

**CONNECTION:
SUICIDE PREVENTION WITH LGBTQIA+ ADULT INDIVIDUALS
IN CLINICAL PRACTICE.**

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ALOHA MAI KAKOU!!!

- Mahalo for having me!
- This presentation is for sharing information and for sharing of my professional and personal experiences and how I view things,
- I would love this session to be interactive and to talk story with all of you and please you the chat,
- I do not want to leave anyone out! If do not cover something important to you, just let me know,
- Hope this is what is helpful, and I'm flexible with this presentation.

Auwe! Why are we here in 2021???!!!

- <https://www.youtube.com/watch?v=Zq3NBcPFJGw>

Sexuality & Gender (Expression)

- Sex (genetics)
 - Sex (non-reproductive & reproductive)
 - Sex(uality)
 - Gender (sex v. gender, norms)
 - Gender (Man/Boy, Female/Girl; They/Them/Theirs, She/Her/Hers, He/Him/His; Latino/a/x)
 - Fluid, Queer, Non-binary, +
 - Affections v. Sexual Preference v. Preferential Partnering v. Non-sexual v. Sexual Body Part Preferences, +
- REMEMBER: personal biases/perceptions may mislead you.
REMAIN CURIOUS ☺

LGBTQIA+ & Dysphoria

The American Foundation for Suicide Prevention found:

- Discrimination, prejudice, stigma
 - Legal (institutionalization), Beliefs (History, Upbringing)
 - Rejections, (cyber)bullying, “disowned”
- Challenging to collect data due to lack of information at time of death (not helpful to talk about stats)
- LGB individuals (compared to straight individuals) likely to report having suicidal attempts (past yr/lifetime)
- Transgender individuals have higher prevalence of attempts over LGB or straight counterparts (past yr/lifetime)

<https://afsp.org/preventing-suicide-in-lgbtq-communities#talking-about-suicide---lgbt-populations>

Hawai'i LGB

- Among the starkest findings is that 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%) (2015 p. 29). <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Minority Stress (Theory) talks about additional stress due to minority status
- Hawaii SGM Report: Hawai'i LGB youth are significantly more likely to have adverse experiences such as physical, sexual, and emotional abuse by someone they were dating compared to heterosexual youth. Questioning youth report having experienced emotional abuse by their dating partners at rates higher than heterosexual youth. Additionally, LGB and questioning youth are significantly more likely to report being forced into having sexual intercourse. Beyond intimate partner violence, LGB and questioning youth experience other peer-based adverse events at higher rates than heterosexual youth. For example, a significantly greater proportion of LGB and questioning youth report being bullied in the past year, either at school or electronically, with LGB youth being twice as likely as heterosexual youth to be bullied electronically. LGB and questioning youth are also more likely to skip school because they feel unsafe at school, or on their way to or from school. (p. 20)
- Hawai'i's LGB and questioning youth report a significantly higher prevalence of mental distress and suicidal ideation compared to heterosexual youth. The proportion of LGB youth who report feeling sad or hopeless for two or more weeks in the past year is almost twice that of heterosexual youth. Additionally, LGB and questioning youth are significantly more likely to have engaged in self-injurious acts such as cutting or burning, considered suicide, made a suicide plan, and attempted suicide in the past year than heterosexual youth. The prevalence of LGB youth who report that they have considered and attempted suicide is also significantly higher than questioning youth. (p. 22)

<https://health.hawaii.gov/surveillance/files/2017/05/HawaiiSexualHealthCenterMinorityHealthReport.pdf>

Transgender (HI SGM Report TG Ed)

- Hawai'i TG youth are significantly more likely to experience bullying and violence compared to cisgender youth. Forty percent are bullied, either electronically or on school property, and almost a quarter experience sexual violence or have been physically forced to have sexual intercourse. A quarter of TG youth in Hawai'i skip school due to feeling unsafe compared to only 7% of their cisgender peers. (p. 30)
- Overall, TG youth in Hawai'i are less likely to have an adult figure outside of school to talk about their problems than cisgender youth. They are also less likely than cisgender youth to have an adult figure inside of school to talk about things important to them. Less than half (46%) of TG youth talk to their parents or another adult about the dangers of substance use. In Hawai'i, less than half of TG youth report that they are taught about HIV/AIDS in school. (p. 34)
- TG youth in Hawai'i are more likely to experience poor mental health and suicidal ideation than cisgender youth. Compared to cisgender youth, TG youth are nearly 1.5 times more likely to feel sad or hopeless for two or more weeks in a row, and three times more likely to inflict self-harm by means such as cutting or burning. TG youth are around three times more likely to consider suicide and make a suicide plan than cisgender youth. In the past year, half of TG youth attempted suicide one or more times, which is nearly seven times higher than cisgender youth. (p. 33)

<https://health.hawaii.gov/sexualhealth/files/2018/05/TranssexualandGender-MinorityHealthReport2018.pdf>

Myths About Suicide

- Happen suddenly without warning,
- Selfish and Want to Die,
- Talking about it encourages suicide,
- Once suicidal, always suicidal,
- Suicide only affects people with a mental health condition.

The National Alliance on Mental Health

<https://www.nami.org/Blogs/NAMI-Blog/September-2020/5-Common-Myths-About-Suicide-Debunked>

Risk Factors (psycho-social/systemic/bio)

<https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/>

- MH Dx (mood, Sz, Anx, PerDis)
- ETOH/SU
- Hopelessness
- Impulsivity and/or aggressive behaviors
- Trauma or abuse hx
- Physical illnesses
- Hx attempts/Fam Hx
- Losses (financial, relationship)
- Access & Lethality
- Local clusters of suicide
- Perception of isolation and social support
- Stigma associated with asking for help
- Lack of healthcare (esp MH & SU)
- Cultural & religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- Exposure to others who have died by suicide (in real life or via the media and Internet)

Warning Signs

<https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide/>

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling **hopeless** or having no reason to live
- Talking about feeling trapped or in unbearable pain [**helpless**]
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

interpersonal-psychological theory of suicidal behavior (Joiner, 2005)

- Burdensomeness
- Sense of Low Belongingness or Alienation (multiple populations, youth to elderly)
- Lethality (self-preservation) hx, exposure, non-lethal, harm by others
- Promising theory with growing empirical evidence

APA, 2009

<https://www.apa.org/science/about/psa/2009/06/sci-brief>

FOUR EXISTENTIAL GIVENS (YALOM, 2017)

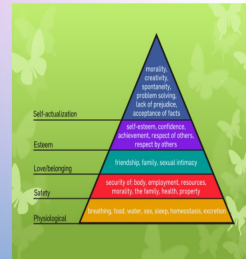
- MEANING: LIFE IS INHERENTLY DEVOID OF MEANING, AND THUS MEANING MUST BE DISCOVERED AND CREATED BY INDIVIDUALS AND COMMUNITIES.
- FREEDOM: BECAUSE LIFE IS DEVOID OF MEANING, WE HAVE THE CHANCE TO CHOOSE IT FOR OURSELVES. WITH FREEDOM COMES RESPONSIBILITY, BUT THIS FREEDOM CAN BE ANXIETY PROVOKING AND OFTEN IS SURRENDERED TO OTHERS IN EXCHANGE FOR A REDUCTION IN ANXIETY.
- EXISTENTIAL ISOLATION: NO MATTER HOW CLOSE TO OTHERS WE MAY GET, WE ARE ALWAYS, TO SOME EXTENT, ISOLATED. WE ARE BORN ALONE, AND WE ULTIMATELY DIE ALONE. YALOM DISTINGUISHES THIS EXISTENTIAL ISOLATION FROM INTERPERSONAL ISOLATION OR LONELINESS
- DEATH: THERE IS A CORE EXISTENTIAL TENSION BETWEEN THE AWARENESS OF THE INEVITABILITY OF DEATH AND THE WISH TO CONTINUE TO BE. YALOM BELIEVES THAT THIS AWARENESS OF DEATH UNDERPINS A GREAT DEAL OF OUR ANXIETY, AND WAS THE TOPIC OF HIS BOOK, STARRING AT THE SUN: OVERCOMING THE TERROR OF DEATH.

(Yalom, 2017, p. 7)

SELF THEORY

- SELF-THEORY IS A CONCEPT ON THE EXPERIENCES OF A PERSON AND HOW HE/SHE PERCEIVES HIM/HERSELF, THE RELATIONSHIP HE/SHE HAS WITH OTHERS, AND ALL ASPECTS OF LIFE THAT IS IMPACTED BY THE ENVIRONMENT.
- PEOPLE HAVE THE CAPACITY FOR REFLEXIVE CONSCIOUSNESS (I.E., THAT ONE IS ABLE TO THINK ABOUT HIM/HERSELF), AND WILL GUARD ONESELF AGAINST ANY THREATS TO THE SELF OR SELF-IMAGE.
- SELF-IMAGE (SELF-ESTEEM):** HOW ONE SEES HIM/HERSELF (BELIEFS ABOUT ONESELF), WHICH IS USUALLY IN THE CONTEXT OF OTHERS OR INFLUENCED BY ONE'S ENVIRONMENT. THIS BECOMES THE IDENTITY OF A PERSON. THIS WAS ALSO SUPPORTED BY ERIKSON. THIS IS THE PERSON'S PERCEPTION OF HIS/HER REALITY.
- IDEAL-SELF:** HOW THE INDIVIDUAL WANTS TO SEE HIM/HERSELF; THIS PART OF SELF IS WHAT MAKES A PERSON STRIVE TO "BETTER" ONESELF.
- LOOKING GLASS-SELF:** HOW ONE PERCEIVES ONESELF THROUGH THE EYES OF OTHERS; THIS IS A PERCEPTION OF ONESELF BASED ON OTHERS AND NOT BASED ON WHO ONE REALLY IS.
- REAL-SELF:** WHO ONE ACTUALLY IS. THIS MAY BE BASED UPON GIVING AND RECEIVING FEEDBACK TO/FROM OTHERS; HOWEVER IT IS WEIGHTED WITH ONE'S EXPLORATION AND UNDERSTANDING OF ONESELF.

MASLOW'S HIERARCHY OF NEEDS

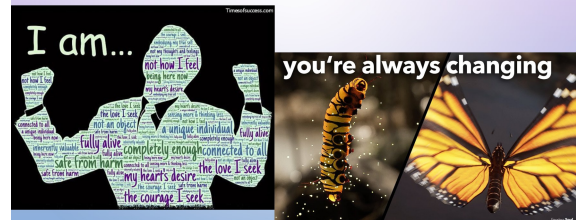


- ABRAHAM MASLOW (1943, 1954) – PYRAMID (POSSIBLES, BS-BLESS)
- SELF-ACTUALIZATION** (REACHING ONE'S POTENTIAL TO THE BEST OF ONE'S ABILITIES (POTENTIAL), AND INCLUDES CREATIVE IDEAS)
- ESTEEM NEEDS** (STATUS, FEELING ACCOMPLISHED)
- BELONGINGNESS & LOVE NEEDS** (SOCIAL ACCEPTANCE, SOCIAL AND INTIMATE RELATIONSHIPS)
- SAFETY NEEDS** (SECURITY, SAFETY)
- PHYSIOLOGICAL NEEDS (BASIC NEEDS,** THINGS NEEDED TO SUSTAIN LIFE)

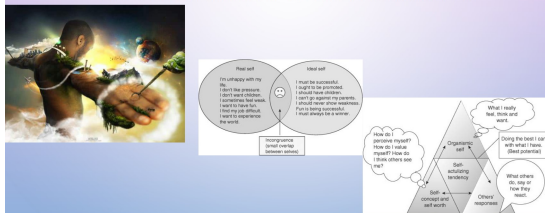
HUMANISM (THEORY OF PERSONALITY)

- PEOPLE STRIVE TOWARD SELF-ACTUALIZING (SELF-ACTUALIZING TENDENCY) AND CREATIVITY. OR, ONE CAN THINK OF IT AS THE PERSON BEING DIRECTED TOWARD GROWTH, ONE'S POTENTIAL AND THAT ONE'S PERSONALITY IS THE RESULT OF ONE'S EXPERIENCES.
- PEOPLE ARE CONTINUOUSLY CHANGING.
- PEOPLE ARE CONTINUOUSLY INTERACTING WITH ONE'S ENVIRONMENTS, WHICH CREATES A SUBJECTIVE EXPERIENCE.
- CONGRUITY BETWEEN PARTS OF THE SELF (REAL AND IDEAL) CREATES POSITIVE VIEWS OF ONESELF AND INCONGRUITY CREATES NEGATIVE VIEWS OF ONESELF.
- REGARDS THE WHOLE PERSON (HOLISTIC APPROACH) VS. SEPARATING THE PARTS OF A PERSON.

ALWAYS SELF-ACTUALIZING & CONTINUOUSLY CHANGING



CONTINUOUSLY INTERACTING WITH ENVIRONMENT & CONGRUENCE



HOLISTIC APPROACH

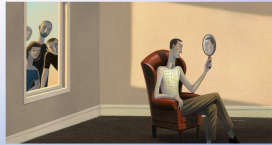


SELF THEORY

• IDEAL VS REAL



• SELF-IMAGE (ESTEEM) & LOOKING-GLASS SELF (VOO)



ABCS (ATTACHMENT) IMPORTANT FOR SURVIVAL



ABCS (ATTACHMENT) IMPORTANT FOR SURVIVAL



[HTTPS://WWW.YOUTUBE.COM/WATCH?V=OOWZX0QTYFW](https://www.youtube.com/watch?v=OOWZX0QTYFW)

"IN ORDER TO EMPATHIZE WITH SOMEONE'S EXPERIENCE YOU MUST BE WILLING TO BELIEVE THEM AS THEY SEE IT AND NOT HOW YOU IMAGINE THEIR EXPERIENCE TO BE"

-BRENÉ BROWN

COMMON FACTORS IN PSYCHOTHERAPY

(NEWMAN COLLEGE UNIVERSITY CENTRE STRATFORD NEWHAM, 2014)



Therapeutic Relationship and Alliance

Therapeutic Relationship

- Trust
- Warmth
- Empathy
- Understanding
- Acceptance
- Genuineness
- Kindness

Therapeutic Alliance

- Client's emotional relationship to the therapist
- Client's capacity to work in therapy
- Therapist's empathic understanding & involvement
- Client-therapist agreement on therapy tasks and goals

PROTECTIVE FACTORS

SUICIDE PREVENTION RESOURCE CENTER

- EFFECTIVE BEHAVIORAL HEALTH CARE
- CONNECTEDNESS TO INDIVIDUALS, FAMILY, COMMUNITY, AND SOCIAL INSTITUTIONS
- LIFE SKILLS (INCLUDING PROBLEM SOLVING SKILLS AND COPING SKILLS, ABILITY TO ADAPT TO CHANGE)
- SELF-ESTEEM AND A SENSE OF PURPOSE OR MEANING IN LIFE
- CULTURAL, RELIGIOUS, OR PERSONAL BELIEFS THAT DISCOURAGE SUICIDE

<https://www.suicideline.org/about/suicide-risk-protective-factors>

CDC

- COPING AND PROBLEM-SOLVING SKILLS
- CULTURAL AND RELIGIOUS BELIEFS THAT DISCOURAGE SUICIDE
- CONNECTIONS TO FRIENDS, FAMILY, AND COMMUNITY SUPPORT
- SUPPORTIVE RELATIONSHIPS WITH CARE PROVIDERS
- AVAILABILITY OF PHYSICAL AND MENTAL HEALTH CARE
- LIMITED ACCESS TO LETHAL MEANS AMONG PEOPLE AT RISK

<https://www.cdc.gov/suicide/prevention/index.htm>

WHERE AM I GOING WITH ALL OF THIS????

- WHOLE PERSON THAT IS EVER EVOLVING VS PART PRESENT
- CONNECTION (ATTACHMENT) IS SO IMPORTANT (ABCS, BURDENSOME, ALIENATION, PURPOSE, MEANING), EMOTIONALLY (LEVELS), TALK ABOUT IT/EXPRESS IT
- WHERE THE PERSON IS AT (RELATIONSHIP, VALIDATION, EMPATHY, UNDERSTANDING, WORTH, COMPASSION, ETC.)
- CONGRUENCE (VS DISSONANCE)
- PERCEPTION/MEANING MAKING (VS REALITY)
- PROTECTIVE FACTORS

HEARTBEAT

- <https://www.youtube.com/watch?v=JQ2TQQ6YWEO>


If my son is gay when he's older, I don't want him to tell me. I don't want him to feel like he's announcing news. I don't want him to be scared or nervous. I want him to just bring a boy home and say, "Mom this is my boyfriend" just like he would with a girl. 🙌

Then I shall make them both a sandwich and ask them how they met. 🍌 Because that's exactly what I would do with a girlfriend, so why should a boyfriend be any different?

- Sara

AND, DON'T FORGET.....HEALING THE HEALER



A physician once said, "the best medicine for humans is love."
Someone asked, "what if it doesn't work?"
He smiled and said, "increase the dose."


MAHALO PIHA!!!

- ANY QUESTIONS?
- LET'S TALK STORY!

