ASSESSMENT AND INTERVENTION FOR SUICIDAL AFRICAN AMERICANS IN A PUBLIC SECTOR HOSPITAL

The Nia Project &
The Compassion and Meditation Project
Emory University School of Medicine Grady Health System

American Psychological Association Annual Convention 2019
PRESENTERS

• Universities Represented
  • Emory University
  • Georgia State University
  • Spelman College
  • Fielding University
  • Illinois Tech University
  • University of Georgia
  • Mercer University

• No conflicts to disclose
BACKGROUND

• Nia is a Kwanzaa term for “purpose”
• Started in the early 1990s
• Has served over 2000 suicidal African American adults (most with history of trauma)
• Culturally competent hospital-based research program

It is our hope that through involvement in the Nia Project women will find a new sense of purpose and make a new commitment to living
THEORETICAL MODELS

• Afrocentric Theory
• Womanism
• Theory of Triadic Influence (TTI)
DESIGN

• Hybrid efficacy-effectiveness
• Flexibly manualized
• Assessments
  • T1: Comprehensive pre-intervention assessment
  • T2: Post-intervention assessment
  • T3: 6-month follow-up assessment
  • T4: 12-month follow-up assessment
• Random assignment
  • 10 session empowerment group versus treatment as usual
• Therapist training, supervision, monitoring
DESIGN

• Leaders
  • Co-therapists, including at least one African American therapist and at least one senior clinician

• One helper from the Nia team
ADDITIONAL NIA SERVICES

• Additional services available to all participants
  • Individual therapy
  • Group therapy
    • Support (e.g. suicide, domestic violence, spirituality)
    • Skills (e.g. DBT, ACT, Trauma-based yoga, STAIR-NT)
    • Process (e.g., relationship)
  • Couples/family therapy
  • Crisis services - 24 hour/365 days
  • Resource Room
  • Consultation with the Grady Health System psychiatric and medical emergency and outpatient services (e.g., medication management, hospitalization)
RISK FACTORS

• Numerous and/or severe negative life events
• Childhood maltreatment
• Psychological distress
• Depressive symptoms
• Hopelessness
• Substance abuse (alcohol, drug)
• Thwarted belongingness and perceived burdensomeness

(Gaskin-Wasson et al., 2016; Kaslow et al., 2002; Thompson et al., 2002; Houry et al., 2005; West et al., 2011)
PROTECTIVE FACTORS

- Motherhood
- Hopefulness
- Spirituality
- Self-efficacy
- Adaptive coping skills
- Perceived family support
- Social Support
- Effectiveness in obtaining resources

(Kaslow et al., 2002; Meadows et al., 2005; Thompson et al., 2002; Wood et al., 2013)
Racial Identity Profiles Among Suicidal African American Women: Replication and Extension

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Yara Mekawi, PhD
Natalie Watson-Singleton, PhD
Isatou Jatta, BA
Ilana Ander, BA
Dorian A. Lamis, PhD, ABPP
Sarah E. Dunn, PhD, ABPP
Why focus on African American women?

- Less likely to die by suicide compared to every other racial/ethnic and gender group
- Underrepresented in the suicide literature
- Rising suicide rates among 45 - 64 year olds

(Curtin, Warner, & Hedegaard, 2016)
Why study racial identity?

Several protective factors (e.g., faith-based beliefs/practices, strong social support, motherhood) associated with correlates of suicidal behavior in African American women

Little is known about whether racial identity is associated with African American women’s suicidal behavior

(Spates et al., 2017; Walker et al., 2018; Woods et al., 2013)
(Sellers et al., 1997; Tajfel, 1981; Tajfel & Turner, 2004)

Social Identity Theory

Racial Identity
RACIAL CENTRALITY

Refers to how much being African American is central to an individual’s definition of themselves

(Sellers et al., 1998, p. 19)
PRIVATE REGARD
Refers to an individual’s feelings about being African American

(Sellers et al., 1998, p. 19)
PUBLIC REGARD
Refers to an individual’s perceptions of mainstream society’s evaluations of African Americans

(Sellers et al., 1998, p. 19)
ASSIMILATIONIST IDEOLOGY
Is the tendency to emphasize the importance of fitting in with mainstream society

(Sellers et al., 1998, p. 19)
HUMANIST IDEOLOGY

Is the tendency to deemphasize race and focus on the similarities among all humans

(Sellers et al., 1998, p. 19)
NATIONALIST IDEOLOGY
Is the tendency to emphasize the uniqueness of being African American

(Sellers et al., 1998, p. 19)
OPPRESSED MINORITY IDEOLOGY

Is the tendency to emphasize the similarities in oppression faced by African Americans and other minority groups

(Sellers et al., 1998, p. 19)
Latent Profile Analysis

A person-centered strategy to classify people into profiles using theoretically meaningful constructs

(Sellers et al., 1997)
PURPOSE

1. Examine whether racial identity profiles found in the extant literature replicate among a clinical sample.

2. Explore whether suicidal ideation, hopelessness, and depressive symptoms differ based on profile membership.
MEASURES
Multidimensional Inventory of Black Identity — Short (MIBI-S, 27 items)
Participants rate items from 1 (strongly disagree) to 7 (strongly agree)

<table>
<thead>
<tr>
<th>Category</th>
<th>Item</th>
<th>α</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Racial Centrality</td>
<td>“Being Black is an important reflection of who I am”</td>
<td>.70</td>
<td>5.27(1.23)</td>
</tr>
<tr>
<td>Public Regard</td>
<td>“Overall, Blacks are considered good by others”</td>
<td>.66</td>
<td>4.07(1.48)</td>
</tr>
<tr>
<td>Private Regard</td>
<td>“I feel good about Black people”</td>
<td>.75</td>
<td>5.83(1.21)</td>
</tr>
</tbody>
</table>

(Martin, Wout, Nguyen, Gonzalez, & Sellers, 2005)
<table>
<thead>
<tr>
<th>Assimilationist</th>
<th>“Blacks should try to work within the system to achieve their political and economic goals”</th>
<th>$\alpha = .63; M = 5.74(1.11)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humanist</td>
<td>“Blacks would be better off if they were more concerned with the problems facing all people rather than just focusing on Black issues”</td>
<td>$\alpha = .77; M = 5.59(1.23)$</td>
</tr>
<tr>
<td>Nationalist</td>
<td>“It is important for Black people to surround their children with Black art, music and literature”</td>
<td>$\alpha = .77; M = 4.26(1.27)$</td>
</tr>
<tr>
<td>Oppressed Minority</td>
<td>“The same forces which have led to the oppression of Blacks have also led to the oppression of other groups”</td>
<td>$\alpha = .70; M = 4.91(1.21)$</td>
</tr>
</tbody>
</table>

(Martin et al., 2005)
## MEASURES

<table>
<thead>
<tr>
<th>Beck Scale for Suicide Ideation</th>
<th>Beck Hopelessness Scale</th>
<th>Beck Depression Inventory - II</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 items</td>
<td>20 items</td>
<td>20 items</td>
</tr>
<tr>
<td>Desire to make active suicide attempt:</td>
<td>True/False</td>
<td>How present from 0 (not present) to 3 (severe)</td>
</tr>
<tr>
<td>0 None</td>
<td>“I can’t imagine what my life would be like in 10 years”</td>
<td>“I am sad all the time”</td>
</tr>
<tr>
<td>1 Weak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Moderate to strong</td>
<td></td>
<td></td>
</tr>
<tr>
<td>α = .86; M = 11.93(11.38)</td>
<td>α = .93; M = 7.90(5.99)</td>
<td>α = .92; M = 30.01(18.07)</td>
</tr>
</tbody>
</table>

(Beck et al., 1974; Beck et al., 1979; Beck & Steer, 1993; Beck, Steer, & Brown, 1996)
PARTICIPANTS

- $n = 198$
- $M_{age} = 36.12$ (SD $= 11.37$)

78%

100%

100%

56%

$0 - 240$/month

(Kaslow et al., 2010)
DATA ANALYSIS

Mplus 8 used to conduct latent profile analyses (LPA) using the 7 subscales of the MIBI-S

Maximum Likelihood Estimation with robust standard errors (MLR) was used to examine 2- through 6- profile models

ANOVA used to determine differences in participants’ suicide behavior correlates based on latent profile membership

(Muthen & Muthen, 2017)
5 Profile Solution - Z Scores

- Centrality
- Public Regard
- Humanist
- Nationalist
- Oppressed Minority
- Private Regard
- Assimilation

[n = 108]
[n = 41]
[n = 25]
[n = 19]
[n = 5]
GROUP DIFFERENCES

- Suicidal Ideation
- Hopelessness
- Depressive Symptoms
GROUP DIFFERENCES

Suicidal Ideation
Hopelessness
Depressive Symptoms

Undifferentiated Detached Afrocentric Multiculturalist Alienated
WHAT DID WE LEARN?

1. Racial identity profiles found in the extant literature replicated in a clinical sample and a new profile (Alienated) emerged.

2. Profiles characterized by negative feelings about and lack of closeness to being African American reported more suicidal ideation and hopelessness.
NEXT STEPS

Examine mechanisms

Longitudinal data

More diverse African American groups
TAKE AWAY POINTS

• Racial identity is an important factor to consider in African American women’s suicide risk

• Mental health practitioners should take a person-centered and culturally-informed approach to suicide prevention and intervention
QUESTIONS?

www.psychiatry.emory.edu/PROGRAMS/niaproject/home.htm
References


Racial Identity Profiles and Differences in Positive Psychology Factors in African American Women with Past Suicide Attempts

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BACKGROUND & SIGNIFICANCE

• Positive psychology
  
  • Emphasizes factors that make life worth living and that cultivate wellbeing and flourishing (Seligman, & Csikszentimihalyi, 2000)
  
  • Highlights individuals’ strengths and capacity for growth; in this way, it aligns with an Afrocentric framework, which places value on African Americans’ strengths and empowerment (Jackson, Gregory, & Davis, 2004)
  
  • Serves as a culturally-relevant model for understanding protection against suicide for African Americans with past suicide attempts
BACKGROUND & SIGNIFICANCE

• Suicide research has primarily focused on risk rather than on protective factors (Hollingsworth, Wingate, Tucker, O'Keefe, & Cole, 2016)

• Yet, positive factors, like hope, reasons for living, and social support, can reduce suicidal ideation and attempts in African Americans (Hollingsworth, Wingate, Tucker, O'Keefe, & Cole, 2016; Lincoln, Taylor, Chatters, & Joe, 2012; Kaslow et al., 2005)

• Thus, it is important to further examine other positive and strength-based factors that can attenuate suicide risk among African Americans
BACKGROUND & SIGNIFICANCE

• Identity processes, like racial identity, positively influence health and promote factors (e.g., self-esteem) that protect against injurious health outcomes in African Americans

• To date, racial identity has led to higher levels of:
  • Self-esteem (Hughes, Jill Kiecolt, Keith, & Demo, 2015)
  • Mastery (Hughes, Jill Kiecolt, Keith, & Demo, 2015)
  • Life satisfaction (Yap, Settles, & Pratt-Hyatt, 2011)
BACKGROUND & SIGNIFICANCE

• Racial identity may also be a culturally-relevant protective factor against suicide risk for African Americans given that racial identity can (Deaux & Martin, 2003):
  • Inform one’s self-concept
  • Ease uncertainty
  • Offer guidelines for how to live meaningfully and connect with others
  • Influence one’s sense of meaning and purpose (i.e., existential wellbeing)
BACKGROUND & SIGNIFICANCE

• Racial identity may also protect against suicide risk for African Americans by contributing to increases in resilience to suicide factors, such as:
  • Reasons for living
  • Existential wellbeing
  • Suicide resilience
'Reasons for living' – potential reasons for not completing suicide

- Based on a cognitive behavioral view that posits that beliefs, expectations, or capabilities, mediate suicidal behaviors (Linehan et al., 1983; June, Segal, Coolidge, & Klebe, 2009)
- Associated with reduced suicidal ideation and suicidal behavior among African Americans (Woods, Zimmerman, Carlin, Hill, & Kaslow, 2013; Westefeld, Badura, Kiel, & Scheel, 1996)
- Linked to one racial identity dimension in primary studies, higher private regard, in a clinical sample of African American (Street et al., 2012)
BACKGROUND & SIGNIFICANCE

• Existential wellbeing - sense of meaning, purpose in life, and self-efficacy concerning how to effectively cope (MacDonald, 2000)
  • Has mediated the link between intimate partner violence and suicidal ideation in African American women (Fischer et al., 2016)
  • Has mediated the association between PTSD symptom severity and both hopelessness and suicidal ideation over time among African American women (Florez et al., 2017)
• Although existential wellbeing can protect against suicide, its relation to racial identity among African Americans is unclear
BACKGROUND & SIGNIFICANCE

- Suicide resilience - perception and competence of having the ability regulate one’s suicidal thoughts and feelings (Osman et al., 2004)
  - Found to differentiate the responses of individuals with a history of suicidal behavior from those without such a history (Guitierrez, Freedenthal, Wong, Osman, & Norizuki, 2012)
  - Associated with other resilience factors, like self-efficacy, existential and spiritual well-being (Kapoor et al., 2017)
- Yet, its link to culturally-relevant constructs, like racial identity remain unclear
Examine if racial identity profiles differentially relate to three strength based outcomes that are consistent with a positive psychology framework:

- Reasons for living
- Existential wellbeing
- Suicide resilience
Our hypotheses concerning differences between specific groups were exploratory.

Groups characterized by more favorable racial identity attitudes would demonstrate higher levels of reasons for living, existential wellbeing, and suicide resilience relative to group characterized by less favorable racial identity attitudes.
METHODS

• Participants
  • $N = 198$

• Buffers against Suicide
  • 68% Motherhood

• Risk factors for Suicide
  • 60% Uninsured
  • 87% Unemployed
  • 52% report 3 or more suicide attempts during their lifetime
METHODS: MEASURES

• The Multidimensional Inventory of Black Identity-Short (MIBI-S) (Martin, Wout, Nguyen, Gonzalez, & Sellers, 2005)
  • Centrality (α = .69); In general, being Black is an important part of my self-image
  • Private Regard (α = .83); I feel good about Black people
  • Public Regard (α = .85); In general, other groups view Blacks in a positive manner
  • Assimilationist (α = .82); Blacks should strive to be full members of the American political system
  • Humanist (α = .66); Being an individual is more important than identifying oneself as Black
  • Oppressed Minority (α = .66); There are other people who experience racial injustice and indignities similar to Black Americans
  • Nationalist (α = .62); It is important for Black people to surround their children with Black art, music and literature
METHODS: MEASURES

- Spiritual Well-Being Scale (SWBS) (Ellison, 1983)

- Existential wellbeing (α = .83); *I believe there is some real purpose for my life*
METHODS: MEASURES

- Reasons for Living Inventory (RFL) (Linehan et al., 1983)
  - Survival and Coping Beliefs ($\alpha = .95$); I believe I can learn to adjust or cope with my problems
  - Responsibility to Family ($\alpha = .86$); I have a responsibility and commitment to my family
  - Child Concerns ($\alpha = .90$); I want to watch my children as they grow
  - Fear of Suicide ($\alpha = .73$); I am afraid of death
  - Fear of Social Disapproval ($\alpha = .75$); I am concerned about what others would think of me
  - Moral Objections ($\alpha = .74$); I believe only God has a right to end a life
  - Total score ($\alpha = .95$)
METHODS: MEASURES

- **Suicide Resilience Inventory-25 (SRI-25)** (Osman, Gutierrez, Muehlenkamp, DixRichardson, Barrios, & Kopper, 2004)
  - Internal protective scale ($\alpha = .90$); *I am satisfied with most things in my life*
  - External protective scale ($\alpha = .88$); *People close to me would find the time to listen if I were to talk seriously about killing myself*
  - Emotional stability scale ($\alpha = .84$); *I can resist thoughts of killing myself when I feel emotionally hurt*
  - Total score ($\alpha = .93$)
DATA ANALYSIS

Use existing racial identity profiles from prior presentation

Conduct ANOVAs to determine if there were differences in participants’ scores on reasons for living, existential wellbeing, and suicide resilience across these profiles.
## RESULTS

<table>
<thead>
<tr>
<th>Class</th>
<th>Name</th>
<th>Existential Wellbeing</th>
<th>Reasons for Living</th>
<th>Suicide Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Undifferentiated</td>
<td>38.15 (0.89)</td>
<td>4.45 (0.09)</td>
<td>3.89 (0.12)</td>
</tr>
<tr>
<td>2</td>
<td>Detached</td>
<td>31.77 (1.89)</td>
<td>3.66 (0.23)</td>
<td>3.50 (0.25)</td>
</tr>
<tr>
<td>3</td>
<td>Afrocentric</td>
<td>34.59 (2.79)</td>
<td>3.67 (0.24)</td>
<td>3.56 (0.39)</td>
</tr>
<tr>
<td>4</td>
<td>Multiculturalist</td>
<td>43.86 (2.24)</td>
<td>4.64 (0.27)</td>
<td>4.17 (0.33)</td>
</tr>
<tr>
<td>5</td>
<td>Alienated</td>
<td>31.20 (1.64)</td>
<td>2.97 (0.08)</td>
<td>2.81 (0.26)</td>
</tr>
</tbody>
</table>
For reasons for living, the following groups differed:

1 & 2, \( p = 0.00 \)
1 & 3, \( p = .00 \)
1 & 5, \( p = .00 \)
2 & 4, \( p = .01 \)
2 & 5, \( p = .00 \)
3 & 4, \( p = .01 \)
3 & 5, \( p = .00 \)
4 & 5, \( p = .00 \)
RESULTS: DIFFERENCES IN EXISTENTIAL WELLBEING

For existential wellbeing, the following groups differed:

1 & 2, $p = 0.00$
1 & 4, $p = 0.02$
1 & 5, $p = 0.00$
2 & 4, $p = 0.00$
3 & 4, $p = 0.01$
4 & 5, $p = 0.00$
For suicide resilience, the following groups differed:

1 & 2, $p = 0.00$
1 & 4, $p = 0.02$
1 & 5, $p = 0.00$
2 & 4, $p = 0.00$
3 & 4, $p = 0.01$
4 & 5, $p = 0.00$
WHAT DID WE LEARN?

1. Subgroups with higher racial group identification and more positive feelings about being African American (e.g., Undifferentiated, Multiculturalist) had higher levels of reasons for living, existential wellbeing, and suicide resilience.
WHAT DID WE LEARN?

Subgroups with high public regard (e.g., Multiculturalist) relative to low public regard (e.g., Afrocentric) had higher scores on reasons for living, existential wellbeing, and suicide resilience.

This suggests that believing that your racial group is valued by society (i.e., private regard) and feeling connected to other marginalized groups (i.e., oppressed minority) has unique protective functions over and above feeling attached to your racial group.
NEXT STEPS

Examine in African American men who are at greater risk for suicidal behavior

Evaluate if culturally-adapted treatments have the capability to enhance protective racial identity dimensions
TAKE AWAY POINTS

• Racial identity is an important protective factor among low-income suicidal African American women
QUESTIONS?

www.psychiatry.emory.edu/PROGRAMS/niaproject/home.htm
Agricultural Coping and Ethnic Identity: Fostering Well-Being Through Cultural Interventions

Humama Khan, MS
Nova Morissette, PhD
Yara Mekawi, PhD
Phil Raines III, MS
Manasa Gade, BA
Julie K. Nguyen, BA
BACKGROUND

• Compared to treatment as usual, a culturally-informed empowerment-based group intervention for African American women who have experienced intimate partner violence (IPV) and attempted suicide results in
  • Greater reductions in levels of depressive symptoms and suicidal ideation in the context of exposure to life stress and IPV
  • Kaslow et al., 2010
CULTURALLY-INFORMED INTERVENTION

Weekly Group Structure:

- 120-minute session/week
- 30-minute check-in
  - Behavior monitoring forms
- 60 minute didactic
  - Survival tip
  - Goals
  - Session outline and handouts
- 30-minute activity
- Wrap-up

10 Session cycle:

- Intro & Commitment to Safety
- Suicide & IPV Education
- Safety Planning
- Reduce Interpersonal Risk Factors
- Reduce Social & Situational Risk Factors
- Enhance Social & Situational Protective Factors
- Reduce Cultural & Environmental Risk Factors
- Enhance Cultural Environmental Protective Factors
- Review and Termination
BACKGROUND

• These improvements have been shown to be mediated by:
  • Spiritual well-being
  • Particularly existential well-being
    • Fischer et al., 2016, Zhang et al., 2013
It is not known if there are differential impacts on culturally-relevant constructs, such as racial identity and Africultural coping skills. These culturally-relevant constructs are associated with changes in depressive symptoms and suicide resilience.
BACKGROUND

• Racial Identity
  • Positive racial identity has been linked with higher levels of self-esteem & achievement and lower levels of psychological symptoms
  • Negative racial identity has been associated with poorer self-esteem and psychological adjustment and higher levels of substance abuse and participation in crime
    • Thomas et al., 1999
• Africultural Coping Skills
  • Adaptive afro-centric, culturally-normative coping strategies foster well-being and buffer against stress related to oppression by the dominant community
    • Daly et al., 1995; Scott, 2003
  • Culture-specific adaptive coping is associated with better quality of life and resilience
    • Utsey et al., 2007
Purpose

1 & 2

Ascertain if compared to treatment as usual (TAU), a culturally-informed empowerment-based group intervention is associated with:
1) Greater reductions in depressive symptoms
2) Greater increases in suicide resilience
PURPOSE

3. Ascertain how levels of racial identity and culturally normative coping among abused, suicidal African American women compared to those found in other African American samples.

4. Determine if a culturally-informed empowerment-based group intervention facilitates greater changes in reported levels of racial identity and culturally-normative coping than does TAU.
HYPOTHESES

1. Replicate prior findings that the culturally-informed empowerment-based group intervention yielded greater reductions in depressive symptoms than does TAU.

2. The culturally-informed empowerment-based group intervention will result in greater increases in suicide resilience than will TAU.
HYPOTHESES

3. Levels of racial identity and Africultural coping found in this sample will be comparable to the levels found in other high-risk samples rather than to the levels found in general community samples of African Americans.

4. The culturally-informed empowerment-based group intervention will result in greater improvements in racial identity and Africultural coping than will TAU.
METHOD - SAMPLE

- African American women
  - Experienced IPV in the last year
  - At least one suicide attempt in the last year
  - Mean age 36.4 years
  - 63% have children
  - 50.5% homeless
  - Generally low income
  - $n =$ depends on analysis: 46 to 75
METHODS - MEASURES

- Multidimensional Inventory of Black Identity (MIBI-S) – racial identity
  - Centrality
  - Private Regard

- Africultural Coping System Inventory (ACSI) – culturally normative coping
  - Cognitive Emotional Debriefing
  - Collective Coping
  - Ritual-Based Coping
METHODS - MEASURES

• Beck Depression Inventory – II (BDI-II) – level of depressive symptoms

• Suicide Resilience Inventory – 25 (SRI-25) – ability to cope with suicidal thoughts without engaging in suicidal behaviors due to a view that a range of personal and external support and resources are available
DATA ANALYSIS

Conduct one-way ANOVA to determine pre-post differences on each construct.

Conduct ANCOVAs, with Time 1 scores as the covariate, for measures on which Time 1 differences exited between the groups (SRI-25).
RESULTS – HYPOTHESIS 1

• Hypothesis 1: Replicate finding that intervention will be associated with greater reduction in depressive symptoms than TAU: supported
• There was a significant reduction in mean levels of depressive symptoms from T1 to T2
  • Average BDI:
    • Baseline:
      • T1 TAU 25.5 vs. T1 Intervention: 29.3 ns
    • Post intervention:
      • T2 TAU: 29.2 vs. T2 Intervention: 20.3 significant
# RESULTS HYPOTHESIS 1

## ANOVA

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>sig</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time 1 BDI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>215.02</td>
<td>1</td>
<td>215.016</td>
<td>1.263</td>
<td>0.265</td>
</tr>
<tr>
<td>Within Groups</td>
<td>10551.98</td>
<td>62</td>
<td>170.193</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10767.00</td>
<td>63</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time 2 BDI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between Groups</td>
<td>1173.69</td>
<td>1</td>
<td>1173.694</td>
<td>7.509</td>
<td>0.008</td>
</tr>
<tr>
<td>Within Groups</td>
<td>8908.85</td>
<td>57</td>
<td>156.296</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>10082.54</td>
<td>58</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RESULTS – HYPOTHESIS 2

• Hypothesis 2: Participation in the intervention would be associated with greater increases in levels of suicide resilience as compared to participation in the TAU: supported
• There was a significant improvement in mean SRI scores from T1 to T2, controlling for SRI at T1
RESULTS – HYPOTHESIS 2

### Tests of Between-Subjects Effects

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>9495.121(^{a})</td>
<td>2</td>
<td>4747.561</td>
<td>14.54</td>
<td>.000</td>
</tr>
<tr>
<td>Intercept</td>
<td>6236.437</td>
<td>1</td>
<td>6236.437</td>
<td>19.10</td>
<td>.000</td>
</tr>
<tr>
<td>T1TotSRI</td>
<td>8706.783</td>
<td>1</td>
<td>8706.783</td>
<td>26.66</td>
<td>.000</td>
</tr>
<tr>
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<td>3167.398</td>
<td>9.70</td>
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<td>14692.879</td>
<td>45</td>
<td>326.508</td>
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<tr>
<td>Total</td>
<td>610280.000</td>
<td>48</td>
<td></td>
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<td></td>
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<tr>
<td>Corrected Total</td>
<td>24188.000</td>
<td>47</td>
<td></td>
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</tr>
</tbody>
</table>
RESULTS - HYPOTHESIS 3

• Hypothesis 3: The abused, suicidal low income African American women in this sample would have identity and coping scores comparable to other high-risk African American samples: Partial support
  • ACSI –Support
    • Cognitive emotional debriefing
      • Our Clinic: 16.8 vs “high risk:” 15.2* vs general AA pop: 26.2†
    • Collective Coping
      • Our Clinic: 11.9 vs “high risk:” 11.6* vs general AA pop: 19.6†
    • Ritual Centered
      • Our Clinic: 2.3 vs “high risk:” 1.5* vs general AA pop: 4.5†

*high risk/ †general community (Utsey et al., 2007 ¹ & ²)
RESULTS - HYPOTHESIS 3

• MIBI-S – Not supported
  • Centrality (4.4 vs 5.3) & Private Regard (5.7 vs 6.2)
    • Sellers, et al., 1997; Yip et al., 2006
RESULTS - HYPOTHESIS 4

• Hypothesis 4: Greater improvements in racial identity and coping for the culturally-informed empowerment group than TAU – not supported

• No significant differences in MIBI scores at T2
  • Centrality (F = .74, p = .392)
  • Private regard (F = .096, p = .757)

• No significant differences in ACSI scores at T2
  • Cognitive emotional debriefing (F = .078, p = .782)
  • Collective coping (F = .274, p = .603)
  • Ritual-centered coping (F = .027, p = .870)
PARTICIPANTS A total of 384 self-identified African Americans took part in the current study. Due to incomplete survey questionnaires (n = 23), this number was reduced to 361. Of this number, 165 were men (45.7%), 195 were women (54.0%), and there was 1 missing value for gender (0.3%). Using a convenience sampling method, participants were recruited from a community based adult learning center and a residential job training program, each located in a large urban center in the northeastern United States. Both programs served the economically disadvantaged and had strict income eligibility guidelines. Moreover, the study participants came from neighborhoods where more than 58% of the residents live below poverty and fewer than half complete high school (U.S. Census Bureau, 2002). They ranged in age from 18 to 69 years (M = 25.70, SD = 9.95). Participants’ levels of education were varied: 23.1% had not completed high school, 27.2% had completed high school, 32.0% had completed some college, and 15.8% had a bachelor’s degree or greater (1.0% missing).
PARTICIPANTS Participants for the current study were taken from a larger convenience sample (N = 471) of individuals recruited from community-sponsored events, an adult learning center, a residential job-training program, and the community at large; all participants were located in the northeast and southeast regions of the United States. The larger sample included individuals who identified as White, Latino/Latina, Caribbean, and African. Utsey et al. / CULTURE-SPECIFIC COPING 127 However, because of the inadequate cell sizes for conducting meaningful comparative group analysis, only individuals who self-identified as African American (N = 281) were included in this study. Of the 281 participants in the study, 151 were female (53.7%) and 129 were male (45.9%). There was one missing value for gender (.4%). The participants ranged in age from 18 to 70 with a mean age of 25.30 and a standard deviation of 10.03. Participants’ level of education varied between high school (26%), some college (27%), or a bachelor’s degree (11%)
WHAT DID WE LEARN?

1. Depressive symptoms are reduced and suicide resilience is increased by participating in this culturally informed intervention.

2. This traumatized and psychiatrically high risk population has relatively low levels of African American/Black identity and Africultural coping strategies.
NEXT STEPS

Determine if the intervention is more effective if bolstering racial identity and Africultural coping are emphasized.

Ascertain if changes in racial identity and Africultural coping increase the efficacy of culturally-informed interventions.
TAKE AWAY POINTS

- This culturally-informed empowerment-based group intervention is effective with regard to key mental health targets, but may be strengthened if more attention were paid to enhancing African American/Black identity and culturally-relevant coping
- Kaslow et al., 2009
Depressive Symptoms, Contingent Self-Worth, and Suicidal Ideation in African Americans

Joya N. Hampton, PhD
Alison Reed, MA, MPH
Katerina Saker
BACKGROUND & SIGNIFICANCE

• Suicide rates have been steadily increasing in African Americans (Curtin & Hedegaard, 2019)

• Will assess the link between depressive symptoms and suicidal ideation in African Americans

• If such an association is revealed, factors that influence the relation need to be considered
CONTINGENT SELF-WORTH

• Contingent self-worth is judgment about the self based on some external criteria (Crocker, Luhtanen, Cooper, and Bouvrette, 2003a; 2003b; Zhang et al., 2018)

<table>
<thead>
<tr>
<th>Family Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competition</td>
</tr>
<tr>
<td>Appearance</td>
</tr>
<tr>
<td>God’s Love</td>
</tr>
<tr>
<td>Academic Competence</td>
</tr>
<tr>
<td>Virtue</td>
</tr>
<tr>
<td>Approval from Others</td>
</tr>
</tbody>
</table>
## Race & Gender Differences

<table>
<thead>
<tr>
<th>Men</th>
<th>Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>Interdependence</td>
</tr>
</tbody>
</table>

- **Black Self-Esteem Advantage**
  - Less likely to base their self-worth on the approval of others
  - More likely to base self-worth on religious factors

(Crocker et al., 2003; Zeigler-Hill, V., 2007)
Examine the associations among depressive symptoms, contingent self-worth (i.e., family support, religious ideals) and suicidal ideation in low-income African American men and women with a recent suicide attempt.
HYPOTHESES

1. Depressive symptoms will be positively related to suicidal ideation
HYPOTHESES

2

Contingent self-worth (i.e., religious ideals, family support) will moderate the relation between depressive symptoms and suicidal ideation
PROCEDURE

• Sample included African American adults with a recent suicide attempt

• Participants recruited from emergency room, inpatient wards, and outpatient clinics

• Longitudinal randomized control trial testing effectiveness of Cognitive Based Compassion Training (CBCT) delivered via group therapy compared to treatment as usual
CBCT

• Developed by Dr. Tenzin Negi

• Group Format

• 90 minute sessions once a week

• Co-therapists (one CBCT expert) trained through Emory-Tibet partnership

<table>
<thead>
<tr>
<th>SESSION CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>Attention and Mindfulness</td>
</tr>
<tr>
<td>Session 2</td>
</tr>
<tr>
<td>Self-Compassion</td>
</tr>
<tr>
<td>Session 3</td>
</tr>
<tr>
<td>Equanimity</td>
</tr>
<tr>
<td>Session 4</td>
</tr>
<tr>
<td>Appreciation</td>
</tr>
<tr>
<td>Session 5</td>
</tr>
<tr>
<td>Empathy</td>
</tr>
<tr>
<td>Session 6</td>
</tr>
<tr>
<td>Leading a More Compassionate Life</td>
</tr>
</tbody>
</table>
METHODS

SAMPLE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>( n )</td>
<td>257</td>
</tr>
<tr>
<td>Mean Age (SD)</td>
<td>37.31 (11.87)</td>
</tr>
<tr>
<td>% Female</td>
<td>56.9%</td>
</tr>
<tr>
<td>% Partnered</td>
<td>26.5%</td>
</tr>
<tr>
<td>% Homeless</td>
<td>49.4%</td>
</tr>
<tr>
<td>% Kids</td>
<td>61.3%</td>
</tr>
<tr>
<td>% Unemployed</td>
<td>89%</td>
</tr>
<tr>
<td>% Individual Monthly Income (&lt;$500)</td>
<td>70.1%</td>
</tr>
</tbody>
</table>

MEASURES

- Beck Depression Inventory-II (BDI-II)
- Beck Scale of Suicidal Ideation (BSS)
- Contingencies of Self-Worth Scale (Family Support and God’s Love)
## METHODS

### Contingencies of Self-Worth Scale

<table>
<thead>
<tr>
<th>Scale</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Support</strong></td>
<td>“Knowing that my family members love me makes me feel good about myself”</td>
</tr>
<tr>
<td>(α = .53)</td>
<td>“When my family members are proud of me, my sense of self-worth increases”</td>
</tr>
<tr>
<td><strong>God’s Love</strong></td>
<td>“My self-worth is based on God’s Love”</td>
</tr>
<tr>
<td>(α = .86)</td>
<td>“When I think that I’m disobeying God, I feel bad about myself”</td>
</tr>
</tbody>
</table>
## RESULTS

### CORRELATIONS

<table>
<thead>
<tr>
<th></th>
<th>God’s Love</th>
<th>Family Support</th>
<th>BDI</th>
</tr>
</thead>
<tbody>
<tr>
<td>God’s Love</td>
<td>—</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Support</td>
<td>.31**</td>
<td>—</td>
<td></td>
</tr>
<tr>
<td>BDI</td>
<td>0.01</td>
<td>-0.02</td>
<td>—</td>
</tr>
<tr>
<td>BSS</td>
<td>-0.05</td>
<td>-.12*</td>
<td>.62**</td>
</tr>
</tbody>
</table>
RESULTS

Endorsement of Key Study Variables by Gender

- Family Support
- God's Love
- BDI
- BSS

Female vs Male endorsement values for each variable.
RESULTS

Moderation Analyses

Depressive Symptoms — .79** — Suicidal Ideation

(F (4, 252) = 45.69, p = .37, ΔR² = .002)
RESULTS

Moderation Analyses

God's Love

- .19

Depressive Symptoms

.79**

Suicidal Ideation

(F (4, 252) = 45.69, p = .37, ΔR2 = .002)
RESULTS

Moderation Analyses

Depressive Symptoms \( \rightarrow \) Suicidal Ideation

\( .75^{**} \)

\((F (4, 252) = 48.06, p = .52, \Delta R^2 = .001)\)
RESULTS

Moderation Analyses

Depressive Symptoms \[ \rightarrow \ \text{Family Support} \rightarrow \ \text{Suicidal Ideation} \]

- \[ R^2 = .001 \]

\[ F(4, 252) = 48.06, p = .52, \Delta R^2 = .001 \]
RESULTS

Moderation Analyses

(F (4, 252) = 45.69, p = .37, ΔR² = .002)
RESULTS

Moderation Analyses

(F (4, 252) = 48.06, p = .52, ΔR² = .001)
WHAT DID WE LEARN?

1. African Americans with elevated levels of depressive symptoms are likely to experience higher levels of suicidal ideation as well.

2. Those who experience high levels of family support are less likely to feel suicidal.
Family support and religious ideals do not appear to protect depressed African American adults from experiencing suicidal ideation.
NEXT STEPS

Examine other potential moderators of the relation between depressive symptoms and suicidal ideation in this population.

Consider gender specific moderators – men endorsed higher levels of suicidal ideation and may access or have less family support available because they prioritize independence.
TAKE AWAY POINTS

• Imperative to assess suicidal ideation in depressed African Americans, especially those with a history of suicide attempts
• We need to learn more about what factors protect these individuals when depressed from experiencing increasing levels of suicidal thoughts
QUESTIONS?

GRADY

CAMP
REFERENCES


REFERENCES


