HELPING MULTIRACIAL ADOLESCENTS IN A RACIAL IDENTITY CRISIS WHO ARE DEALING WITH SUICIDAL IDEATION:
A PSYCHOEDUCATIONAL WORKSHOP FOR THERAPISTS

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Science in Counseling,
Marriage and Family Therapy

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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature Page</td>
<td>ii</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>iii</td>
</tr>
<tr>
<td>Abstract</td>
<td>vi</td>
</tr>
<tr>
<td>Chapter I: Introduction</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Statement of Need</td>
<td>2</td>
</tr>
<tr>
<td>Statement of Purpose</td>
<td>3</td>
</tr>
<tr>
<td>Statement of Significance</td>
<td>3</td>
</tr>
<tr>
<td>Terminology</td>
<td>4</td>
</tr>
<tr>
<td>Summary</td>
<td>4</td>
</tr>
<tr>
<td>Chapter II: Review of Literature</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Myths and Facts about Suicidal Ideation</td>
<td>5</td>
</tr>
<tr>
<td>Influence of Race and Culture Identity on Suicidal Ideation</td>
<td>7</td>
</tr>
<tr>
<td>Other Influences of Suicidal Ideation in Adolescents</td>
<td>8</td>
</tr>
<tr>
<td>Proven Ways to Decrease Suicidal Ideation</td>
<td>10</td>
</tr>
<tr>
<td>Conclusion</td>
<td>13</td>
</tr>
<tr>
<td>Chapter III: Project Audience and Implementation Factors</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>14</td>
</tr>
<tr>
<td>Development of Project</td>
<td>14</td>
</tr>
<tr>
<td>Intended Audience</td>
<td>15</td>
</tr>
<tr>
<td>Personal Qualifications</td>
<td>16</td>
</tr>
</tbody>
</table>
Environment and Equipment 16

Project Outline 17

Chapter IV: Conclusion

Summary 18

Suggestions for Future Improvement 18

Conclusion 19

References 20

Appendix 23
ABSTRACT

HELPING MULTIRACIAL ADOLESCENTS IN A RACIAL IDENTITY CRISIS WHO ARE DEALING WITH SUICIDAL IDEATION:

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Joseph Cardenas

Master of Science in Counseling
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Suicidal ideation is not uncommon during adolescence due to the struggle they have trying to find the own identity as they prepare for adulthood. For those adolescents who are multiracial, discovering an identity can become even more complex. The inability to form an identity can lead to hopelessness, worthlessness and isolation. This makes multiracial adolescents more at risk for developing thoughts of suicide. In order to reduce the level of suicidal ideation in multiracial adolescents, work needs to be done to help them form an identity that they can feel strongly about. Narrative therapy utilizes several tools and interventions that can be used to help a multiracial adolescent discover a preferred narrative in which they can route their identity. By taking a post-modern, strengths-based approach to dealing with suicidal ideation, the client can come up with the things that they like about themselves and rewrite their identity in a positive light.
CHAPTER I

Introduction

One of the toughest times in a person’s life is during the teenage years. According to Erikson (1993), during the adolescent years, teenagers are dealing with the challenge of identity versus role confusion. At this time, they are trying to figure out who they are, what they want to be and where they belong. Now add in an addition challenge, what race do I belong to? People from all around the world come to the United States in hopes of success or freedom. The multitudes of races and cultures that have been established in the United States have lead to increases in multiracial families. According to Salahuddin and O’Brien (2011), there has been an increase in multiracial families and yet we still live in a world where discrimination and racism exists. To help people understand different cultures and races, schools have events like “cultural week” in which you talk about your heritage and where you come from. For someone who is multiracial, what do they do? Is that child expected to do extra work because of their diverse heritage or just pick one assuming that the child might identify as one more. What do we do with the children who live in areas where diversity is not as accepted and your race is a key marker of how you identify. A person who comes from two different races is not going to know where to fit in and won’t ever feel like they truly belong. As children become even more diverse with three or four races, where will they belong? There is already struggles from being a minority, now add the struggle of being a minority in a minority. People who are biracial or multiracial often want to feel like they belong to a heritage that they partial belong to but their other heritages can cause them to be excluded. Being excluded can make it harder for a child to know who they identify as and where they belong in society. Being isolated on makes it even hard for a person to figure out who they are as they don’t have the support they need to figure out where
they belong. Not having this basic sense of belonging can lead to role confusion, depression, and even suicidal ideation.

**Statement of Need**

There is much taboo when it comes to the topic of suicide. According to the World Health Organization (WHO, 2015) there is a heavy stigma associated with suicidal ideation in which people are afraid to discuss it. One of the biggest myths is that talking about suicide promotes suicidal ideation. The opposite is actually true. It allows people to express their thoughts and allows their thoughts to be normalized. It is important to create a safe place for people to talk about their painful issues and to allow them to find support in others who are going through similar issues would allow them find a place they belong. Youth suicide is a major concern in the United States, as the Centers for Disease Prevention and Control (CDC, 2014) report that suicide is the third leading cause of death for youth ranging from 10 to 24 years of age, with 4600 young people dying each year. In a national survey, 16% of high school students reported contemplating suicide, while hospitals reported that over 157,000 of those in this age range received medical care for self-inflicted injuries over a year’s period (2014).

The biggest issue with suicide prevention is not knowing when to start working with those children who are thinking about taking their lives. For those who have not had that much exposure to suicidal ideation, it can be hard to identify when a person is feeling suicidal. Suicidal ideation can have a foundation in multiple reasons and identity confusion can easily be one of those reasons. Identity confusion can often lead towards feeling isolated, lonely and depression which can all increase the likelihood of suicidal ideation. Having a psychoeducational workshop for therapists will help assist therapist identify suicidal ideation earlier, especially when working with multiracial adolescents.
**Statement of Purpose**

There is also not a lot of research or resources out there that deals with the multiracial community. This workshop will enable therapists, who might not have had enough training and education for multiracial clients, to understand some of the added challenges of being multiracial. Being multiracial can lead to complex challenges in discovering one’s identity and can result in feelings of not belonging. This workshop would allow therapists to identify some of the added issues that their client is going through as well as help therapists to create safe environments for open communication. The workshop would also cover a basic understanding of some of the signs and symptoms of suicidal ideation. The workshop would also provide therapists with theories and interventions to help work with their clients to increase suicide prevention.

**Statement of Significance**

If this workshop is created and can save one life, it will have proven to be a success. Because there are still many people out there committing suicide at a young age, more work and resources need to be created to help prevent this. This workshop will be designed in a way that can be replicated and reused by anybody in the field of psychology or school counseling. The workshop should be able to be taught in a way that is easy for therapists to understand and should be taught in a way that is sensitive to emotional topic of suicide and suicide prevention. This workshop should be given to not only therapists who have clients that have expressed suicidal ideation but also any therapist who are working with multiracial clients. While understanding the multiracial community will be a heavy component to the workshop, this workshop should provide any therapist the resources to help their clients with thoughts of suicidal ideation.
Terminology

For the purpose of this project, when using the term adolescence, the focus will not only be on youth between the ages of 12-18 but will also include the years of extended adolescence to make the target age range of 12-25. The term multiracial will be used to not only describe people who come from more than one race but also those who come from more than one ethnicity and/or culture.

Summary

In order to better understand this issue, it is important to look at myths and facts about suicidal ideation, the impact race and cultural can have on suicidal ideation, suicidal ideation in adolescents and the importance of psychoeducation when approaching the topic of suicide. These issues will be covered in the following chapter.
Chapter 2

Literature Review

Introduction

There are many myths about dealing with suicidal that need to be examined when dealing with a person who is dealing with suicidal ideation. For this proposed workshop, it is important to see the impact that race and culture can have on suicidal ideation, specifically the impact of not fitting in plays in the intensity of suicidal ideation. It is also important to look at any other factors that might influence the level of suicidal ideation an adolescent might be dealing with based on identity issues. Finally it is important to look at proven ways that will help reduce the level of suicidal ideation in an adolescent which will include psychoeducation and creating support systems.

Myths and Facts About Suicidal Ideation

According to statistics gathered by the Centers for Disease Control & Prevention website (CDC, 2015), suicide was the third leading cause of death amongst children from the ages of 10-14 and was the second leading for adolescents ages 15-24 with unintentional injuries being the leading cause for both age ranges during the year of 2013. While an unintentional injury can not be prevented, suicide easily can and should be prevented. What these statistics does not show is the amounts of attempts that were made and statistics can not be gathered for people just thinking about suicide (2015).

There are many factors in life that can contribute to having thoughts of suicidal ideation. According to Jiwanlal and Weitzel (2001), having a mental health diagnosis, such as major depressive disorder or schizophrenia, can lead to higher levels of suicidal ideation. Medical conditions, especially terminal illnesses, can lead to higher thoughts of suicidal ideation as well.
External factors, such as suicidal ideation in the family history or amongst friends and peers can increase suicidal ideation. While many people believe that talking about suicide can increase the likelihood of an attempt, it is beneficial to discuss suicide with someone who contemplating it. Some factors that should be discussed with someone who is contemplating suicide include if they have a plan, is that plan accessible, have they attempted before and what has stopped them from going through with the plan up until now (2001).

There are specific myths out there about suicidal ideation in adolescents in particular that can prevent proper treatment. Moskos, Achilles and Gray (2004) have addressed some of the common myths associated with suicide amongst adolescents and one the biggest myths is that suicide attempters and suicide completers are the same. Their research shows that men are more likely to complete suicide than women because they take more lethal means but women are actually more likely to attempt suicide. One of the other myths that they researched proved that it is actually elderly white men who have the highest rates of suicide and that they have stayed constant in that statistic. However, while the rates have remained constant for elderly white men, “adolescents and young adult suicide rates have more than tripled between the 1960’s and the 1990’s” (p. 178). They believe that more resources and research should be conducted for other ethnic minorities as their rates of completion are starting to rise (2004).

One of the biggest setbacks that affect the proper treatment of suicidal ideation is the fear of being labeled as crazy for seeking help by talking to a counselor when feeling depressed. Strunk, Sorter, Ossege, and King (2014) found that bringing awareness of depression and discussing suicide amongst adolescents will increase the likelihood of them seeking help. Many people are afraid to discuss suicide as part of suicide prevention as they fear that it will increase the likelihood of thinking about suicide and possibly encourage the person to follow through
with an attempt. It was also discussed that talking about suicide actually helps decrease the level of suicidal ideation and by addressing it directly, it allows the person feeling suicidal a chance to speak in an environment in which they will not feel judged (2014).

**Influence of Race and Culture Identity on Suicidal Ideation**

Depression is one of the factors that can contribute to suicidal ideation. In a study conducted by Cheref, Lane, Polanco-Roman, Gadol, and Miranda (2014), the effects of depression and rumination were examined as indicators of suicidal ideation in emerging adulthood. In their study they gathered statistics that showed that Asian, Black and Hispanic individuals are more likely to commit suicide than their White counterparts. While finding that Hispanics were the largest population of minorities committing suicide, they also included a statement made by Olvera in 2001 which stated that “Suicidal ideation has also been reported to be more prevalent among individuals of more than one race/ethnicity than among Hispanic peers” (p. 31). The researchers also analyzed how depression and hopelessness affects minorities and how minorities tend to have more of a negative outlook on their future success. Cheref et al. also indicated that biracial individuals have a harder time trying to find an ethnic identity and those individuals who have a strong ethnic identity show lower rates of depression. These researchers concluded that when it comes to the effect of depression on biracial suicidal ideation, it is important that there be a concerted effort to identify and reflect on reasons as to why suicidal ideation occurs (2014).

Wong, Vaughan, Liu and Chang (2013) focused on the effects of multiculturalism on suicidal ideation. Most of the data analyzed by the researchers does not apply to the purpose of the proposed group as it looks at acculturation and the length of time spent in America. The researchers have found that the longer that an Asian-American has lived in America, the more
likely he or she is to develop suicidal ideation. Wong et al. also indicate that despite the ethnicity, women were more likely to show signs of suicidal ideation. They conclude that the greater the length of time that someone is exposed to racial discrimination, the higher levels of suicidal ideation. Early childhood is primarily a time when cultural identity is stressed. Children who have been struggling to fit in based on race, or being biracial, are more likely to develop suicidal ideation by their teenage years (2013).

While struggling with being multicultural is often difficult, sometimes that is not always the case. Jensen (2003) states that exposure is a key influence on whether or not a person feels accepted based on cultural identity. Although someone might be half-Japanese and half-Mexican, if he or she grows up in Mexico, he/she most likely will not identify with being Japanese. This does not take into consideration people growing up in a more diverse location. If people are exposed to both cultures, what culture do they have a propensity to follow? Jensen also did not consider that while a person might be half of one culture and half of another, he or she might look primarily like just one of the cultures. This would be helpful if they look like the culture they are exposed to but it can be harmful if they look like the other part of their identity (2003).

Other Influences of Suicidal Ideation in Adolescence

Dugas et al. (2012) conducted a study focusing on the indicators for suicidal ideation in all young adults. The authors examined a group of 12-13 year olds, continuing to assess them until around the age of 20. While the researchers did not use culture or ethnicity as factors in the study, they did look at the impact that being a part of sports team had. Being a member of a sports team allows an individual to find a sense of belonging which decreases the likelihood or severity of suicidal ideation. As many multicultural adolescents struggle with finding a place
where they belong, having a group in which they could feel like they belong would allow them to decrease their level of suicidal ideation.

A lower level of self-esteem can be linked to depression and suicidal ideation. Brausch and Decker (2013) conducted a study in which they looked at the influence that social support has on depression and suicidal ideation. In their study, they found that low self-esteem could be linked to body image issues and eating disorders as well as increased likelihood of developing a depressive disorder. The study indicated that the more social support the adolescent had, the lower the level of depression and suicidal ideation. Body image can be a key factor in a racial identity crisis, especially when a person looks more like one race than another and they don’t identify with that race or feel accepted. Peer support was the biggest factor that the study found had a likelihood of decreasing suicidal ideation. If the adolescent is not accepted as part of a specific race due to being multiracial, one could assume an increased likelihood of depression and suicidal ideation (2013).

One of the biggest demographics that are commonly known as dealing with suicidal ideation are adolescents who identify as gay, lesbian, bisexual or transgender. Sedillo (2015) found that there is little research out there on suicidal ideation in conjunction with gifted gay individuals. Sedillo’s review of literature on suicidal ideation amongst gifted gay adolescents found that they were more likely to deal with perfectionism and have higher rates of isolation. Higher rates of isolation are common in adolescents exploring their sexual identity and are linked to higher rates of attempted suicide (2015).

There are some similarities amongst those exploring identity issues whether it be based on sexual orientation, gender, or race. Mueller, James, Abrutyn, and Levin (2015) found that those who don’t represent the view of the majority are more likely to have increased encounters
with bullying. Whether it be those who are trying to find their identity or those whose identity don’t match the dominate demographic, the amount of bullying reported was increased than in those who represented the majority demographic. The study found that those who are a sexual minority are the most likely to feel suicidal despite the race or gender. Those who are sexual minorities are less likely to have a strong support system or able to have a safe places in which they can be who they want to be (2015).

**Proven Ways to Decrease Suicidal Ideation**

There are many benefits from introducing suicide prevention programs into areas that might or do have a higher risk of suicidal ideation. Zenere and Lazarus (1997) looked at the decrease in suicide attempts that occurred when a prevention and intervention program was introduced into a multicultural, urban public school system. By taking a general approach and providing tools to deal with suicidal ideation, they were able to decrease the number of reported attempts by allowing young persons to introduce different ways to cope with their thoughts (1997). While this approach was directed toward students in the public school system, an inclusion of the parents would just increase the amount of resources that children can have to help deal with their suicidal ideation.

When dealing with suicidal ideation, there are many different ways to help clients process their emotions. Both Narrative Therapy and Attachment Theory have elements that would be good for those involved in therapeutic group sessions. Dallos and Vetere (2014) assert that the evidence-based practice of Attachment Narrative Therapy (ANT) can benefit youth who are going through therapy to address their personal issues. This therapy incorporates the work of Bowlby with the work of White and Epston. ANT is explored through four stages. The first stage helps provide all of the groundwork for the growth by building rapport and creating a safe
environment for the client to open up. It is important that in this step that you ensure to the client that this is a safe space to open up and that exploring all emotions is okay. The client should also be made aware that they should be free to express any sort of resistance they are having towards the treatment and that those feelings will not only be addressed but also explored throughout the process. The next stage involves exploring the past of the client and can contain many different therapeutic interventions such as genograms and sculpting. During this stage, it is importance to focus on the pacing of the exploration of the past as it can often increase levels of anxiety. Especially when developing the genogram, transgenerational patterns should be explored as to the impact they are having on the client and the presenting problem. The following stage involves looking and alternatives and different possibilities that would help them work on the problem. During this stage, a focus should be placed on rebuilding past relationships that they feel have been damaged as well as fix a problems that they have identified that need repair. This can be done by challenging the client to take emotional risks and exploring the outcomes that might result in the risk to assess the possibility of success. The final stage is a stage of recognition that allows the clients to see how they can trust the therapist, how they have grown and how they might not need any further sessions. This can be done by exploring future problems that might occur as well as placing on emphasis on how much they have grown during the therapeutic process (2014).

It is important to examine factors that emanate from Narrative Therapy that can be used in therapeutic interventions. Gallant (2012) examines the strengths of such interventions by discussing the work of one of the founders of ANT, Michael White. Gallant summarizes the work that White did with a certain client, “Haley”, and how the interventions worked with her. The first main intervention of Narrative Therapy that was utilized was “externalizing the
problem”. Externalizing a problem basically states that the therapist doesn’t view the client as having the problem but the how the problem is affecting the client. This is an important first step as it is the first way to allow the client to view his or her “story” in a new perspective. By isolating the problem, the therapist can also help relieve some of the burden that might have come with the client being associated with the problem. The easiest way to understand externalizing a problem is through looking at a case, in which an individual who is diagnosed with Depression would most like come in saying something like “I am depressed often.” But in order to externalize the problem, it would be important for the client shift his/her expression to “I am affected by Depression often”. Adjusting to that switch might take some time and is usually done by having the therapist act as a role model for the new lingo (2012).

Narrative therapy is also known primarily for the concept of helping clients look at their own personal story from a different perspective. Chang (2013) indicates that it can be effective to help people look at their story from a more positive perspective, which is a primary principle in the use of AMT. When dealing with suicidal ideation, changing perspectives is a key tool to minimalizing the thoughts and behaviors. Suicidal ideation can come with a lot of negative self-talk and a lack of hope. Narrative Therapy can help guide the client step away from their perspective and allow them to see the world of their story from a different point of view. By looking at their story from a more positive perspective, there is a higher chance of increasing hope within the individual and decreasing the impact that any suicidal ideation might have on the person (2013).

Narrative therapy also has an evidence based practice known as Skill Training in Affective and Interpersonal Regulation (STAIR). Cloitre (2013) states the primary purpose of STAIR is to help with posttraumatic stress disorder (PTSD) in children who have gone through a
trauma or a form of abuse. One of the goals of treatment is to help the client find ways to self-soothe and create a safety plan. Safety plan development is crucial for people who are dealing with suicidal ideation as they do not have the safety of the therapeutic environment in all hours of the day. A safety plan should provide a variety of options and should be continued to be assessed and developed throughout treatment. Abuse and trauma can often be associated in children dealing with a racial identity crisis if they are being isolated by a dominating racial group. While the case study Clotire (2013) discussed does not address anything to do a racial identity crisis, the primary goals and interventions of STAIR would also be suited for a racial identity crisis that has been enhanced with suicidal ideation. It was also addressed that the beginning stages of treatment need to be geared towards the stabilization of the suicidal ideation before deep narrative work can be done. Coping skills and safety plans need to be established if suicidal ideation is present in a racial identity crisis (2013).

**Conclusion**

Overall the research has shown the need for people to speak up when it comes to suicidal ideation. With the minimal amount of studies that have been done on multicultural issues, there is a need for more research regarding the effects of having a multicultural background on young people, in addition to developing more resources to help provide support for individuals who are dealing with suicidal ideation. By creating this workshop, more support and resources can be provided for those dealing with suicidal ideation and hopefully lives can be saved by helping people speak up about the thoughts of suicidal ideation going on in their mind.
Chapter 3

Project Audience and Implementation Factors

Introduction

As it has been made evident by the reviewed research, this project will serve as a tool to assist those who might come across clients dealing with suicidal ideation based on a racial identity crisis during their adolescent years. The project itself will focus primarily on tools utilized in Narrative Therapy as the key approach to dealing with suicidal clients with racial identity issues. The project will also address the importance of assessing suicidal ideation throughout treatment and work to decreasing levels of suicidal ideation by creating a preferred identity or narrative sculpted by the client. This chapter will discuss the developmental process of the project as well as serve as a way to identify who can benefit from this workshop. This chapter will also identify the means necessity for the workshop to be executed properly.

Development of Project

As someone whose heritage stems from four different races, I have grown up with many of the challenges that face people who are multiracial. When my older sister was in middle school, she attempted suicide because she did not feel like she fit in. The middle school in which she attended was diverse but children often were only friends with people of the same race. Being of mixed race, she never fully belonged anywhere and her depression increased to levels of suicidal ideation. Another family friend was also multiracial but was raised primarily by her Japanese grandmother. While she fully identified with her Japanese heritage, her dominate Irish physical features such as her red, curly hair did not allow her to be accepted by her Japanese peers. Her racial identity crisis lead her to thoughts of suicidal ideation as well.
Watching the people I cared about growing up go through these struggles increased my interest in suicide prevention. Pursuing an education in psychology was not enough for me and so I began to volunteer my time as part of a crisis intervention helpline known as the CSUN Helpline. In the past three years in which I have volunteered over 1,500 hours, I have spoken to many callers who have been suffering with suicidal ideation. While not all of their problems were the same, I noticed a common theme of a weakened sense of self. Just like my sister and family friend, these callers did not fully understand who they are or where they fit in this world. Trying to find research and resources to help support these people was limited, especially when dealing with multiracial identity and so I wanted to help create a tool of my own that utilized my theory of preference, Narrative Therapy.

This project was developed by identifying different tools and interventions that are normally used in Narrative Therapy and repurposing them to help suicidal adolescents going through a racial identity crisis. The project takes the assumption that clients going through a racial identity crisis are having trouble identifying who they are as an individual basis which has led to increased levels of suicidal ideation. The basic format of this project is to help the client identify their own personal identity that they desire by identifying strengths and change the way they view their own story by helping them identify a new, preferred language once the level of suicidal ideation has been addressed and the client is deemed able to proceed with narrative work. The workshop, itself, was formatted to be presented to current clinicians in the field and so the language and overall presentation of the workshop assumes the attendee’s general knowledge of counseling and some awareness of narrative therapy.

**Intended Audience**
The workshop was formatted to be presented at a conference setting or any assembly of practicing or aspiring clinicians. Clinicians who might end up working with clients who are struggling with a racial identity crisis that has led to thoughts of suicidal ideation are the primary people this workshop is designed for but any clinician who’s practice might lead them to have such a client would also benefit from the workshop presentation. The workshop would also be beneficial for those who are familiar narrative therapy and want to see it incorporated in a way that it is not primarily used for. While the intended audience is for those who have multiracial, adolescent clients, the workshop attendee might find some the techniques discussed in the workshop applicable to any suicidal client or possibly those who are dealing with a sexual identity crisis by tweaking the language of the workshop to be more geared to their clients.

**Personal Qualifications**

The ideal person to present this workshop would be someone who is proficient in their knowledge of narrative therapy as well as have some experience in working with crisis intervention and prevention. The presenter must be comfortable and knowledgeable in working with suicidal ideation and being willing to discuss the thought process of suicidal ideation from the point of view of the client. The presenter should also have a strong understanding of diversity factors and influences that racial identity plays on a person who is multiracial. The presenter should also be familiar with the struggles found in the gay and lesbian community as there is an indication that this approach would be suitable for those dealing with a sexual identity crisis as well.

**Environment and Equipment**

The environment should be in a classroom or conference room setting in which a presenter may stand in front of a group of clinicians to perform the workshop. There should be a
computer and projector available for use to display the PowerPoint presentation. Printed copies of the PowerPoint presentations would be ideal handouts for the clinicians for the purpose of note-taking but it is not a requirement for the workshop to be successful. The workshop should take from 45 minutes to one hour to present.

**Project Outline**

This project will be done by following a completed PowerPoint presentation in order to provide a smooth transition between the topics needed to be discussed. The PowerPoint flow will begin by introducing statistics about suicide and suicidal ideation amongst adolescents and minorities. The PowerPoint will then discuss the complexity of being multiracial and the impact that Ericson’s psychosocial stage of identity versus role confusion can play on those struggling to find a racial identity (Ericson, 1993). The PowerPoint will then address steps needed to address the level of suicidal ideation in the client and will be wrapped up by identifying the tools and interventions found in narrative therapy that would best work with reducing the level of suicidal ideation in the client. The completed PowerPoint can be found in Appendix A of this project.
Chapter 4

Conclusion

Summary

In conclusion, this project consists of one hour PowerPoint presentation that will educate clinicians on ways to help reduce levels of suicidal ideation in adolescent clients who are in a racial identity crisis based on being multiracial. This project will follow a post-modern approach of narrative therapy and assist the client with a way to come up with their preferred narrative. This project will begin by preparing the clinicians to handle a suicidal client and then focus on helping the client overcome their racial identity crisis by developing a preferred narrative. Although this project does address ways to deal with suicidal ideation using a narrative approach, it does not insinuate that this is best or only way to address suicidal ideation and this approach may not be suitable for all clients, even those who fall under the desired criterion.

Suggestions for Future Improvement

In order to keep this project effective in its intention, statistics claimed in the PowerPoint should be updated periodically. Resources listed in the project should also be tested before presenting to maintain its accuracy in being a viable resource. There is a need for more research to be done on those who are multiracial and the impacts that it has on their identity. The research out there on being multiracial or multicultural is insufficient and there is a desperate need for more work to be done out there as multiracial families are becoming more commonly found throughout the world and especially in the United States. Research should also be conducted based on regional areas as some areas of the United States are more diverse in its communities and multiculturalism in more accepted. As more research is done, some of the findings and assumptions made in this project may become obsolete and should be updated if needed.
Conclusion

As someone who is multiracial, I have definitely seen the impacts that a racial identity crisis can have on a person. My experiences throughout my education provided some resources and education on diversity factors that focused primarily on racial stereotypes of individual races. There has been minimal preparation for dealing with multiracial clients and there is minimal research out there to help those out there who will have multiracial clients. In addition to minimal education and preparation we have received in dealing with multiracial clients, there is also a minimal amount of education and preparation provided for helping us deal with the complex severity of suicidal ideation that can be present in our client. My own personal experience of volunteering for a crisis intervention hotline has made me passionate about helping those dealing with suicidal ideation. This project was designed to serve as an educational tool for those who did not have my own personal experience of being exposed to multiracial and suicidal clients. Since I had minimal research out there to help support my project in helping multiracial, suicidal, adolescent clients, I hope that as more research is completed that this project can grow into a better supported method whether it is updated by me or another researcher out there. As long as this project can be utilize to save or prolong the life of a suicidal client out there, all my research, time and energy will have all been worth it.
References


HELPING MULTIRACIAL ADOLESCENTS IN A RACIAL IDENTITY CRISIS WHO ARE DEALING WITH SUICIDAL IDEATION

A PSYCHOEDUCATIONAL WORKSHOP FOR THERAPISTS

By: Joseph Cardenas

Definitions For This Presentation

- Multiracial: A person who’s biological heritage stems from more than one race or culture
- Adolescents: Someone near the age range of 12 to 25
- Racial Identity Crisis: When a person who is multiracial is trying to figure out how they identify based on race
- Suicidal Ideation: Having thoughts of attempting or generally thinking about the act of committing suicide
Statistics about Suicide

- Worldwide, over 800,000 people die from committing suicide each year.
- In high-income countries, suicide is most often linked with mental health disorders.
- A crisis can also be a contributing factor to suicidal ideation.
- Suicide rates are high for those who receive discrimination.
- Biggest factor for suicide is a previous suicide attempt.
- Commonly used methods for suicide include firearms, hanging and poison.


Statistics about Suicide – con’t

- Most attempts at suicide do not go reported, especially when hospitalization is not required.
- Women are more likely to report being suicidal than men.
- Men are more likely to complete a suicide attempt than women due to their increased likelihood of using a lethal method (i.e. firearms or hanging).

## 10 Leading Causes of Death by Age Group, United States – 2013

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<th>Rank</th>
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<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
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<td>Congenital 4,027</td>
<td>Congenital 3,455</td>
<td>Congenital 1,457</td>
<td>Congenital 1,120</td>
<td>Congenital 1,293</td>
<td>Congenital 1,207</td>
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<td>Congenital 1,207</td>
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<td>2</td>
<td>Heart Disease 4,027</td>
<td>Congenital 4,027</td>
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<td>Congenital 1,120</td>
<td>Congenital 1,293</td>
<td>Congenital 1,207</td>
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<tr>
<td>3</td>
<td>Cancer 3,950</td>
<td>Cancer 3,650</td>
<td>Cancer 3,050</td>
<td>Cancer 1,250</td>
<td>Cancer 950</td>
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<tr>
<td>4</td>
<td>Chronic Liver Disease &amp; Malformations 3,650</td>
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<td>Cancer 3,050</td>
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<tr>
<td>6</td>
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<td>Cancer 1,450</td>
<td>Cancer 1,200</td>
<td>Cancer 20,800</td>
</tr>
</tbody>
</table>

**Suicide in Adolescents**

- According to Erikson's theory of psychosocial development, during the adolescent years, a person goes through an identity crisis and deals with role confusion.
- Role confusion can lead to a lack of sense of belonging and increase the likelihood of depression.

**Suicide Amongst Minorities**

- Elderly, white men are the most likely demographic to commit suicide according to statistics since the 1960's.
- While the rate of elderly, white men committing suicide have stayed constant, from 1960 to 1990, the rates of minority suicides tripled and continue to rise.
- Most suicide prevention programs and tools out there were not created to assist minorities due to the fact that elderly white men have held the highest statistic in committing suicide.


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**Suicide amongst Multiracial?**

- Consider multiracial people as a minority amongst minorities
- Some multiracial adolescents have an addition identity crisis in figuring out how they identify based on race.
- Some factors that can influence a racial identity crisis;
  - What race they look like more
  - Which races are dominate in their environment
  - The level of influence each race in their heritage played in their development
  - Level of acceptance of any race they might belong to.
Multiracial Research

- There is little research or support out there for being multiracial.
- Being multiracial is more of an individualistic experience as there are many combinations that can make you multiracial.
- Many diversity trainings discuss specific stereotypes that surround a race.
  - What stereotypes can you be trained about when it is an individualistic experience?

The Multiracial Struggle

So how do we become experts on dealing with multiracial clients? We don’t.

Using an approach where the client is the expert is best when dealing with multiracial identity because each person going through a racial identity crisis is going to have a unique experience.
Multiracial Identity

How can one identify while being multiracial?
- Only acknowledge one race
- Acknowledge one race as being dominate
- Acknowledge one or more race as being dominate
- Acknowledge each race as equal
- Only acknowledge specific races
- Don’t identify by race

Racial Identity Crisis

A person going through a racial identity crisis most likely has several factors making it hard to form an identity.
- Environment
- Family Influence
- Education about each race
- Appearance
- Acceptability
How Do We Help?

- Assess the level of suicidal ideation
- Create a suicide prevention plan
- Provide additional resources outside of therapy
- Create a personalized treatment plan
- Continue to assess level of suicidal ideation throughout treatment

Assess Level of Suicidal Ideation

- If the level of suicidal ideation is too high you must place the client in an involuntary psychiatric hold (5150).
- Things to assess for:
  - Have they attempted suicide before?
  - Do they have a plan? How capable are they of completing their plan?
  - How likely do they feel like they would follow through with their plan?
  - How often do they think about committing suicide?
  - How often do they think about dying?
  - What is keeping them alive? What stops them from wanting to commit suicide?
Additional Assessment Considerations

- Mental health disorders
- Family history of mental health disorders
- Any recent suicides or suicide attempts by someone they know?
- Substance use/abuse history

Suicide Prevention Plan

Work with the client to create a suicide prevention plan specific for them.

Plan should include:

- What will they do when suicidal thoughts become severe?
- Who can they talk to all hours of the day? (Best plans include more than one person)
- Resources for support
- Life/Safety contract – to be signed by both you and the client
Suicide Prevention Resources

- Helplines/Crisis Intervention lines
  - National Suicide Prevention Lifeline 1(800)273-8255
  - TrevorLifeline 1(866)488-7386
- Resource/Support Centers
- Support Groups
- Resources for additional issues

The Treatment Plan

- Include constant assessment of suicidal ideation
- Individualized for the client based on needs
- Primary goal of resolving racial identity crisis
- Additional problems will require different interventions and/or therapeutic approaches
Narrative Therapy

- Created by Michael White and David Epston
- Goal of helping the client create a preferred narrative
- Helps in identifying personal strengths and values
- Focus is on positive qualities and traits
- Increases self-esteem and self-worth

Externalizing The Problem

- The client is not the problem, the problem is the problem.
- While racial identity is not a problem, you might to explore the confusion as an externalized problem
- Other feelings and thoughts to consider are loneliness, strange, ugliness, weird, different, etc.
Deconstruct the Problem

- You will have to see what factors are contributing to the racial identity crisis and address them individually.
- Explore what each race means to them, what parts do they identify with, and what parts cause conflict.

Unique Outcomes

- Identify times in the clients life in which race was not an issue.
- Identify times in which they felt proud to be who they are.
Creating a Preferred Story

- This is the overall goal of the treatment
- Help the client find positive factors in their life in which they can identify
  - “I’m good at football”, “I am a great dancer”, “I am a great sibling”
- Identify a new form of racial identity, create your own
  - “I’m Chinese and Irish” = “I’m Chiish”

Raising Dilemmas and Predicting Setbacks

- Explore times in which racial identity might be a point of conflict in their life.
- Explore areas in which the client might encounter a struggle with their racial identity
Confirming The Newly Formed Identity

- “Birth” Certificate – A certificate pronouncing their newly formed identity
- Autobiography – Help them write an autobiography in which they identify their positive traits
- Coat of Arms – Help them come up with pictures that can form a symbol of their new identity
- Flag – What would the Chirish flag look like…

Narrative Approach with LGBT+ Community

- This treatment plan could easily be shifted to assist those dealing with a sexual identity or gender identity crisis.
More than a Racial Identity Crisis?

- Don’t assume the client’s only issue is based on racial identity
- Bullying and discrimination could be common factors with a racial identity crisis and client safety should be assessed as well.
- Be sure to address any mental health disorders they may have

Don’t Forget

- Level of Suicidal Ideation should be assessed throughout the treatment
- Safety plan should be updated as needed
- Resources provided should be local and accessible for the client
- Don’t be discouraged if progress made seems lost on a following session, address it and adjust treatment plan accordingly.
More Research Needed

- Diversity rates are on the rise!
- Broaden our research and reports to focus on people with a multiracial background
- Prove me wrong, prove me right...just prove it!

Resources


Resources


Resources


