</td>
<td></td>
</tr>
<tr>
<td><strong>Reursos</strong></td>
<td></td>
</tr>
<tr>
<td>9. Esperanza/Razones para vivir</td>
<td>vii. Respuesta compasiva a las tendencias suicidas de elx clientx</td>
</tr>
<tr>
<td>- incluyendo tener metas</td>
<td>viii. Participación activa en un plan de seguridad</td>
</tr>
<tr>
<td>- incluyendo estar dispuesto a hablar sobre el futuro</td>
<td></td>
</tr>
<tr>
<td>- incluyendo conocer a otros Latinx que se identifican como LGB y son felices, saludables, y exitosos</td>
<td></td>
</tr>
<tr>
<td>10. Variabilidad en las tendencias suicidas</td>
<td></td>
</tr>
<tr>
<td>11. Disposición a no ocultar las tendencias suicidas</td>
<td></td>
</tr>
<tr>
<td>- incluyendo buscar / pedir ayuda cuando más se necesita</td>
<td></td>
</tr>
<tr>
<td>12. Participación activa en el desarrollo e implementación de un plan de seguridad</td>
<td></td>
</tr>
</tbody>
</table>
Biographical Sketch

Daphne Pozo was born in Miami, FL as a first generation Cuban-American. She is a Registered Marriage and Family Therapist Intern currently residing in Weston, FL. Daphne completed her Master’s degree in Marriage and Family Counseling from the University of Florida in December 2014. Since then, Daphne has devoted her therapeutic career to working with children and teenagers. She has worked in various clinical settings including in-home therapy for children/teenagers and their families as well as an intensive outpatient substance abuse program for teenagers. Daphne intends to continue to work helping youth who identify as LGBTQ+ and considers this population to be her calling.