Suicide Risk Assessment and Safety Planning with Transgender and Gender Diverse Youth

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www.childrens.com/GENECIS

Objectives

Participants will be able to:

1. Describe empirically informed theories of suicide.
2. Identify common and unique risk and resilience factors for suicidality.
3. Identify key components of suicide risk assessments and safety planning and describe how to implement them.
Overview

Review of Theories of Suicidality
Review of Research Findings
Key Components of Risk Assessment
Key Components of Safety Planning
Review of Clinician Resources

Theories of Suicidality

Interpersonal Theory
Escape from Self Theory
Minority Stress
Others Theories
Interpersonal Theory

• Suicide requires **Desire** & **Ability**

• **Desire:**
  – Thwarted belonging
  – Perceived burdensomeness

• **Ability:**
  – Reduced pain tolerance
  – Reduced fear (of death)
  – Acquired via experiences of abuse, violence, past suicide attempts

• **Interactive effect:** having both desire and ability at the same point in time thought to place individual at particularly high risk

• Studied with inpatient/outpatients, college students, military

Escape from Self Theory

• Suicide as a means to **escape aversive self awareness**
  – Relationships are strong influence on self concept
  – Self concept is multidimensional
  – Unclear what confers risk
    • Low vs. fluctuating vs. high self esteem?

• **“Self regulation failure”**- distortion in gains/losses associated with suicide
  – Associated with depression, hopelessness
  – Form of “self defeating behavior” (substance use, violence against others)
Minority Stress

- Minority status increases risk of mental health difficulties such as suicide
- Increased risk involves general and minority specific processes
  - Intrapersonal (e.g., self concept, identity)
  - Interpersonal (e.g., social connections & support)
  - Structural (e.g., access to care)

Other Theories

- Durkheim
  - Emphasized role of social forces
    - Social integration
    - Social (moral) regulation
- Shneidman
  - Psychache: general psychological/emotional pain
    - Murray’s “Need-Press” theory
- Aaron Beck
  - Hopelessness key factor
    - Previous suicidality leads to more accessible/active thoughts
- Rudd
  - Fluid Vulnerability Model- baseline + acute (arousal) risk
Other Theories

- Klonsky & May’s Three-Step Theory (3ST)
  - Ideation = psychological pain + hopelessness
    - Connectedness key protective factor
  - Progression from ideation to attempt
    - Dispositional (low fear of pain/death)
    - Acquired (decrease in fear of pain/death)
    - Practical (access/knowledge of methods)

Research Findings

Demographics

Risk Factors

Protective Factors

Transgender and Gender Diverse Factors
Demographics

Suicide Rates in the United States

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American Foundation for Suicide Prevention, www.AFSP.org

Demographics

Suicide Rates by Ethnicity from 2000 to 2015

~

Privileged and Confidential
Demographics

Suicide Rates by Age from 2000 to 2015

Age Range
- Less than 20
- 20 to 34
- 35 to 44
- 45 to 64
- 65 to 84
- 85 or older

Annual Number of Suicides
United States, by Race, Ethnicity, Gender, and Age, 1999–2005

White, black, indian, and asian total 100%; hispanics may be of any race.
Data source: National Center for Health Statistics, CDC. Hispanic data 1999-2003 only; death rates may not be statistically robust for older non-white groups.
Demographics

Suicides per 100,000 living people
United States, by Race, Ethnicity, Gender, and Age, 1999–2005

Table 1. Leading Causes of Death in the United States (2015)

<table>
<thead>
<tr>
<th>Select Age Groups</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>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rank 1: Unintentional Injury</td>
<td>763</td>
<td>12,514</td>
<td>19,795</td>
<td>17,818</td>
<td>43,054</td>
<td>116,123</td>
<td>Heart Disease 633,642</td>
</tr>
<tr>
<td>Rank 2: Malignant Neoplasms</td>
<td>541</td>
<td>6,547</td>
<td>10,909</td>
<td>34,258</td>
<td>1,17,653</td>
<td>85,930</td>
<td></td>
</tr>
<tr>
<td>Rank 3: Suicide</td>
<td>4,733</td>
<td>4,863</td>
<td>10,387</td>
<td>21,459</td>
<td>19,858</td>
<td>155,041</td>
<td></td>
</tr>
<tr>
<td>Rank 4: Homocide</td>
<td>1,649</td>
<td>3,706</td>
<td>8,978</td>
<td>14,186</td>
<td>163,571</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank 5: Congestive Anomalies</td>
<td>392</td>
<td>338</td>
<td>2,855</td>
<td>8,751</td>
<td>160,323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank 6: Heart Disease</td>
<td>1,252</td>
<td>3,522</td>
<td>2,861</td>
<td>6,312</td>
<td>110,561</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank 7: Congestive Anomalies</td>
<td>392</td>
<td>338</td>
<td>2,855</td>
<td>8,751</td>
<td>160,323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank 8: Congestive Anomalies</td>
<td>392</td>
<td>338</td>
<td>2,855</td>
<td>8,751</td>
<td>160,323</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rank 9: Congestive Anomalies</td>
<td>392</td>
<td>338</td>
<td>2,855</td>
<td>8,751</td>
<td>160,323</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data source: National Center for Health Statistics, CDC. Hispanic data 1999-2003 only; death rates may not be statistically robust for older non-white groups.
Demographics

Risk Factors

- History of previous suicide attempts or non-suicidal self injury (NSSI)
- Current or lifetime mental health diagnosis (e.g., mood disorder)
- Substance abuse (drugs, alcohol)
- Chronic
- Emotion regulation difficulties
- Hopelessness
- Impulsivity
- Poor problem-solving
- Social skills deficits
- Family conflict, abuse, or neglect
- Parent mental health diagnoses (history of suicide in family)
- Suicide contagion
Imminent Risk

- Precipitating stressor
  - Interpersonal conflict/loss
- Recent insomnia
- Agitation/high anxiety
- Planning steps
  - Gathering means, writing note, giving away items, saying goodbyes
- Access to means

Previous attempts is the strongest predictor of future attempts, but most people who die by suicide do so on their first attempt

Protective Factors

- Supportive relationships
  - Friends, family
  - Pro-social peer group
  - Therapeutic alliance
- Engagement in work or school
  - Successful experiences
- Religious beliefs against suicide
- Fearfulness of pain, death
- Identified reasons for living
- Future orientation
**Trans* Specific Prevalence**

**Lifetime Suicide Ideation: 55.5% (28.9% to 96.5%)**
- MTF spectrum 51.7%
- FTM spectrum 45.4%
- Gender non-conforming 30%

**Lifetime Suicide Attempt: 28.9% (10.7% to 52.4%)**
- MTF spectrum 31%
- FTM spectrum 32.3%
- Gender non-conforming 25.6%

Review by Adams et al. (in press) (42 studies)

**General population:** 15-17% ideation, 4.6-5% attempt

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**Trans* Youth Prevalence**

**Lifetime Suicidality**

<table>
<thead>
<tr>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Never</strong></td>
</tr>
<tr>
<td>Just a passing thought</td>
</tr>
<tr>
<td>Plan but did not attempt</td>
</tr>
<tr>
<td>Plan and really wanted to die</td>
</tr>
<tr>
<td>Made attempt but did not want to die</td>
</tr>
<tr>
<td>Made attempt and really hoped to die</td>
</tr>
</tbody>
</table>

**National Transgender Discrimination Survey:**
41% reported lifetime attempt

N=1,956
89% white
Mean age: 20.9 (14-30)
Trans* Youth Prevalence

### Past Year Suicidality

<table>
<thead>
<tr>
<th>Frequency of Suicidal Thoughts</th>
<th>Percent of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>16.6%</td>
</tr>
<tr>
<td>Rarely (1 time)</td>
<td>13.2%</td>
</tr>
<tr>
<td>Sometimes (2 times)</td>
<td>14.6%</td>
</tr>
<tr>
<td>A moderate amount (3-4 times)</td>
<td>18.7%</td>
</tr>
<tr>
<td>Often (5-10 times)</td>
<td>13.2%</td>
</tr>
<tr>
<td>Very often (more than 10 times)</td>
<td>23.8%</td>
</tr>
</tbody>
</table>

38.2% Did not tell anyone  
29.9% Told someone once  
31.4% Told someone more than once

### Age of Onset

![Age of Onset Graph](image)
Trans* Specific Factors

- Social Support
- Interpersonal Rejection
- Gender-Related Affirmation
- Victimization/Bullying
- Variations by Gender Identity/Expression

NTDS

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Row %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>468</td>
<td>45%</td>
</tr>
<tr>
<td>25-44</td>
<td>1348</td>
<td>45%</td>
</tr>
<tr>
<td>45-54</td>
<td>373</td>
<td>39%</td>
</tr>
<tr>
<td>55-64</td>
<td>210</td>
<td>33%</td>
</tr>
<tr>
<td>65+</td>
<td>18</td>
<td>16%</td>
</tr>
</tbody>
</table>

χ² = 70.6*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Frequency</th>
<th>Row %</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native Alone</td>
<td>39</td>
<td>56%</td>
</tr>
<tr>
<td>Asian or Pacific Islander Alone</td>
<td>52</td>
<td>39%</td>
</tr>
<tr>
<td>Black or African American Alone</td>
<td>118</td>
<td>45%</td>
</tr>
<tr>
<td>Hispanic or Latino Alone</td>
<td>125</td>
<td>44%</td>
</tr>
<tr>
<td>White Alone</td>
<td>1829</td>
<td>38%</td>
</tr>
<tr>
<td>Multiracial or Mixed Race/Ethnicity</td>
<td>395</td>
<td>54%</td>
</tr>
</tbody>
</table>

χ² = 81.2*

N=5,885
76% white
Mean age: 37
<table>
<thead>
<tr>
<th>Sex Assigned at Birth</th>
<th>Frequency</th>
<th>Row %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1457</td>
<td>38%</td>
</tr>
<tr>
<td>Female</td>
<td>1120</td>
<td>44%</td>
</tr>
<tr>
<td><strong>χ² = 19.3</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary Gender Identity Today</th>
<th>Frequency</th>
<th>Row %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/Male/Man</td>
<td>699</td>
<td>42%</td>
</tr>
<tr>
<td>Female/Woman</td>
<td>1106</td>
<td>43%</td>
</tr>
<tr>
<td>Part time one gender/ part time another</td>
<td>406</td>
<td>32%</td>
</tr>
<tr>
<td>A gender not listed</td>
<td>367</td>
<td>43%</td>
</tr>
<tr>
<td><strong>χ² = 45.1</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Identity Recode</th>
<th>Frequency</th>
<th>Row %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans Women / MTF</td>
<td>1251</td>
<td>42%</td>
</tr>
<tr>
<td>Trans Men / FTM</td>
<td>822</td>
<td>46%</td>
</tr>
<tr>
<td>Cross-dresser (male-assigned)</td>
<td>147</td>
<td>21%</td>
</tr>
<tr>
<td>Cross-dresser (female-assigned)</td>
<td>84</td>
<td>44%</td>
</tr>
<tr>
<td>GNC / Genderqueer (male-assigned)</td>
<td>61</td>
<td>38%</td>
</tr>
<tr>
<td>GNC / Genderqueer (female-assigned)</td>
<td>212</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 9: Lifetime suicide attempts by being “out” in various settings**

<table>
<thead>
<tr>
<th>Setting</th>
<th>Have Attempted Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Out</td>
</tr>
<tr>
<td>At home</td>
<td>193 (34%)</td>
</tr>
<tr>
<td>On the job</td>
<td>526 (33%)</td>
</tr>
<tr>
<td>At school</td>
<td>385 (35%)</td>
</tr>
<tr>
<td>In private social settings</td>
<td>226 (37%)</td>
</tr>
<tr>
<td>In public social settings</td>
<td>603 (38%)</td>
</tr>
<tr>
<td>When seeking medical care</td>
<td>395 (31%)</td>
</tr>
</tbody>
</table>
### Table 15: Lifetime suicide attempts by experiences of school victimization

<table>
<thead>
<tr>
<th>Experience</th>
<th>Frequency</th>
<th>Row %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elementary School</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>360</td>
<td>50%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>191</td>
<td>63%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>46</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Jr. High/Middle School</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>477</td>
<td>50%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>255</td>
<td>64%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>80</td>
<td>73%</td>
</tr>
<tr>
<td><strong>High School</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>659</td>
<td>52%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>292</td>
<td>68%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>104</td>
<td>69%</td>
</tr>
<tr>
<td><strong>College</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>424</td>
<td>54%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>71</td>
<td>68%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>45</td>
<td>78%</td>
</tr>
</tbody>
</table>

### Trans* Youth Specific Factors

<table>
<thead>
<tr>
<th>Step</th>
<th>Variable</th>
<th>Suicide Severity</th>
<th>Suicide Ideation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Adjusted $R^2$</td>
<td>Adjusted $\Delta R^2$</td>
</tr>
<tr>
<td>1</td>
<td>Demographic Factors</td>
<td>.093</td>
<td>.063</td>
</tr>
<tr>
<td>2</td>
<td>General Support</td>
<td>.166</td>
<td>.074**</td>
</tr>
<tr>
<td>3</td>
<td>Gender-Related Support</td>
<td>.175</td>
<td>.010**</td>
</tr>
<tr>
<td>4</td>
<td>Victimization</td>
<td>.250</td>
<td>.075**</td>
</tr>
<tr>
<td>5</td>
<td>Gender-related Self Concept</td>
<td>.256</td>
<td>.007**</td>
</tr>
</tbody>
</table>

N=1,956  
89% white  
Mean age: 20.9 (14-30)
Trans* Youth Specific Factors

![Graph showing the relationship between gender-related affirmation and suicidal ideation among transgender youth.](image)

Trans* Specific Factors

![Diagram showing the factors influencing suicidal ideation among transgender individuals.](image)

Testa, R. J. et al (2017) Suicidal Ideation in Transgender People

N=816
86% white
Mean age: 32.5
Trans* Specific Factors

Internal Stressors
- Internalized Transphobia
- Negative Expectations
- Non-disclosure

Interpersonal Mediators
- Thwarted Belongingness
- Perceived Burdensomeness

Outcome Variable
- Suicidal Ideation

N=816
86% white
Mean age: 32.5

Testa, R. J. et al (2017) Suicidal Ideation in Transgender People

Trans* Youth Specific Factors

- N=129, 32.6% white, mean age 18 (15-21)
- Ideation: 49.5%, Attempts: 24.4%
- Perceived burdensomeness associated with suicide ideation
  - Thwarted belonging not significant in joint model, no interaction
- Painful provocative events associated with acquired capability but not suicide ideation
- Acquired capability, perceived burdensomeness, and thwarted belonging associated with suicide attempts
- Interaction between painful provocative events and thwarted belonging
  - No other interactions
Risk Assessment

Setting the Stage

Assessment Measures

Suicidality
Suicidality Risk
Suicidality Resilience

Risk Formulation

Setting the Stage

• Ask everyone
  – Check in on an ongoing basis
• Ask directly
• Obtain collateral information
  – Parents, school
• Normalize and empathize
• Non-leading approach
  – Avoid: your not thinking about suicide are you?
• Remain calm, attentive, non-judgmental
  – Give time, space, as needed
• Use a collaborative approach
Mental Health Assessment Domains

- Depression/Mood
- Anxiety
- Trauma/Stress
- Sleep
- Eating/Appetite
- Concentration/Attention
- Alcohol/Drug Use
- Suicidality
- Non-Suicidal Self Injury
- Hallucinations/Delusions

Psychosocial Assessment Domains

- Relationships with friends and peers
- Relationships with parents and other caregivers
- School
- Work
- Religion
- Extra-curricular activities
- In public
- Online
Measures: Suicidality

- Suicide Behaviors Questionnaire-Revised (SBQ-R)
  - 4 items, freely available
- Harkavy-Asnis Suicide Scale (HASS)
  - Passive suicidal ideation (12 items)
  - Active suicidal behavior/ideation (5 items)
  - Suicide attempt (2 items)
- Suicidal Ideation Questionnaire
  - 15 items, total score with percentile norms
  - Adolescent and young adolescent versions
  - Pay per use

Measures: Risk

- Concise Health Risk Tracking (CHRT)
  - 16 items, free
  - Propensity and Risk scores
- Interpersonal Theory of Suicide measures
  - Interpersonal Needs Questionnaire (25 items)
  - Acquired Capability for Suicide (20 items)
- Beck Hopelessness Scale
  - 20 items, pay per use
- Columbia Suicide Severity Rating Scale
  - Measure of suicidality (pediatric version)
  - Differentiates between types of suicidality and attempts
  - Includes Risk Assessment (check boxes for risk/protective factors), free
Measures: Resilience

- Suicide Resilience Inventory-25
  - Internal Protective
  - Emotional Stability
  - External Protective
- Reasons for Living Inventory for Adolescents
  - Future Optimism
  - Suicide-Related Concerns
  - Family Alliance
  - Peer Acceptance and Support
  - Self-Acceptance

Risk Formulation (Pisani, Murrie, & Silverman, 2016)

“A concise synthesis of empirically based suicide risk information regarding a patient’s immediate distress and resources at a specific time and place.”
Risk Formulation (Pisani, Murrie, & Silverman, 2016)

1. Risk Status
2. Risk State
3. Available resources
4. Foreseeable changes

Fig. 1  Prevention-oriented risk formulation (Pisani, Murrie, & Silverman, 2016)
Safety Planning

Chain Analysis

Safety Planning

Coping Skills
Safety Plan

- “No suicide contract” vs. Safety Plan
  - Focus on awareness, skills, and resources

- Components
  - How to make the environment safer
  - Warning signs
  - Coping skills
  - Adults to go to for help
  - What to do if the plan doesn’t work

- Share with others
- Make easily accessible

Warning Signs

Feel the Worst

Feel the Best

Feel the Worst

Feel the Best
Coping Skills

- Distraction
- Soothing
- Physiological
- Self-Talk

Thank You!

laura.kuper@childrens.com

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