DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

(SAMHSA)

Suicide Prevention Branch's Research Highlights Podcast Series

September 10, 2013
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Presenter: Dr. Luis Zayas

Transcribed by:
Transcription, Etc., LLC
Washington, D.C.
202-529-1802

PROCEEDINGS

DR. CHELSEA BOOTH: Welcome to the SAMHSA Suicide Prevention Branch's Research Highlights Podcast Series. Today's speaker is Dr. Luis Zayas, Dean of the School of Social Work and the Robert Lee Southerland Chair in Mental Health and Social Policy at the University of Texas at Austin.

Dr. Zayas hold a master's degree in social work and a Ph.D. in developmental psychology from Columbia University. For over 25 years, Dr. Zayas has been studying young Latinas who attempt suicide. During that time as a clinician, he treated Latinas with a history of suicide behavior and their families. He is the author of *Latinas Attempting Suicide*: *When Cultures, Families, and Daughters Collide*, published by Oxford University Press in 2011.

In addition to his role as Dean, Dr. Zayas continues his work on suicidal Latinas and has embarked on a new area of research, the mental health of U.S. citizen children, whose undocumented parents are deported. As part of his professional advocacy for citizen children and undocumented parents, he evaluates children and testifies in immigration courts on their behalf.

Dr. Zayas, we're absolutely delighted to have you with us today and we're ready for you to begin whenever you are.

DR. LUIS ZAYAS: Thank you very much, Chelsea. It's a pleasure being able to share the fruits of so many years of labor with your audience. And today, what I'd like to do is

cover the area of Latina suicidal behaviors and suicide attempts. As Chelsea mentioned, it's something that I've been devoted to for over 25 years and has been a very important part of my professional career.

In this discussion today, I'd like to give some background on the suicide attempts of young Latinas, share some of the research findings that we have had from our research and end up with some ideas for practice implications, which I'm sure, will be of great interest to clinicians and program coordinators in the audience. A bunch of what I will cover today is also included in the book, *Latinas Attempting Suicide*, published by Oxford University Press.

The best way to begin is to tell you a little bit about where this interest developed, and that was back in the '70s, as a clinician in New York City. We began to see many young girls coming to our attention as a result of the suicide attempts. They were coming to our emergency rooms and outpatient clinics. That was the late '70s, early '80s, and it was a very troubling experience. I discussed the issue with many other clinicians and they saw the same pattern, but we really didn’t have any data.

I went back to the literature and found two papers, published by the same author in 1961, and he termed it, *The Suicidal Fit.* And it was the result of a review of about 170 or so Latinas who had attempted suicide, most of them over the age of 18. And he characterized it as a suicidal fit, which was a series of impulsive escapes from stressful situations. The woman had ingested pills or household cleansers. They reported some disturbance in family relations, often associated with their spouse or their mothers.

The women, interestingly enough, did not have death on their mind when they attempted. In fact, they were not even fully aware of their thoughts, so they said. And the author, Edgar Trautman, also found that the women did not show any psychotic symptoms. That was an interesting set of symptoms associated with the suicidal fit that really has withstood the test of time, as we'll see in a few minutes.

And so that was the earliest background that we had on this phenomenon of Latinas attempting suicide. The research didn't get much better during the 1980s, although, it began to change in the mid-1980s when there were some small reports of young Latinas attempting suicide in the high schools of the Bronx, New York. Some work was done later in, I guess, in Southern California, where most of the teenagers that had been admitted for suicidal behavior were Latinas, mostly Mexican-Americans. And then also in the early to mid '90s in Miami, Florida, there were indications that Cuban and Nicaraguan girls were more likely to attempt than others.

So it was fortuitous that in early 1991, the Centers for Disease Control and Prevention launched its youth risk behavior surveillance system. And what it is, is a national epidemiological survey of high schools students. And among the many risk behaviors they ask about are suicidal ideation, planning a suicide, and attempting a suicide as well as whether they had gotten medical services as a result of the suicide attempts. Indeed, in 1991, the CDC's report did prove or confirm what we were thinking. That is, that Latinas did report a higher rate of ideation planning and attempting suicide than other girls and males of that time.

So that really sped up some of the research that followed. It really was both spurred by the CDC findings, but also, at that point, many researchers were coming together, recognizing that this was a phenomenon. So that decade continued on, and then SAMHSA, in 2003, reported this national household survey on drug abuse. And once again, in their survey, Latinas, ages 12-17. So it was a larger range than that which was covered by the CDC, which was more like 14-18. Also, Latinas in that survey were at higher risk for suicide attempts than other teens, whether boys or girls.

U.S. born Latinas were also at a higher risk than foreign-born Latinas. That was, perhaps, the most interesting finding because we really had not known whether it was U.S.-born or foreign-born that were more likely to attempt, although, we do know that girls higher in acculturation are more likely to attempt than those with lower acculturation.

The SAMHSA survey also showed that the highest risk for suicide attempts were in the small metropolitan areas. While I was working, at the time, in New York City, it apparently had lower rates of suicide than say, other metropolitan areas, such as Lawrence, Massachusetts, where I had some contact with clinicians and a newspaper reporter. So it made sense to us that in smaller towns, Latinas may have fewer resources to turn to when they despair and attempted suicide.

In this next PowerPoint graph, I provide the CDC data on the suicide attempts of young Latinas, but only give 1995 to 2009. I left out 1991 and '93, only because I didn't want

this slide to be really cluttered, but as you see in 1995, adolescent Latinas have the highest rate of suicide attempts of any female group, adolescent female group, primarily white and black females.

That year, 21 percent of the girls responding to the YRBS survey indicated that they had attempted suicide -- the Latinas had attempted suicide, one in five girls. That was perhaps the most striking period of time and the most troubling period of time for those of us who were doing this kind of research. In the slide you'll see that non-Hispanic white and African-American girls pretty much maintained a level rate of suicide attempts, ranging from about ten to nine to sometimes eight percent, seven percent, until 2009 when non-Hispanic white females dropped to about 6.5 percent. But throughout all these years, Latinas continue to be at a higher rate of suicide attempts.

We should also see here that there was a growth in a suicide attempt of African-American females, nationally. That will be, perhaps, a podcast for another day. But I think it remains something for us to continue to look at. The most recent data that we have -- let me just explain that the YRBS is conducted every other year on odd numbered years and then the data is released the following year, even-numbered years.

And you will see here in this slide that in 2011, again, Latina females also had a higher rate of ideating, thinking about suicide, higher than the other two groups of white and black females. And this again comes from CDC data, where about 21 or so percent of Latinas two years ago had considered attempting suicide, compared to about, oh, 17 or

so percent of non-Hispanic whites and African-Americans. If you look on that same graph, boys were less likely to attempt suicide, something which cuts across all groups. Boys tend to attempt suicide less than girls. But in this slide here you'll see that Latinas in general, males and females, attempted more often than -- sorry, in this case, ideated or thought about attempting suicide more than other groups.

In the next slide, we see that, again, Latinas were more likely to plan a suicide than the non-Hispanic whites and African-Americans. When we aggregate both the boys and the girls across all three groups, Hispanic youth are still more likely to plan a suicide than the other two groups of white adolescents, non-Hispanic white adolescents and African-American males and females.

When we get to the attempted suicide in 2011, the CDC reports that about 13 point something percent -- I'm sorry, I can't give that to you exactly, but you'll see from the slides it's close to 14 percent of Latinas attempted suicide, compared to about eight to nine percent of non-Hispanic whites and African-American females. So here again, it's a dramatic difference between the three groups where Latinas have the highest rate.

When we look at the aggregate of males and females, Hispanic youth continue to outflank the other two groups in their suicide attempts. So you can see that with this, despite the research and the attention to it in the literature, we still have not been able to curb the high levels of ideation, plans or the attempts of Latino youth. I might add here that we should pay attention to Hispanic males as well. That has not been an area for me for my research; however, it remains something that we need to pay attention to

as much as possible.

Now, continuing this kind of national issue here, you can see in this slide where I have identified the nine core Hispanic states. These are historically Hispanic settling points or places where Hispanics have been found for centuries. So you can see, it's California, Arizona, New Mexico, Florida, Illinois, New York, and New Jersey. So that gives us a sense of where most of the Hispanic population in the U.S. has resided.

In the past decade and a half, we've seen the emergence of new Hispanic states in the Mid-Atlantic States, the Midwest, and the northwest, included in the Midwest, northern Midwest. So we have Michigan and Wisconsin as areas of considerable Hispanic growth. If we put those all together, we can see that the demographics of the U.S. are changing, and it is important to note that the Latino population is present throughout the country, in large numbers. As we think about the suicide attempts of young Latinas and what that tells us about the needs of a much-growing population, one that is considered among the youngest, is known to be among the youngest of the population with high birth rates and again, a younger population in general.

So in looking at all of these states, I decided to drill down on some of the core Hispanic states in 2009. Unfortunately, I could not get to -- well, I do have the 2011, and I'll show you those in a moment, but I wanted to start in 2009. These are the core Hispanic states. We have Arizona, Colorado, Florida, Illinois, New Mexico, New York, Texas, and Puerto Rico. Puerto Rico is not a state, but I include it because of the numbers. Data from California and New Jersey, also large Hispanic states, are not available, so I

wasn’t able to include those. And you'll see here, too, that there are some states in which there were few, if any, African-Americans responding to the survey.

But once again, the CDC shows that Latinas attempt suicide more often; in 2009 continue to report a higher rate of suicide attempts than any of the other two groups across these key Hispanic states. So it tells us that not only is there a preponderance across the entire country, but in each of these core Hispanic states there are high rates of Latinas attempting suicide.

So I would like to compare those 2009 statistics to the 2011 statistics for the same states. Notice here -- and I will go between these two so you can see the change in the rates -- Puerto Rico has consistently remained high. And of course, in Puerto Rico, Latinos, or girls would be considered Puerto Rican, regardless of race, which is why you do not see non-Hispanic whites or African-Americans, or blacks, rather, in Puerto Rico.

But you will see, again, that Latinas in 2011, continued to make suicide attempts more than their non-Hispanic white or African-American counterparts. And you can see the jump in say, Arizona and Colorado from about 10 percent to about 14 or so percent the following year. The rates in Texas, a large Hispanic state, have remained relatively steady, although they did go up slightly to about three percent, but it's the African-American girls in Texas who have shown the highest attempt rate of any group.

So with this, as a background, I wanted to bring us to why we conduct research on Latinas attempting suicide, or suicide attempts of young Latinas. We do know, as I

mentioned earlier, that teen females are more prone to depression than males and that teen females are more likely to attempt suicide than males. We know that suicides by young men, the completed suicides, are greater among males than females. Attempts are more likely among females. And so that gives us a reason to really study this group and understand it better.

One of the reasons I have focused on Latinas is that most of the research previously had focused primarily on non-Hispanic white adolescents. And so the suicide attempts were studied that way. One of the other problems we have is that there is really no place where we can collect information on suicide attempts. That is to say that emergency rooms and hospitals do not necessarily mark a suicide attempt. They provide a diagnosis of depression or an impulse disorder, but they're not likely to collect the data on a suicide attempt. So we really do not have a sense of what is happening, actually, with respect to the actual rate of suicide attempts from a clinical or an epidemiological perspective, through information gotten from hospitals. So we have to work on the basis of the surveys, which may or may not include those who would've attempted suicide.

It's important to focus on Latinas, insofar as there hasn’t been that much study of suicide attempts. Much of the research has been on suicide itself, the psychological autopsies, the suicide contagion effects, and things like that, rather than the suicide attempts. Much of the literature has focused on the adolescent and peer group effects of the suicide attempts. That is, when they're bullied or rejected by others, the youth may attempt suicide. We wanted to look at it and expand our horizons to look at

cultural, racial, and ethic factors that had not been examined in the literature.

So we framed a study and we had these theoretical basis for examination, and I would say the treatment of Latinas. We focus on adolescent development. Latinas are no different than other youth. They struggle with the sense of connection to their family, but also the freedom from or the autonomy from their families. So there's this inclination; I want to be free, but I also want to remain connected to my parents, my family. So that's an important theoretical basis and empirical basis for this study.

Developmental systems theory is also influential, insofar as it tells us people's development is not one-directional, it's actually bi-directional. The person influences the environment and the environment influences the person. Therefore, we wanted to look at girls not as victims of a particular environment, but participants in that environment. We drew also on family systems theory for our research and much of our clinical work because some of the core issues of family systems is that families must really balance their level of family cohesion and the family's flexibility to adapt to the needs of a developing child. So with cohesion, it really is about keeping the family together, the children monitored and disciplined, where self-regulation can occur and children are socialized into identity as a family member.

The families also have to have some flexibility in allowing children to experiment and to wander, if you will, away from the family and come back. And this more so as the person enters adolescence, when this whole issue of connection and autonomy really begins to become pre-eminent, and families must therefore, balance keeping the child

within the family and allowing the flexibility that the adolescent needs.

The other element to family systems theory is communication. And that's pivotal in the suicide attempts, as you'll see later, where the importance of clear communication and empathic communication is essential to healthy development. We also included familism, which really is a theoretical concept that has to do with the obligation that a person feels to his family or her family and how one's individual identity is tied into the family.

Now, it is not just a Hispanic concept. It is a concept applicable to families around the world and in different cultures; it's just differently expressed in each of those cultures. But this notion of familism or familistic beliefs enforces the traditions of families, the belief that families have, the family interactions and many of the family rituals and traditions and cultural traditions that are kept by family. And in this developmental, relational need that adolescents have, when we drill down to the issue of autonomy and connectedness between flexibility, communication and cohesion, there are aspects of relationships that are very important.

So adolescents need mentoring. Latinas are no different, where they are taught, they're tutored, they’re guided typically by a well-meaning adult, who knows the adolescent cultural landscape, social landscape, kind of knows what an adolescent is struggling with and going through. And the mentor has to inspire the child in some way. It could be a family member; it could be someone outside the family. Then the key issues of reciprocity or mutuality, in which the adolescent's developmental need to be

related to someone in an intimate, powerful way involves a reciprocal exchange of affection or respect and admiration between the adolescent and someone, perhaps a mentor, or parent. There is an expectation that in this mutual or reciprocal interaction that the people, the two or more persons, are emotionally in tune to one another. So how attuned two people are, and their capacity to take the perspective of the other, will tell us how much reciprocity and mutuality there is in a relationship.

We also use the cultural basis for research, which is culture influences our psychological representations, our feelings. It's what feelings can we tolerate, or rather, what feelings a person may tolerate, may express, may demonstrate, are all influenced by culture. It provides the context and the rules for interaction between child and adult, adult-to-adult, and so on. And it also tells us -- culture that is -- tells us where, when and how and how intensely we may feel feelings and express them and demonstrate them to others. Then culture provided us categories and ways of expressing our emotions, our internal states. Some of these are called, "Idioms of distress." "Cultural idioms of distress."

And culture also sets the basis for family structure, the interactions among parents and the child-rearing practices. And it's in these child-rearing practices that the child's emotions or affects and affective expressions are primed and shaped. How we express the emotions are part of what one learns in the family.

I have here a simple conceptual model that I won't spend too much time on, but it essentially covers, from the left to the right, the issues I just talked about, cultural

tradition, family functioning, and adolescent development. What happens with a vulnerable child, emotionally vulnerable child? And what occurs, or rather, how they're prepared for psychosocial functioning in the face of some kind of family crisis and whether they attempt suicide or not.

So our research in particular asks the questions, why do some Latinas attempt suicide and others don't, despite the fact that they have very similar demographic characteristics? The other question we were interested in is what are the elements in the suicide attempts of young Latinas? So we wanted to compare Latinas with Latinas of similar backgrounds to see why one attempts suicide and the other one doesn't. And then with the suicide attempts, we wanted to understand what is it about the phenomenon of the suicide attempt that triggers it, the expression of it, and what we can make of it, qualitatively.

I'll go into this now so you can better understand the study. Our sample was a group of Latinas between the ages of 12 and 19, and the study was conducted in New York City. We derived our sample from outpatient mental health clinics, and these were girls who had attempted suicide one or more times in the preceding six months. And we had a comparison group. We located girls in the community with no suicide attempt history at all, lifetime. And we conducted interviews. These were one-time, in-depth interviews and questionnaires of the girls, the mothers, and their fathers, and we then went on to conduct a qualitative and quantitative analyses that came out of these objective measures and from the in-depth interviews that our interviewers conducted with the girls, the mothers, and some fathers.

And so here on this slide, I show you the sample size. We had 122 girls who had attempted suicide, teenage girls who had attempted suicide. All Latinas from different groups, as you'll see in a moment. We were able to engage 88 mothers or grandmother types among the attempting group, and 19 of their fathers.

That group completed the questionnaires, which asked about family cohesion, self-esteem, all sorts of other measures that you'll see in a minute or two. And then we asked a group of them, 73 of the girls, and 46 of the mothers, and 16 of the fathers to sit with us and have more in-depth discussion about the suicide attempt.

We also located a group of non-attempters. These are the girls with no lifetime history of a suicide attempt, and found 110 of them. We were able to ask 68 of them to sit with us for more in-depth qualitative interviews. Of the mothers, 83 of the mothers participated in the questionnaires, and only 48 in the qualitative, or in-depth interviews. And with fathers, it was 17 fathers who participated in general, and 14 who were in the qualitative interviews. From there, we were able to amass a considerable amount of information on these girls.

And so you'll see here that, on average, the girls were 15 years, 15 and a half years of age, and there was really no difference between attempters and non-attempters with respect to the age group. I might also add that this 15-year age average is very common for the suicide attempts of teenagers; typically, it is in the 14 to 15-year-old range when suicide attempts occur.

In most cases here, our girls had parents with about, on average, an 11th grade education, 10th to 11th grade education. So these are parents, many of them without high school diplomas. And in fact, some of their daughters were now approaching or rather, were outpacing their parents already in their education, where some of them were in 10th, 11th, and 12th grade. So they were further ahead in their education than their parents.

The Latino groups that are represented here, for the most part, they were Puerto Rican, followed by Dominicans and Mexicans. Columbians were also a large part of the study, although, they tended to fall more so in the non-attempters side than in the attempters' side. And then there were other Hispanics: Salvadorans, Ecuadorians and others that were mixed. So like, with a Dominican father and a Puerto Rican mother, or a Dominican father and a Mexican mother, those sorts of combinations. And so they were not listed as one over another, but considered "other" Hispanic.

When we turn to some of the key measures, we found that among these suicide attempters -- and these were all statistically significant findings -- that there was more parent/adolescent conflict among the attempters than the non-attempters. Probably something, any of you listening in will know and intuit is that the attempters would probably have greater levels of conflict, and also internalizing disorders or kind of depressive disorders. They were also more likely than non-attempters to have those. But when we looked at self-esteem, non-attempters had, in general, higher levels of self-esteem than the suicide attempters who had lower levels of self-esteem.

We found also that among the girls, the attempters and the non-attempters really didn't differ by levels of acculturation. They were pretty much the same, which tells us that the girls were pretty much similar in their general characteristics, whereas, the girls in general were more acculturated than their parents. Now, we also saw that in families and those girls, the attempters and the non-attempters did not really differ on the level of familism, but they were also less familistic than their parents. Of course, their parents wanted them to engage with the family and be around more with the family than the girls actually wanted to be. Again, something that shouldn't be surprising because adolescents shun their parents and seek out their peers.

When we talk about affection, communication, and support, or those aspects of mentoring, attempters reported much lower levels of affection, communication, and support from their parents than did the non-attempters. What's interesting here is that the attempters rated their mother significantly lower in affection, communication, and support than the non-attempters rated their mothers. That is, non-attempters felt that they were getting, while it wasn't perfect, they were getting more affection, communication, and support from their mothers than the attempters were saying about their mothers. And again, it doesn't surprise us, those of us who know adolescents, that adolescents will never be satisfied, but they can discriminate between parents who give high levels of affection, communication, support and those who do not.

When we turn to mother/daughter mutuality -- remember, that's the emotional attunement between the two, girls and their mothers. In this case, with respect to

mutuality with mothers, the attempters rated their mothers lower in mutuality than the non-attempters, which, again, shouldn't surprise us. They had lower levels of communication, affection, and support, so they probably felt much less that they were emotionally considered by their mothers.

And in general, the girls rated their mothers lower in mutuality. That is, both attempters and non-attempters said, you know, my mother doesn't always give me all the full affection, communication, and support that I need. But there was an interesting gap between the attempters and their mothers and the non-attempters and their mothers. That is, there was a greater gap between the attempters and their mothers. They were less emotionally attuned to one another than the non-attempters and their mothers. That is, those non-attempters could say, yeah, my mom and I are close. I do get some affection, support, and communication from my mom, or I have those with my mom.

When the attempters moms, or rather, the mothers were asked about themselves, with respect to the attunement of their daughters, the attempters' mothers said that they felt that they were attuned to their daughters, had a great deal of mutuality and reciprocity. But then the daughters, on their reports, disagreed: the mothers were not attuned. The non-attempters' mothers also perceived themselves to be attuned to their daughters, and their daughters agreed. They felt that the mothers were pretty much attuned. So you could see that both sets of mothers thought that they were attuned to their daughters, but the attempters did not feel that their mothers were, compared to the non-attempters.

And why does it matter? We found that when we looked at our data that with every one point increase in the measure of mutuality that we use, the chance of a suicide dropped by 57 percent. So for clinicians, this tells us something about the importance of parent/child interaction. I want to say, at this point, that I have omitted many of the analyses with fathers because we really had insufficient data with fathers. The girls did tell us, though, that of the attempters, they expressed greater mutuality with the fathers than with their mothers and they expressed more communication, affection, and support from their fathers and many of their fathers were absent from their lives.

So we are talking about a small group of fathers that were available, or these were imagined reciprocal relations with their fathers, not one that we could measure carefully. And if you think about it who is really responsible for the day-to-day care of these girls but their mothers? Even if their fathers were available for an hour a week, it was one hour and the mothers had to deal with these girls the rest of the week, whether it's a bad hair day or getting to school or completing chores, they had to deal with the girls and their moods, perhaps.

We found that there was a crisis or trigger event. Usually it was a prolonged tension between the girls and her parents; sometimes related to the divorced parents, household chores, breaking rules. Sometimes it was about favoritism for a sibling. Many of the triggers for the attempts were about a boyfriend, dating, or sexuality. And if we think about that developmental struggle of autonomy, we know that dating or romantic relationships are really one early expression of the growing independence of the child or the adolescent. And so it doesn’t surprise us that the suicide attempts were

often related to boyfriend, dating, sexuality issues or manifestations of greater levels of autonomy.

The girls complained that there were privacy boundaries that had been violated by their parents. The parents didn't want them to date a boy, and were restricting the girls from meeting with the boys or going out. And that created a great deal of tension. There were issues of how they dressed. Parents didn't want the girls dressing with tight pants or short skirts or whatever the case might be, and so that was also an area of struggle. And the crisis event or the trigger of the suicide attempt was often related to an intense argument with parents just prior to the attempt. And oftentimes these girls felt guilty at the threat to their family, to the integrity of their family.

The trigger in the intense emotional experience here, we can tell you is there was a great deal of agitation. The girls felt they were trapped, they were helpless. And many of these feelings were overwhelming, contradictory emotions and it brought them to make the suicide attempt. Now, if you recall back when I began this lecture on Trautman's findings about the suicidal fit, about the young women in his study not having a thought of death, not really remembering their thoughts, impulsive escapes. And our girls were showing many of these same patterns.

When we asked the girls, what is the meaning of the suicide act, we were able to analyze the data into -- or rather, the meaning of the suicide act into four areas. One would be self-punishment and self-blame. So the girls felt that in some way they were to blame for what was happening in the family. The tension that they had with their

parents, sometimes with their siblings, or sometimes between the siblings and the parents as a result of their behavior. So in two cases here, girls said “I was thinking, oh, I should just kill myself. I'm not worth it anymore.” Another girl said, "I wanted to kill myself. I didn’t want to cause any more problems. I felt so bad for everything." Everything that was happening, in that case, to her father.

Another meaning that the girls gave to the suicide attempt was that of emotional relief. So this one girl says, "I have so much pain inside. It's kind of like I cry inside. I guess when I cut myself, I feel like I'm letting endless words or anything through the blade. I'm taking out my pain." A third reason or meaning of the suicide act was revenge. And this girl, perhaps, captured best this group of other girl attempters, who would say something like what this girl said. "I want to rub it in my mom's face. I was like, 'That's why I went into the bathroom and swallowed a bottle of pills." And that was an attempt at revenge.

Finally, there was the issue of control. This girl says, "It was like a breath of refreshed air for me because it's like, my mom wasn’t the one who was hurting me. Like, she didn’t have control over the hurt I felt." In fact, she now had the control over her feelings. So with this, I'm coming to the end of the slides. The idea here is that you see that there are family related issues and we were able to compare Latinas who have attempted against those who haven’t, and then what the meanings are of their suicide attempt. There is much more, again, in the book and some of our publications where you can get much of the ideas that I described here, filled in.

Let me talk briefly, before we end, about the implications for interventions. It seems to me that for adolescent suicide attempts, we need to start prevention in the middle school years. That's really where our priorities should be, with respect to funding and program development. I think we need to include parents in the school much more than we do now. And Hispanic parents, pride, education, and see the school as a place of socialization and growth. And it would be a place that we could attract parents.

I would say this, while individual therapy is important and useful, it does have its limitations when we talk about Latino youth. Because of the importance of familism and the centrality of the family in the culture, individual therapy may miss the opportunity to influence the family system in which the adolescent has to deal with and return to. Besides which, by involving the family, it helps the therapist to understand better the family culture as well as the traditional culture that the family espouses. And so I propose a family-oriented prevention program of family therapy as the best way to go.

I'll stop there. And I thank you very much for the opportunity to share with you what is of great passion to me. Thank you very much. And I turn it over to Chelsea.

DR. CHELSEA BOOTH: Thank you very much. That was a wonderful presentation. And if you could hang on the line, I'd like to talk to you a little bit after we stop recording. For those of you who are watching our podcast as part of the Suicide Prevention Branch's' research highlights. I thank you for your participation.

If you have any suggestions on webinar topics that you would like to see, feel free to

email me. I am Chelsea Booth. My email address is Chelsea.booth@samhsa.hhs.gov. And Dr. Zayas, again, I would like to say thank you. This has been a wonderful presentation.

DR. LUIS ZAYAS: Thank you very much, Chelsea.

(End of podcast.)

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