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Pepperdine University
Graduate School of Education and Psychology

SUICIDE AMONG LATINA/O ADOLESCENTS

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by

Mariela Vega

March, 2016

Miguel Gallardo, Psy.D. – Dissertation Chairperson

This clinical dissertation, written by

Mariela Vega

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Miguel Gallardo, Psy.D., Chairperson

Carrie Castañeda-Sound, Ph.D.

Sharon Bokarius-Snow, Psy.D.

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DEDICATION

This critical analysis of the literature is dedicated in loving memory of my cousin Erika. The sincerity by which this dissertation was written is intended to help our community identify at-risk Latina/o youth and provide them with a reservoir of internal and external resources which will help them maneuver life's obstacles and thus live a plentiful life.

ACKNOWLEDGMENTS

Thank you to my dissertation committee, Dr. Miguel Gallardo, Dr. Carrie Castañeda-Sound, and Dr. Sharon Bokarius-Snow for all your support and guidance. Thank you for believing in me and inspiring at times when the process seemed overwhelming.

I would like to thank the two individuals that gave me life and provided me with love and guidance along this journey. To my parents, Higinio and Carmen Vega, thank you for your unconditional love, care, and support and for instilling in me the ability to reach for my goals.

To my aunt Ramona, your Strength, Faith, and positive outlook on life are an Inspiration to live life to its fullest.

A special dedication to Carlo D. Garcia who provided unconditional support and motivation throughout the completion of my dissertation. Thank you for believing in me and motivating me to continue to move forward. This would not have been a possibility without you in my life.

A special dedication to Erick M. Motta for inspiring and motivating me to dream BIG and for instilling in me that Failure is not an Option.

To Christy, Benjamin, Liliana, Bernardo, and Luis, thank you for all of your support and love throughout this process.

VITA

Mariela Vega

EDUCATION

- Sept. 2007 – Present PEPPERDINE UNIVERSITY, GRADUATE SCHOOL OF
EDUCATION AND PSYCHOLOGY
Los Angeles, California
- Completed courses necessary to earn doctorate degree
 - See Transcript For Courses Taken
 - Dissertation Status:
 - Chair: Miguel E. Gallardo, PSY.D.
 - Critical Analysis of the Literature: Suicide Among Latina/o Adolescents
 - Expected Date of Completion: February 2016
 - Clinical Comprehensive Examination passed September 2009
- Sept. 2002 – Aug. 2005 PEPPERDINE UNIVERSITY, GRADUATE SCHOOL OF
EDUCATION AND PSYCHOLOGY
Los Angeles, California
- Earned Master of Arts in Clinical Psychology: Marriage Family Therapy
 - Graduated with a cumulative GPA of 3.9
 - See Transcript For Courses Taken
- Sept. 1997 – Jun. 2002 UNIVERSITY OF CALIFORNIA SANTA BARBARA
Santa Barbara, California
- Earned Bachelor of Arts in Psychology and Spanish
 - Participated in yearlong education abroad program at the *Universidad Complutense de Madrid* in Spain. Completed relevant courses in Psychology and Spanish.

LANGUAGE

- Read, write, and speak fluent Spanish

HONORS AND AWARDS

- Marco Garcia Memorial Fellowship, January 2008; January 2009; January 2010
- U.S Department of Labor Recognition of Excellence Award for the Transitional Age Program, September 2005
- Commendation from the Los Angeles County Board of Supervisors for the U.S. Department of Labor Award, September 2005

DOCTORAL CLINICAL TRAINING EXPERIENCE

Sept. 2012-Current

CENTER FOR OCCUPATIONAL HEALTH

Richmond/San Mateo, CA

Job Title: Psychological Assistant

- Responsibilities:

- Assessment:

- Conduct Workers Compensation psychological evaluations and Qualified Medical Examination (QME) to determine the patient's current level of psychological functioning, address the impact of the injury to the current condition, determine appropriateness for medical procedures, evaluate barriers for success and provide treatment recommendations for psychological care
 - Conduct Psychological Evaluations for Spinal Cord Stimulator
 - Administer, score, and interpret psychological assessments
 - Present results of psychological assessments to supervisor, psychiatrist, treatment team members, and patients
 - Complete Suicide Assessments
 - Complete clinical documentation to ensure adherence to ethical and legal requirements

- Treatment Intervention

- Conduct individual psychotherapy sessions from a Cognitive Behavioral framework to diverse adult patients with diagnoses such as Post Traumatic Stress Disorder, Major Depressive Disorder, Chronic Pain, and Anxiety Disorders
 - Conduct Cognitive Behavioral group psychotherapy for Chronic Pain, Depression, and Anxiety to monolingual Spanish speaking patients
 - Provided Short-term Cognitive Behavioral Individual Psychotherapy to patients involved in the Asiana Plane Crash in San Francisco. Diagnoses included: Acute Stress Disorder and Post-Traumatic Stress Disorder

- Supervision

- Supervision of practicum students

Aug. 2011 – July 2012

APA ACCREDITED CENTRAL CALIFORNIA

PSYCHOLOGY INTERNSHIP CONSORTIUM

VALLEY STATE PRISON FOR WOMEN

Chowchilla, California

Job Title: Clinical Psychology Intern

- Responsibilities:

- Assessment:

- Complete Mental Health screenings and QUICK tests for inmates entering the prison setting
 - Conduct Penal Code 1203.3 Psychological Evaluations (Z-cases) as requested by courts

- Complete Suicide and Violent risk Assessments
- Complete Mental Health evaluations to create individualized treatment plans
- Conduct diagnostic and psychological assessments with adult females to aid in the treatment process
- Administer, score, and interpret psychological assessments
- Present results of psychological assessments to supervisor, treatment team members, and patients
- Complete clinical documentation to ensure adherence to ethical and legal requirements

Treatment Intervention

- Conducted individual therapy sessions from a Psychodynamic and Cognitive Behavioral framework to a diverse female population (e.g., adults, older adults, inpatients, outpatients) with various mental health disorders coupled with criminal behavior
- Group therapy for Spanish speaking women diagnosed with Major Depressive Disorder and Post-Traumatic Stress Disorder
- Co-lead a psychoeducational, Social Skills, group in the Administration Segregation Unit
- Provide case management to individuals with severe and persistent mental illness in the Enhanced Outpatient Program (EOP)
- Crisis Intervention
- Attend daily team meetings to discuss case and treatment planning

Supervision

- Supervision of practicum students
- Attend weekly individual and group supervision

Clinical Training

- Attend weekly didactic training and seminars that include case conferences and presentations on clinical and professional issues

Jul. 2010 – Jul. 2011

SAN MATEO MEDICAL CENTER- Medical Psychiatry Clinic
San Mateo, California

Job Title: Clinical Psychology Extern

• Responsibilities:

Medical Psychiatry Clinic/ *Clinica Latina*:

- Provided individual psychotherapy to adults from diverse cultural backgrounds with psychiatric disorders (i.e., Major Depressive Disorder and Anxiety disorders) coupled with a diverse set of medical problems (i.e., diabetes and hypertension)
- Crisis intervention
- Provided inpatient psychotherapy to severe and persistent mentally ill patients with disorders such as psychosis, borderline personality disorder, and Bipolar disorder
- Co-led an inpatient Mindfulness and Relationships group

- Co-led an outpatient Spanish speaking psychotherapy group for Latino patients with Major Depression and Anxiety disorders
- Co-lead a six week Psycho-educational series to Latino patients addressing the intersection between medical issues and psychological distress/illness
- Conducted 2-3 weekly clinical assessments to create individualized treatment plans
- Completed Hepatitis-C Evaluations
- Completed clinical documentation to ensure adherence to ethical and legal requirements
- Attended weekly Mental health meetings, individual and group supervision
- Attended monthly Grand Rounds
- Consulted with interdisciplinary teams made up of case workers, social workers, nurses, medical doctors, and psychiatrists

Palliative Care

- Provided support, guidance, warmth, and compassion to predominantly Latino patients diagnosed with a life threatening or terminal illness focused on symptom management (e.g., pain and depression) and end of life issues
- Provided individual therapy (e.g., CBT, supportive) addressing existential and spiritual distress, adjustment and grief reactions, interpersonal problems, and crisis management
- Used Go Wish Cards when working with patients and their families
- Provided brief grief counseling to Latino patients and their families
- Attended weekly interdisciplinary Palliative care team meetings to discuss cases, provide team support, and develop an individualized plan of care for each patient addressing the psychological, social, and spiritual needs of the patient and their families
- Attended Ethics Committee meetings to discuss legal and ethical issues related to difficult cases and treatment planning to ensure proper standard of care
- Completed intake assessments focused on the psychological, socio-cultural, spiritual, and interpersonal aspects of a patient
- Completed Capacity Evaluations

Edison clinic

- Completed intake assessments
- Provided individual psychotherapy to Latino adults from various cultural backgrounds diagnosed with HIV

Burlingame Long-term care

- Provided individual psychotherapy to the geriatric population from diverse cultural backgrounds with Major Depression, Anxiety, chronic pain, and Dementia
- Conducted capacity and psychological assessments

Consult Liaison

- Provided comprehensive bio-psycho-social diagnosis and recommendations at the request of the treating medical or surgical consultant or team
- Worked closely with the primary medical teams to maximize patient function, assisted all members of the medical teams to work effectively with cognitively and/or psychologically impaired patients
- Worked closely with social workers and case workers to assist patient's transition to appropriate outpatient care
- Attended weekly didactic training focused on psychosomatic medicine and health psychology

Assessment

- Participated in weekly psychological and neuropsychological didactic training (specifically Rorschach and MMPI-2)
- Conducted diagnostic and psychological assessments with adults to aid in the treatment process
- Administered, scored, and interpreted psychological assessments
- Presented results of psychological reports to supervisor, treatment team members, and patients

Sep. 2009 – Jun. 2010

LOS ANGELES CHRISTIAN HEALTH CENTER- BOYLE HEIGHTS & LOS ANGELES MISSION- ANNE DOUGLAS CENTER

Los Angeles, California

Job Title: Clinical Psychology Trainee

- Responsibilities:
 - Provided individual therapy, family therapy, and case management for Hispanic adults, children and adolescents (ages 0-18 years) and their families with emotional and behavioral difficulties such as depression, anxiety, child abuse and trauma, attention and hyperactivity disorder, and learning disabilities
 - Anne Douglas Center- Provided individual therapy for African American and Latina women with histories of substance abuse, trauma, and depression
 - Completed individual clinical assessments to create individualized treatment plans
 - Completed clinical documentation to ensure adherence to ethical and legal requirements
 - Consulted with interdisciplinary teams made up of physicians, physician assistants, dentists, optometrists, dieticians, medical assistants, pharmacists, and social workers
 - Crisis intervention

Sep. 2008 – Aug. 2009

BIENVENIDOS CHILDREN'S CENTER

Montebello, California

Job Title: Clinical Psychology Trainee

- Responsibilities:
 - Provided individual therapy, family therapy, and case management for Latino children (ages 0-21 years) and their families with emotional and behavioral difficulties such as anxiety, child abuse and trauma, depression, attention and hyperactivity disorder, and learning disabilities
 - Completed individual clinical assessments to create individualized treatment plans
 - Conducted diagnostic and psychological assessments with children and adolescent females and males to aid in the treatment process
 - Administered, scored, and interpreted psychological assessments
 - Presented results of psychological assessments to supervisor, treatment team members, and families
 - Completed clinical documentation to ensure adherence to ethical and legal requirements
 - Consulted with interdisciplinary teams made up of case workers, mental health workers, and psychiatrist
 - Worked collaboratively with the court system, Probation department, and DCFS
 - Conducted classroom observations
 - Applied crisis intervention

Sep. 2007 – Jan. 2009

LOS ANGELES COUNTY DEPARTMENT OF MENTAL
HEALTH: ARCADIA MENTAL HEALTH CENTER
Arcadia, California
Job Title: Clinical Psychology Trainee

- Responsibilities:
 - Conducted individual therapy sessions from a Psychodynamic and Cognitive Behavioral framework to Latino adults and their families with diagnosis such as Bipolar Disorder, Major Depression Disorder, and Psychotic Disorder
 - Facilitated group therapy sessions with Latino male and female clients with Major Depression to increase their awareness of depressive symptoms and their relationship to self-care, interpersonal struggles, and functional impairments at work, school, and in the community
 - Completed clinical assessments on individual clients to create an individualized treatment plan
 - Conducted monthly case presentations to update treatment team of clients' progress in treatment
 - Completed clinical documentation to ensure adherence to ethical and legal requirements
 - Conducted community outreach in order to increase knowledge of the clinic's services within the surrounding communities

- Consulted with interdisciplinary teams made up of case workers, social workers, substance abuse counselors, nurses, and psychiatrists

MASTERS CLINICAL TRAINING EXPERIENCE

Sep. 2004 – Jun. 2005

MONTEBELLO UNIFIED SCHOOL DISTRICT:
MONTEBELLO INTERMEDIATE SCHOOL
Montebello, California
Job Title: MFT Trainee

- Responsibilities:
 - Conducted individual therapy sessions from a Family Systems and Cognitive Behavioral framework to children ages 10-14 years of age on issues such as school related problems, grief, family issues (domestic violence, divorce, sexual/physical abuse), personal issues (self-esteem, depression, anxiety, suicide prevention, problem solving, sexuality, relationships), and crisis intervention
 - Facilitated groups of 4-6 clients on topics such as anger management, adolescent issues, and children living in a single parent household
 - Provided family counseling

ADDITIONAL CLINICAL WORK EXPERIENCE

Jul. 2006 – Jun. 2010

LOS ANGELES COUNTY DEPARTMENT OF MENTAL
HEALTH: ARCADIA MENTAL HEALTH FULL SERVICE
PARTNERSHIP PROGRAM
Monrovia, California
Job Title: Medical Case Worker II

- Responsibilities:
 - Provided intense case management services to severely and persistently mentally ill adults (ages 26-59). These include substance abusers, the homeless, incarcerated and frequent users of psychiatric hospitals.
 - Provided Mental Health and Substance Abuse counseling
 - Performed crisis intervention as needed on a 24 hour 7 days a week basis
 - Conducted Outreach and Engagement based on referrals from the Justice System, Psychiatric hospitals, Institution for Mental Disease (IMD), Skilled Nursing Facilities (SNF), Public Guardians Office, Community based mental health organizations (National Alliance for the Mentally Ill)
 - Developed program and conduct weekly socialization group for monolingual Spanish-speaking clients
 - Utilized a Treatment approach to providing support, monitoring, and stabilizing clients in the community

- Completed clinical documentation to ensure adherence to ethical and legal requirements
- Conducted community outreach in order to increase knowledge of the clinic's services within the surrounding communities
- Consulted with interdisciplinary teams made up of case workers, social workers, substance abuse counselors, nurses, and psychiatrists
- Supervised a six member treatment team
- Led staff meetings

Feb. 2004 – Jul. 2006

LOS ANGELES COUNTY DEPARTMENT OF MENTAL
HEALTH: ARCADIA MENTAL HEALTH CENTER
Arcadia, California
Job Title: Medical Case Worker I

- Responsibilities:
 - Provided case management and counseling services for severely mentally ill clients especially monolingual Spanish speaking clients
 - Assisted Transitional Age Youth coordinator for a collocated program combining mental and educational services
 - Liaison for the Positive Directions-Self-Help group
 - Group leader for the Spanish speaking Nuevo Amanecer
 - Co-leader of the weekly Advanced Lifestyles Psycho-Social Rehabilitation group
 - Participated in the clinic intake team providing walk-in screenings, phone screenings, crisis intervention, and facilitating intakes for monolingual Spanish speaking clients
 - Completed documentation in clients' charts and maintained clear, concise, and appropriate clinical records
 - Completed clinical documentation to ensure adherence to ethical and legal requirements
 - Consulted with interdisciplinary teams made up of case workers, social workers, substance abuse counselors, nurses, and psychiatrists

Jun. 2003 – Feb. 2004

LOS ANGELES COUNTY PROBATION DEPARTMENT:
CENTRAL JUVENILE HALL
Los Angeles, California
Job Title: Detention Service Officer

- Responsibilities:
 - Supervised a group of 10-15 males, ages 12-18, with behavior adjustments, constant with separation ("suicidal"), escape risks, and high risk offenders
 - Maintained a safe and secure environment by conducting routine security checks (minor's room, personals, unit premises) and searching minors
 - Enforced institutional rules and regulations and unit expectations

- Setting boundaries and limits and role modeling appropriate behaviors
- Restrained combative minors to ensure safety of minors and other staff
- Provided counseling services as needed to inmates

UNDERGRADUATE CLINICAL TRAINING EXPERIENCE

Oct. 2000 – Jun. 2002

DEVEREUX FOUNDATION

Santa Barbara, California

Job Title: Child Professional I

- Responsibilities:
 - Specialized with adolescents diagnosed with autism, psychotic, and mental retardation
 - Received comprehensive training in CPR, First Aid, CPR for suicide prevention, and Crisis Prevention and Intervention
 - Experienced in good communication, active listening, and observation skills with a strong command of counseling for clients who need assistance and guidance with everyday challenges

RESEARCH ASSISTANT EXPERIENCE

Oct. 2001 – Jun. 2002

UNIVERSITY OF CALIFORNIA SANTA BARBARA

Santa Barbara, California

Job Title: Research Assistant

- Responsibilities:
 - Assisted graduate student in research study understanding how Spanish-speaking children develop English language skills
 - Developed valuable skills in transcribing, interpreting, collecting, and recording data

RELEVANT WORK AND VOLUNTEER EXPERIENCE

Jan. 2001 – Jun. 2001

ISLA VISTA ELEMENTARY

Isla Vista, California

Job Title: Mathematics Tutor

- Responsibilities:
 - Worked with a group of four students aimed to improve mathematical skills in multiplication, division, and fractions
 - Used flashcards, mathematical board games, and incentives to motivate students in the learning process
 - Highly experienced in promoting positive behaviors and developing learning skills
 - Provided creativity and leadership

- Oct. 1999 – Jun. 2000 BUSINESS AND ENGLISH SUPPORTED
TECHNOLOGICALLY
Madrid, Spain
Job Title: Private English Teacher
- Responsibilities:
 - Private home English teaching for children ages 4-9
 - Organized and implemented my own lesson plans for English language acquisition in pronunciation, reading, and writing
 - Provided leadership and motivation to children acquiring English as a Second Language
- Jan. 1999 – Mar. 1999 BOYS AND GIRLS CLUB
Goleta, California
Job Title: Computer Lab Assistant
- Responsibilities:
 - Provided assistance with homework and various computer games such as Oregon Trail, Math Blaster, Kid Pix, and Word Munchers
- Sep. 1998 – Jun. 1999 ISLA VISTA ELEMENTARY
Isla Vista, California
Job Title: Teacher Assistant
- Responsibilities:
 - Assisted ESL students' needs in reading, writing, social studies, and arithmetic
- Sep. 1998 – Dec. 1998 UNIVERSITY OF CALIFORNIA SANTA BARBARA
Santa Barbara, California
Job Title: Relationships and Sexual Health Peer
- Responsibilities:
 - Assessed students' needs and assisted them in relationships and sexual health issues
 - Trained as peer health educator emphasizing self-awareness, communication skills, and value clarification
 - Created and designed promotional posters
- Jan. 1998 – Jun. 1998 EL CAMINO ELEMENTARY
Goleta, California
Job Title: Reading Comprehension Tutor
- Responsibilities:
 - Assessed ESL students' needs and assisted them in English reading development
 - Provided positive behaviors, motivation, and leadership to students
 - Fluency in Spanish facilitated communication

Jan. 1998 – Jun. 2002

ISLA VISTA COMMUNITY VOLUNTEER PROGRAM

Isla Vista, California

Job Title: Community Volunteer

- Responsibilities:
 - Helped coordinate activities for students and families such as Halloween, Valentine's Day, Easter, and field trips
 - Assisted students with homework especially in English comprehension
 - Provided games and activities to motivate students towards positive behavior and influence their interests in education
 - Provided leadership, discipline, and motivation in the implementation of the St. Mark's after school program

PROFESSIONAL AFFILIATIONS

- Current member of the American Psychological Association (APA)

CONFERENCES AND PRESENTATIONS ATTENDED

- Psychopharmacology: The Basics and Beyond, December 16, 2011
- Wechsler Abbreviated Scale of Intelligence- Second Edition (WASI-II), December 8, 2011
- Law and Ethics, November 18, 2011
- Offenders in the Community: Treating Individuals with a Legal History in the Community, October 14, 2011
- Supervision, September 23, 2011
- Dementia Behavior Management in an Acute Setting: An Overview, May 24, 2011
- Probate Assessment of Capacity, July 21, 2011
- Mental Health Issues Among the South East Asian-Americans: Clinical Evaluation and Treatment, October 26, 2010
- 2010 Compassionate Care Conference: Messages of Compassion, October 21, 2010
- Incorporating Mindfulness in Clinical Practice, September 28, 2010
- Assessment of Delirium: A Neuropsychological Perspective, August 2010
- Working with Aggressive Patients, July 28, 2010
- Mild Cognitive Impairment (MCI) and Alzheimer's Dementia (AD), July 21, 2010
- Motivational Interviewing: Overcoming Client Resistance to Change, December 11, 2009
- Latino Masculinity: From Social Constructs to Clinical Implications, March 19, 2008
- Reconsidering Trauma: Treatment Advances, Relational Issues, and Mindfulness in Integrated Trauma Therapy, February 28-29, 2008
- Women and Addiction: Special Issues in the Assessment Treatment, and Recovery Of Addicted Women, July 27, 2007
- Latino Behavioral Health Institute Conference, September 2004

ABSTRACT

This critical analysis of the literature is a comprehensive review of the available literature on suicide within the Latina/o population. Specifically, the literature was examined in an effort to identify the risk factors that identify Latina/o adolescents as one of the most vulnerable ethnic groups that engage in suicidal behaviors as well as most significant protective factors that shield this group from suicide and suicidal behavior. One hundred ninety two articles were critically analyzed and evaluated to identify strengths, weakness, and gaps in the literature particularly as it relates to future research. Research findings revealed that although Latina/o adolescents may be less likely than other ethnic groups to die by suicide, Latina/o adolescents, particularly females report higher rates of depression, hopelessness, and engage in more suicidal behaviors. The literature identifies familism, gender roles, generational gap, acculturation, fear of deportation, the migration and immigration process, and other contextual factors (e.g., discrimination) as risk factors that may help provide an explanation for the higher prevalence of these Axis I disorders, including suicidal behaviors among this population. Clinical recommendations include the importance of working with the Latina/o family to improve communication among the adolescent-parent dyad, and help develop a repertoire of skills and community resources for our Latina/o youth. Furthermore, it is vital to educate psychologists and other professionals on the tenets of suicide, the need of early detection, and a thorough assessment of the risk and protective factors among this population.

Introduction

On October 2, 1990, twenty eight days before her fifteenth birthday, my cousin, E., wrote a suicide letter to her oldest sister that read:

So what's up? Sister, I'm writing a good-bye letter. Well sis, do me a favor and keep my rings and give my chain to Mada and tell her never to lose it. Well I'm just saying good-bye, and tell everyone that number is in my cartera that I said good-bye. Well I'll always be with you. And everyone else too. So later. Well it's time to go. Good-bye. And sister, take good care of L. and A. Love Ya, E. 'Smile Now, Cry Later.'

Tragedy hit home. My cousin, E., committed suicide inside her bedroom closet with her father's gun. Although she always seemed to be at peace, there was something confusing, overwhelming and, too painful that she had difficulty coping with. I had the privilege to interview my aunt, who was open about sharing this heartbreaking event; she firmly stated, "Such a painful experience lessens when one becomes heard, understood, and supported...."

My aunt reports that E. was a good student, likeable, although had few friends. In hindsight she asserts that there were no family conflicts; had a loving and caring relationship with her parents, did not appear to be losing interest in activities or withdrawing from social interactions, or even exhibiting mood changes. The one thing, and probably the biggest predictor of them all, was her direct and explicit communication of her desire to die. My aunt expressed, "Every year since the age of seven, on the month of her birthday (October), she always made the same somber comment, 'I just want to die.'" It appears that no one really ever took this comment very serious; her family would comment, "What does she know about death? She doesn't know what's she's talking about." Apparently, she knew exactly what she wanted to do whether others believed her or not; she wanted to end her life which she did in a very dramatic

manner: shooting herself with her father's gun on her left temple. When her oldest sister found her inside her closet the only thing that was so apparent to her was the blood that was dripping from the side of her head.

Gender Differences in the Rates of Suicide

E's story is one of the many that draws attention to the fact that suicide is a tragic reality that can affect anyone, regardless of ethnic background. Examination of the most current literature emphasizes that suicide is a major problem and the third leading cause of death among adolescents, ages 10-24, in the United States (Bae, Ye, Chen, Rivers, & Singh, 2005; Centers for Disease Control and Prevention, 2012a; De Munck, Portzky, & Van Heeringen, 2009; Duarté-Vélez & Bernal, 2007, 2008; Fortune, Stewart, Yadav, & Hawton, 2007; Gould, Greenberg, Velting, & Shaffer, 2006; Wolitzky-Taylor et al., 2010). The 2012 Youth Risk Behavior Survey, of a representative sample of high school adolescents, highlights that nearly 14.5% of adolescents have considered a suicide attempt, 11.3% made a specific plan to attempt suicide, 6.3% reported one or more suicide attempts, and 1.9% made a serious suicide attempt that required medical attention (Eaton et al., 2011; Waldrop et al., 2007). Nevertheless, it is noteworthy to point out that the frequency and severity of this problem may actually be an underestimation as many suicides and suicide attempts among the adolescent population may be underreported. Across all cultural groups, the lifetime risk for suicide completion is about 2-4 times more likely for males than females although females are 3-9 times more likely to attempt suicide (Bae et al., 2005; Beautrais, 2003; Bridge, Goldstein, & Brent, 2006; De Munck et al., 2009; Glowinski et al., 2001; Jiang, Perry, & Hesser, 2010; Miranda et al., 2008; Roberts, Chen, & Roberts, 1997; Winfree & Jiang, 2010; Wolitzky-Taylor et al., 2010; Wunderlich, Bronisch, Wittchen, & Carter, 2001). Research findings have postulated that this increased risk for suicide

among males is the result of male adolescents having character traits such as competitiveness and aggression, their propensity to display more impulsive behaviors, and their predisposition to choose more lethal suicide methods such as firearms, hanging, and poisoning (Bridge et al., 2006; Duarté-Vélez & Bernal, 2007, 2008; Gould et al., 2006; Tortolero & Roberts, 2001; Waldrop et al., 2007; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001). Qualitatively, these findings draw attention to the fact that adolescents are at heightened risk for suicide completion and/or engaging in suicidal behaviors. Moreover, the literature accentuates the urgent need for psychologists to take a lead role in establishing psycho-educational programs for youth and their families, both in educational settings and in the community, addressing suicide prevention and intervention.

Suicide Across Cultures

Most cross cultural studies on youth suicide have originated in the United States and specifically compare suicide rates among various cultural groups. Results have been equivocal, with some studies unveiling that Caucasian and African American adolescents have higher rates of suicide and suicidal behaviors (Langhinrichsen-Rohling, Friend, & Powell, 2009; Tortolero & Roberts, 2001) while others highlight that Latina/os, particularly females, have the highest rates of suicide ideation and attempts (Canino & Roberts, 2001; Duarté-Vélez & Bernal, 2007, 2008; Olvera, 2001; Roberts, Roberts, & Chen, 1997). Yet, others have found that Mexican American, Pakistani American, Vietnamese American, and Mixed Ancestry adolescents all had an increased risk for suicidal behaviors (Roberts, Chen, et al., 1997). Perusal of the extant literature reveals that although Latina/o adolescents are less likely than European Americans or African Americans to complete suicide, studies on non-fatal suicidal behaviors (e.g., suicidal ideation, plans, or attempts) suggest that Latina/o youth, particularly Latina females, are at a higher risk

(Langhinrichsen-Rohling et al., 2009; Tortolero & Roberts, 2001). Additionally, cross-sectional studies reveal that even after adjusting for the effects of gender, age, family structure, SES, low social support, and self-esteem, Latina/o adolescents, report a significantly higher prevalence of suicide ideation than European Americans (Tortolero & Roberts, 2001). Other studies reveal however, that although being Latina/o may increase the risk of suicidal behavior, these effects may vary depending on the outcome being measured (e.g., suicide ideation vs. plans vs. attempts) and the Latina/o sub-group being considered. In contrast, some studies found that suicide ideation or attempts did not vary by ethnicity (Marcenko, Fishman, & Friedman, 1999; Roberts, Roberts, & Xing, 2007). While many conflicting studies exist, what the research has demonstrated is that suicide, suicidal ideation, and suicide attempts occur at high rates among adolescents across cultures making this population at higher risk for suicide completion.

Although adolescents across various cultures are at an increased risk for suicide, the most current literature is particularly interested in the relationship between Latina/o youth, as they are one of the fastest growing ethnic groups in the United States, and compared to youth of other ethnic groups, are at heightened risk for suicidal behaviors.

Suicidality Among Latina/o Adolescents

It is important to take into consideration that although Latina/os residing in the United States are a heterogeneous population, intergroup differences among adolescents have not been well studied. While it has been recognized that Latina/o adolescents may be less likely than other ethnic groups to die by suicide, examination of the literature emphasizes that Latina/os, particularly females, report higher rates of hopelessness, depression, and engage in suicidal behaviors (Canino & Roberts, 2001; Centers for Disease Control and Prevention, 2012b; Duarté-Vélez, & Bernal, 2007, 2008; Olvera, 2001; Roberts, Roberts, et al., 1997; Tortolero & Roberts,

2001). Consequently, many researchers have undertaken the task to ascertain the risk factors that predispose the Latina/o community, particularly Latina/o adolescents, to critical levels of depression and their high risk for suicidality.

Culturally Non-Specific Risk Factors Among Adolescents

There are several culturally non-specific risk factors that predispose adolescents to suicide and/or suicidal behaviors. These include a history of past suicide attempts, a history of psychiatric disorders alone or co-morbid with another Axis I disorder, homosexuality, bullying, and other psychosocial difficulties such as a history of trauma (i.e., sexual and physical abuse and neglect), interpersonal losses, a history of legal problems, and exposure to suicidal behaviors by a family member. Interestingly, however research studies have ascertained that there are several common culturally specific risk factors that may help explain the higher rates of suicidal behavior among Latina/o adolescents.

Most notably it has been established that regardless of cultural identity, a history of repeated suicide attempts is one of the most robust risk factors for a future suicide attempt (Bae et al., 2005; Borowsky, Ireland, & Resnick, 2001; Bridge et al., 2006; De Munck et al., 2009; Gould et al., 2006; Miranda et al., 2008) among clinical and community samples of adolescents and young adults. Numerous research studies have stressed that the risk for suicide re-attempts among this population is highest in the first three to six months after the attempt but the risk remains elevated within the first two years (Bridge et al., 2006; De Munck et al., 2009; Miranda et al., 2008). Secondly, the presence of a mental health disorder or the presence of a co-morbid psychiatric disorder (Arnold et al., 2003; Bae et al., 2005; Bridge et al., 2006; Esposito & Clum, 2002; Esposito, Spirito, Boergers, & Donaldson, 2003; Miranda et al., 2008; Rutter, 2007) is another dominant risk factor that has been broadly researched as a predictor of suicidality among

adolescents and young adults. The literature has revealed that 80-90% of adolescents who have made a suicide attempt meet criteria for an Axis I psychiatric disorder (Esposito & Clum, 2002) such as a mood, anxiety, substance abuse, and eating disorder (Bolognini, Plancherel, Laget, & Halfon, 2003; Brausch & Gutierrez, 2009; Brausch & Muehlenkamp, 2007; Conner & Goldston, 2007; Crow, Eisenberg, Story, & Neumark-Sztainer, 2008; Esposito & Clum, 2002; Goldston et al., 2009; Hallfors et al., 2004; Jacobson, Muehlenkamp, Miller, & Turner, 2008; R. King et al., 2001; Portzky, Audenaert, & van Heeringen, 2009; Pranjic & Bajraktarevic, 2010; Roberts, Roberts, & Xing, 2010; Schilling, Aseltine, Glanovsky, James, & Jacobs, 2009; Swahn & Bossarte, 2007; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001; Zaitsoff & Grillo, 2010).

Another risk factor for suicidal behavior is sexual orientation. Although data on gay, lesbian, and bisexual are too sparse to evaluate, the literature highlights that adolescents who identify as such are at an increased risk for depression and suicidal behavior (Bolognini et al., 2003; Jiang et al., 2010). This risk may be attributed to the stressful process of admitting to oneself that they are attracted to individuals of the same sex or both sexes; to the sharing of this information with family and friends, and peers; to the limited resources at school and in the community; as well as a fear of family and/or peer rejection and/or victimization (Apter & King, 2006).

Bullying or being a victim of bullying are a risk factor leading to suicidal behavior and even suicide among children and adolescents (Klomek et al., 2009; Meltzer, Vostanis, Ford, Bebbington, & Dennis, 2011; Sourander, Helstelä, Helenius, & Piha, 2000). Many population-based studies have revealed that approximately 20-30% of school children and adolescents are frequently involved in bullying as perpetrators or as victims (Klomek et al., 2009). Being a victim of bullying or engaging in bullying behavior is strongly associated with depression,

anxiety, and poor self-esteem (Klomek et al., 2009; Klomek, Sourander, et al., 2008; Meltzer et al., 2011; Sourander et al., 2000). However, other studies have revealed that victims of bullies and not bully perpetrators, had a wide range of internalizing and externalizing behaviors including, difficulties in social competence (Sourander et al., 2000), anger management problems, feelings of hopelessness, alcohol abuse, and poor familial and social relationships (Pranjic & Bajraktarevic, 2010).

Moreover, psychosocial factors that have been documented to contribute to suicide and/or suicidal behaviors among youth of diverse cultural backgrounds include, familial psychopathology; disruption in the relationship with a partner; loss of an important relationship; childhood trauma and abuse; problems with the legal system; exposure to suicidal behavior by a family member or friend; school-related problems; and socio-cultural factors such as media presentation of suicide (Apter & King, 2006; Bridge et al., 2006; Burke et al., 2010; Flouri & Buchanan, 2002; Glowinski et al., 2001; Houston, Hawton, & Sheppard, 2001; Johnson et al., 2002; R. King et al., 2001; Pfeffer, 2001; Portzky et al., 2009; Roberts et al., 2010; Winfree & Jiang, 2010).

Culture Specific Risk Factors Among Latina/o Adolescents

The Latina/o population has several common cultural factors that shape, define and are central to this ethnic group and may help provide an explanation for the higher prevalence of these Axis I disorders, including suicidal behaviors. These cultural factors include familism, acculturation, the immigration process, and other contextual factors that result from immigrating to another country. It is noteworthy to point out that although some of these factors can be perceived as cultural assets, researchers have unveiled that these impact the lives of Latina/o

youth, specifically their emotional and psychological well-being and add stress and strain to their familial relationships, particularly among the parent-adolescent dyad.

Family traditions. In relation to familism for instance, many Latina/o adolescents, particularly females, experience heighten levels of stress due to the conflicting messages they receive at home and the dominant culture regarding independence, responsibility to the family, and parent-adolescent relationships (Céspedes & Huey, 2008). Unlike European Americans, Latina females are socialized to abide by strict gender roles. That is, they are expected to place obligation to the family over obligation to the self as well as present the self with reserved and nurturing behavior. Therefore, it is not surprising that during their developmental process, where Latinas seek to assert their need for independence and autonomy that this may stir up conflict with her traditional parents who place value on interdependence and cooperation. Consequently, feelings of disappointment and depression (Dempsey, 2007) may arouse and many Latina youth may utilize suicidal behaviors/gestures as a way to express their accumulated anger and frustration (Zayas & Pilat, 2008). The research has demonstrated however, that although this concept of the centrality of the family is highly emphasized among Latina/o youth, male gender role expectations are more aligned with the American culture and thus, may help explain why males do not attempt suicide as frequently as females.

Immigration and acculturation. The immigration process has been linked to the high prevalence of psychiatric disorders among Latina/o adolescents. It has been documented that many Latina/o adults, children, and adolescents face many difficult and life-threatening circumstances (e.g., rape, having to forcefully leave family members behind when immigrating to another country) when immigrating into the United States which may consequently result in

Latina/o youth facing emotional and psychological problems and may sequentially increase the risk for suicide and/or suicidal behaviors.

Another factor that has been associated with mood and substance abuse disorders and suicidality among Latina/o youth is the acculturation process. That is, when immigrating into a new country, many youth are faced with the struggle of acquiring the language, customs, traditions, and values of the dominant culture while undergoing an inner battle that is comprised of physical and psychological changes, identity formation, and making sense of their worldview. Interestingly, research findings in this arena are equivocal. Specifically, some studies have found that lower levels of acculturation are related to an increase in depressive symptomatology and suicide (Katragadda & Tidwell, 1998; Ng, 1996; Olvera, 2001) whereas others have accentuated that higher levels of acculturation are highly correlated to increased levels of stress, depression, and suicidal behaviors (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 2000; Fortuna, Perez, Canino, Sribney, & Alegría, 2007; Hovey & King, 1996; Peña et al., 2008; Smokowski, David-Ferdon, & Stroupe, 2009). Yet, other studies have revealed that a strong affiliation to the Latina/o culture produces better psychological well-being and adjustment (Martinez & Dukes, 1997; Vega et al., 1998). Interestingly, others have found that biculturalism is the best form of acculturation which produces better mental health outcomes in the adolescent's life (Birman, 1998; Smokowski & Bacallao, 2007). Moreover, some literature postulates that there are no significant correlations between affiliation to the Mexican culture versus high acculturated Mexican American and better mental health adjustment (McDonald et al., 2005). Regardless of what acculturation level produces the most enduring and positive effects in Latina/o youth, it is evident that acculturation is an intricate and stressful process that causes tension, psychological turmoil, and conflict among adolescents and their relationships with others, particularly their

parents. An equal variable in the acculturation process is acculturative stress. Acculturative stress is positively correlated to depression, low self-esteem, and suicide ideation and attempts (Galanti, 2003; Gil, Vega, & Dimas, 1994; Hovey, 2000a; Hovey & King, 1996; Smokowski & Bacallao, 2007). This is primarily due to the lack of available community resources, social support systems, low socioeconomic status, language barriers, religion, pre-emigration adaptive functioning (e.g., self-esteem, coping skills), and expectations for the future (Galanti, 2003; Gil et al., 1994; Hovey, 2000a; Hovey & King, 1996).

Psychosocial Stressors Related to Suicidal Behaviors Among Latina/o Adolescents

Research has also demonstrated that unlike Caucasians, Latinos are more likely to live in unsafe neighborhoods where gang violence, criminal behavior, poverty (Zayas, Kaplan, Turner, Romano, & González-Ramos, 2000; Zayas, Lester, Cabassa, & Fortuna, 2005) and substance abuse are prevalent. Living in this environment coupled with daily life stressors, lack of social support networks, ethnic and perceived discrimination (Alegría, Shrout, et al., 2007; Reyes & Elías, 2011; Zayas et al., 2000, Zayas et al., 2005) and low levels of acculturation (Katragadda & Tidwell, 1998; Ng, 1996; Olvera, 2001), may increase the risk for psychiatric disorders and suicidal behaviors among this population.

Protective Factors Among Youth

The literature has also identified several protective factors that have been shown to shield adolescents from suicidal behaviors. These include internal factors such as motivation, personality, emotional well-being (Borowsky et al., 2001), intelligence (Bertera, 2007), external factors such as family cohesion (Bertera, 2007; Borowsky et al., 2001; Gould et al., 2006; Hall-Lande, Eisenberg, Christenson, & Neumark-Sztainer, 2007; Kerr, Preuss, & King, 2006; Locke & Newcomb, 2005; O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004; Winfree & Jiang, 2010),

stable and caring friendships (Bertera, 2007), religion (Locke & Newcomb, 2005; O'Donnell et al., 2004), and academic achievement (Gould et al., 2006 ; Hall-Lande et al., 2007). The literature accentuates that protective factors promote positive and healthy psychological outcomes and diminish the risk for suicide ideation, attempts, or completion among the adolescent population. Moreover, the literature highlights that the presence of three or more protective factors reduces the risk of suicide by 70-85% among Black, Hispanic, and White males and females (Borowsky et al., 2001). In addition to these protective factors, the research has identified factors such as heritage-specific institutions (e.g., Catholicism), familism (Leidy, Guerra, & Toro, 2010) and biculturalism (Birman, 1998; Smokowski & Bacallao, 2007) to result in better mental health adjustment and psychological well-being, lower levels of acculturative stress, and less risk for the development of psychiatric disorders and suicidal behaviors among Latina/o youth.

Research Prevention and Intervention

Overall, the literature has established that suicide among Latina/o youth is a health crisis that deserves considerable clinical attention. Research investigations have demonstrated that suicide is an under-identified problem among communities around the world, particularly among the Latino community. Studies have revealed that although many Latina/o adolescents and their parents identify teen suicide as a major problem, they did not recognize it as a problem in their own community. These findings highlight the central role of psychologists in our society. Namely, a task that encompasses not only educating the Latina/o community on adolescent suicide and the respective risk factors but also the implementation of suicide prevention programs that teach and/or develop our youth's problem-solving, coping, and cognitive skills. The literature highlights that most suicide attempts among youth are a desperate attempt to

escape from intolerable affects (i.e., rage), intense isolation, or self-loathing as a result of the myriad of cultural stressors coupled with the normal “storm and stress” experienced during adolescent development. Studies focused on teens who have attempted suicide highlight that many youth find it very complex to identify the affective trigger/s of a suicide attempt or have difficulty articulating their state of mind and feelings. This internal struggle reflects poor emotional regulation and deficient social and problems solving skills, which constitutes an acute and persistent risk factor for stormy interpersonal relationships, affective instability, and impulsive behavior such as suicidality. Additionally, culturally responsive evidenced-based treatment such as Cognitive Behavioral therapy and family therapy is a fundamental component in the treatment of at risk-youth with a central focus of not only raising awareness of this serious problem but also facilitating communication among teens and their parents especially when it comes to discussing issues related to acculturating to mainstream American society.

The literature also points out to the importance for pediatricians and other medical professionals not only to address and evaluate suicide attempts, but also to recognize suicide as a health concern that warrants ongoing screenings among adolescents during regular visits. The literature highlights specific tasks that mental health and medical professionals need to accomplish in order to decrease the incidence of suicide among adolescents. Specifically, they need to

- assess the degree of acute risk and determine what immediate steps, if any, are required to ensure the safety of the child or adolescent;
- perform a psychological assessment of the child or adolescent which addresses culture specific risk factors such as acculturation levels and acculturative stress (Canino & Roberts, 2001; Olvera, 2001; Zayas et al., 2000; Zayas et al., 2005),

affiliation with their native culture, immigration process (Escobar, Nervi, & Gara, 2000; Hovey, 2000a; Wadsworth & Kubrin, 2007), fear of deportation of a family member or the child/adolescent (Brabeck & Xu, 2010; Capps, Castañeda, Chaundry, & Santos, 2007; Henderson & Baily, 2013; Lopez & Minushkin, 2008; Passel & Cohn, 2009; Suarez-Orozco, Bang, & Kim, 2011), familial conflict, particularly with parents (Turner, Kaplan, Zayas, & Ross, 2002; Zayas et al., 2000; Zayas et al., 2005), attitudes and expectations toward the future, including any fatalistic world views (Canino & Roberts, 2001; Jamieson & Romer, 2008; Joe, Romer, & Jamieson, 2007) which may be directly impacting/causing significant distress in the adolescent's life (in other words, what is the suicidal crisis? what makes this adolescent more prone to attempt against his/her life?), assessment of whether the child or adolescent is a victim of bullying or whether he/she engages in behavior that is consistent with bullying others (Bauman, Toomey, & Walker, 2013; Borowsky, Taliaferro, & McMorris, 2013; Hepburn, Azrael, Molnar, & Miller, 2012; Hertz, Donato, & Wright, 2013; Klomek, Sourander, et al., 2008; Meltzer et al., 2011; Romero, Wiggs, Valencia, & Bauman, 2013; Sourander et al., 2000), and sexual identity (Jiang et al., 2010; M. King et al., 2008; Langhinrichsen-Rohling, Lamis, & Malone, 2011; O'Donnell et al., 2004; Russell & Toomey, 2012; Spirito & Esposito-Smythers, 2006);

- identify what internal, psychological, familial, and social resources are available to help the adolescent deal with the crisis
- develop a treatment plan that addresses the immediate and longer term risk factors for suicide; and

- ensure ongoing treatment compliance and follow-ups (this is especially critical with in the Latina/o community as many attribute seeking help outside the family circle as shameful and/or a sign of weakness).

Points of Inquiry

This critical analysis of the literature aims to:

- Identify the risk factors that characterize Latina/o adolescents as one of the most vulnerable ethnic groups that engage in suicidal behaviors.
- Identify protective factors that shield Latina/o from suicide and/or suicidal behaviors.
- Educate the psychology profession on the imminent risk of suicide among Latina/o adolescents and risk and protective factors among this population.

More specifically, this critical analysis of the literature will attempt to address the following points:

1. Why are Latina/o adolescents the most at risk ethnic group for suicidal ideation and attempts?
2. What are the specific risk factors that predispose Latina/o youth to suicidality?
3. What are the most significant protective factors that shield Latina/o youth from engaging in suicidal behavior?
4. What specific questions should mental health and medical professionals question when assessing for suicidality among Latina/o adolescents.

Chapter 1: Suicide Among Adolescents

Suicide and Adolescents: An Overview

Suicide is a major problem in our society. It is the third leading cause of death among adolescents (10-24 years old) in the United States (Bae et al., 2005; Centers for Disease Control and Prevention, 2012a; De Munck et al., 2009; Duarté-Vélez & Bernal, 2007, 2008; Fortune et al., 2007; Gould et al., 2006; Wolitzky-Taylor et al., 2010). Throughout the extant literature, suicidal behavior has been viewed as a continuum from ideation, to attempts, to completion. Suicidal ideation has been broadly defined as an individual's thoughts about hurting oneself and or persistent thoughts about death (Bridge et al., 2006; Wolitzky-Taylor et al., 2010). Suicide attempts have been referred as a non-fatal, self-inflicted completed act that is associated with some psychological intent to end one's life (Brausch & Gutierrez, 2010; Bridge et al., 2006). In addition, suicide completion has been commonly defined as a fatal self-inflicted act with an explicit intent to end one's life (Bridge et al., 2006; Wolitzky-Taylor et al., 2010). Furthermore, the term suicidality describes all suicidal related behaviors including ideation, gestures, and attempts (Bridge et al., 2006).

The recent literature estimates that for each completed youth suicide, there are approximately 100 to 200 suicide attempts (Centers for Disease Control and Prevention, 2012b). Approximately one-third of adolescents report experiencing suicide ideation at some point in their life and suicide attempts are made about one in 10 (Evans, Hawton, Rodham, & Deeks, 2005; Schilling et al., 2009). Prevalence studies have revealed that nearly 21.1-28.8% of adolescents experience suicide ideation whereas only 3.5-7.5% of adolescents and young adults attempt suicide (Waldrop et al., 2007). The Centers for Control and Disease's Youth Risk Behavior Survey (2012a), the largest and most representative general population study of suicide

attempts and ideation among high school students in grades 9-12, indicated that in the past 12 months from the time of the survey, nearly 15.8% of students have considered a suicide attempt, 12.8% made a specific plan to attempt suicide, 7.8% reported one or more suicide attempts, and 2.4% made a serious suicide attempt that required medical attention. Moreover, epidemiological studies have shown adolescents between the ages of 15-24 have the highest suicide rates and attempted suicides that any other age group (Bae et al., 2005; De Munck et al., 2009). Furthermore, Waldrop et al. (2007) in their national probability sample of 4,023 adolescents, ages 12-17 revealed that sample prevalence of suicidal ideation and suicide attempts were 24.3% and 3.3% among this population. Despite these findings, it is important to take into account that the actual number of adolescents admitting to suicide ideation or suicide attempts may be underestimated as research has revealed that this population has a tendency not to seek treatment or admit to these tendencies.

The research on adolescent suicide highlights that suicide rates increase consistently from childhood to adolescence (Conner & Goldston, 2007). The rise of suicidality among this population may be attributed to a variety of factors including, developmental stress, physical and psychological changes, and the increased potential for co-morbid mood disorders, disruptive disorders, and substance abuse (Bridge et al., 2006; Conner & Goldston, 2007; Fortune et al., 2007; Rutter, 2007; Sourander, Helstelä, Haavisto, & Bergroth, 2001). Adolescents are also more cognitively capable of planning, executing, and completing suicide than children (Bridge et al., 2006). Additionally, during this developmental period, adolescents transition from dependency on the parents to autonomy and independence, which results in less supervision and social support from parents and, thus increases the opportunity for detachment from family and makes

recognition of imminent risk and warning signs for suicide less likely (Bridge et al., 2006; Rutter, 2007).

The recent literature also emphasizes gender differences in youth suicide. Across all cultural groups, the lifetime risk for suicide is about 2-4 times more likely for males than females although it has been well documented that females are 3-9 times more likely to attempt suicide (Allison, Roeger, Martin, & Keeves, 2001; Bae et al., 2005; Beautrais, 2003; Bridge et al., 2006; De Munck et al., 2009; Glowinski et al., 2001; Miranda et al., 2008; Roberts, Chen, et al., 1997; Winfree & Jiang, 2010; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001). The literature highlights several reasons for this gender difference. First, males have been found to possess character traits such as competitiveness and being more success oriented as well as have shown to display greater acts of aggression and risk taking behaviors than female adolescents (Bridge et al., 2006; Duarté-Vélez & Bernal, 2007, 2008; Gould et al., 2006; Tortolero & Roberts, 2001; Waldrop et al., 2007; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001). In a literature review by Bridge et al. (2006), the authors examined the risk factors among male and female adolescents and suicide. Findings revealed that unlike females, males demonstrated more aggressive and impulsive behaviors which increased their risk for suicide. These findings corroborate with other studies that demonstrated that males are more likely to complete suicide as they are more often diagnosed with co-morbid mood and alcohol abuse disorders as well as they often choose more lethal suicide methods such as firearms, hanging, and poisoning. Interestingly, Bridge et al. (2006) found that although female adolescents tend to be diagnosed with mood and anxiety disorders and have a higher prevalence of sexual victimization which increases the risk for suicide, females are more likely to only report suicide ideation and suicide attempts.

Regardless of gender, studies focused on adolescents' attitudes towards suicide indicate that acceptance of suicide is strongly related to suicide planning and contemplation among youth (Canino & Roberts, 2001; Jamieson & Romer, 2008; Joe et al., 2007). The literature revealed that adolescents that are more accepting of suicide are 14 times more likely to attempt and contemplate the idea of completing a suicidal act (Joe et al., 2007). In addition, some studies have found that adolescents with a pessimistic outlook on life ("fatalists"), compared to other adolescents, were more 14 times more likely to endorse the acceptability of suicide, engage in suicide planning and attempts, had higher levels of impulsivity, and were less immersed in religious activities (Jamieson & Romer, 2008; Joe et al., 2007).

Culture and suicide. The concepts of culture and ethnicity often times are combined; for most people it is difficult to see the demarcation. It is not surprising that they are not seen as separate as the definition of one incorporates reference to the other. Culture is defined as the beliefs, customs, and values of a group of people that influences their psychological, social, and behavioral practices that give purpose to their lives (Zayas, 2011). Ethnicity on the other hand, refers to a group of people who share a similar culture, nationality or language. For our purposes, when referring to Latina/os, we are referring to an ethnic group that shares the same language and cultural values and beliefs.

Some researchers investigating ethnicity as a risk factor for suicidal behavior have realized that being part of a certain ethnic group "alone" is not a significant predictor of suicidal behavior among adolescents (Bridge et al., 2006; Langhinrichsen-Rohling et al., 2009; Tortolero & Roberts, 2001). They have determined however, that certain ethnic groups are at higher risk for suicidal behavior. In a cross-sectional survey study conducted by Tortolero and Roberts (2001), the researchers found that in two large samples of middle school children in New Mexico

and Texas, Latina/o adolescents, particularly Mexican American children, reported a significantly higher prevalence of suicidal ideation than did children of other ethnic backgrounds. The Centers for Disease Control and Prevention (CDC; 2012a) revealed that Latina females have higher prevalence rates in suicide attempts and ideation, and have considered seriously ending their life compared to Caucasian and African American adolescent females. In addition, the CDC found that compared to Caucasian and African American males, Latino males were more likely to have made a serious suicide plan and seriously considered attempting suicide than Caucasian and African American males. In regards to suicide attempts however, African American males had a higher prevalence rate than Latino males (Glowinski et al., 2001). In contrast, in a cross-sectional study using 12-19 year old multi-ethnic females to determine differences in problem behaviors, Guiao and Thompson (2004) found that Latina females reported a significantly higher risk for adolescent depression and alcohol use but not for suicide ideation or attempts. In another study however, Marcenko et al. (1999) found that suicide ideation or attempts did not vary by ethnicity. Moreover, in an ethnically diverse sample of middle school students, Roberts, Chen, et al. (1997) found that Mexican American, Pakistani American, Vietnamese American, and Mixed Ancestry adolescents all had an increased risk for suicidal behaviors. When adjusting for age, gender, and socioeconomic status, the authors found that Pakistani students reported higher rates of suicide ideation, plan, and attempts.

Risk and Protective Factors for Suicidal Behaviors Among Adolescents

Risk factors. Given the seriousness of suicide among the adolescent population, there is a historical interest in identifying the risk factors that predispose adolescents to contemplate suicide, attempt suicide, and/or even commit suicide. The extant literature has revealed that there are many culturally non-specific risk factors that are common across cultural groups and have

been continuously supported with empirical research. These risk factors for suicidal behavior can be grouped according to several areas such as a history of past attempts, a history of psychiatric disorders, sexual orientation, bullying, and other psychosocial difficulties such as a history of trauma (i.e., sexual and physical abuse and neglect), interpersonal losses, a history of legal problems, and exposure to suicidal behaviors by a family member.

Previous suicidal behavior. A history of repeated suicide attempts has been identified as one of the most robust risk factors for a future suicide attempt (Bae et al., 2005; Borowsky et al., 2001; Bridge et al., 2006; De Munck et al., 2009; Gould et al., 2006; Miranda et al., 2008; Spirito & Esposito-Smythers, 2006) among clinical and community samples of adolescents and young adults. The literature has highlighted that the risk for suicide re-attempts among this population is highest in the first three to six months after the attempt but the risk remains elevated within the first two years (Bridge et al., 2006; De Munck et al., 2009; Miranda et al., 2008). In a literature review discussing strategies for assessing risk for suicidal behavior among children and adolescents, Pfeffer (2001), reports that at least one third of adolescents who attempted suicide had a previous history of suicide attempts. Similarly, Roberts et al. (2010) found that prior suicidal behaviors are the strongest predictors of future suicidal behaviors. Interestingly, in a prospective study of previously hospitalized adolescents, Sapyta et al. (2012) examined the clinical utility of assessing intent and medical lethality of suicide attempts. The authors found that neither intent nor medical lethality of the most recent suicide attempt was associated with subsequent attempts.

Population-based studies have proposed that persistent and chronic psychiatric disorders and/or stressful psychosocial events (Esposito & Clum, 2002; Esposito et al., 2003; Miranda et al., 2008; Rosenberg et al., 2005) may help explain the increased risk conferred by multiple

attempts in the adolescent population. Similarly, in a mixed methods study where Forman, Berk, Henriques, Brown, and Beck (2004) examined whether multiple suicide attempters would exhibit a more severe clinical profile than single suicide attempters the researchers found that multiple suicide attempters had higher levels of depression and hopelessness and were more likely to have an Axis I psychiatric disorders including substance abuse disorders, psychotic disorders and borderline personality disorder. Their investigation also revealed that unlike their single suicide attempter counterparts, multiple suicide attempters displayed higher suicide ideation and a more accepting attitude of suicide attempts. Similar to the aforementioned work by Forman et al. (2004), survey studies revealed that a great majority of adolescents that reported multiple suicide attempts occurred in the presence of psychiatric co-morbidity (Miranda et al., 2008; Wunderlich et al., 2001). Findings of these studies accentuate that the likelihood of suicide re-attempts increased dramatically with each additional psychiatric disorder which highlights the importance for mental health professionals to recognize that the risk associated with depression, anxiety, and substance abuse seem to be especially prominent among repeat suicide attempters (C. King, Horwitz, Berona, & Jiang, 2013; Miranda et al., 2008; Wunderlich et al., 2001).

Psychiatric disorders. One risk factor that has been broadly researched as a predictor of suicidality among adolescents and young adults is the presence of a mental health disorder or the presence of a co-morbid psychiatric disorder (Arnold et al., 2003; Bae et al., 2005; Bridge et al., 2006; Esposito & Clum, 2002; Esposito et al., 2003; Miranda et al., 2008; Rutter, 2007; Spirito & Esposito-Smythers, 2006). The literature has revealed that 80-90% of adolescents who have made a suicide attempt meet criteria for an Axis I psychiatric disorder (Esposito & Clum, 2002). Mood, anxiety, substance abuse, and eating disorders are the most prevalent among inpatient and community samples (Bolognini et al., 2003; Brausch & Gutierrez, 2009; Brausch &

Muehlenkamp, 2007; Conner & Goldston, 2007; Crow et al., 2008; Esposito & Clum, 2002; Goldston et al., 2009; Hallfors et al., 2004; Jacobson et al., 2008; King et al., 2001; Portzky et al., 2009; Pranjic & Bajraktarevic, 2010; Roberts et al., 2010; Schilling et al., 2009; Swahn & Bossarte, 2007; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001; Zaitsoff & Grillo, 2010).

In a sample of 228 adolescents from diverse ethnic backgrounds and who were either multiple suicide attempters or single attempters, Miranda et al. (2008) found that most of their adolescent sample met criteria for either a disruptive, mood, anxiety, and substance use disorders. Similarly, in a prospective study, Wunderlich et al. (2001) found that adolescent female suicide attempters met criteria significantly more for anxiety disorders than males. In contrast, male suicide attempters demonstrated more alcohol abuse and dependence. Moreover, in a national survey study of adolescents between the ages of 12 to 17, Wolitzky-Taylor et al. (2010) revealed that major depressive disorder was the strongest predictor of suicidality among this population. Their research findings also highlighted that being diagnosed with post-traumatic stress disorder (PTSD), a substance abuse disorder, and being exposed to violence, were significantly associated with increased risks for suicide ideation and suicide attempts. In contrast, Esposito and Clum (2002) did not find an association between suicide ideation or attempts and symptoms associated with disruptive, anxiety, and substance abuse disorders.

Most adolescents who engage in suicidal behaviors have been clinically diagnosed with a mood disorder. The literature highlights that the majority of adolescents with a mood disorder particularly, Major Depressive Disorder, are significantly more likely to attempt suicide than adolescents with no diagnosis (Beautrais, 2003; Bertera, 2007; Borowsky et al., 2001; Esposito & Clum, 2002; Goldston et al., 2009; Glowinski et al., 2001; Gould et al., 2006; Hallfors et al., 2004; O'Donnell et al., 2004; Rutter, 2007; Tapia, Barrios, & González-Forteza, 2007). In a

prospective repeated assessment study, Goldston et al. (2009) examined the relationships between suicide attempts and psychiatric disorders in a sample of 180 psychiatric inpatient adolescents between September 1991 and April 1995. Results of the study indicate that adolescents have an elevated risk for suicide attempts in the presence of more than one psychiatric disorder. Astoundingly, findings point out that Major Depression Disorder was associated with greater than a five-fold increase in risk even after controlling for other psychiatric disorders. Moreover, the authors found that the relationship between suicide attempts and Major Depression Disorder, anxiety disorders, and substance abuse disorders strengthened from adolescence into young adulthood. In a longitudinal study, Foley, Goldston, Costello, and Angold (2006) investigated suicide ideation and attempts in conjunction with psychiatric disorders among 9-16 year old adolescents. The findings of the study revealed that eleven different psychiatric profiles differentiated suicidal and non-suicidal adolescents. From these eleven profiles, nine involved major depressive disorders alone or in combination with other Axis I psychiatric disorders. Similarly, several psychological autopsy studies have found that adolescents who completed suicide had been diagnosed with an Axis I psychiatric disorder particularly mood (e.g., Major Depression Disorder), anxiety, and substance abuse (Glowinski et al., 2001; Miranda et al., 2008). For example, in one autopsy study, Houston et al. (2001) found that among 27 adolescents who completed suicide, 19 were diagnosed with a psychiatric disorder particularly an affective disorder, nine of which had a severe depressive disorder. Findings also revealed that although many of the subjects did not meet criteria for a substance abuse disorder, many had problems with alcohol or drug misuse. In addition, the researchers found that about one third of adolescents also met criteria for a personality disorder alone or co-morbid with another Axis I psychiatric disorder. Similarly, in a case control psychological autopsy study,

Portzky et al. (2009), compared 19 psychiatric inpatients with suicidal ideation or attempts to nine adolescent suicide victims (seven boys and two girls). Findings highlighted that affective disorders had the highest prevalence in both groups followed by substance use. These findings also accentuate the increased risk for youth suicide among individuals diagnosed with an affective disorder as well as the importance of detecting and providing treatment to this vulnerable population. Surprisingly however, their study revealed that 13 out of 19 suicide victims had never received any kind of psychiatric treatment. Additionally, longitudinal studies have revealed that about one in ten adolescents meet criteria for major depression disorder and considered suicide in the past year (Hallfors et al., 2004; Sourander et al., 2001). For example, Sourander et al. (2001) found that high levels of depressive symptoms such as low self-esteem, immaturity, loneliness, low problem solving skills in the early school years, may all contribute to an increased risk of suicidality in adolescence. Moreover, using the Missouri Adolescent Female Twin Study, Glowinski et al. (2001) found that anxiety disorders particularly social phobia, plays an important role in increasing suicide risk attempts. They also found that the combination of major depressive disorder and conduct disorder imposes a high risk for suicidal behaviors among the adolescent population.

Substance abuse. Substance use and abuse but particularly an extensive history of substance abuse has been associated with suicide attempts and behaviors among adolescent youth (Bae et al., 2005; Bertera, 2007; Bolognini et al., 2003; Borowsky et al., 2001; Glowinski et al., 2001; Hallfors et al., 2004; Kerr et al., 2006; Locke & Newcomb, 2005; Rew, Taylor-Seehafer, & Fitzgerald, 2001; Rutter, 2007; Schilling et al., 2009; Sher et al., 2007; Swahn & Bossarte, 2007; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001). Aside from being a cause of poor social and occupational adaptation and functioning, substance abuse can have acute

depressive effects that may contribute to an adolescent's suicidal impulses and behaviors. From a psychological perspective, alcohol intoxication and drug abuse may play a particularly important role in suicide and suicidal behaviors as adolescents using and or abusing substances demonstrate a pattern of increased disinhibition and impulsivity, increased aggression, negative affect, increased cognitive constriction, and poor problem solving skills that limits the production of alternate healthy coping strategies (Schilling et al., 2009). In a secondary analysis using data from schools that implemented the Signs for Suicide (SOS) program, Schilling et al. (2009) investigated the association between alcohol abuse and impulsive suicide attempts among adolescents. The researchers found that adolescents who reported drinking alcohol when feeling sad or depressed or who were heavy episodic drinkers were at higher risk for suicide attempts. Astoundingly, their research findings also revealed that among adolescents not reporting suicide ideation, drinking alcohol while depressed conveyed a three-fold increase in self-reported suicide attempts. Similarly, in a clinical review of the literature, Sher (2006) found a strong correlation between alcoholism and risk of suicidal behavior. That is, individuals with alcohol abuse problem were more likely to attempt or complete suicide. Moreover, these individuals were characterized by major depressive episodes, stressful life events, interpersonal difficulties, poor social support, high aggression and impulsivity, and co-morbid substance abuse, especially cocaine abuse. Using data from the Youth Risk Behavior Survey, Swahn and Bossarte (2007) examined the cross sectional associations between youth alcohol initiation and suicide ideation and attempts. They found that adolescents who initiated alcohol use in their preteens or teenage years were significantly linked with suicide ideation and attempts relative to those adolescents who do not consume alcohol. Findings also revealed that female adolescents were more likely than males to report suicide ideation and attempts, teen alcohol use initiation, sexual assault, and

sadness. Male adolescents on the other hand, were more likely to report preteen alcohol use initiation, the use of other illegal substances, fighting, and weapon carrying. These findings point out that youth consuming alcohol early in life appear to be most vulnerable to suicide ideation and attempts. Early and persistent use of alcohol in childhood also appears to negatively impact social connectedness, effective problem solving, and self-worth. Moreover, Bagge and Sher (2008) reviewed the literature linking substance abuse and suicidal behavior. The cross-sectional self-report data that they reviewed highlighted that there is a significant relationship between alcohol abuse dependence and suicide attempts. Similarly, Sher et al. (2007) found that among a sample of 18-26 year old adolescents and young adults, those with a history of suicide attempts as well as co-morbid depression and alcohol use disorders demonstrated higher levels of aggression and impulsivity and were more likely to be tobacco smokers than their counterparts without a history of alcohol abuse. They also revealed that their suicide attempts were higher in terms of lethality. Moreover, in assessing co-occurring risk behaviors such as substance use, violent behavior, and depression among a culturally diverse sample of high school students, Peña, Matthieu, Zayas, Masyn, and Caine (2012) found that adolescents who engaged in substance use and violent behaviors had a high propensity for depressive symptomatology and suicide attempts. Interestingly, research findings have also unveiled that adolescent youth that have been hospitalized due to a suicide attempt, appear to have higher rates of substance use than controls, with the exception of non-suicidal controls with clear psychiatric diagnosis. They also revealed that alcohol involvement prior to hospitalization due to a failed suicide attempt predicts re-attempt within one year post-hospitalization.

Eating disorders. The extant research has also uncovered that eating disorders may also play a significant role in adolescent suicidal behavior and depressed mood; although much

research in this domain is needed. Cross-sectional studies have demonstrated that poor body image, disordered eating or having an eating disorder such as anorexia or bulimia is associated with a risk for suicide ideation and attempts (Bae et al., 2005; Brausch & Muehlenkamp, 2007; Crow et al., 2008; Zaitsoff & Grillo, 2010). In a survey study conducted by Zaitsoff and Grillo (2010), the authors examined the psychosocial correlates of certain aspects of eating disorders including dietary restriction, body dissatisfaction, binge eating, and self-induced vomiting in 492 psychiatric inpatient male and female adolescents. Consistent with previous research, their findings revealed that among female adolescents, those with a diagnosis of an eating disorder demonstrated greater internalizing behaviors such as anxiety, binge eating, and self-induced vomiting; whereas males who were dissatisfied with their body reported greater externalizing behaviors such as drug use, violent behaviors, and impulsivity. Interestingly, after controlling for depression, suicidality was related to eating disorder psychopathology among females but not males. Findings also demonstrated that for both female and male adolescents, self-reported history of suicide attempts was associated with greater dietary restriction, body dissatisfaction, and self-induced vomiting. Using data from the Eating among Teens (EAT) program, Crow et al. (2008) examined the relationship between eating and weight related behaviors and suicidality. Results of the secondary analysis uncovered that extreme and less extreme weight control behaviors and body dissatisfaction were associated with higher rates of suicide ideation and attempts among male and female adolescents even after controlling for depressive symptoms. An important finding accentuated that even low levels of eating disorders such as bingeing and purging appear to be related to suicidal behaviors. In addition, Brausch and Muehlenkamp (2007) found that even after controlling for depressive symptoms, past suicidal behaviors, and feelings of hopelessness, male and female adolescents who possessed negative feelings and

attitudes about body image were predictive of suicide ideation. Moreover, Bae et al. (2005) found that female and male adolescents diagnosed with an eating disorder such as anorexia or bulimia nervosa or who engage in disordered eating are at a higher risk for suicidal ideation and attempts. Furthermore, in a survey study Whetstone, Morrissey, and Cummings (2007) found that females who perceived themselves as overweight were significantly more likely to have suicidal thoughts as well as plan and attempt suicide. Interestingly, the study also unveiled that males who perceived themselves as either overweight or underweight were significantly more likely to have thoughts, plans, and attempt suicide. Findings from these studies imply that it is essential to assess for issues relating to body dissatisfaction and eating disorder psychopathology among female and male adolescents despite the fact that eating disorders are most common among females. It is important to remember that adolescents who have a negative view of their body may be less invested in taking care of it and thus during times of distress, may be at higher risk for engaging in suicidal behaviors. Negative body attitudes should be a cause of concern especially if these are expressed in conjunction with depression and/or past suicidal behaviors. Furthermore, weight loss behaviors and body dissatisfaction may represent a much broader composite of psychosocial impairment and distress that warrant clinical attention in psychological treatment even if these difficulties do not meet diagnostic criteria for a specific disorder.

Sexual orientation. Data on gay, lesbian, and bisexual suicide victims are too sparse to evaluate but the literature highlights that adolescents that identify as such are at an increased risk for depression and engaging in suicidal behavior (Jiang et al., 2010; Spirito & Esposito-Smythers, 2006). This risk may be attributed to the stressful process of admitting to oneself that they are attracted to individuals of the same sex or both sexes; to the sharing of this information

with family and friends, and peers; and to the limited resources at school and in the community. The literature also point out that adolescents may also fear family and/or peer rejection as well as fear victimization (Apter & King, 2006). In a secondary analysis survey study, O'Donnell et al. (2004) investigated the prevalence and predictors of suicidality among 879 urban African American and Latino youth from under-resourced neighborhoods. The results of the study revealed that risks factors related to suicidal behavior included being female, being Hispanic, engaging in same gender sex, and depression. Similarly, on a recent analysis of data from four waves of the National Longitudinal Study of Adolescent Health which followed youth ages 15 to late 20s, Russell and Toomey (2012) found that the risk for suicide attempts in young men who reported same-sex attraction was limited to the adolescent years. Moreover, consistent with other research studies, in a sample of 1,533 adolescents primarily African American and Caucasian, Langhinrichsen-Rohling et al. (2011) found that youth who are attracted to same sex gender or to both males and females, reported higher rates of suicide ideation and past suicide attempts as well as to mood and anxiety disorders. Furthermore, in a systematic review of the literature M. King et al. (2008) found that lesbian, gay, and bisexual (LGB) individuals were significantly more at risk for suicidal ideation and deliberate self-harm than heterogeneous individuals. Interestingly the researchers found that in a period of 12 months or a lifetime LGB individuals were 1.5 more times likely to be diagnosed with depression and anxiety disorders as well as alcohol and other substance dependence. These findings suggest that adolescents may be experiencing higher levels of stress and sad mood as a result of their sexual orientation.

Bullying. Bullying or being a victim of bullying has been recognized to be a risk factor leading to suicidal behavior and even suicide among children and adolescents. Bullying behavior can be characterized as aggressive behavior that is intentional and malicious which is directed

towards individuals who cannot defend themselves (Klomek et al., 2009; Klomek, Sourander, et al., 2008; Meltzer et al., 2011; Sourander et al., 2001). The literature highlights that bullying can be physical, psychological, verbal, or in the form of cyberbullying. In their review of the literature, Hertz et al. (2013) found that verbal bullying is more common than physical, psychological, or cyber bullying. Research studies have revealed that approximately 20-30% of school children are frequently involved in bullying as perpetrators or as victims (Klomek et al., 2009). Interestingly, research highlights that that anywhere from 20-56% of children and adolescents are involved in some type of bullying annually with middle-school aged children more likely involved in bullying than high school students (Hertz et al., 2013). Romero et al. (2013) found that among children and adolescents, 23% were victimized at school, 26% were involved in cyber victimization, 18% were school bullies, and 18% were cyberbully perpetrators.

The literature suggests that children and adolescents who are bully victims or act as perpetrators experience psychiatric symptoms, meet full criteria for DSM-IV psychiatric disorders, and/or engage in suicidal behaviors (Bauman et al., 2013; Borowsky et al., 2013; Hepburn et al., 2012; Hertz et al., 2013; Klomek et al., 2009, Klomek et al., 2013; Klomek, Sourander, et al., 2008; Meltzer et al., 2011; Sourander et al., 2000). In a survey study which examined whether involvement in bullying as either perpetrator, victim, or perpetrator-victim was associated with a higher risk of suicidal ideation or attempts, Hepburn et al. (2012) found that although all three groups were more likely to report suicidal ideation and attempts than adolescent not involved in any form of bullying, the victim-perpetrator group was at greater risk of seriously considering suicide. Similarly, in a survey study that examined the relationship between being bullied and being a bully and suicide rates among Latina adolescents in Arizona, Romero et al. (2013) found that after controlling for depressive symptoms, Latinas who have

been bullied are 1.5 times more likely to attempt suicide compared to Latina youth who are not bully victims. Interestingly, they also found that being a bully increased the likelihood of experiencing suicide ideation 1.5 times and suicide attempts 1.4 times compared to Latina adolescents who were not bullies. Moreover, in a survey study that investigated social hopelessness as a mediating factor in bullying victimization and suicidal behavior, Bonanno and Hymel (2010) found that the more socially hopeless that a bully victim becomes the greater the risk for the adolescent to experience suicidal thoughts. In the Third National Survey of Psychiatric Morbidity among adults in England in 2007, Meltzer et al. (2011) found that there is a strong association between childhood bullying and suicide attempts later in life. They highlighted that being a victim of bullying involves the experience of suffering a defeat which then leads to a sense of hopelessness, depression and thus may lead to suicidal behavior. Similarly, in a longitudinal study where C. King et al. (2013) examined one year trajectories of acutely hospitalized suicidal adolescents who were classified into either bullying perpetrator or non-bully groups, the authors found that adolescents who engage in bullying behaviors reported more suicidal behaviors, suicide ideation, higher levels of depressive symptoms, and lower levels of adaptive functioning at baseline and over a one year period than the non-bully group. Additionally, in reviewing the literature, Cooper, Clements, and Holt (2012) revealed that being a bully or a victim can increase the incidence of depression, serious suicidal ideation, and suicide attempts with more frequent involvement being associated with greater incidence of each.

Moreover, in a longitudinal study Klomek et al. (2013) revealed that adolescents who reported bullying others and suicide related behaviors at baseline had higher levels of suicide ideation and functional impairment at two year follow-up than youth who reported suicide related behaviors at baseline but were not involved in bullying behavior. Similarly, Klomek et al.

(2009) found that among males and females, frequent bullying and victimization at age eight was associated with suicide ideation and attempts and completed suicides later in life. Furthermore, Klomek, Sourander, et al. (2008) found that at age eight males who bullied others frequently appeared to present with severe depressive symptoms and suicide ideation at age 18, even after controlling for depression at age eight. They also found that boys who were both perpetrators and victims presented the highest risk for later depression and suicidality.

The literature also unveils that being a victim of bullying or engaging in bullying behavior is strongly associated with poor self-esteem (Hertz et al., 2013; Klomek et al., 2009; Klomek, Sourander, et al., 2008; Meltzer et al., 2011; Pranjin & Bajraktarevic, 2010; Sourander et al., 2000), low academic achievement (Pranjin & Bajraktarevic, 2010), poor social and emotional adjustment, and difficulty making friends (Pranjin & Bajraktarevic, 2010). In a longitudinal eight year follow-up study conducted in Finland with children who were followed from ages eight to 16, Sourander et al. (2000) found that children who were victims of bullying had a wide range of internalizing and externalizing behavior problems and difficulties in social competence. Furthermore, in a study conducted by Pranjin and Bajraktarevic (2010), the authors found that adolescents who were bully victims were four times more likely to report depression, poor familial and social relationships, and more frequent suicide ideation. The study also revealed that being a bully victim was associated with increased anger, low self-confidence and low self-esteem, feelings of hopelessness, alcohol abuse, and psychiatric disorders particularly anxiety and depression.

While there is a growing body of literature on cyberbullying, there is a scarcity of literature on the association between cyberbullying and suicide. The literature highlights that victims of cyberbullying may be at higher risk than victims of traditional bullying (Hinduja &

Patchin, 2010). Hinduja and Patchin (2010) explored the relationship between traditional forms of bullying and cyberbullying and its association with suicidal behaviors and found that victims and perpetrators of cyberbullying were twice as likely to reports a suicide attempt than youth who were not victims. Similarly, in a survey study that examined the associations among bullying, cyberbullying and suicide in high school students, Bauman et al. (2013) found that student's experiences with traditional bullying and cyberbullying were associated with suicidal behaviors. Their findings also revealed that for females only, depression mediated the link between cyber victimization and traditional bullying and suicide attempts. Interestingly, they also found that among males only, being a perpetrator of cyberbullying was direct predictor of suicide attempts. Furthermore, in a review of the literature Cooper et al. (2012) found a strong relationship with cyberbullying and suicidality among adolescents. That is, cyberbully victims are two times more likely to commit suicide. Their findings also revealed that unlike males, female adolescents are at greater risk for suicidal behaviors resulting from bullying, particularly cyberbullying, even with less exposure to it.

Psychosocial factors. Psychosocial risk factors have been examined less extensively but epidemiological and clinical studies illustrate that there is increasing evidence that there are several psychosocial risk factors that may increase the risk of suicidal behavior among children and adolescents. Some of these risk factors include, chronic family adversity; low social support; poor family dynamics; familial psychopathology; disruption in the relationship with a partner; loss of an important relationship; childhood trauma and abuse; problems with the legal system; exposure to suicidal behavior by a family member or friend; school-related problems; and socio-cultural factors such as media presentation of suicide (Apter & King, 2006; Bridge et al., 2006; Burke et al., 2010; Flouri & Buchanan, 2002; Glowinski et al., 2001; Houston et al., 2001;

Johnson et al., 2002; King et al., 2001; Pfeffer, 2001; Roberts et al., 2010; Winfree & Jiang, 2010). For example, in a cross-sectional survey study conducted by Randell, Wang, Herting, and Eggert (2006), the authors revealed that increased levels of suicide risk were associated with perceived conflict with parents, unmet family goals, and family depression. Flouri and Buchanan (2002) found that compared to youth who did not have a history of suicide ideation or attempts, suicide attempters tended to have lower self-confidence, had lower parental involvement, were more likely not to live with both their parents, had difficulty making new friends, had difficulties with the police, and reported increased conflict within the family. In a sample of 373 culturally diverse high school students, Brausch and Gutierrez (2010) found that among those adolescents with no prior history of suicidal self-harm, compared to those with a history of self-harm or self-harm and a suicide attempt, had higher self-esteem and social support. Longitudinal studies also reveal that any family history of attempted suicide for any caregiver or biological parent, school stress, maladaptive parenting, poor family involvement, stressful life events, interpersonal difficulties, and difficulties with the legal system in conjunction with a history of psychiatric disorders particularly disruptive, depressive, and substance abuse disorders, also appear to be significant contributory factors to suicidal behavior among this population (Borowsky et al., 2001; Flouri & Buchanan, 2002; Glowinski et al., 2001; Houston et al., 2001; J. Johnson et al., 2002; R. King et al., 2001; Pfeffer, 2001; Roberts et al., 2010; Winfree & Jiang, 2010). Moreover, the literature accentuates that common triggers among adolescents for suicidal attempts and behaviors include disciplinary crisis, school problems such as suspensions or expulsions, and arguments with a parent or a romantic partner or some perceived failure (Apter & King, 2006). Furthermore, researchers have pointed out that interpersonal losses, particularly breakup of a significant relationship, family disruption (i.e., divorce), and cumulative

interpersonal losses, play an important role in adolescent suicidality (Apter & King, 2006; Houston et al., 2001; Pfeffer, 2001). For example, in a review of the literature, Pfeffer (2001) highlighted that among psychiatric inpatient children and adolescents, risk factors such as cognitive factors (i.e., feelings of hopelessness, poor self-efficacy, and poor self-esteem) psychiatric disorders (i.e., mood, substance abuse, and disruptive disorders), psychosocial factors (i.e., poor social involvement in school, at home, and with peers, family discord), childhood abuse (i.e., physical, emotional, neglect, but particularly sexual) were all significantly correlated to suicidal behavior. Additionally, Lizardi, Thompson, Keyes, and Hasin (2009) found that parental divorce is a significant risk factor for suicide attempts in both males and females. Interestingly, they found that only female adolescents were found to have higher odds of lifetime suicide attempt as a result of residing with an opposite sex parent.

Of particular interest has been the correlation between childhood trauma and children and adolescent suicidal behaviors. The literature documents that childhood trauma such as physical, emotional, and sexual abuse, are also a significant risk factors for suicidality (Brodsky & Stanley, 2001, 2008; Glowinski et al., 2001; Jiang et al., 2010; Wunderlich et al., 2001). The current literature emphasizes that youth who report a history of trauma are at higher risk of attempting suicide, experiencing chronic passive suicide ideation, and even completing suicide (Brodsky & Stanley, 2001). In particular, research studies that focus on early experiences of childhood abuse and neglect, unveil that these children are at high risk for developing a myriad of psychological disorders and suicidal behaviors in adolescence and young adulthood (Salzinger, Rosario, Feldman, & Ng-Mak, 2007). For example, using data from a pre-sentence investigation, Cuellar and Curry's (2007) correlation results demonstrated strong associations among suicidal behaviors and parental and non-parental abuse. More specifically, the results of

their study indicate that Hispanic adolescent girls who experienced abuse by their parents were more likely to have attempted suicide whereas those who were abused by others were more likely to engage in self-destructive, self-mutilating behaviors. Other research studies that focused on the relationship among childhood abuse/neglect and suicidal behavior have revealed that diagnosis of Cluster B personality disorder and PTSD (populations where abuse and neglect are prevalent) have been found to be risk factors for suicidal behavior (Jacobson et al., 2008; Waldrop et al., 2007). Furthermore, in a survey study conducted by Borges et al. (2008) the authors found that Mexico City adolescents with a history of traumatic events but especially sexual violence and other violence related events (i.e., beaten up by a caregiver) reported higher rates of suicide ideation, plans, and attempts than those adolescents with no history of trauma. Additionally, they unveiled that those adolescents with multiple traumatic and stressful events reported an even higher prevalence of suicide ideation, plans, and attempts.

Protective factors. The literature has also identified several protective factors that have been shown to shield adolescents from suicidal behavior. Protective factors can range from internal factors such as motivation, personality, emotional well-being (Borowsky et al., 2001) and intelligence (Bertera, 2007) to external factors such as family cohesion (Bertera, 2007; Borowsky et al., 2001; Gould et al., 2006; Hall-Lande et al., 2007; Kerr et al., 2006; Locke & Newcomb, 2005; O'Donnell et al., 2004; Winfree & Jiang, 2010), stable and caring friendships (Bertera, 2007), religion (Locke & Newcomb, 2005; O'Donnell et al., 2004), and academic achievement (Gould et al., 2006; Hall-Lande et al., 2007). The literature accentuates that protective factors promote positive and healthy psychological outcomes and diminish the risk for suicide ideation, attempts, or completion among the adolescent population. Moreover, the literature highlights that the presence of three or more protective factors reduces the risk of

suicide by 70-85% among Black, Hispanic, and White males and females (Borowsky et al., 2001). In a research study that sampled 4,746 adolescents in grades 7-12 from 31 public middle school and high schools in a large Midwestern metropolitan area, Hall-Lande et al. (2007) investigated the relationship among social isolation, psychological health, and protective factors in adolescents. Research findings reveal that adolescents that reported feelings of social isolation had an elevated risk of suicide attempts, higher depressive symptoms, and lower levels of self-esteem. Feelings of connection with family for both male and female adolescents provided a buffer against suicide attempts. The study demonstrates however, that for adolescent males, academic achievement and school connectedness were also protective factors against suicidal behaviors. These findings may suggest that males, unlike females, benefit from a more diverse range of protective factors in their environment and that females are socialized to place more emphasis on emotional intimacy and close relationships. In another study, Bertera (2007) investigates the role of positive and negative social exchanges between adolescents, their peers, and family as predictors of suicide ideation in a national random sample of 1,591 adolescents from the U.S. Comorbidity Survey. Research findings demonstrate that positive social exchanges are associated with lower rates of suicide ideation in adolescents. Bertera however, found that the source of the positive support and age of the adolescent was relevant. That is, positive exchanges with family served as a buffer against suicide ideation for younger but not for older adolescents. Conversely, positive exchanges with peers served as a protective factor for older but not younger adolescents. This finding highlights the importance placed on peer relationships during adolescence. Similarly in a regression analysis, Kerr et al. (2006) examined perceptions of social support from family, non-family adults, and peers in relation to the psychopathology reported by 220 suicidal adolescents (mostly females) during a psychiatric hospitalization. Findings reveal

that among females, low levels of family support were related to greater levels of hopelessness, depressive symptoms, and suicidal ideation. Among males, peer support was positively associated with depressive symptoms and suicidal ideation. Across gender, more peer support was associated with more externalizing behavior problems whereas family support was negatively related to these problems as well as to alcohol and substance abuse.

Chapter 2: Analysis Procedures

Electronic sources will be primarily used for this literature review because of the breadth and depth of the information available. An extensive body of literature that used qualitative, quantitative methodologies, literature review and secondary analysis was utilized on the topic of suicide and suicidal behaviors among the adolescent population with a particular emphasis on Latino youth. The studies for this analysis will be published in the English language within the past 15 years and obtained from professional journals such as, Journal of Youth and Adolescence; Journal of Clinical Child and Adolescent Psychiatry; American Journal of Community Psychology; Primary Health Care Research and Development; Journal of Latina/o Psychology; Prevention Science; Journal of Child and Family Studies; Hispanic Journal of Behavioral Sciences; Abnormal Child Psychology; Academic Child Adolescent Psychiatry; BMC Psychiatry; Cultural Diversity and Ethnic Minority Psychology; Substance Use and Misuse; Adolescence; The Prevention Researcher; Library Journal; Ethnicity and Health; American Journal of Public Health; Journal of Abnormal Child Psychology; Acta Psychiatrica Scandinavica; Community Mental Health Journal; Youth Psychology in the Schools; Youth Violence and Juvenile Justice; Psychiatric Services; Merrill-Palmer Quarterly; Journal of Developmental Psychology; Journal of Applied Social Psychology; Psychiatry Services; Social Psychiatry and Psychiatric Epidemiology; Child and Adolescent Social Work Journal; Clinical Neuroscience Research; Child Abuse and Neglect; International Journal of Adolescent Medicine and Health; Social Work; Annual Review of Clinical Psychology; American Journal of Orthopsychiatry; Journal of Community Psychology; Journal of Abnormal Psychology; Pediatrics; Society of Biological Psychiatry; Counseling Psychologist; Journal of Individual Psychology; The American Journal of Psychiatry; Journal of Clinical Psychiatry; Clinical

Psychology Science and Practice; Clinical Psychology Review; Body Image; Child and Adolescent Psychiatric Clinics of Northern America; Salud Mental; American Journal of Psychiatry; Journal of Counseling and Development; Archives in General Psychiatry; American Psychologist; Journal of Consulting and Clinical Psychology; Journal of Immigrant Health; Mental Health Services Research; Issues in Comprehensive Pediatric Nursing; Psychological Medicine; Comprehensive Psychiatry; Journal of Affective Disorders; Harvard Review Psychiatry; Journal of Trauma and Stress; Suicide and Life Threatening Behavior; International Journal of Eating Disorders; American Journal of Preventative Medicine; Australian and New Zealand Journal of Psychiatry; Health Care for Women International; Aggression and Violent Behavior; Archives of Suicide Research; American Journal of Sociology; Crisis; Journal of Youth and Adolescence; Journal of Adolescence; American Journal of Health Behaviors; Journal of Adolescent Health; Journal Child Psychiatry and Human Development; Death Studies; European Psychiatry; Journal of Family Psychology; Journal of Primary Prevention; Social Science and Medicine; Transcultural Psychiatry; Psychology of Addictive Behaviors; Journal of Transcultural Nursing; Journal of American Child and Adolescent Psychiatry; Journal of School Health; Psychiatry Annals; Child Psychiatry and Human Development; Journal of Adolescent Research; Journal of Nervous and Mental Disease; Journal of School Nursing; Professional Psychology: Research and Practice; Journal of Traumatic Stress; Journal of Homosexuality; Journal of American Academy of Child and Adolescent Psychiatry; and Journal of Child Psychology and Psychiatry. The articles were collected from the Pepperdine Library website via library databases including, PsycARTICLES, PsycINFO, EBSCO host, ERIC, Primary Search, and Child Development and Adolescent studies. Any results in the searches containing the key words were reviewed for compatibility with the qualifications of this literature review. The key

words used in searching electronic resource databases are: *adolescents, suicide, suicidal behaviors, suicide intent, risk factors, protective factors, Latino adolescent immigration, Latino adolescent acculturation, barriers to mental health treatment in Latinos, and Latino youth.*

References found in the articles will also be perused for additional information. Most of the articles will be in electronic full text format or available through interlibrary loan. Qualifications for inclusion in this literature review were created to make the information as reliable as possible. The articles will need to use methodologies such as, quantitative, qualitative, mixed methods, literature reviews, longitudinal studies, psychological autopsy study, experimental, correlational (regression analysis), theoretical discussion, journal article review or discussion, descriptive study, survey research study, retrospective study, comparison study, prospective study, exploratory study, meta-analysis, clinical perspective article, cross-sectional study, online reports, or a secondary analysis of qualitative data, of a survey study, or longitudinal study and make specific mention to adolescents, suicide, suicidal behaviors, Latina/o youth, risk factors, protective factors, barriers to mental health treatment, immigration, and acculturation. Studies that include adults, specifically when investigating suicide risk and protective factors (i.e., acculturation, immigration) among Latina/os will be included in that there is a paucity of information regarding this population. The results will be presented in narrative and table format. The table provides information regarding research studies being analyzed. The information in this table are as follows: Authors and year of publication; research questions or objectives; sample which includes number of participants, demographic data of the participants such as age, gender, ethnicity of participants; instrumentation utilized in study; research approach and design of the study; and major findings of the study.

Chapter 3: Suicide Among Latina/o Adolescents

Much of our knowledge on adolescent suicide is based on the European American culture and because ethno-cultural communities in the United States are a fast growing population, it is imperative to consider suicide from a variety of cultural worldviews. According to the U.S. Census Bureau (2014), the Latina/o community represents approximately 54 million persons of the U.S. population and is one of the fastest growing ethnic minorities in the United States. Studies on suicide within this ethnic group have revealed that Latina/o youth have higher rates of depression, suicidal ideation, and lifetime suicidal attempts with Mexican American females having rates almost twice as high than European Americans (Canino & Roberts, 2001; Duarté-Vélez & Bernal, 2007, 2008; Eaton et al., 2011; Olvera, 2001; Roberts, Chen, et al., 1997; Tortolero & Roberts, 2001). In one study, Tortolero and Roberts (2001) reported on gender and ethnic differences in suicide ideation among two samples of middle school children in Texas and New Mexico. After adjusting for gender, age, family structure, low social support, and self-esteem, results revealed that Mexican American adolescents in both samples had a higher rate of suicide ideation than European American adolescents. Similarly, Olvera (2001) reported on differences in suicidal ideation, depressive symptoms, acculturation, and coping strategies based on ethnicity among an ethnically diverse sample of middle school students. The results of the study demonstrated that Hispanic adolescents, predominantly individuals of Mexican ancestry, showed increased rates of suicide ideation. In addition, adolescents of mixed ancestry had higher rates of suicide ideation when compared to their non-Hispanic White counterparts. Moreover, they revealed that fatalism, acculturative stress, and depressive symptoms may influence the increased rate of suicidality among Mexican Americans adolescents.

Although several studies have revealed significant findings on the prevalence of suicidal behavior among Mexican American adolescents, some of the data on suicide risk is conflicting when comparing suicide rates among African, European, and Mexican American adolescents. For example, in a survey conducted by Roberts et al. (2007), 1,479 African, 1,475 European, and 857 Mexican American adolescents were compared to determine whether differences in suicide ideation and lifetime attempt existed among the three groups. Findings revealed that there were no significant differences in suicide ideation, attempts in the past year, and plans between African, European, and Mexican American youth. Similarly, Guiao and Thompson (2004) found that there was no statistical difference in adolescent suicidal risk behavior when comparing Latinas to other ethnic groups. Moreover, Colucci and Martin (2007) reported that in their review of 82 publications on ethnic youth suicide, studies provided discordant results on the epidemiology of suicide among adolescents belonging to different ethnic groups.

Despite these findings, numerous research studies continue to document variations in suicide rates among adolescents of different ethnic groups. In the past few decades, it has been apparent that researchers have investigated the link between ethnicity and suicide, particularly between White and Black adolescents. Relatively little of this research has been focused on determining the risk factors associated with suicide among Latina/o adolescents. Perusal of the literature highlights that few studies on adolescent behavior have focused on the Latina/o subgroup, particularly addressing within-group diversity among Latina/os. Although Latina/os in the United States are a heterogeneous group containing over 30 subgroups, intergroup differences among adolescents have not been well studied (Galanti, 2003). Although not much research has been conducted on this ethnic group, the literature highlights that it is of utmost importance to study suicidal behavior among this ethnic group for several reasons. First, Latina/o

youth are the largest and most rapidly growing minority group in the United States. According to the U.S. Census Bureau (2014), there are approximately 55.4 million Latina/os. Because Latina/o youth account for approximately 30% of the total Latina/o population, their current health status and mental health trajectories warrant careful consideration. Second, the Centers for Disease Control and Prevention (2012a) and studies focused on Latina/o adolescents and suicidal behavior have identified this ethnic group with higher rates of depression, hopelessness, suicide plans, and suicidal behavior, particularly suicide ideation and attempts in the past year among Latina youth (Garcia, Skay, Sieving, Naughton, & Bearinger, 2008; Olvera, 2001). Interestingly, the literature also reveals that U.S. born Latina/o adolescents are more likely to attempt suicide than Latina/os born outside of the United States (Baumann, Kuhlberg, & Zayas, 2010; Borges et al., 2009; Escobar et al., 2000; Fortuna et al., 2007; Ortega, Rosenheck, Alegría, & Desai, 2000; Peña et al., 2008; Peña et al., 2012). Third, research has revealed several common cultural risk factors that may account for the higher rates of non-fatal suicidal behavior among Latina/o adolescents (Canino & Roberts, 2001; Duarté-Vélez & Bernal, 2007, 2008; Escobar et al., 2000; Guiao & Thompson, 2004; Hovey, 2000a; Jamieson & Romer, 2008; Olvera, 2001; Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005). Lastly, despite these high rates of suicidal ideation and attempts, Latina/o adolescents do not seek or receive the required help at the level of their adolescent counterparts of other ethnic backgrounds (Alegría, Mulvaney-Day, et al., 2007).

Cultural Risk Factors for Suicide Among Latina/o Adolescents

Variables relevant to Latina/o adolescents are important factors to consider as they are significantly related to suicidal behaviors among this ethnic minority group. Familism (Duarté-Vélez & Bernal, 2007, 2008) gender roles (Céspedes & Huey, 2008; Kuhlberg, Peña, & Zayas, 2010), family conflict (Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005); acculturation

(Canino & Roberts, 2001; Olvera, 2001; Zayas et al., 2000; Zayas et al., 2005), the immigration process (Escobar et al., 2000; Hovey, 2000b; Wadsworth & Kubrin, 2007); fear of deportation (Brabeck & Xu, 2010; Capps et al., 2007; Henderson & Baily, 2013; Lopez & Minushkin, 2008; Passel & Cohn, 2009; Suarez-Orozco et al., 2011) psychiatric disorders such as alcohol use (Guiao & Thompson, 2004) and depressive symptoms (Duarté-Vélez & Bernal, 2007, 2008; Guiao & Thompson, 2004; Olvera, 2001); fatalism (Canino & Roberts, 2001; Jamieson and Romer, 2008); contextual factors; and low socioeconomic status may be related to greater suicidality in Latina/o adolescents, especially Mexican American female adolescents (Olvera, 2001). A survey study conducted with a sample of Latinas and African, Asian, Native, and European Americans found that Latinas were at higher risk for depression than European Americans and at higher risk for substance abuse than were African and Asian American females (Guiao & Thompson, 2004). The prevalence of depression and substance use consequently increases the likelihood for Latina adolescents to engage in suicidal behaviors. In addition, a qualitative study with structured interviews and questionnaires conducted by Turner et al. (2002) sampled thirty-one Latina females with and without a past suicide attempt and found a relationship between suicide attempts and mother and daughter relationship. That is, Latina females who have a close bond with their mothers, feel emotionally and socially supported by their mothers, and were interested and involved in their mother's life were less likely to commit a suicide attempt.

Familism. Culture and cultural traditions influence and help shape adolescent development. As such, they also impact the emotional and behavioral problems of adolescents, associated symptomatology, and risk factors. The Latina/o population in particular, has several

common cultural factors that shape, define and are central to this ethnic group and may provide an explanation on the higher prevalence of suicidal behaviors.

Latina/os have a strong identification and attachment to their immediate and extended family. It is important to highlight that when it comes to defining immediate family, some Latina/os may include both their nuclear family and a multilayered amalgam of blood and nonblood relatives that define his/her family. Others however, may make a more clear distinction and define their immediate family as those members who are part of his/her nuclear family. Additionally, in the Latina/o culture, extended family includes not only those relatives who are related by blood but also includes those who marry into the family and those who have earned a profound trust and love that make them family. For example, god parenthood, known as “compadrazgo” (coparenthood), is a traditional Latina/o system that is taken very seriously by the Latina/o family. Compadrazgo is based on a traditional religious belief (Roman Catholic) of the baptismal godparents who are given the honor of being part of the family and forming a nonblood yet binding relationship. The child’s godparents become “comadres” (comother) and “compadres” (cofather) and have a sacred duty of becoming part of the family and thus contribute to the family.

It is important to highlight that when discussing the Latina/o family, the literature is biased. That is, when referring to family, the literature mostly includes members of the adolescent’s nuclear family, particularly the parents.

Latina/os place high value on “familism” (Galanti, 2003; Zayas & Pilat, 2008). That is, Latinos are socialized to be oriented to the centrality of the family in their lives and to place obligation to the family over obligation to the self and others (Kuhlberg et al., 2010; Zayas & Pilat, 2008). Part of the difficulties that many Latina/o adolescents, particularly Latina females,

face is the conflict between their developmental need for independence and autonomy and their obligations to family. Although familism has been found to be a protective factor for suicidality among the Latina/o population (Kuhlberg et al., 2010), it may also play an important role in and help explain suicidal behavior among Latina/o youth, particularly females (Smokowski & Bacallao, 2007; Zayas et al., 2005). Peña et al. (2011) found that families with high cohesion and low conflict were significantly less likely to have an adolescent who attempted suicide. Similarly, in study that explored acculturation, familism, and mother-daughter relationship in suicide attempt, Zayas, Bright, Alvarez-Sanchez, and Cabassa (2009) found that although Latina attempters and non-attempters did not differ in acculturation and familistic attitudes, Latinas who attempted suicide reported less mutuality (reciprocal empathy and engagement) and communication with their mothers. In yet another study, Baumann et al. (2010) found that low levels of mother-daughter mutuality predicted higher internalizing and externalizing behaviors and thus suicidal behaviors. Interestingly, in a cross sectional study that focused on familism, parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts, Kuhlberg et al. (2010) found that familism seems to act as a protective factor but only to a certain extent especially when raised in a restrictive family system. That is, as attitudes towards familism increased in these restrictive family environments so did internalizing behaviors (e.g., depression, anxiety, etc.). It appears that although these adolescent girls had less conflict with their parents they internalized their problems more. This finding points to the fact that higher levels of familism may serve to silence Latina youth from standing up for what they believe as their emphasis is on maintaining cohesion in their families. In other words, when familism becomes of psychological control by parents or other respectful elders, it can have very damaging effects on an adolescent's self-esteem, self-expression, and their identity. Moreover, in

a study where Zayas, Gulbas, Fedoravicius, and Cabassa (2010) aimed at exploring why U.S. Latinas attempt suicide more often than other adolescents they found that conflicts with parents usually centered on the Latina adolescent's failure to uphold household rules and responsibilities (as Latinas exhibited an increase in their desire for autonomy and their parents were inflexible regarding their traditional values) coupled with the repeatedly emotional and verbal abuse by their parents, usually the mother, triggered the suicide attempt. It appears that this ongoing experience of being called names such as "stupid" or "worthless" made the adolescent feel degraded and thus, unloved and angry. Moreover, in a qualitative research project that studied 122 suicidal and 110 non-suicidal adolescent Latinas, Hausmann-Stabile, Gulbas, and Zayas (2013) found that Latinas with past suicidal attempts had more inconsistencies in terms of their aspirations and expectations from that of their parents compared to adolescent Latinas with no previous suicide attempts. Furthermore, in a qualitative study using 24 Latina youth with and without a history of suicide attempts, Nolle, Gulbas, Kuhlberg, and Zayas (2012) found that both attempters and non-attempters demonstrated familism by making both emotionally and materialistically sacrifices for the sake of their families. However, their results revealed that for young Latina suicide attempters, the word sacrifice takes on a harmful connotation; they see a suicide as a possible solution to their failure to fulfill family roles and responsibilities. Findings of these research studies point to the importance of establishing strong supportive parent-daughter relationships and communication as this can shield Latina youth from developing behavioral problems that give rise to internalizing disorders such as depression and suicidal attempts.

Gender roles. It has well been established that as children become adolescents they have an increasing need for and drive toward independence. This need to move towards and assert

their independence places an incredible amount of stress on the parents which essentially causes changes in parents, adolescents, and their relationship which creates conflict in the parent-child interaction. Interestingly, the literature on Latina/o youth and suicidal behaviors highlights that this population experiences stress due to the conflicting messages they receive at home and the dominant culture regarding independence, responsibility to the family, and parent-adolescent relationships (Céspedes & Huey, 2008).

It is important to highlight however, that family role processes may be different for male and female Latina/o adolescents due to stronger gender role expectations for females. For instance, Latina/o parents place high value on the reserved and nurturing behavior known as “marianismo” for their daughters and the assertive, independent, and family protector role known as “machismo” for their sons (Kuhlberg et al., 2010). Evidently, gender role expectations for Latino males align more effectively with the American culture than does the female gender role. This difference in gender role socialization predisposes Latina adolescents for an increased risk in family conflict, identity confusion, and negative mental health outcomes. Additionally, given the strict gender role expectations that Latina females are socialized to abide by, it is not surprising that they may utilize suicidal behaviors/gestures as a way to express their accumulated anger and frustration (Zayas & Pilat, 2008). Some research studies have reported that similar to the culture bound syndrome of “ataques de nervios” (i.e., intense crying, trembling, fainting) experienced by adult Latina females in response to stressful situations, suicidal behaviors among adolescent Latinas can be perceived as a cry for help (Zayas & Gulbas, 2012; Zayas & Pilat, 2008). In a study conducted by Katragadda and Tidwell (1998), the authors investigated the different levels of depression among 240 high school students of Hispanic descent and found that female adolescents reported greater levels of depression compared to males due to females

experiencing significant pressures at home such as completing household chores, taking care of younger siblings, and cooking. Findings from this study shed light on the fact that unlike European American female adolescents, Latinas may struggle between trying to fulfill their family role and their striving for independence, autonomy, and preference for peer involvement versus the family. As a consequence, research studies on Latina/o youth and suicidal behavior have revealed that this struggle has increased feelings of depression and thus, suicidal behavior among this population. Similarly, using self-report data from a group of 226 adolescent Latinas, Kuhlberg et al. (2010) found that females with greater affinity to cultural norms such as familism experienced higher level of internalizing behaviors such as depression, anxiety, and somatic complaints. In a series of case studies addressing adolescent suicide, Heacock (1990) revealed that there is a link between *marianismo* and suicidal behaviors. That is, it appears that Latina female adolescents are constantly struggling between their desire to maintain closeness to the family and fulfill their role expectations and their striving for independence and autonomy. Heacock has suggested that suicide attempts among this population can be perceived as an “explosive act” with the intention of Latina youth fighting for their rights. Additionally, in a cross-sectional survey study, Romero and Roberts (2003) found that both Latina/o immigrant and U.S. born Latina/o adolescents reported an increase in stress due to family obligations which were conducive to an increase in depressive symptoms and thus, suicidal behaviors. Moreover, Céspedes and Huey (2008) found that among 130 Los Angeles high school Latina/o students, Latina females found it difficult to balance their gender-type responsibilities with that of the American culture which contributed to increased levels of depression. Findings from the diverse research studies accentuate that although familism can be a protective factor among the Latina/o youth, increased levels of parent-adolescent conflict due to differences in acculturation may be a

dominant risk factor for the development of internalizing behaviors among this population. These findings also bring light to the importance of educating parent and adolescents on the differences among the host and Latina/o cultures which result in different levels of acculturation as well as decreasing parent-adolescent conflict.

The effects of the generational gap among parent-adolescent relationships. The literature has also documented that different levels of acculturation between adolescents and their parents creates a generational gap and thus, tension among the parent-adolescent dyad, which may increase the risk of developing a psychiatric disorder or internalizing behaviors such as suicidal behaviors (Céspedes & Huey, 2008; Dempsey, 2007; Smokowski & Bacallao, 2007; Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005). Research studies focusing on the relationship between acculturation and mental health have revealed that immigrant Latina/o youth are more likely than their parents to adopt the values, beliefs, and behaviors associated with the new culture (Birman, 1998; Gil et al., 1994). For example, when bicultural Latina adolescents seek to assert their need for independence and autonomy, this may arouse conflict with her traditional parents who place value on interdependence and cooperation. When parents try to impose these traditional cultural values, Latina youth may feel increasingly alienated, straining the parent-adolescent relationship and lessening the potential for open communication. Consequently, this situation may arouse feelings of disappointment and depression and in some cases suicidal behaviors (Dempsey, 2007). The literature has suggested that suicide behaviors among Latina/o youth particularly females, is a cry for help (Zayas & Pilat, 2008) as many perceive their lives full of tension and conflict or as Zayas (2011) highlights “the suicide attempt represents a means provided by culture through which the girls can communicate what is happening to them, in them and around them” (p. 146). It has also been noted that suicidal

attempts within this population gradually intensifies the conflict and tension between the Latina/o adolescent and her traditional parents. For example, in a secondary analysis of a statewide sample of Latina/o high school students, Garcia et al. (2008) revealed that students with high perceived parental caring and family connectedness demonstrated lower levels of emotional distress including suicidal ideation and attempts. Findings also highlight that Latina/os who did not have open and supportive communication with their parents, particularly about their problems, were 10 times more likely to attempt suicide. These findings accentuate the importance for clinicians to recognize the protective role of family connectedness, caring, and communication in promoting healthy mental health outcomes among the Latina/o adolescent population. Similarly, in a mixed-method study investigating the relationship between positive parenting, family cohesion, and child social competence, Leidy et al. (2010) found that positive parenting resulted in increased social competence (e.g., problem solving skills), social self-efficacy, and better mental health outcomes and thus a lower risk for the development of external and internal behavior problems such as aggressive acting out behavior. Furthermore, Turner et al. (2002) found that among a sample of Latina girls with and without a history of suicide attempts, suicidal youth reported lower levels of communication of feelings, activities, problems, and thoughts, and less flexible and supportive families.

Acculturation. It has been well documented in the literature that the acculturation process is a stressful experience among children, adolescents, and adults across various ethnic groups (Hovey, 2000b; Zayas & Pilat, 2008). Of particular interest however, has been the impact that acculturation has on Latina/o immigrant adolescents. Acculturation can be defined as the cultural integration of norms, values, ideas, customs, traditions, and behaviors of the dominant society (Smokowski & Bacallao, 2007). The research has identified assimilation, biculturalism,

enculturation, and marginalization as different acculturation outcomes that depicts an individual's relationship with their ethnic or host culture. Assimilation refers to the degree to which an individual loses their culture of origin identity and identifies with the cultural norms, beliefs, and values of the dominant culture (Smokowski & Bacallao, 2007) whereas biculturalism refers to the process by which an individual retains their cultural identity while relating positively to the dominant culture (Birman, 1998; Smokowski & Bacallao, 2007). Enculturation, on the other hand, is a term used to describe the process by which an individual "retains identification with their traditional ethnic culture" (Smokowski & Bacallao, 2007, p. 275). Furthermore, marginalization refers to the process of an individual losing their own cultural identity without establishing a positive relationship with the host culture.

The extant literature has revealed that another explanation for the higher risk for suicidal behavior among Latina/o adolescents may be attributed to the experiences of acculturation (Céspedes & Huey, 2008; Heacock, 1990; Kuhlberg et al., 2010; Langhinrichsen-Rohling et al., 2009; Locke & Newcomb, 2005; Smokowski & Bacallao, 2007; Smokowski et al., 2009; Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005). Research focused on the effects of the acculturation process is complex and thus, has generated mixed results. Some researchers have affirmed that lower levels of acculturation are related to an increase in depressive symptomatology and suicide (Katragadda & Tidwell, 1998; Ng, 1996; Olvera, 2001) whereas others have accentuated that higher levels of acculturation are highly correlated to increased levels of stress, depression, and suicidal behaviors (Alderete et al., 2000; Fortuna et al., 2007; Hovey & King, 1996; Peña et al., 2008; Smokowski et al., 2009). For instance, Among 61 Mexican American adolescents admitted to an inpatient unit in El Paso Texas, Ng (1996) found that low acculturating adolescents demonstrated an increase in suicide. Similarly, in a survey

study examining the differences in suicidal ideation, depression, acculturation, and coping strategies among Hispanic and mixed ancestry youth, Olvera (2001) found that adolescents with lower levels of acculturation, increased levels of family dysfunction, and increased levels of depression reported higher rates of suicidal ideation. In addition, in assessing different levels of depression among 240 high school Hispanic adolescents, Katragadda and Tidwell (1998) found that low acculturation was related to higher stress levels and increased depressive symptoms. Their findings also revealed that Hispanic females reported higher levels of stress and depression than males. Moreover, several other studies have found that Latina/o adolescents of recent immigrants report higher levels of depression, social anxiety, and feelings of loneliness and isolation. In contrast, some researchers have revealed that among Latina/o adolescents, acculturation to the American culture is positively related to depression and suicidal behaviors (Alderete et al., 2000; Fortuna et al., 2007). For example, in a sample of 70 immigrant and second-generation Latina/o American adolescents, Hovey and King (1996) found that unlike immigrants, Mexican American adolescents reported high levels of depressive symptomatology and suicidal ideation due to acculturative stress particularly as it relates to low family support, family dysfunction, and hopelessness for the future. Similarly, in reviewing the literature on acculturation and minority youth, Smokowski et al. (2009) found that higher levels of assimilation among this population was a dominant risk factor for self-directed violence such as suicidal ideation, suicidal attempts, and suicide. Additionally, using the Latino subset of the National Longitudinal Study of Adolescent Health to examine the relationship between suicide attempts, other risk factors, and immigration status, Peña et al. (2008) found that first generation Latina/o adolescents were less likely to attempt suicide and engage in substance use and abuse compared to second or later generation youth. Moreover, some studies have revealed that

although recent immigrants experience various hardships as they adjust to the American culture, they tend to have better mental health outcomes (Vega et al., 1998). Research has attributed this outcome to the buffering effect of traditional cultural values that encompasses Latina/os. Furthermore, other studies suggest that Latina/o adolescents with a high level of ethnic identity appear to have higher levels of self-esteem and self-confidence, and report having more hope and purpose in life (Martinez & Dukes, 1997).

Interestingly, some researchers have postulated that biculturalism is the most adaptive form of acculturation that results in better mental health, greater self-esteem, and better social skills (Birman, 1998; Smokowski & Bacallao, 2007; Smokowski, Rose, & Bacallao, 2010). Birman (1998) for example, tested a contextual model of biculturalism with 123 Latina/o immigrant adolescents and found that biculturalism is advantageous for Latina/o youth living in the United States as it promotes higher self-worth and less acculturative stress. Similarly, other research studies have revealed that Latina/o adolescents who maintain their cultural identity and who acculturate to the American culture would be expected to adjust well to mainstream situations and thus, have better mental health outcomes as well as a general sense of self-competence and self-worth (Birman, 1998; Smokowski & Bacallao, 2007). Similarly, using a sample of 323 Latina/o adolescents from the Latino Acculturation and Health Project, Smokowski and Bacallao (2007) revealed that biculturalism and familism were associated with fewer internalizing behaviors whereas adolescents that were highly involved in the Latina/o culture and experienced high parent-adolescent conflict had lower self-esteem and were at higher risk for the development of internalizing behaviors.

Some researchers have postulated that that there are no significant correlations between affiliation to the Mexican culture versus high acculturated Mexican American and better mental

health adjustment (McDonald et al., 2005). Others however, have accentuated that both Mexican and well acculturated U.S. born Latina/os are both at high risk for increased stress and the development of depressive symptomatology due to the effects of the acculturation process (Romero & Roberts, 2003). Moreover, in a survey study comparing Latina/o and Non-Latina/o middle school children, Carvajal, Hanson, Romero, and Coyle (2002) found that Latina/o youth that were less affiliated to either their own or the host culture (marginalized) demonstrated poorer mental health outcomes.

In addition to different levels of acculturation, various studies investigating the relationship between acculturation and psychiatric disorders among Latina/o youth have reported that “acculturative stress” is positively correlated to depression, low self-esteem, and suicide ideation and attempts (Gil et al., 1994; Hovey, 2000a; Hovey & King, 1996; Smokowski & Bacallao, 2007). Acculturative stress is defined as the stress that results from acculturating to the dominant host culture (Gil et al., 1994; Hovey, 2000a; Hovey & King, 1996). These research studies have revealed that the severity of the depressive symptoms and the extent of suicide ideation or suicidal behaviors are dependent on certain cultural and psychological factors such as, availability of community resources, social support system particularly familial support networks, socioeconomic status, language barriers, religion, pre-emigration adaptive functioning (e.g., self-esteem, coping skills), and expectations for the future (Gil et al., 1994; Hovey, 2000a; Hovey & King, 1996). The literature also highlights that conflict between Latina/o adolescents and their parents due to different levels of acculturation can result in an added increase in acculturative stress (Gil et al., 1994; Hovey, 2000b; Smokowski & Bacallao, 2007). For example, using a multi-regression analysis that examined the relationship among acculturative stress, depression, and suicide ideation among 114 Mexican immigrants, Hovey (2000b) found

that individuals who experienced heightened levels of acculturative stress due to lower levels of social support, lower levels of religious affiliation, and increased levels of hopelessness were at risk for developing depressive symptomatology and critical levels of suicide ideation which may result in suicide. Findings also revealed that consistent with other studies, Latina women experience higher levels of depression.

Immigration. Immigration has been linked to mental health. It is well recognized that immigrants are faced with many challenges as they journey into a new country. Some of these obstacles included, unemployment, financial hardship, limited social network and community resources, and discrimination (Gee, Ryan, Laflamme, & Holt, 2006). Consequently, early researchers postulated that immigrants unlike U.S. born individuals were at an increased risk for the development of psychiatric disorders. For example, in a survey study, Hovey and King (1996) examined the relationship between acculturative stress, depression, and suicide ideation and found that among a sample of immigrant and second generation Latino American adolescents (primarily Mexican American), those who experienced high levels of acculturative stress were at greater risk for the development of depression and suicide ideation. Some explanations for these findings included perceived family dysfunction and negative expectations for the future. In a follow-up study conducted by Hovey (2000a), he replicated these findings and added that elevated levels of acculturative stress are linked to depression and suicide ideation to Central Americans immigrants. More recently however, research studies have challenged these assumptions and thus, have unveiled that immigrants may experience better health and mental health than their U.S. counterparts (Borges et al., 2009; Escobar et al., 2000; Ortega et al., 2000; Peña et al., 2008, 2012). In a literature review, Escobar et al. (2000) found that among five large scale studies that examined the prevalence of psychiatric disorders among Mexican immigrants

and U.S.-born Mexican Americans, Mexican immigrants, despite economic disadvantage and difficult migration into the United States, demonstrated better mental health outcomes than U.S. born Mexican Americans. More specifically, these studies emphasized that U.S. born Mexican Americans were more likely than Mexican immigrants to have lifetime diagnosis of drug abuse or dependence and major depressive disorders. The studies also revealed that possible explanations for these findings were due to the positive effects of strong family ties and social networks among Mexican immigrants; their lower expectations on how they define success in the United States, and less availability of and exposure to drugs in their country of origin. Moreover, using the National Comorbidity Study, a national probability sample of 8,098 U.S. adults ages 15-54, Ortega et al. (2000) explored the lifetime risk of psychiatric disorders among U.S. Hispanic groups and the specific role of nativity, parental nativity, language preferences, and other socioeconomic characteristics as risk factors. Results of the study demonstrated that acculturation impacts the risk for the development of psychiatric disorders. More specifically, it revealed that mental illness was higher among acculturated Hispanics than on their less acculturated counterparts. Similarly, in a study conducted by Vega et al. (1998) in the Central Valley of California, the researchers found that more acculturated Mexicans have a higher risk for lifetime prevalence of psychiatric disorders than do recent Mexican immigrants. Interestingly in another study, Borges et al. (2009) obtained data from two nationally representative surveys in the United States and Mexico and found that there was an increased risk for suicide ideation among Mexicans with an immediate family member living in the U.S., Mexican-born immigrants who migrated before the age of 13, and U.S. born Mexican Americans. They also found that risk for suicide attempts were higher among U.S. Mexican Americans or Mexicans with an immediate family member living in the U.S.

It is evident that there is conflicting data on whether immigration and acculturation serve to ameliorate or exacerbate the development of psychological problems including suicide and suicide ideation or attempts. Nonetheless, it is paramount for psychologists to assess and treat individuals within a cultural context. Specifically assessing domains such as stress related to acculturation, the migration experience itself, familial and social support networks, and attitudes and expectations towards the future. It is essential to include these domains in a clinical assessment because seldom will an individual, especially adolescents, come into treatment and voluntarily state that he/she has “acculturation problems” or any other psychological problem resulting from migration to a foreign country.

Migration experience. Although the Latina/o population is large and culturally unique, research focused on the effects of migration and mental health are notably lacking. In general, there is limited data on the migration experience and its role in the development of psychiatric disorders and suicide within the Latina/o community. There is a scarcity of research studies addressing the effects of the migration on the mental health of Latina/o youth.

Some researchers have documented that the migration experience may put an individual at risk for the development of psychiatric disorders, including suicide ideation and attempts (Escobar et al., 2000; Hovey, 2000a). It is a major stressful life event that disrupts the individual’s familial and extended social support and creates language barriers as well as a lack of community and financial resources and unemployment. As a result, the individual may experience feelings of not belonging to the host society, loneliness, stress and frustration as a result of unfamiliar environments. Moreover, this experience may enhance an individual’s risk for anxiety and other depressive disorders, which can ultimately lead to suicidal behavior or suicide. The literature does point out however, that immigrants that reside in areas with a large

immigrant population may be at lower risk for suicide or suicidal behaviors as being in the presence of other people with similar backgrounds enables social networking, facilitates communication, and there may be more availability of community resources (Wadsworth & Kubrin, 2007).

Some research studies have highlighted the role of pre-migration factors in the development of psychiatric disorders (Hovey, 2000a). They have pointed out the importance of differentiating between individuals who voluntarily immigrated into the United States versus those of refugee status who had to leave as a result of government repression and/or political persecution (Hovey, 2000a). The literature has identified Central American individuals as belonging to the refugee group due to the sociopolitical environment in which they reside. The pre-migration experiences of many of these refugees may be very upsetting, traumatic, and shattering which may account for the mental health problems within this population. In a study conducted by Hovey (2000a), he investigated a group of 78 immigrants from Central American descent (El Salvador, Guatemala, Honduras, and Nicaragua) residing in the Los Angeles area to unveil the relationship among acculturative stress, depression, and suicide ideation. He found that Central Americans who experienced elevated levels of acculturative stress were at an increased risk for the development of depressive symptoms including suicide ideation. Moreover, his study points to the importance of taking into account how pre-migration factors may relate to the adaptive functioning after migration. Clinically, this study highlights to the importance of ongoing assessment throughout the course of treatment particularly on factors such as: reason for migration, pre and post- migration trauma, and the perilous travel into the new country of origin.

Although past and current research studies have not focused on the effects of immigrant versus refugee status on Latina/o youth, it is important to inquire during the evaluation process, the reason for migration and assess its effects. It is also essential to take into account how having a refugee parent with a psychiatric disorder including a history of suicide, suicide attempt and/or suicidal behavior imposes on the mental health of their children. Research available on adolescent survivors of a first degree family member's suicide suggests that these individuals are at increased risk for a variety of psychological problems such as depression, substance abuse, post- traumatic stress disorder, social maladjustment, aggressive behaviors, and an increased risk for suicide.

Fear of deportation. The traditional Mexican family unit has been described as a close knit extended network that offers a great deal of support. However what happens when these ties are ruptured as a result of deportation?

According to the Passel and Cohn (2009), a nonpartisan research organization that seeks to heightened knowledge and understanding regarding the diversity among Hispanics in the United States and their growing impact on the nation, there is an estimate of 5.5 million children in the U.S. whose parents are undocumented immigrants, and among these children about 73% are American citizens. It is an obvious concern that for these children, the possibility of their parents being deported is a real threat. According to the U.S. Department of Homeland Security (2009), since 2009 alone, about 108,434 mothers and fathers of U.S. citizen children were deported. In a national survey of 2,015 Latina/os, Lopez and Minushkin (2008) found that about 40% of Latinos worry a lot about deportation and an additional 17% state they worry some about a family member or close friend being deported. It is obvious that the fear of deportation is an ongoing stressor for many Latina/o children and adolescents. Research on the effects of

deportation and the fear of deportation is very limited. There are only a handful of qualitative reports completed by advocacy groups such as The National Council of La Raza (NCLR) and the Urban Institute that have investigated the impact of deportation within Latina/o adolescents. For example, in a two part report investigating immigration raids, Capps et al. (2007) revealed that enforcement activities such as worksite raids by the Federal Government put children of undocumented immigrants at risk of family separation, economic hardship, and the development of psychiatric problems including psychological trauma. The study further uncovered that after the arrest of their parents, young children experienced feelings of abandonment and displayed behavioral changes such as sleep and appetite disturbances, crying, and increased fear persisting more than six months. The same time frame was true for older children except that they displayed aggressive and withdrawn behaviors. In a quantitative study that examined the impact on detention and deportation on Latina/o parents and children, Brabeck and Xu (2010) found that immigrant parents with greater vulnerability to deportation affected not only their emotionally well-being and their ability to care and support for their children but it also had an effect on their children's emotional welfare and school performance. Utilizing the Longitudinal Immigrant Student Adaptation data, Suarez-Orozco et al. (2011), the authors found that children who had been separated from one or both parents were more likely to develop symptoms of depression and anxiety than children who had not been separated. Although there is limited data on the effects of deportation on children and adolescents of immigrant parents, what the extant literature offers is awareness of the risk factors as well as guidance on the mental health concerns for this population. It is clear that many factors associated with parent's undocumented legal status (e.g., poverty, separation, parental stress, acculturation difficulties) increase the risk that their children will develop a psychiatric disorder. Moreover, the fear of being deported, immigration

raids, and parental detention places children and adolescents at risk for the development of mental disorders such as depression, anxiety, and post-traumatic stress disorder (Henderson & Baily, 2013; Suarez-Orozco et al., 2011).

Psychiatric disorders. A number of research studies have revealed that Latina/o adolescents living in the United States are at a high risk for developing psychiatric disorders particularly depression and anxiety (Céspedes & Huey, 2008; McDonald et al., 2005). In a meta-analysis, Twenge and Nolen-Hoeksema (2002) found that Latina/o adolescents scored higher on instruments assessing for depression than adolescents from other ethnic groups. Similarly epidemiological studies have unveiled that Latina/os, particularly Mexican American youth, report higher rates of depressive and anxiety symptomatology relative to other ethnic groups. Researchers have found several factors such as different levels of acculturation between youth and their parents, the effects of the immigration process, low self-esteem, perceived discrimination, and other contextual factors that make Latina/o adolescents more susceptible to negative mental health outcomes. In a survey study investigating the link between perceived acculturation and gender role disparity and depression among 130 Latina/o high school adolescents and their parents, Céspedes and Huey (2008) found that gender role discrepancy was associated with higher level of depression and family dysfunction particularly among Latina females. In another survey study that investigated differences in behavioral risk and protective factors among 1,119 U.S. Latina/o and non-Latina/o White middle school adolescents in Northern California, Carvajal et al. (2002) found that Latina/os who were less acculturated demonstrated more depressive symptomatology. In addition, results of the study also revealed that Latina/os also exhibited lower academic achievement, were less physically active, and demonstrated higher levels of substance abuse. In addition, a myriad of investigations including

one by Katragadda and Tidwell (1998) have highlighted that one of the main causes for depression among Latina/o adolescents may be attributed to their level of acculturative stress, changes in their social life and customs, language barriers, and perceived discrimination.

Substance abuse. Among the many risk factors influencing Latina/o adolescent suicide including ideation and attempts, problematic alcohol use and abuse and illicit drug abuse are two of the most important (Luncheon, Bae, González, Lurie, & Singh, 2008; Ramírez et al., 2004; Reyes et al., 2011). For example, in an investigation that examined suicidal behaviors in community and clinical samples of youth in Puerto Rico, Jones, Ramírez, Davies, Canino, and Goodwin (2008) found that in both samples meeting criteria for an Axis I psychiatric disorder was significantly associated with an increase likelihood of suicidal behaviors. Specifically, they found that among the community sample of Puerto Rican youth, those with problem drug use and drinking within the last year and using drugs and alcohol six or more times in the past year demonstrated the strongest association with suicidal behaviors. Similarly, in a survey study that examined the prevalence, age of onset, and risk factors for suicidality among a sample of Mexican adolescents Borges et al. (2008) found that alcohol abuse with dependence had the strongest association with suicidal plans among Mexican adolescents between the ages of 12-17. Using the Mexican National Comorbidity Survey, Borges et al. (2005) found that drug dependence was mostly associated with suicide ideation, dysthymia with suicide plan, and behaviors problems with suicide attempts among Mexican adolescents. The existing literature has postulated a positive association between the acculturation process and alcohol use among Latina/o youth (Gil, Wagner, & Vega, 2000). Using data from a pre-sentence investigation, Cuellar and Curry (2007) found that poly-substance abuse and violent delinquency emerges as an exceptional problem among Hispanic adolescent girls, ages 12-17, sentenced to probation. They

found that self-injurious behaviors, such as self-mutilation, are positively associated with substance abuse particularly the abuse of alcohol, cocaine, and inhalants. Interestingly, their investigation demonstrated that adolescent girls who attempted suicide were likely to have been abusing marijuana and inhalants. In a longitudinal study that examined the effects of acculturative stress and alcohol use among immigrating and U.S. born Latino male adolescents, Gil et al. (2000) found a positive relationship among these variables with U.S. born Latino males using higher levels of alcohol. These findings may be indicative that Latina/o youth with high levels of acculturative stress may engage in alcohol consumption as a way of coping. In yet another study, Reyes et al. (2011) demonstrated a significant relationship among depression, alcohol use, poly drug use, and suicide attempts among Hispanic adolescents in Puerto Rico. In addition, Ramírez et al. (2004) found that Anglo American and highly acculturated Latina/o American adolescents reported less marijuana use compared to low acculturating youth. Their findings also revealed however, that Latina/o American youth were most likely to report 30 day inhalant used compared to other group of adolescents. Furthermore, Peña et al. (2008) revealed that second generation and later-generations Latina/o adolescents reported significantly higher level of alcohol and illicit drug use than first generation youth. An explanation for these findings included the availability of and exposure to alcohol and drugs in the United States as well as a relative acceptability of recreational use of substances in the United States.

Fatalistic worldview. Another explanation for the differential high rate of suicidal behavior among Latina/o adolescents is that the Latino culture places these individuals at a high risk due to their fatalistic worldview. For example, researchers have found that individuals of Mexican origin living in the United States who have a tendency for a more pessimistic outlook on life and passive coping style such as denial and disengagement, was related to increased

passive suicide ideation (Olvera, 2001). They further explained that utilizing such maladaptive coping strategies is related to avoiding the problem area and thus not being able to problem solve or seek the social support required to confront the problem at hand (Olvera, 2001). This belief in external control increases the risk of emotional and behavioral problems because it reduces the individual's determination, willpower, and ability to cope during times of stress. For example, some studies have revealed that adolescents with a pessimistic outlook on life ("fatalists"), compared to other adolescents, were more 14 times more likely to endorse the acceptability of suicide, engage in suicide planning and attempts, had higher levels of impulsivity, and were less immersed in religious activities (Canino & Roberts, 2001; Jamieson & Romer, 2008; Joe et al., 2007). In a secondary analysis using four waves of a nationally representative telephone survey from 2002 to 2005 with adolescents ages 14-22, the researchers found that compared to other youth, fatalists were significantly more likely to be older, male, and identified as being Hispanic. Findings also revealed that fatalistic youth engaged in greater suicide ideation, planning, and had more accepting of suicide. Interestingly, their research demonstrated that approximately 43% of fatalists predicted a likely death as a result of suicide compared to other youth.

Other contextual factors. The literature also highlight that regardless of nativity, Latina/os like many other minority groups, living in the United States are faced with many additional life stressors linked to contextual factors that places them at higher risk for the development of mental health disorders and may consequently increase their risk for suicide or suicidal behavior. Research demonstrates that Latina/os are more likely than Whites to live in unsafe neighborhoods where gang violence, criminal behavior, poverty, and substance abuse are prevalent. Living in this environment coupled with daily life stressors, lack of social support networks, and low levels of acculturation may increase the risk for psychiatric disorders

(Alegría, Shrout, et al., 2007). Exposure to ethnic discrimination as well as perceived discrimination has also been linked to poor mental health among Latina/o youth (Alegría, Shrout, et al., 2007; Gee et al., 2006). In a secondary analysis examining the effects of perceived discrimination among Latina/o adolescents and their parents, Ayón, Marsiglia, and Bermudez-Parsai (2010) found that among the Latina/o adolescent-parent dyad, perceived discrimination increased the risk for depression and other internalizing problem behaviors. Similarly, in another secondary analysis of a community intervention conducted in 2002 and 2003 for the New Hampshire Racial and Ethnic Approaches to Community Health 2010 Initiative, Gee et al. (2006) found that discrimination and mental health may be stronger for immigrants who have lived in the US longer. Moreover, among a group of Puerto Rican adolescents, Szalacha et al. (2003) found that perceived discrimination as well as worrying about being discriminated was associated with increased symptoms of depression and lower self-esteem.

Zayas et al. (2000) have proposed that socioeconomic disadvantages also play a major role in suicidal behaviors among Latina/o adolescents. Multi-ethnic studies have revealed that middle-class Latina adolescents report fewer incidents of suicide attempts than Latinas from lower socioeconomic status. This may partly be due to the effects of parental education and the acculturation process. That is, as both education and acculturation rise, the interaction between parents and their adolescents appear to be less authoritarian and parents and adolescents appear to have more commonality in each other's values and belief. The family unit also appears to be more receptive to mental health services and/or other social supports outside of the family when conflict and tension arises in the relationship. Nonetheless, it is also worthy to note that many families of low socioeconomic status demonstrate developmentally sensitive and responsive parenting practices and strong parent-adolescent relationships. Similarly, Gamst et al. (2002)

found that less acculturated individuals, particularly when coupled with low socioeconomic status and education have higher levels of psychopathology.

Protective Factors Specific to Latina/o Adolescents

It is also critical to understand the culturally or ethnically based protective factors that deter Latina/o adolescents from suicidal behavior. The literature has highlighted several protective factors that have been linked to better mental health adjustment, lower levels of acculturative stress, and less risk for the development of psychiatric disorders. These factors include heritage-specific institutions (e.g., Catholicism), familism (Leidy et al., 2010) biculturalism (Birman, 1998; Smokowski et al., 2010), and effective coping and problem solving skills.

Catholicism. Catholic religion including being involved with church or a religious community has been identified as an important protective factor in the lives of many Latina/o adolescents as religion promotes community attachments, supports, and resources as well as fosters antithetical attitudes about suicide (O'Donnell et al., 2004). Borowsky et al. (2001) found that religion was a protective factor against suicide among a sample of adolescent males. Conversely, some research has found an increased risk for suicide among the Catholic religion due to its emphasis on guilt and sin for situations such as teenage pregnancy and homosexuality. And as it has well been established in the literature, feelings of guilt may result in depressive symptoms or Major Depressive Disorder which are significant contributors to suicidality in adolescents. Interestingly, in a literature review on religion and spirituality as it pertains to adolescent psychiatric symptoms conducted by Dew et al. (2008) the authors found that in twenty articles that assessed the relationship between religion and suicidal ideation, beliefs, or attempts results were inconsistent. That is, some research studies found religion as a protective

factor against suicidality while others found mixed positive and non-significant results on the association or no correlations between religion and suicide.

Familism. Familism has also been linked to better physical, emotional, and psychological well-being, less parent- adolescent conflict and tension, decreased risk for psychiatric disorders, and lower levels of substance abuse, aggression, and suicidal behaviors (Ayón et al., 2010; Baumann et al., 2010; Kuhlberg et al., 2010; Leidy et al., 2010; Zayas & Pilat, 2008). This finding is not surprising given that familism is a core characteristic of the Latino culture. In a secondary analysis using data from the Latino Acculturation and Health Project, Ayón et al. (2010) found that among the parent-adolescent dyad, strong family ties and support are protective factors against psychiatric disorders particularly major depression and substance abuse disorders and aggression. Similarly, Leidy et al. (2010) found that parental warmth, inductive parenting, and parental involvement serve as a protective factor against stressful family circumstances, risk of psychiatric disorders, and suicidal behaviors. Additionally, O'Donnell et al. (2004) found that a higher level of family attachment, cohesiveness, support and warmth, and good communication has been linked to a decrease risk in depression and suicide among Latino adolescents. Contrary to the aforementioned studies, Kuhlberg et al. (2010) found that among 226 adolescent Latinas with a past history of suicide attempts, familism was associated with higher levels of internalizing behaviors. Interestingly, it appears that familism can have a “double-edge-effect” in the lives of Latina/o youth (Kuhlberg et al., 2010). That is, it can have a positive effect on their self-esteem or it can blunt the conflict between the Latina/o adolescent and parent dyad. Although only a few studies have studied the relationship between cultural affiliation and the development of psychiatric disorders among Latina/o adolescents, findings have revealed that Latina/o adults and adolescents who maintain their traditional cultural beliefs

and values as well as maintain family connectedness may protect this population from the development of mental health problems (McDonald et al., 2005). For example, in a longitudinal study investigating the relationship between affiliation with the Mexican culture and self-esteem among Mexican American adolescents, McDonald et al. (2005) found that low self-esteem, for females who were minimally affiliated to the Mexican culture, was associated with an increased risk for mental health problems. Similarly, the literature focused on the relationship between acculturation and mental health outcomes among Latina/o youth have revealed that individuals with higher acculturation levels to the dominant culture is associated with depression and anxiety and at times even to an increased risk for suicide or suicidal behaviors. What these studies point out is that Latina/os who develop psychiatric disorders and other internalizing behaviors may do so particularly due to the loss of family support and connectedness which have been identified as buffers against psychological turmoil and distress. It is important to point out however, that other studies have found that high levels of acculturation to the dominant culture are associated with lower levels of depressive and anxiety symptomatology and other internalizing behaviors (Smokowski & Bacallao, 2007; Smokowski et al., 2010). These findings reveal that the relationship between acculturation and the development of mental health problems is more complex; and that researchers should also take into consideration other factors such as an individual's social environment, their level of self-esteem, coping strategies, and other contextual factors.

Biculturalism. Another significant protective factor among Latina/os is biculturalism. As cited previously, biculturalism or the ability to acculturate well to the dominant culture while maintaining culture identity and receiving support from a social network, has been linked to positive mental health outcome such as positive self-esteem and greater ability to interact

socially with other ethnic groups among Latina/o youth (Gil et al., 1994; Smokowski & Bacallao, 2007). Moreover, other researchers have found that bicultural Latina/o adolescents have the lowest level of acculturative stress (Birman, 1998).

Coping and problem solving skills. Effective coping and problem solving skills have also been found to be a protective factor against depression and thus suicide among Latina/o adolescents (O'Donnell et al., 2004). The literature accentuates that Latina/o adolescents who possess the adequate repertoire of coping strategies are able to respond to multiple stressors in their environment more efficiently and successfully. For example, in a large Los Angeles community sample of Latino male adolescents, Locke and Newcomb (2005) found that good self-efficacy particularly problem-solving confidence, positive familial relationships, and law abiding behavior were protective factors against suicidality. In a study by Canino and Roberts (2001), findings revealed that a passive coping style has been related to depression and suicidal behaviors especially among adolescents of lower socioeconomic status.

Furthermore, Latino adolescent's expectations for the future is also related to a decrease in levels of depressive symptomatology and suicide (Jamieson & Romer, 2008). According to the existing research, Latina/o adolescents who are optimistic about their future and hold a positive attitude about their acculturative experience and their future are more likely to be able to confront the daily demands of life including stress related to cultural factors (Jamieson & Romer, 2008) and demonstrate lower levels of depression and suicidal behavior.

Resiliency: “Si Se Puede” (Yes We Can)

Resiliency has been defined as a set of individual traits that allows a person to successfully cope with stressful events (Liu, Fairweather-Schmidt, Roberts, Burns, & Anstey, 2014; Reyes & Elías, 2011). It is shaped by an individual's life's experiences and is associated

with mastery, positive self-image, hopefulness, and possessing an internal locus of control (Liu et al., 2014). Adolescents who have been identified as having high resiliency are those who have a strong sense of self, are hopeful, optimistic, and have clear personal, educational and career goals and aspirations. Furthermore, it has been documented that these individuals have a good repertoire of external resources such as strong family ties and embrace their spirituality/Faith (Liu et al., 2014; O'Donnell et al., 2004).

Generally speaking, there is a growing body of literature focused on resilience as a protective factor for suicide and suicidal behavior in adolescents. However, there is a scarcity of research on the impact that resilience has on the mental health of Latina/o youth. To date, research on Latina/o adolescents and resilience accentuates that youth with high resiliency are able to adapt and successfully work through the daily demands imposed by cultural (familism, gender roles, acculturation) and contextual (perceived discrimination, poverty) factors (Reyes & Elías, 2011). Latina/o adolescents with high resiliency, process negative life experiences very different. For example, when it comes to escaping poverty and violence they perceive it as something to strive for, not allowing themselves to feel hopeless about their future (Liu et al., 2014). Additionally, they may perceive education as something that has a positive long term effect on their lives; a life full of opportunities including material goods and a sense of self-worth. On the other hand, adolescents with low resiliency are more likely to have an external locus of control (Liu et al., 2014). That is, they have a tendency to “encomendarse a Dios” (entrust in God or leave it in God’s hands), which may increase the risk of emotional problems as it reduces their strength in character, drive, and coping abilities during times of stress. Under high stress, these individuals feel hopeless, pessimistic, alienated, and report more depressive symptoms. The literature has pointed to the fact that youth that are more pessimistic about their

abilities and future and hold a fatalistic worldview are more likely to engage in suicidal behaviors (Joe et al., 2007). Moreover, these adolescents are more vulnerable to poor physical health and the development of psychiatric disorders (Joe et al., 2007).

It is essential for researchers to continue to explore the influence of high versus low levels of resiliency on the mental health of our youth. It is critical for future research to explore why it is that some individuals who experience negative life events tend to develop psychiatric disorders and/or engage in risky behaviors such as substance abuse or suicide and others, who are more resilient, tend to adapt and learn from these damaging events. Moreover, it is essential for the development of therapeutic interventions that will enable our Latina/o youth to tap into their internal and external resources when confronted with difficult life situations and thus avoid becoming susceptible to the development of psychiatric disorders such as depression and/or suicidal behaviors.

Chapter 4: Discussion and Clinical Implications and Recommendations

It is an unfortunate reality that adolescent suicide is a major concern among communities around the world and the third leading cause of death among adolescents (Bae et al., 2005; Centers for Disease Control and Prevention, 2012a; De Munck et al., 2009; Duarte-Vélez & Bernal, 2007, 2008; Fortune et al., 2007; Gould et al., 2006; Wolitzky-Taylor et al., 2010). There is significant support from numerous research studies including the Centers for Disease Control (CDC) and Prevention and the Youth Risk Behavior Surveillance System (YRBSS) that approximately 15.8% of adolescents between the ages of 10-24 had seriously considered attempting suicide, 12.8% made a specific plan to commit suicide, 7.8% made one or more attempts to commit suicide, and 2.4% made a serious attempt that required medical attention (Eaton et al., 2011; Waldrop et al., 2007). Examination of the literature also reveals that male adolescents are more likely than females to die by suicide (Bae et al., 2005; Beautrais, 2003; Bridge et al., 2006; De Munck et al., 2009; Glowinski et al., 2001; Jiang et al., 2010; Miranda et al., 2008; Roberts, Chen, et al., 1997; Winfree & Jiang, 2010; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001). The CDC references that among 10-24 year olds approximately 81% of suicide victims were males and only 19% were females. These findings were substantiated by the more lethal method utilized by male adolescents. That is, males are more likely to use firearms, hanging, suffocation, and jumping while females are more likely to utilize self-poisoning/overdosing on barbiturates, sedatives, or hypnotics followed by self-injury using a sharp object (Bridge et al., 2006; Duarte-Vélez & Bernal, 2007, 2008; Gould et al., 2006; Tortolero & Roberts, 2001; Waldrop et al., 2007; Wolitzky-Taylor et al., 2010; Wunderlich et al., 2001). For psychologists and other medical professionals, these findings point to the importance of completing a thorough suicide assessment and not discrediting the possibility that

females, although they may have a tendency to use more superficial methods of attempting suicide, are an at risk group for suicide completion. Every suicide attempt regardless of gender should be taken seriously and handled appropriately to secure the life of our youth.

Recent evidence suggests that ethno-cultural communities in the United States are a fast growing population. It is for this reason that psychologists need to consider adolescent suicide from a variety of cultural worldviews. More specifically, mental health professionals need to pay close attention on how culture may influence an adolescent's thoughts and behaviors, which may lead to psychopathology.

When it comes to examining ethnic differences on youth suicidal behavior, findings have been equivocal. A good fraction of the literature focused on Latina/o suicide has proclaimed that compared to European American and other ethnic minority youth, Latina/os have higher rates of depression, suicidal ideation and lifetime suicidal attempts (Canino & Roberts, 2001; Duarte-Vélez & Bernal, 2007, 2008; Eaton et al., 2011; Olvera, 2001; Roberts, Chen, et al., 1997; Tortolero & Roberts, 2001). Other research studies however, have reported no significant differences among the different ethnic groups (Guiao & Thompson, 2004; Roberts et al., 2007) while others suggest lower rates of suicidal behavior among Latina/o youth. Regardless of these findings, it is imperative to continue investigating what predisposes adolescents to suicide or suicidal behaviors and what "we" as a profession can do to facilitate the necessary resources and support to help our youth build a good repertoire of internal and external resources that will shield them from developing psychiatric disorders and thus suicidal behaviors.

Latina/os and Suicide

In the last decade, the Latina/o culture has received much attention on the topic of adolescent suicide. Statistically, Latina/o youth are the largest and most rapidly growing minority

group in the United States. New population figures have been released by the U.S. Census Bureau (2014) revealing that Latina/os represent approximately 55.4 million of the total population in the United States. Intriguingly, as of July 1, 2014 there are about 14.99 million Latina/os living in the state of California alone. Consequently, Latina/o's current health status and mental health trajectories merit careful consideration particularly because various research studies including the Centers for Disease Control and Prevention (2012a) have identified this ethnic group with higher rates of depression and non-fatal suicidal behaviors compared to youth from other ethnic groups. Although not clearly pinpointed, the profession of psychology as a whole has made great efforts to determine the risk factors associated with suicide among Latina/os. However, it is important to point out that fewer studies have addressed how Latina/o subgroups vary in terms of their mental health and ways of coping. Future studies need to complete within-group comparisons among this population as generalizations based on research studies that do not distinguish between these Latina/o subgroups are unavoidably limited; risk assessments, preventative strategies, and treatment efforts might look very different for different Latina/o subgroups. Failure to do so may result in negative implications when trying to understand and prevent suicidal behaviors within a specific Latina/o community.

Risk factors accounting for the prevalence of suicidal behaviors among Latina/os need further clarification. Some authors have offered several explanations and delineated specific risk factors that might account for suicidal behaviors among Latina/o youth. The majority of evidence, which is based on epidemiological surveys, longitudinal research, psychological autopsy studies, and correlational research points to an increased vulnerability to suicidal behaviors among Latina/os due specific cultural risk factors. Some of these include, familism (Duarté-Vélez & Bernal, 2007, 2008), gender roles (Céspedes & Huey, 2008; Kuhlberg et al.,

2010), effects of the generational gap between parents and adolescents (Céspedes & Huey, 2008; Dempsey, 2007; Smokowski & Bacallao, 2007; Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005) acculturation (Canino & Roberts, 2001; Olvera, 2001; Zayas et al., 2000; Zayas et al., 2005), the migration experience (Escobar et al., 2000; Wadsworth & Kubrin, 2007), and fear of deportation (Brabeck & Xu, 2010; Capps et al., 2007; Henderson & Baily, 2013; Lopez & Minushkin, 2008; Passel & Cohn, 2009; Suarez-Orozco et al., 2011). There is also recognition among the various research studies that cultural and familial factors are interrelated and play a role in suicidal behaviors among Latina/os. Interestingly, some of these cultural risk factors have a “doubled-edge effect,” they have been known to either predispose an adolescent to suicidal behavior or be a protective shield against suicide.

Between and Between Two Cultures: Family Versus the Foreign Homeland

The effects of familism, gender roles, and the generational gap between parents and their youth. It is well documented that among Latina/os, family is one of the most treasured values (Galanti, 2003; Kuhlberg et al., 2010; Zayas & Pilat, 2008). Continually, familism has been viewed as having a protective role in the lives of many Latina/o adolescents (Ayón et al., 2010; Baumann et al., 2010; Leidy et al., 2010; Zayas & Pilat, 2008). The most recent literature however has unveiled that although familism can shield our youth from suicidal behaviors, it can also have adverse effects (Kuhlberg et al., 2010; Smokowski & Bacallao, 2007; Zayas et al., 2005). That is, when adolescents differ significantly than their parents on familistic values, there tends to be more tension and disagreements within the family system. This is especially true for adolescents who are raised within a restrictive family environment (Kuhlberg et al., 2010), as these families seem to hold more rigid cultural values related to the family. For instance, family role processes within the Latino culture is very different for males and females due to stronger

gender role expectations for females. We have come to understand that in more traditional Latino families, females are raised to be more nurturing, family oriented, and passive while males are encouraged to be more assertive, independent, success oriented, emotionally restricted, and the “protector of the house” (Kuhlberg et al., 2010). It has been well documented that the difference in gender role socialization predisposes Latina youth for an increased risk for family conflict, identity confusion, and internalizing behaviors (Zayas & Pilat, 2008). It appears that as these youth are obliged to the family and remain quiet about their need for autonomy and independence, their self-esteem and self-expression are compromised leading many of these youth to feel frustrated, helpless, and depressed; sadly, many of these youth engage in suicidal behavior to provoke changes within the family system. As many authors have affirmed, it is a “desperate cry for help” (Zayas & Gulbas, 2012; Zayas & Pilat, 2008).

Gender role socialization. In the Latino culture, gender roles are well-defined and are captured in the constructs of machismo and marianismo (Piña-Watson, Castillo, Jung, Ojeda, & Castillo-Reyes, 2014). Adolescents learn the contents of their gender role expectations from both their parents and their native culture. As stated previously, at an early age, Latina/o girls and boys learn that girls should be nurturing, passive, and family oriented while boys are to be assertive, the protector, and authoritarian. These gender role expectations become prescriptive standards by which Latina/o adolescents learn to regulate their behavior and that of other Latina/os in order to conform to the Latino culture’s definitions of “maleness” and “femaleness” (Piña-Watson et al., 2014). For example, in a survey study, Piña-Watson et al. (2014) the authors sought to explore gender differences in the Marianismo Beliefs scale (MBS) among Mexican American adolescent males and females. Results of the study revealed that after using a modified version of the scale (Marianismo Belief Scale- Adolescent version (MBSA)), Latinas endorsed

higher levels of family and spiritual beliefs whereas Latinos scored higher on beliefs that Latinas should self-silence in order to maintain harmony and be subordinate to others. These results highlight how the Latino culture ingrains in our youth the values of how a woman should be and behave. Therefore, it is essential to modify this black and white thinking centered on gender role socialization among Latina/os and begin to see marianismo and machismo on a continuum. Interestingly, the extant literature focused on Latina/os overlooks the fact that some Latina/os may not necessarily fall into one category or another so distinctly; nowadays more and more Latina/os display qualities of both.

Latinas and marianismo. Within the traditional Latina/o culture, it appears that parents have a set of desires, wishes, and hopes for their daughters. That is, one that encompasses modesty and family. In today's society however, the adherence to marianismo has given way to a more modern way of interpreting a woman's role and their femininity. That is, one that not only encompasses nurturance, being passive, and responsibility to family but also one that includes independence and assertiveness. Unfortunately the extant literature has a limited view of the role of the Latina. Although many Latinas at home will follow the cultural prescriptions of what is expected of them as daughters, in the outside world they have to negotiate a different culture (which compels them to utilize character traits such as assertiveness and independence). Every day it appears that more and more Latinas in mainstream America society are breaking away from a traditional view of marianismo and embracing a more modern marianismo (nurturance and family coupled with asserting their independence (characteristics which are more consistent with machismo)). As previously stated, it is of utmost importance to move away from this dichotomous thinking and begin to view Latina's gender role expectations in a continuum that incorporates both marianismo and machismo values.

One area that continues to be of clinical concern is the discrepancy in what parents and adolescents perceive to be most important for long term personal fulfillment. Research findings have revealed that this discrepancy creates a great deal of strain and tension between the parent-adolescent dyad. Less acculturated parents for instance, are more concerned with addressing what they believe is a current threat to their young Latina. For example, in some Latino families, if a Latina decides she wants to go to college she is faced with many challenges. Though she may be encouraged to “superarse” (improve themselves), she may also be expected to continue fulfilling her role in the family, one that encompasses household responsibilities and caring for younger siblings. If she decides to go to college (especially if it is away from home), she may be discouraged. This is true in the Latino family who holds more traditional values regarding family. That is, it is encouraged for family members to live close by, support one another, and be prepared to sacrifice for the sake of the family (Zayas, 2011). If she decides to assert herself, she must be prepared to endure the endless criticisms from the family about her wanting to leave home as well as deal with the feelings of guilt she will experience for disappointing her parents. Additionally, she is also faced with the stress of possibly losing connection with family and part of her cultural identity as she assimilates to the new culture. On the other hand, if the young Latina stays, she may become angry, misunderstood, and may interpret this adherence to family values as limitations to her freedom. It seems as if parents focus on wanting to teach their young dedication and obligation to the family while the Latina aspires to accomplish personal development, educational and career goals.

It is worth mentioning that although many Latino families may place value on success and education, this attainment in some cases may be nearly impossible due to other demands and responsibilities that may take precedence such as financial commitments to the family in the U.S.

or in their native country and/or helping with the household responsibilities and caring for younger siblings (Lopez, 2009). Some Latina/os may not even apply for college as a result of this responsibility; while others may cut their education short due to these constraints (Lopez, 2009). It is important to highlight that there is competing evidence as to what Latina/os perceive as important to getting ahead in life. For example, in a bilingual telephone survey conducted by Lopez (2009) of a nationally representative sample of 2,012 Latina/os ages 16 and older (1,240 of which were between the ages of 16-25), he found that approximately 11% of Latina/o parents stated that getting a job to support the family after completing high school was the most important thing. However, it is critical not to overlook the fact that this 11% may have endorsed getting a job after high school as the most important thing due to difficult life circumstances (e.g., poverty) that some Latina/o families undergo; this might have influenced their decision on choosing a job versus going to college. It may be that more Latina/o parents want their children to obtain a college education however, given their obligations and responsibilities to the family, these circumstances may not privilege them from seeing this as a practical option.

Latina lesbians. As stated previously, growing up Latina in America can be challenging. Not only are young Latinas faced with very strict gender role/parental expectations and the acculturation process but some are also confronted with added pressure of having to disclose to parents and other family members about their sexual identity. To date, research on Latinas who identify as lesbian is very limited (Cochran, Mays, Alegría, Ortega, & Takeuchi, 2007). It is important to keep in mind that by Latinas expressing their sexual orientation towards females they are unavoidably portrayed as defying many of the basic assumptions of the culture in regards to family structure and the parental expectations of the young Latina to marry a man and have children. It has been also documented that many Latina/os especially those who are more

religious and who embrace more traditional gender beliefs hold more negative attitudes towards homosexuality. What this means for the young Latina who wishes to assert herself and express her sexual orientation is that she might feel very isolated, unsupported, and experience a mixture of emotions such as sadness and anger. Unfortunately, if the Latina adolescent does not receive the adequate support, she will internalize this struggle and anguish and thus may be more vulnerable for the development of a psychiatric disorder and suicidal behaviors (Cochran et al., 2007). On the other hand, if she is afraid of “coming out” she may decide to maintain a heterosexual façade in order to avoid family conflict. Again, sacrificing for the sake of the family in order to maintain peace and family cohesion. Whatever choice she makes, there are big challenges ahead. As stated in the literature, disclosure (without the sufficient support from family and friends) and nondisclosure of sexual identity may be a risk factor for the development of depression and suicidal behaviors (Cochran et al., 2007). Moreover, the suicidal gestures of the young Latina might be a considered another “cry for help” and a desperate way to initiate a conversation about sexual identity between parents and their daughters.

Machismo. Generally stated, within the Latina/o culture machismo is the socially accepted way of being a Latino man (Estrada, Rigali-Oiler, Arciniega, & Tracey, 2011). Continually, machismo has become synonymous with words such as aggression, womanizing, authoritarian and “serio” (serious) man. However, what has been left out by many is that machismo has been positively related to achieving success, responsibility, and power. Moreover, some research studies have revealed a new aspect of machismo called “caballerismo,” which encompasses characteristics such as family centeredness, a man of his word, and emotional connectedness (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008; Ojeda & Piña-Watson, 2014; Zayas, 2011). Of note, caballerismo appears to be more aligned with the construct of

marianismo in which family and being emotionally attuned are paramount. Although some research has recognized that machismo may have adverse effects on mental health such as higher depression, low self-esteem, stress, and maladaptive behaviors such as alcohol abuse (Arciniega et al., 2008; Ojeda & Piña-Watson, 2014), others have found that “caballerismo” may be a protective shield against internalizing behaviors (Ojeda & Piña-Watson, 2014). Further research is warranted on how all aspects of machismo affect the mental health of our Latino youth. It is unfortunate that as a social label machismo will never lose its negative connotations. It is up to parents, family, and significant others who interact closely with our Latina/o youth to educate them about the different aspects of machismo. Of note, the degree to which a young Latino adolescent favors one pole or the other of machismo is influenced by his parent’s child rearing practices and beliefs as well as by other men role models in his life. Moreover, future studies investigating the relationship between machismo and internalizing behaviors including suicide are crucial in order to implement preventative practices when working with our Latino boys. Furthermore, capitalizing on the positive aspects of machismo can also provide clinicians with new tools that will help shield our youth from the development of psychiatric symptoms such as depression and low self-esteem. Furthermore, it is also critical for psychologists to move away from this black-and-white thinking and begin to consider that some Latino youth may possess both caballerismo (construct similar to marianismo) and machismo values.

Latino gay men. Interestingly, there is a paucity of research on homosexuality within the Latino culture. It seems that many Latina/o families have a tendency to either ignore their son’s sexual orientation or minimize its existence. The literature highlights that some Latina/o communities hold the belief that being gay is the worst thing to do especially if you are male (Estrada et al., 2011). Not to mention the insensitivity of others when it comes to the labels

utilized in describing homosexual males: “maricon” (sissy) or “joto” (fag). The damaging effects that this has on youth is shattering as many are vulnerable to developing depression and thus, suicidal behavior or attempts (Jiang et al., 2010; Langhinrichsen-Rohling et al., 2011; Russell & Toomey, 2012; Spirito & Esposito-Smythers, 2006). Moreover, it has well been documented in the literature that many of the young men who identify as gay are at risk for being bullied (American Psychological Association, 2005), may engage in risky behaviors such as substance abuse (Langhinrichsen-Rohling et al., 2011), and may experience more discrimination. It is essential to keep in mind that identifying as a gay man does not mean that he disposes of his masculinity. It is crucial for psychologists and other professionals working with Latina/o youth who identify as gay to help them develop the adequate internal (problem solving skills, self-competence) and external resources (family and peer support) that are necessary for healthy development. Moreover, as stated in the literature, being able to freely talk about one’s sexual orientation and integrate it into one’s life promotes better mental health and quality of life (American Psychological Association, 2005).

Birth order and suicidal behavior among Latina/o youth. One element of Alfred Adler’s complex body of work involves the importance of birth order for adolescent outcomes. In his work, he attempts to understand how family matters by considering the order of when a child enters a family (as cited in Horner, Andrade, Delva, Grogan-Kaylor, & Castillo, 2012). Adler’s theory suggests that different positions in a family birth order may be associated with both positive and negative life outcomes. For example, it has been documented that first-born children are typically more achievement-oriented, have a sense of responsibility to take care of others, identified with parents, and traditional than their siblings (Horner et al., 2012). On the

contrary, later-born children are generally more adventurous, easygoing, rebellious, risk-taking, sociable, and unconventional.

Some studies have revealed that Adler's theory of birth order may have significance with ethnic minority populations. For example, in some cultures, a first-born son may have more positive life outcome expectations due to prevailing gender roles, which may include being assertive and a decision maker for the family (Galanti, 2003). On the contrary, being a first-born daughter may have a totally different implication as their gender role expectations may be that of a caregiver.

To date there are no current studies that have investigated the relationship among birth order and the risk for internalizing behaviors such as depression and suicide or suicidal behavior among the Latina/o community. It is not uncommon for some Latina/o couples to have a large family. As such, the first born child may have a big responsibility in fulfilling her role in the family coupled with other normal developmental challenges she may be experiencing. Therefore, it is essential to take into consideration whether the first born child of a large family is at more risk for the development of a psychiatric disorder and suicidal behavior given the heightened pressure of carrying out a lot of the household responsibilities and caring for younger siblings. This is especially true if both of the parents are working and/or have jobs where work hours are long and irregular; consequently, the parental expectations for the oldest child are very high which produces an immense pressure on the first born. The quandary of having to choose family versus career can be an overwhelming process and thus provoke a myriad of intense emotions such as anger, resentment, sadness, disappointment, guilt, and shame. No matter what the Latina/o adolescent chooses, that is, to pursue their educational goals or either work to help the family financially or help with the caring of younger siblings, they are in need of emotional

support and guidance as they may be heightened risk for the development of depression or anxiety. Furthermore, it is noteworthy to mention that Latina/o youth with parents that highly emphasize obtaining a college education, may also be at risk for the development of psychiatric disorders and suicidal behaviors. It appears that youth feel pressured to excel academically and bring pride to the family name. If they fall short, they feel they have let the family down, particularly their parents; consequently, they may experience a myriad of negative emotions which in turn may lead the Latina/o adolescent to feel hopeless about their abilities and future and thus increase their risk of a psychiatric disorder.

The generational gap and the need for open communication. It has been well documented that Latina/o adolescents are more likely than their parents to adopt the beliefs, values, and behaviors of mainstream America (Birman, 1998; Gil et al., 1994). Consequently, when a Latina/o adolescent deviates from traditional family values this creates a tension and strain in the relationship and thus a gap in the channel of communication among the dyad. Throughout the literature it is consistently noted that adolescents need open and supportive communication from their parents for optimal personal and educational development (Garcia et al., 2008; Turner et al., 2002; Zayas, 2011). What appears to happen in a lot of Latina/o families especially those with a bicultural teen is that as the adolescent wishes to be independent, spend more time with peers, and focus on their education, parents try to impose on them values centered on the needs of the family. This discrepancy therefore, intensifies the stress level among the adolescent-parent unit on top of the already existing “storm-and stress” that occurs during the adolescent years. It is crucial to close the gap between the adolescent-parent dyad and promote healthy supportive communication as this enhances positive parenting and creates a supportive environment (Garcia et al., 2008). Moreover, it enhances family cohesion as well as youth’s

social competence (e.g. problem solving skill) and self-efficacy (Leidy et al., 2010).

Additionally, the development of these character traits can help the adolescent navigate the demands of both their native and the American cultures. Moreover, these personal characteristics are linked to less problem behaviors such as aggression and alcohol/drug abuse and thus less risk for the development of internalizing behaviors including suicide (Leidy et al., 2010). Further research is required to develop interventions that will help Latina/o parents acquire an understanding, appreciation, and knowledge of the values, beliefs, and cultural norms of the mainstream American culture. Latina/o youth on the other hand, may need to be reminded of the positive qualities of the Latino culture. Discovering the best approach therefore, will help both parents and their adolescents navigate this generational gap and thus avoid damaging the family environment.

Acculturative Stress

For many immigrant families acculturation is a stressful process (Hovey, 2000b; Zayas & Pilat, 2008). They are confronted with many new challenges as they try to assimilate to the dominant host culture. Acculturation brings stress upon the immigrant family, which may have negative consequences to the mental health of both parents and their children (Céspedes & Huey, 2008; Heacock, 1990; Kuhlberg et al., 2010; Langhinrichsen-Rohling et al., 2009; Locke & Newcomb, 2005; Smokowski & Bacallao, 2007; Smokowski et al., 2009; Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005). Throughout the extant literature it has been noted that acculturative stress is positively related to depression, low self-esteem, and suicidal behaviors among Latina/o youth (Gil et al., 1994; Hovey, 2000a; Hovey & King, 1996). What has yet to be determined is what level of acculturation is a risk factor for depression and suicidal behaviors. Current research presents mixed results; some indicating that low levels of acculturation produce

negative mental health outcomes (Katragadda & Tidwell, 1998; Ng, 1996; Olvera, 2001), others stating that unlike immigrants, Mexican American youth were at a higher risk for the development of depression (Alderete et al., 2000; Fortuna et al., 2007; Hovey & King, 1996; Peña et al., 2008; Smokowski et al., 2009) whereas others reported no significant difference (McDonald et al., 2005). Therefore, it appears that acculturation levels are more complex than originally thought; in some contexts, it may be better to retain the values, beliefs, and norms of the native culture whereas in other environments, acquiring the characteristics of the dominant culture may be more beneficial. Moreover, although various investigations claimed that biculturalism is the most advantageous (Birman, 1998; Smokowski & Bacallao, 2007; Smokowski et al., 2010), it may be that in some contexts achieving biculturalism may not be possible. Ongoing research is needed to continue exploring the connection between acculturative stress, depression, and suicidal behavior.

It is imperative to look at the different aspects of acculturation and the impact these have on the Latina/o adolescent. Some of the research investigating the effects of acculturative stress on the mental health of youth have indicated that it is important to take into account how the Latina/o adolescent perceives the acculturation process (Liu et al., 2014). That is, those that perceive it as an opportunity for growth and development may experience less stress and frustration than those who do not. It appears that a positive outlook on the assimilation process produces better overall adjustment to mainstream culture as these adolescents also appear to have a better repertoire of coping strategies.

Throughout the extant literature it was revealed that acculturating Latina/o youth are in constant struggle of dealing with the “push and pull” between their traditional values and beliefs and those of the host culture. However, there is a scarcity of research on the mental health effects

of acculturative stress resulting from obstacles such as lack of mainstream acceptance, language barriers, loss of social support, lack of community resources, and economic difficulties (Gee et al., 2006; Gil et al., 1994). Future research studies should address these factors and demonstrate how they might place our Latina/o youth at heightened risk for the development of psychiatric disorders, particularly depression and suicide/suicidal behaviors.

There is limited data on the association between substance use and acculturation among the Latina/o adolescents. Some of the literature has revealed that Latinos that are more acculturated or are U.S. born are more depressed and engage in the use/abuse of drugs and alcohol more than less acculturated Latinos (Gil et al., 2000; Peña et al., 2008). It appears that for some acculturating to the dominant culture is a stressful process that induces Latina/os to use alcohol and other drugs as a stress management strategy. Additionally, it is also speculated that it is the acculturation gaps between youth and their parents, which creates the pathway to alcohol/drug use. It is noteworthy for researchers to continue examining how the acculturation process influences the use of alcohol and other illicit substances among Latino youth. Moreover, it is critical to teach our Latina/o youth more adaptive ways of coping with acculturative stress.

Aside from exploring the effects of acculturation on an individual level, future research should help in the development of interventions to help parents and adolescents navigate acculturation gaps. As previously discussed, adolescents appear to adjust more easily to mainstream America. For example, children and adolescents appear to acquire the English language more easily than their parents, adopt the values of autonomy and independence more readily, have a better understanding of the rules and institutions in the U.S., and have an easier time adapting the cultural norms of mainstream America. What ends up happening with this acculturation gap between less acculturated parents and their young is a perceived power

differential, which results in family stress. It is essential for children to communicate to their parents that although they are more acculturated to the U.S., they continue to be respectful of their parents and the Latino culture. For the Latino parents on the other hand, it is necessary to provide them with the knowledge and understanding of the American values and beliefs and help find a safe medium between the two cultures.

The Migration Experience

Perusal of the literature indicates that there is limited data on the mental health effects of migration among Latina/os; there is limited data to date on the detrimental outcomes that results from migrating to the United States.

Time after time, we have heard that many Latino/as decide to leave their country of origin in order to achieve the “American Dream” and thus provide a better future for their families. This journey to the U.S. has come to be a very stressful life event as individuals tend to leave families behind (and thus a breakdown on family network), endure many traumatic experiences while migrating, enter the host country with very limited resources, and experience language and financial barriers. Consequently, it has been documented that individuals may experience feelings of loneliness and isolation, frustration, stress and thus, may be at heightened risk for the development of psychiatric disorders including suicide/suicidal behaviors (Escobar et al., 2000).

An area of the migration experience that has received very little attention despite the horrific consequences it has on the Latina/o individual and their family is the trauma that many immigrants undergo on the way to the United States. Many Latina/o immigrants who want to cross the Mexico-U.S. border know that they must be brave to endure the countless hours it takes, if lucky to survive, the journey into U.S. land. In addition to having to cross the hot, bleak, and desolate desert (whose temperatures may reach as high as 111 degrees) and risk dehydration

and heat exhaustion, many of the Latina/o immigrants may also suffer physical, verbal, and often times sexual abuse from “the coyote” (smuggler of immigrants) or unknown others (Villegas, 2014). Moreover, many of the immigrants who survive “crossing the border” may have also been exposed to seeing others (including their own family members) die as a result of the hot sun and or other unfortunate experiences. The effects that these experiences have of the Latina/o immigrant go beyond the experience itself. Namely, many of these individuals will present with symptomatology that is consistent with post-traumatic stress disorder or major depressive disorder (Villegas, 2014). Because many Latina/os do not believe in seeking help outside the family, the symptoms they experience will worsen causing a person to decompensate and thus requiring hospitalization. Furthermore, the effects go beyond the individual level; that is, they affect the family especially the children of immigrants. Therefore, empirical research is necessary to investigate to what extent the migration experience affects the mental health of the children and adolescents.

Another area that deserves consideration is the pre-migration factors in the development of psychiatric disorders (Hovey, 2000a). The existing data focuses on the refugees from Central America (primarily those from El Salvador, Guatemala, Nicaragua, and Honduras) who escape their native country as a result of government repression and/or political persecution (Hovey, 2000a). Many of these individuals coming into the United States may already have a pre-existing psychiatric disorder resulting from the traumatic and shattering experiences they endure in their country of origin. On top of that, many of them suffer a great deal of additional pain as they migrate into the United States. It is important for psychologists to be cognizant about the multiple factors that contribute to the development of psychiatric disorders among this population.

“La Bestia” (The Beast). The sacrifice of separating from the family and immigrating into the United States is one of the ways that many Latina/os demonstrate their devotion to the family. This sacrifice is not uncommon if the immigrant’s dedication to the family as the protector and head of household requires them to make such a drastic move. It is estimated that approximately half a million Central Americans (Mexican) travel an arduous eight day journey atop of freight trains colloquially known as the “La Bestia” (Villegas, 2014). La Bestia is a train that carries product such as food, automobiles, chemicals and plastics for export to the U.S. which route extends from Chiapas or Tabasco, Mexico to the U.S. (Villegas, 2014). Many immigrants from Central America (and some Mexican immigrants) go onboard these freight trains in an attempt to escape poverty and violence and to better their lives and that of their families. La Bestia consists primarily of poor, undocumented, uneducated Latino men with the ambition of achieving the American Dream (Villegas, 2014). Most recent data however reveals that in the past two years more and more women and children are migrating to the U.S. via La Bestia (M. Johnson, 2015). Many of these immigrants are faced with dangers such as, injuries, extortion, sexual assaults, kidnapping, and violence from organized gangs or crime groups (M. Johnson, 2015; Villegas, 2014).

Reaching the Mexico-United States border does not mean that there is an end to the suffering and traumatic experiencing for the Latina/o immigrant. These individuals must now pay a coyote (smuggler) to help them cross the border. Many of these Latinos will not have the means to pay the coyote, others will suffer as they cross to the U.S. due the arduous journey that accompanies crossing to the U.S., and others will suffer being caught by U.S. patrol and thus be deported back to their country of origin. Regardless of what circumstances they face, it is evident that the mental health of these individuals is in jeopardy. Therefore, it is imperative for

researchers to document the mental health effects of those individuals that travel into the U.S. via La Bestia. The journey is a difficult one and it is important for clinical psychologists to take into consideration the consequences that migrating to the U.S. aboard the freight trains has on the mental health of the Latina/o immigrant (whether it is first-hand experience or witnessing a violent act). Not surprisingly, there appears to be a critical need for trauma focused mental health care for these immigrants and the completion of a thorough suicide assessment as the effects of migration are severe and have long standing effects on the psyche.

Unaccompanied immigrant children. Another area in need of empirical research is the mental health of unaccompanied immigrant children or legally referred as unaccompanied alien children (UAC) from Central America and Mexico who migrate to the United States to escape poverty, abuse, and violence in their native country (M. Johnson, 2015; Shapiro & Stark, 2014). The U.S. Customs and Border and Protection estimated that between October 2013 and June 2014, they apprehended approximately 58,000 unaccompanied children which came from Honduras, Guatemala, El Salvador, and Mexico. Many of these children continue to be faced with trauma in their journey (on foot or onboard La Bestia) to the U.S. and upon their arrival to the U.S. (M. Johnson, 2015; Shapiro & Stark, 2014). It is safe to assume that the circumstances that these children are faced with are traumatic. Many of these children, like adults, are vulnerable to extortion by gangs, theft, kidnapping, rape, physical and sexual abuse, physical injury, and violence (M. Johnson, 2015; Shapiro & Stark, 2014). Moreover, many of these children may also witness gang violence and people falling off the trains. Furthermore, immigrant Latina/o children who are detained by U.S. patrol continued to suffer as they are isolated from family and they struggle with a new language, culture, and expectations (M. Johnson, 2015; Shapiro & Stark, 2014).

Unfortunately, to date little has been done to meet the mental health and trauma needs of unaccompanied immigrant children. It is imperative to take into consideration the mental health needs of these children as it has been shown that childhood trauma is associated with long term mental health effects such as Major Depression Disorder, Post-Traumatic Stress Disorder, Anxiety disorders, anger, and suicidal behaviors (M. Johnson, 2015; Shapiro & Stark, 2014).

Deportation

It has been documented that many Latina/o families are ruptured due to deportation. There is insufficient research to date that has examined the deleterious mental health effects of parental deportation on children. The handful qualitative reports that exist highlight that there are risk factors specific to children of immigrant parents. Specifically, it appears that children and adolescents are more likely to develop feelings of fear, worry, and anxiety about a family member being deported (Capps et al., 2007; Henderson & Baily, 2013; Suarez-Orozco et al., 2011). Additionally, many Latina/o children and youth suffer psychological trauma as a result of being separated from their parents as well as the economic hardship that accompanies parental deportation (Brabeck & Xu, 2010). Further research should continue to explore the effects of deportation on children/adolescents and the family unit. More specifically, factors such as the age and gender of the Latina/o child/adolescent; the country of origin, and expected time of reunion with the parent should be explored. Moreover, how psychologists intervene clinically with this population is very critical. They should be alert at the different ways that children/adolescents react to deportation- they may develop disruptive, post traumatic, anxiety, or depressive disorders. Appropriate clinical interventions should be implemented to help our Latina/o children/adolescents cope with deportation and avoid the development of mental and physical health disorders.

It is obvious that when a parent is deported the family system is disrupted. Many of these children are left with other family members, others are placed in foster care and others may be “forced” to move to the parent’s native country. Consequently it is not surprising that many of these children/youth are at heightened risk of psychiatric disorders including feelings of abandonment and isolation (Capps et al., 2007). Although children are resilient individuals some do experience the negative effects of separation from their parents and thus this affects child development. An area that has yet to be explored is the effects that “forcing” a U.S. born child/adolescent to move to the parent’s native country in order to be reunited with their parents has on their mental health. It is of utmost importance to take into consideration the opinion of the child/adolescent on whether they want to move to yet another foreign land that in a lot of cases is consumed with poverty, violence, and less opportunity for personal development. Time after time you will hear a Latina/o say “it is best to be poor in the United States than to be poor in the native country.” It is critical to remember that a child/adolescent has a “voice;” they have a right to decide where they want to live. Just as we have unveiled that acculturating to the U.S. culture can be stressful and tedious process, so can the adjustment to the parent’s native country be for many of our children/youth. Future research should investigate the mental health effects and challenges faced by children/youth who have moved to the parent’s native country.

Hence, the deportation of Latina/o parents poses a significant problem not only for the family as a whole but at an individual level. Psychologists therefore need to develop clinical interventions that will help the individual cope effectively with the deportation of parents. They should be cognizant of the anxieties, worries, and fears that child might have and thus utilize appropriate interventions to help them cope with the situation so that it does not disrupt

development. The first step however appears to be the need to shed light on the fact that parental deportation that is a real threat to the mental health of Latina/o children.

The “Double-Edged Sword”

Familism. Familism has been viewed as a protective factor against family conflict and thus internalizing behaviors, including suicidal behaviors (Ayón et al., 2010; Baumann et al., 2010; Leidy et al., 2010; Zayas & Pilat, 2008). The most recent research however, has unveiled that familism’s relationship to low family conflict with the parent-adolescent dyad can be interpreted in several ways. First, Latinas with higher familistic values may refrain from disagreeing with their parent’s cultural views as doing so is deemed disrespectful; deference to elders is of utmost importance (Zayas, 2011). Latinas may also feel guilty and fear disappointing their parents and be labeled as “rebellious;” in some cases, Latinas who deviate from their household responsibilities and other obligations to the family are called names such as “worthless” and “stupid” (Zayas et al., 2010). It is unfortunate that those that keep quiet may turn their stress and frustrations inward which increases the risk of developing a psychiatric disorder such as depression and thus suicide (Kuhlberg et al., 2010). Perusal of the literature also highlighted the role of “sacrifice for the sake of the family” (Nolle et al., 2012). As we know, sacrifice can have a positive meaning in the life of Latino/as. Sacrificing for the family means devoting oneself to the family with the intention of fulfilling certain roles and expectations like completing household chores, cooking, taking care of siblings and even the elderly. Sacrificing for the family is stepping away from an egocentric perspective and putting the needs of the family above your own. Although many of the Latina/o youth adhere to sacrificing for the family, it is essential to understand to what extent are they “sacrificing” for the family. That is, youth who do not successfully meet the expectations and fulfill their roles and responsibility may

perceive this as a failure or disgrace to the family and thus feel disappointed and ashamed; one of the solutions to their embarrassment and burden to the family is suicide. Future research studies are needed to investigate why some young Latina adolescents strongly believe that they are a burden and disgrace to the family to the point of taking their lives.

It would be interesting for further research to examine different levels of familism. It may be that familism may serve as a protective factor only when in moderate levels as too high or too low may be associated with heartbreaking outcomes. It is apparent that the value of familism is more complex than originally thought; therefore careful assessment must be carried out to avoid overlooking Latina/o youth who are most vulnerable to suicide.

Catholicism. It has been a long-lasting supposition that Catholicism is a protective factor against suicide and suicidal behavior (O'Donnell et al., 2004). That is, Latina/o adolescents who are more involved with church activities and have strong perceptions of religiosity are less likely to engage in suicidal behaviors (Borowsky et al., 2001). Part of the reasoning behind this presumption is that Catholicism classifies suicide as a sinful act and condemns suicide as a way for coping with emotional suffering. Embracing this religious framework therefore is said to be correlated with individuals attending church services and being part of community that instills hope, faith, and social support (O'Donnell et al., 2004). Moreover, being part of the church can provide adolescents with religious and cultural values that help instill involvement and dedication to family life and the community. It is important to highlight however that some research studies have revealed that the Catholic religion is inversely related to positive mental health outcomes due to the emphasis on guilt, shame, and sin for situations such as homosexuality, suicide, and pre-marital sex and pregnancy (Dew et al., 2008; O'Donnell et al.,

2004). Nevertheless, much research is needed to determine in what circumstances religion promotes resilience, a healthier lifestyle and less risk for suicide.

Clinical Implications and Recommendations

The critical analysis of the literature has revealed that suicide is a major problem among communities around the world, particularly among the Latina/o population. Research studies focused on Latina/o adolescents and suicidal behavior have identified this ethnic group with higher rates of depression, hopelessness, suicide plans, and suicidal behavior, particularly suicide ideation and attempts in the past year among Latina youth (Canino & Roberts, 2001; Duarte-Vélez & Bernal, 2007, 2008; Eaton et al., 2011; Olvera, 2001; Roberts, Chen, et al., 1997, Tortolero & Roberts, 2001). The literature highlights that although Latina/os in the United States are a heterogeneous group, containing more than 30 subgroups, intergroup differences have not been studied (Galanti, 2003). Therefore, when discussing Latina/os and suicide, most results are generalized to the Latina/o group as a whole. It has well been established that most suicide attempts among adolescents are a desperate attempt to escape from intolerable affects (i.e., rage), intense isolation, or self-loathing as a result of the myriad of cultural stressors coupled with the normal “storm and stress” experienced during adolescent development. Adolescents who have attempted suicide may find it very difficult to identify the specific trigger/s of a suicide attempt or have difficulty articulating their state of mind and feelings. This internal struggle may therefore reflect poor emotional regulation and deficient social and problems solving skills, which constitutes an acute and persistent risk factor for stormy interpersonal relationships and impulsive behavior such as suicide. Interestingly, among Latina/o youth, some research studies have reported that similar to the culture bound syndrome of “ataques de nervios” (i.e., intense crying, trembling, fainting) experienced by adult Latina females in response to stressful

situations, suicidal behaviors among adolescent Latina/os can be perceived as a cry for help (Zayas & Pilat, 2008) as many youth perceive their lives full of tension and conflict or as Zayas (2011) emphasizes “the suicide attempt represents a means provided by culture through which Latinas can communicate what is happening to them, in them and around them” (p. 146).

Treatment of Suicidal Latina/o Adolescents

On a practical level, the findings of the critical analysis of the literature have implications for the evaluation, intervention, and the treatment of adolescents who engage in suicidal behaviors. Interestingly, though numerous research studies have revealed that Latina/o adolescents and their parents identify teen suicide as a major problem, they did not recognize it as a problem in their own community. These findings highlight the central role that psychologists play in our society. Namely, a task that encompasses not only educating the Latina/o community on adolescent suicide and the respective risks factors but also the implementation of suicide prevention programs that teach and develop our youth’s problem-solving, communication, coping, and cognitive skills. Perusal of the extant literature has revealed that the Latina/o population has several common cultural factors that shape, define and are central to this ethnic group and may provide an explanation on the higher prevalence of non-fatal suicidal behaviors. Some of the most prevalent cultural risk factors among this population include: familism (Duarté-Vélez & Bernal, 2007, 2008) gender roles (Céspedes & Huey, 2008; Kuhlberg et al., 2010), family conflict (Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005); acculturation (Canino & Roberts, 2001; Olvera, 2001; Zayas et al., 2000; Zayas et al., 2005), the immigration process (Escobar et al., 2000; Hovey, 2000a; Wadsworth & Kubrin, 2007); fear of deportation (Brabeck & Xu, 2010; Capps et al., 2007; Henderson & Baily, 2013; Lopez & Minushkin, 2008; Passel & Cohn, 2009; Suarez-Orozco et al., 2011) psychiatric disorders such as alcohol use

(Guiao & Thompson, 2004) and depressive symptoms (Duarté-Vélez & Bernal, 2007, 2008; Guiao & Thompson, 2004; Olvera, 2001); fatalism (Canino & Roberts, 2001; Jamieson & Romer, 2008); contextual factors; and low socioeconomic status (Olvera, 2001). Having awareness and understanding of these risk factors is of utmost importance as it will enable the psychologist to make a thorough suicide evaluation while being cognizant of cultural factors that may contribute to suicidal behaviors among this at-risk Latina/o population.

Assessing for Suicidality

Research on Latina/o adolescents and suicidality accentuates that mental health professionals need not only to address and evaluate suicide attempts, but also recognize suicide as a health concern that warrants ongoing screenings and/or assessments during regular doctor visits.

The literature highlights specific tasks that mental health and medical professionals need to accomplish in order to decrease the incidence of suicide among adolescents. Specifically, they need to

- assess the degree of acute risk and determine what immediate steps, if any, are required to ensure the safety of the child or adolescent;
- perform a psychological assessment of the child or adolescent which addresses culture specific risk factors such as acculturation levels including acculturative stress (Canino & Roberts, 2001; Olvera, 2001; Zayas et al., 2000; Zayas et al., 2005), affiliation with their native culture, immigration process (Escobar et al., 2000; Hovey, 2000a; Wadsworth & Kubrin, 2007), fear of deportation of a family member or the child/adolescent (Brabeck & Xu, 2010; Capps et al., 2007; Henderson & Baily, 2013; Lopez & Minushkin, 2008; Passel & Cohn, 2009; Suarez-Orozco et al., 2011),

familial conflict particularly with parents (Turner et al., 2002; Zayas et al., 2000; Zayas et al., 2005), attitudes and expectations toward the future including any fatalistic world views (Canino & Roberts, 2001; Jamieson & Romer, 2008; Joe et al., 2007) which may be directly impacting/causing significant distress in the adolescent's life (In other words, what is the suicidal crisis? What makes this adolescent more prone to attempt against his/her life?), assessment of whether the child or adolescent is a victim of bullying or whether he/she engages in behavior that is consistent with bullying others (Bauman et al., 2013; Borowsky et al., 2013; Hepburn et al., 2012; Hertz et al., 2013; Klomek, Sourander, et al., 2008; Meltzer et al., 2011; Romero et al., 2013; Sourander et al., 2000), and sexual identity (Jiang et al., 2010; M. King et al., 2008; Langhinrichsen-Rohling et al., 2011; O'Donnell et al., 2004; Russell & Toomey, 2012; Spirito & Esposito-Smythers, 2006);

- identify what internal, psychological, familial, and social resources are available to help the adolescent deal with the crisis;
- develop a treatment plan that addresses the immediate and longer term risk factors for suicide; and
- ensure ongoing treatment compliance and follow-ups (this is especially critical with in the Latina/o community as many attribute seeking help outside the family circle as shameful and/or a sign of weakness).

Cultural Factors to Consider When Assessing for Suicidality Among the Latina/o Youth

The effects of immigrant generation status and acculturation. To improve suicide prevention efforts for Latina/o youth, immigrant generation status and acculturation must be taken into account as important factors. Psychologists and other mental health and medical

professionals should be cognizant of the level of acculturation of the youth that they have come in contact with. As mentioned in previous chapters, the literature highlights that there are mixed findings in relation to the acculturation process. That is, some researchers have affirmed that lower levels of acculturation are related to an increase in depressive symptomatology and suicide (Katragadda & Tidwell, 1998; Ng, 1996; Olvera, 2001), others have accentuated that higher levels of acculturation are highly correlated to increased levels of stress, depression, and suicidal behaviors (Alderete et al., 2000; Fortuna et al., 2007; Hovey & King, 1996; Peña et al., 2008; Smokowski et al., 2009) whereas others have postulated that biculturalism is the most adaptive form of acculturation that results in better mental health, greater self-esteem, and better social skills (Birman, 1998; Smokowski & Bacallao, 2007; Smokowski et al., 2010). Despite these discrepancies, it is essential to assess whether the Latina/o adolescent is experiencing any acculturative stress related to low levels of social support, availability of community resources, socioeconomic status, language barriers, religion, pre-emigration adaptive functioning (e.g., self-esteem, coping skills), and expectations for the future. This is critical as it has well been documented that acculturative stress is positively correlated to depression, low self-esteem, and suicide ideation and attempts (Gil et al., 1994; Hovey, 2000b; Hovey & King, 1996; Smokowski & Bacallao, 2007). For example, clinicians working with highly traditional Mexican American adolescent girls should broaden their understanding of the nature of self-esteem, allowing clients to identify factors they use in evaluating the quality of their lives. That is, for a Mexican American adolescent who is highly affiliated with the Mexican culture, she may evaluate her life according to her parent's happiness rather than to her own academic performance. They may have (or place greater importance on) a collectivistic, interdependent sense of self, based primarily on relationships. If this is the case, clinicians should then focus their attention on

assessing the quality of their patient's relationships rather than on focusing on the adolescent's need to assert their autonomy and independence. On the other hand, a clinician who may be working with a Latina/o adolescent who adheres more to U.S. mainstream culture, he/she may want to assess whether there exists any conflict with the parents or any feelings of guilt or shame which may result for not adhering to the roles and responsibilities posed by their parent's cultural belief system.

Deportation and the migration experience. It has well been established that Latina/o youth are the largest and most rapidly growing minority group in the United States. The U.S. Census Bureau (2014) revealed that there are approximately 5.5 million children whose parents are undocumented immigrants, and among these children about 73% are American citizens. Since 2009 the U.S. Department of Homeland Security (2009) reported that about 108,434 mothers and fathers of U.S. citizen children were deported. Not surprisingly, it is an obvious concern that for these children, the possibility of their parents being deported is a real threat. Unfortunately, research studies investigating the effects of deportation on children and adolescents of undocumented immigrants is very limited. Research has revealed that children and adolescents may be prone to depression, anxiety, behavioral problems, and other factors such as poor academic performance, lack trust, and strained family and other social relationships (Brabeck & Xu, 2010; Capps et al., 2007; Henderson & Baily, 2013; Lopez & Minushkin, 2008; Suarez-Orozco et al., 2011). For these reasons it is essential for psychologists to assess whether these children and adolescents are undergoing the threat of deportation of family and or dealing with separation of family due to immigration issues. Once assessed and determined that the child/adolescent may be experiencing angst as a result of separation or possible deportation

issues, preventative treatment approach should be put into practice to lessen the possibility that he/she may develop problematic behaviors or attitudes that may lead to a psychiatric disorder.

The suicide attempt as a cultural idiom of distress. The suicide-attempt phenomenon by the Latina/o adolescent has been contrasted in the literature to the well-known “ataque de nervios” seen among Latina women and proposes that this phenomenon may represent an adolescent’s expression of the “ataque,” or it may represent a cultural variant (Zayas & Gulbas, 2012). In their research Zayas and Gulbas (2012) report that suicide attempts by many Latinas may represent a cultural idiom of distress as a means for expressing their feelings of anger, frustration, depression, dysphoria, and desperation. Research studies have documented that the suicide attempt by the adolescent is part of an emotional process that weakens the young Latina’s ability to deal with the intense, prolonged interpersonal stresses that derive from family conflict (Zayas, 2011). That is, it appears that the suicidal behavior denotes a strong desire to end recurrent and painful family upset. It is essential for the treating mental health or medical professional to view these suicide attempts as a cultural idiom of distress as it sheds light on how this behavior is culturally meaningful. It is also important for professionals to recognize that although non-lethal, these suicide attempts are indicative of the great deal of turmoil and emotional dysregulation in the adolescent’s life. It is critical for the mental health or medical professional not to assume that the suicide attempt is solely a distress signal but rather he/she must complete a thorough suicide assessment while looking for recurrent patterns and providing the adolescent with the adequate social emotional competencies that have been linked to positive mental health outcomes. These competencies include, “self-awareness” which consists of having the adolescent identify and recognize his/her own emotions, sense of self-confidence, and the ability to identify strengths within the self and others; “social awareness” which embraces

empathy, respect for others, and perspective taking; “responsible decision making” or the ability to evaluate and reflect and have personal and ethical responsibility; “self-management” which involves the adolescent ability to have impulse and anger control, stress management, goal setting, and motivation; and “relationship skills” or the ability for the adolescent to cooperate, help, and communicate well with others.

Evidence-Based Treatment and Latina/os

Perusal of the literature indicates that there are limited evidenced-based treatment practices exclusively when working with the Latina/o population (Torres, 2012). The American Psychological Association (2005) defines evidence-based practice in psychology as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (p. 5). It has been documented that although there is a high prevalence of mental health needs within the Latina/o population, interventions to address and treat these psychiatric disorders have unfortunately been developed and tested largely with non-Hispanic White patients (Torres, 2012). Therefore, it is essential for the clinician to tailor these evidenced-based treatment interventions to the Latina/o and/or the Latino family. The challenge that clinicians are faced with is maintaining the integrity of the treatment approach while making sure that it is culturally appropriate. Adaptations of evidence based therapies such as Cognitive Behavioral Therapy or Family therapy for disorders such as depression have been effective with this population.

Individual Psychotherapies

The question that is posed by many psychologists and other mental health professionals is what treatment approach has demonstrated to be effective and valuable when treating a suicidal Latina/o adolescent. The answer to this question is not an easy one. That is, the clinician cannot

rely solely on working with the Latina/o suicide attempter utilizing only one therapeutic modality. It might be more practical to utilize therapeutic interventions from various treatment approaches (individual and family therapy) that will address the Latina/o adolescent's needs and bring about the most enduring change in their life.

One of the first factors to consider when working with a Latina/o adolescent who has attempted suicide is whether they have participated in psychotherapy. For some Latina/o youth, this is their first exposure with a mental health professional. Of note, many youth are already experiencing a myriad of emotions such as shame, guilt, regret and sadness as a result of the attempt; therefore, having to see a mental health professional as a result may be an added layer of stress given their unfamiliarity with the mental health system. Therefore, it is essential that the clinician provide the Latina/o adolescent with psychoeducation on what it means to receive mental health treatment while simultaneously attempting to build rapport and having them “buy in” to the treatment. Additionally, the clinician must take into consideration the central role that parents play in the psychological treatment of their youth; if they too are unfamiliar with the system it is necessary that the clinician educate the parents and (if applicable) correct some of the faulty assumptions and misconceptions that they may have in regards to treatment.

Cognitive Behavioral Therapy. Cognitive Behavioral Therapy (CBT) has been scientifically tested and found effective in numerous clinical trials to treat a variety of psychiatric disorders such as depression, anxiety, substance abuse and medical conditions such as chronic pain and insomnia. CBT is time limited, focused on the present, and places high emphasis on problem-solving. The basic premise behind CBT is the how thoughts, mood, and behavior all influence each other. The clinician teaches the patient skills such as cognitive restructuring,

psychoeducation, problem solving, anger management, communication skills, and changing behavior (i.e., impulsivity).

As mentioned in previous chapters, it is vital to treat adolescents who have attempted suicide as these behaviors are predictive of future suicide attempts with re-attempts highest in the first three to six months and but remaining elevated within the first two years (Bae et al., 2005; Borowsky et al., 2001; De Munck et al., 2009; Spirito & Esposito-Smythers, 2006). Some researchers have utilized Cognitive Behavioral Therapy for the prevention and intervention of adolescents who have attempted suicide (Emslie, Kratochvil, & Vitiello, 2006; Stanely et al., 2009). For instance, using the Treatment for Adolescents with Depression Study (TADS), Emslie et al. (2006) compared the efficacy of medication treatment (Fluoxetine), CBT, and their combination (medication and CBT) in the treatment of pediatric depression. Their results revealed that adolescents reported a decreased in suicide ideation and depression when taking medication and receiving CBT. Additionally, they indicated that TADS was shown to be an acceptable and tolerable treatment as there was a compliance (12 week sessions) of more than 80%. Additionally, in a mixed methods study, Stanely et al. (2009) utilized Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP), for 110 adolescents who were depressed and had recently attempted suicide. The treatment approach which adopts techniques from Cognitive Behavioral Therapy and Dialectical Behavior Therapy consists of an acute phase (12-16 weekly sessions) composed of primarily of individual sessions and some family sessions (up to six sessions) and a continuation phase (or relapse prevention; 10-12 sessions). In the acute phase, clinicians focus interventions on safety planning, psychoeducation, developing reasons for living and building hope, chain analysis of the of the events associated with the suicide attempt, individual and family skills modules; the continuation focuses more on relapse prevention.

Results of the study revealed that the treatment was effective in helping adolescent's develop skills to reduce the risk of re-attempting suicide.

When working with Latina/o adolescents who have attempted suicide, it is likely that they are experiencing psychiatric symptoms and/or disorders, have strained family relationships (particularly with their parents), have difficulties managing anger, impulse control, negative emotions, interpersonal conflicts, lack of mentoring and support, difficulties with problem solving and coping. CBT may be very helpful in changing the Latina/o youth's self- perception of feeling hopeless, worthless, and guilty as well as other cognitions that are maladaptive and thus feed into the depression. Additionally, CBT enables the Latina/o adolescent to tell his/her story about the suicide attempt while simultaneously learning skills (i.e., anger management, distress tolerance) to minimize re-attempts. For example, poor coping skills, particularly emotion-focused coping (i.e. directed towards managing the negative emotions associated with the stressor) and deficits in problem- focused coping strategies have been associated with past suicide attempt and to be predictive of future attempts in adolescents (Hetrick et al., 2014). Of particular interest, is assisting Latina/os in emotional regulation (how a person contains and controls their emotions). This is of utmost importance as it teaches the young Latina/o how to choose his/her actions in appropriate socially accepted ways. Of note, when the Latina/o adolescent has difficulties with emotional and behavioral dysregulation, these thoughts and impulses become action which often times may be inappropriate in the context of expression and in their intensity (Hetrick et al., 2014). Self- regulation is an important skill for many Latina/o youth to learn in order to reduce suicidal behaviors.

Dialectical Behavior Therapy. Dialectical Behavioral Therapy (DBT) is a type of cognitive behavioral therapy that was developed by Marsha M. Linehan to treat individuals who

are chronically suicidal and diagnosed with borderline personality disorder. DBT however, has also been used to treat individuals diagnosed with other psychiatric disorders. Miller, Rathus, and Linehan (2007) for example, developed a modified version of DBT, Dialectical Behavioral Therapy for Adolescents (DBT-A), for adolescents who are suicidal and present with other problem behaviors. Specifically, it helps in the treatment of adolescents who view the world around them as invalidating and who have difficulties with emotional regulation and have a pattern of risky and maladaptive behaviors.

There are a handful of studies that have investigated the effectiveness of DBT-A in the treatment of adolescents self-injurious thoughts and behaviors and /or borderline personality disorder. For example, Woodbury and Popenoe (2008) in a study of 46 adolescents who underwent a 15 week DBT-A results revealed that there was a significant decrease in depression suicidal thoughts and behaviors, and other externalizing behaviors. Similarly, James, Taylor, Winmill, and Alfoadari (2008) examined the effectiveness of a 12 month treatment course of DBT- A on 16 adolescent females with persistent and deliberate self-injurious behaviors. Findings revealed that there was a significant decrease in depression, feelings of hopelessness, and self-injury. Moreover, in a naturalistic study using 61 adolescents with self-injurious thoughts and behaviors and features of Borderline Personality Disorder (BPD) who underwent a 15 course treatment of DBT-A, Courtney and Flament (2015) revealed that there was a decrease in self harm behavior, suicide ideation, and a decrease in BDP symptoms.

It has been revealed that Latina/o adolescents who have attempted suicide demonstrate higher internalizing and externalizing behaviors, tend to view the world around them as invalidating, and have difficulties modulating their emotions. This was particularly seen in Latinas who had low levels of mutuality, communication, and support (Baumann et al., 2010).

These findings suggest that they view their parents as not validating or understanding their feelings. Therefore, DBT may be an effective form of treatment when working with Latina/os as it would help target the emotional dysregulation they are experiencing. DBT views suicidal behaviors as a way an individual copes with acute emotional suffering. DBT may also help our Latino/a youth acquire skills to be more effective interpersonally, to tolerate stress more effectively, as well as help adolescents reduce maladaptive behaviors. Moreover, Miller et al. (2007) strongly encourage that parents have an active role in the treatment of their youth.

Family Centered Therapies

Zayas (2011) highlights that family centered therapies make the most sense in treating Latina/os with suicidal behaviors since it is within the family system that the suicidal behaviors occur. In order for the Latina/o adolescent to be helped, the family must be part of the treatment process. It is essential to understand that returning a rehabilitated individual into a toxic environment will likely result in the individual to return to old patterns of behavior (Zayas, 2011). In many examples cited in previous chapters it has been stated that family conflict, lack of support and empathy, hurtful words, and actions exist in the lives of many Latina/o adolescents which are further complicated by cultural factors such as familism, gender roles, acculturation, and generational-gap. As illustrated in Chapter 3, familism can play a role in and help explain suicidal behavior among Latina/o youth, particularly females (Smokowski & Bacallao, 2007; Zayas et al., 2005); therefore incorporating familism into tailoring interventions is essential. Moreover, the fact that many Latina suicide attempters reported low levels of mother-daughter mutuality, communication, and support (Baumann et al., 2010) suggests the need for interventions focused on enhancing family communication and problem-solving skills. There are

several family-centered treatment that have demonstrate to be effective in the treatment of adolescents who have attempted suicide.

Brief-Strategic Family Therapy. Brief- Strategic Family Therapy (BSFT) is an evidenced-based treatment family-centered treatment approach consisting of 12 sessions that targets youth with risky behaviors problems such as alcohol and drug abuse, sexual risk behaviors and delinquent behaviors (Szapocznik, Schwartz, Muir, & Brown, 2012). The basic premise behind BSFT is that family is the strongest force in child and adolescent development. Therefore, it considers maladaptive family interactions, power deferential, alliances, and poor boundaries as creating problems within the family system (Szapocznik et al., 2012). It is believed that families of youth who engage in risky and behavior problems tend to interact in ways that facilitate these maladaptive behaviors. The goal of therapy is for the clinician to help change the family's maladaptive interactions that encourage these risky behaviors. This treatment approach has been shown to be efficacious in various research studies as it changes the way family interacts with each other and helps change the adolescent's substance abuse, risky behavior problems, and impaired family functioning (Szapocznik et al., 2012). The goal of the clinician is to join the family in its malfunctioning system so that he/she can assess patterns of behavior, their affective climate, and its mood. The clinician then reflects it back to the family and utilizes techniques to restructure the family's way of relating.

Multidimensional Family Therapy. The Multidimensional Family Therapy (MDFT) is a well research treatment that has been used primarily for youth who abuse drugs (Danzer, 2014). This treatment model targets four different domain: adolescent, family, interaction, and extra-familial. The adolescent modules focuses on teaching the adolescent social, problem-solving, and coping skills and alternatives to the use of substances. The goal of the parent

module is to teach parenting skills, limits and boundaries setting, emotional responsiveness and increase their involvement with their child. The family interaction module is focused on bringing the adolescent and parent together to improve their communication. Lastly, the extra-familial module includes the adolescent's social system such as teachers, peers, and friends. While MDFT was not developed for the treatment of suicidal behaviors, the treatment modules and interventions can be useful and effective in helping Latina/o youth who have attempted suicide. For example, in a qualitative study Hogue, Dauber, Samuolis, and Liddle (2006) revealed that the use of family focused interventions decreased an adolescent's internalizing and externalizing behaviors and family conflict at six months after treatment and increased family cohesion after one year only with maximum use of adolescent- focused techniques.

Cultural Factors to Consider When Treating the Latina/o Adolescent

Working with the Latina/o family. One of the most significant modifications utilized by the various treatment approaches has been the recognition of the cultural value of familism which highly encourages the inclusion of parents in the treatment of their Latina/o adolescent. The intervention of parental involvement gives the parent an opportunity to better understand the adolescent's socio-emotional needs as well as the context in which their adolescent is developing. In particular, the role of the family is an important facet in interventions of adolescents at risk for suicidal behaviors. That is, the family can help ensure a safe environment at home, identify mental health difficulties, monitor the suicidal youth, and help in resolving family conflict and stresses that may be contributing to suicidal behaviors among these adolescents. Of note, it is imperative to keep in mind that in some Latina/o families, inclusion of immediate family in the treatment of the Latina/o youth, may indicate including members of the nuclear family coupled with other blood (e.g., the "abuelita," or grandmother) who takes care of

the Latina/o when the parents are at work or the “tia” (aunt) who lives a few blocks away who is like a second mother to the Latina/o adolescent) and nonblood (comadre or compadre) kin that comprises family. Moreover, psychologists also need to take into consideration that for other Latina/o families there is a distinction between what they consider to be immediate family (e.g., nuclear family) and extended family (e.g., individuals who are related by blood, those who marry into the family, and those who have earned a profound trust, honor, and love that make them family). A major limitation in the extant literature is that when discussing the Latina/o family they are mainly focusing on the nuclear family particularly the parents. It appears that the literature neglects the fact that other individuals play a significant role in raising, disciplining, and caring for the Latina/o youth.

Another important factor to consider when working with the Latina/o family is spirituality and religion including being involved with the church or religious community. The literature highlights that religion has been identified as a protective factor in the lives of many Latina/o adolescents and their families as it is linked to better mental health, it promotes community support and resources as well as fosters antithetical attitudes about suicide (O'Donnell et al., 2004). It is important to be mindful that Latina/os may not respect intervention efforts if they do not perceive that their faith or spiritual beliefs are being honored or respected. Additionally, psychologists and other professionals working with this population should be sensible to the fact that many Latina/o families even when seeking mental health services are also receiving assistance from traditional healers, priests, or other people that may be highly involvement with the church. The literature accentuates that for interventions to be effective within the Latina/o population they must be flexible enough to be respectful of their faith traditions and belief systems. Furthermore, given the fact that the Latina/o community is so

involved with the religion and/or church, psychologists may want to create partnerships with faith based communities which may provide an opportunity for suicide prevention.

Discrimination and racism are also an important factor to consider when working with the Latina/o community. That is, mental health professionals serving this population should be aware and sensitive to issues of discrimination and racism, particularly in areas with overt anti-immigrant policies. Mental health programs are needed that aim at addressing issues of discrimination and racism. That is, a safe environment where adolescents can openly discuss their experiences with discrimination and racism and acquire the necessary tools to cope with discrimination/racism.

Familism, acculturation, and generational gap. The Latina/o community recognizes familism as an important cultural value. Latina/os are socialized to be oriented to the centrality of the family and place obligation to the family over obligation to the self and others (Kuhlberg et al., 2010; Zayas & Pilat, 2008). Analysis of the literature has identified familism as a protective factor against suicidality (Kuhlberg et al., 2010). Nevertheless, some researchers have ascertained that Latina/o youth are constantly struggling between their desire to maintain closeness to the family and fulfill their role expectations while striving for independence and autonomy in U.S. mainstream culture. Zayas (2011) eloquently gives prominence to this point in his book when he states that Latinas have a foot in two cultures; they are caught between two worlds and living two adolescences. Interestingly, the literature brings to light that familism may only have a protective role under certain circumstances, and that high familism can also be a strain in family dynamics instead of a protective factor (Zayas, 2011). Researchers have identified familism as having a double edge effect where on the one hand it protects youth from internalizing behaviors such as depression and suicide while on the other, it creates tension

within the family system as it may serve to silence Latina youth from standing up for what they believe. That is, when Latina adolescents fail to uphold household rules and responsibilities due to their desire for autonomy coupled with the repeatedly emotional and verbal abuse by their parents who are inflexible regarding their traditional cultural values, has in many circumstances triggered a suicide attempt among this population. In situations like these, it is speculated that familism lowers the Latina adolescent's self-esteem, creates more internalization of feelings and increases the risk for depressive symptoms (Kuhlberg et al., 2010; Smokowski & Bacallao, 2007).

The question enquired by many psychologists and other professionals working with at-risk Latina/o youth is, "why do Latina parents differ in intensity on their familism values compared to their adolescents?" Perusal of the extant literature point to an acculturation gap or differences between adolescent and parents' level of involvement in the culture of origin compared to involvement in the host culture. Numerous research findings highlight that conflict within the parent-adolescent dyad creates tension, distance, and lack of communication among the two (Zayas, 2011; Zayas & Pilat, 2008). Interestingly, it has come to the attention of mental health professionals that many of these adolescents and young adults demonstrated familism by making both emotionally and materialistically sacrifices for the sake of their families (Nolle et al., 2012). Unfortunately, for many of these youth the word sacrifice takes on a harmful connotation. That is, they see suicide as a solution to their failure to fulfill family roles and responsibilities. Clinically, these findings point to the importance of enhancing family and dyadic communication skills focusing on mutuality or reciprocal empathy and engagement while observing the cultural value of familism. It is essential to keep in mind that the quality of the parent-adolescent communication and their ability to resolve conflicts are fundamental

components in a well-functioning family. That is, effective communication allows parents to guide and nurture the adolescent, while good conflict resolution skills validate the experiences of the family members while reaching healthy resolution to a disagreement. For this reason, psychologist's therapeutic interventions should focus on parent-adolescent mutuality, improving the emotional connection, support, and affection among the dyad, as well as teaching both the adolescent and the parent the importance of open, respectful, trusting, and effective communication skills.

Of great importance is helping parents become more involved in the lives of their adolescents, helping them acknowledge the pressures that these young Latina/os face on a daily basis, as well as becoming inspiring mentors. This would help strengthen the relationship among the dyad which would promote healthier growth and development for the Latina/o adolescent. It is essential to be mindful that the quality of adolescents' relationships with parents, especially as they negotiate autonomy and relatedness to family, can shield them from developing externalizing and/or internalizing disorders that may lead to suicide or suicidal behavior including attempts.

For a prevention approach, it is highly encouraged that psychologists lead groups for young Latina/os, as early as junior high school, and their parents or significant others in the adolescent's life, either together or separately, in which parents (or significant others) can provide more understanding of the developing adolescent's needs; adolescents on the other hand, can be taught to understand their parents' reasons for their traditional cultural beliefs and how these help define and shape the Latina/o family. Specifically, it is highly encouraged to teach Latina/o parents (or caregivers) communication and parenting skills which would help those with low acculturation levels appreciate the forces of adolescent development as well as teach them

how they can respond flexibly and firmly to their youth while maintaining their strong held cultural beliefs. Young, acculturating Latina/os who seek more autonomy and want to establish a separate identity from their parents on the other hand, can learn to appreciate the cultural and social values that are important to their parents.

“Respeto” (respect). Latina/os view the cultural value of “respeto” as an integral part of their cultural upbringing. That is, Latina/o children are taught the importance of being respectful, courteous, and obedient when interacting with their parents or any person elder to themselves (Zayas, 2011). Respeto also involves being considerate and not arguing or interrupting. It appears that within the Latina/o culture the blueprint within the family system is that of parents being in charge. Therefore, when challenges are brought upon by the Latina/o adolescent, parents have a difficult time processing these challenges and thus in many circumstances may lead to conflict and rupture within the adolescent-parent dyad.

In family therapy open discussion and direct communication among the adolescent-parent dyad is paramount, nevertheless, this can be perceived by less acculturated Latina/o parents as disrespectful and counterproductive. That is, in a hierarchical Latino family, clinical interventions that promote adolescents to openly speak what is on their minds and communicate to parents what their true thoughts about a situation are may be perceived as disrespectful and misguided family therapy. Therefore, it is essential for clinicians to be able to recognize the importance of the value of respect within the Latina/o culture and be able to educate parents of the benefits of initiating and maintaining this type of open communication especially when dealing with an at risk suicidal adolescent. However, it is critical for the clinician to be mindful that respeto may often leads families to diffuse problems rather than address them in a direct and assertive way in order to maintain harmony in their familial relationships. Keep in mind that not

acknowledging the cultural value of respeto can be a significant barrier in the successful treatment of a Latino adolescent and in some cases can result in premature termination in family therapy.

Barriers to Mental Health Treatment among Latina/os

Among the Latina/o community, stigma associated with mental health unfortunately is often accompanied by fear and distrust about mental health service use because of lack of familiarity with the mental health system as well as with experiences with mental health professionals who may not be culturally competent or sensitive to the needs of their patients. Given this stigma, it is vital for clinical psychologists and other professionals working with our Latina/o youth to do extensive community outreach as it is very well understood that few Latina/os will come to mental health clinics and seek the required help they need to relieve psychological distress. That is, professionals need to go out to the community and begin to break the barriers, the stigma, and the embarrassment that may exist within the Latina/o population.

Reducing barriers to access mental health services is a way to reduce suicide risk. It is therefore possible that the rate of psychiatric disorders in Latina/os especially Latina/o immigrants worsens as these disorders are left untreated. The extant literature accentuates that Latina/os are less likely to utilize the mental health system due to cultural variables such as perceptions of mental illness, spirituality, familism, and language proficiency (Alegría, Mulvaney-Day, et al., 2007; Kouyoumdjian, Zamboanga, & Hansen, 2003). Cademil et al. (2007) for example found that 50% of Latina/os reported managing their conditions with the help of friends and family, 46.6% reported praying, 46.3% reported hoping for the best; while others reported ignoring symptoms (24.1%), exercising (16.7%), consulting the clergy (9.3%), and attending self-help groups (5.6%) as opposed to seeking psychiatric treatment from a mental

health professional. The examination of these factors may provide a better understanding of why Latina/os underutilize mental health services when they are experiencing emotional distress or are diagnosed with a psychiatric disorder. Nonetheless, it is vital to help break these barriers as mental health services are greatly needed among the Latina/o community especially with the high prevalence of suicide attempts among Latina youth.

Perceptions of mental illness, family, and spirituality. Latina/o's cultural views on mental illness play an important role in their underutilization of community mental health services. Compared to Whites and others minority groups, stigma attached to psychiatric disorders seem to be more prevalent among the Latina/o population (Alegría, Mulvaney-Day, et al., 2007; Kouyoumdjian et al., 2003). That is, Latina/os have the propensity to associate mental health problems and seeking mental health services with shame, disgrace, and as character flaws that reflect on the individual and the family. Research has revealed that Latina/os are more likely to seek help for psychological problems from a general medical doctor, friend, family, or clergy than from a mental health professional in an effort to avoid being stigmatized (Alegría, Mulvaney-Day, et al., 2007; Cademil et al., 2007; Kouyoumdjian et al., 2003). For this reason it is essential for mental health professionals to not only educate the Latina/o community on the positive effects of receiving mental health treatment and the treatments for the various disorders but also provide general medical practitioners with adequate training on conducting proper screening for psychiatric disorders including suicide and suicide behaviors. Along the same lines, it is important to be cognizant that some Latina/os will not seek help from any professional but rather tend to look for support and guidance for feelings of sadness, “desesperacion” (despair), “nervios” (nerves) family conflict, and relationship difficulties from peers, religious healers, and family. It is important to be aware that this collectivist perspective can serve as a barrier in

receiving mental health services for this population and as documented in the literature when psychiatric disorders are left untreated there is an exacerbation of symptoms and thus problematic symptoms and behaviors that may require hospitalization. Furthermore, undocumented Latina/os will be apprehensive of the mental health system due to their fear of being deported.

Language proficiency. Language presents a number of challenges in the utilization of mental health services by the Latina/o community (Alegría, Mulvaney-Day, et al., 2007; Kouyoumdjian et al., 2003). For example, language issues can make it difficult for Latina/os to comprehend the required paperwork at clinics, limit their ability to communicate with monolingual therapists, and hinder the development of a therapeutic relationship with the therapist. As a result, many Latina/os are inclined to be distant and passive in sessions, are dissatisfied with services, and terminate treatment prematurely. Furthermore, underutilization of services due to language barriers may result in Latina/o's lack of access to mental health services, which may have adverse outcomes such as poor quality of life and interference with educational, vocational, family, and social relationships. This issues must be recognized by mental health clinics and thus be readily available to have bilingual mental health professionals and/or trained interpreters.

Training Implications for Psychologists and Other Professionals

The critical analysis of the literature has unveiled the importance of multicultural training when working with the Latina/o community. That is, they should be well acquainted with the Latina/o culture including their most revered cultural values such as familism, gender role expectancies such as marianismo and machismo, and respeto. It is important for clinicians to be cognizant that every Latina/o adolescent and their families differ. That is, they have different

perspectives on the values of familism, gender role expectations, may have different levels of acculturation and assimilation, and may a different story to tell on how they immigrated (or not into the United States). Clinical psychologists and other professionals working with Latina/o adolescents must be aware and use culturally sensitive assessment tools as well as be up to date in areas like immigration and deportation which are affecting the lives of the Latina/o community. They should also be cognizant of the risk factors that affect the lives of Latina/o youth as well as the protective factors that shield these individuals from attempting suicide. It has well been established in the literature that being able to identify at risk youth early can reduce the prevalence of depressed mood and thus the number of suicide attempts and completions. Mental health professionals should also engage in ongoing community outreach to promote the benefits of the mental health services and help diffuse the stigma that is attached to psychological symptoms and mental health in general.

Overall, the literature has established that suicide among Latina/o youth is a health crisis that deserves considerable clinical attention. It has well been established that the associated burden of suicide involves the use of many community resources and the use of millions of dollars in medical costs.

REFERENCES

- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Effects of time in the United States and Indian ethnicity on DSM-III-R psychiatric disorders among Mexican Americans in California. *Journal of Nervous and Mental Disease*, 188(2), 90-100.
doi: 10.1097/00005053-200002000-00005
- Alegría, M., Mulvaney-Day, N., Woo, M., Torres, M., Gao, S., & Oddo, V. (2007). Correlates of past-year mental health service use among Latinos: Results from the national Latino and Asian American study. *American Journal of Public Health*, 97(1), 76-83.
doi: 10.2105/ajph.2006.087197
- Alegría, M., Shrout, P. E., Woo, M., Guarnaccia, P., Sribney, W., Vila, D., ... Canino, G. (2007). Understanding differences in past year psychiatric disorders for Latinos living in the US. *Social Science & Medicine*, 65(2), 214-230. doi: 10.1016/j.socscimed.2007.03.026
- Allison, S., Roeger, L., Martin, G., & Keeves, J. (2001). Gender differences in the relationship between depression and suicidal ideation in young adolescents. *Australian & New Zealand Journal of Psychiatry*, 35(4), 498-503. doi: 10.1046/j.1440-1614.2001.00927.x
- American Psychological Association. (2005). *Policy statement on evidenced-based practice in psychology*. Washington, DC: Author.
- Apter, A., & King, R. A. (2006). Management of the depressed, suicidal child or adolescent. *Child and Adolescent Psychiatric Clinics of North America*, 15(4), 999-1013.
doi: 10.1016/j.chc.2006.05.009
- Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G. (2008). Towards a fuller conception of machismo: Development of a traditional machismo and caballerismo scale. *Journal of Counseling Psychology*, 55, 19-33. doi: 10.1037/0022-0167.55.1.19

- Arnold, E. M., Goldston, D. B., Ruggiero, A., Reboussin, B. A., Daniel, S. S., & Hickman, E. A. (2003). Rates and predictors of re-hospitalization among formerly hospitalized adolescents. *Psychiatric Services*, 54(7), 994-998. doi: 10.1176/appi.ps.54.7.994
- Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. *Journal of Community Psychology*, 38(6), 742-756. doi: 10.1002/jcop.20392
- Bae, S., Ye, R., Chen, S., Rivers, P. A., & Singh, K. P. (2005). Risky behaviors and factors associated with suicide attempt in adolescents. *Archives of Suicide Research*, 9(2), 193-202. doi: 0.1080/13811110590904034
- Bagge, C. L., & Sher, K. J. (2008). Adolescent alcohol involvement and suicide attempts: Toward the development of a conceptual framework. *Clinical Psychology Review*, 28(8), 1283-1296. doi: 10.1016/j.cpr.2008.06.002
- Bauman, S., Toomey, R. B., & Walker, J. L. (2013). Associations among bullying, cyberbullying, and suicide in high school students. *Journal of Adolescence*, 36(2), 341-350. doi: 10.1016/j.adolescence.2012.12.001
- Baumann, A. A., Kuhlberg, J. A., & Zayas, L. H. (2010). Familism, mother-daughter mutuality, and suicide attempts of adolescent Latinas. *Journal of Family Psychology*, 24(5), 616-624. doi: 10.1037/a0020584
- Beautrais, A. L. (2003). Suicide and serious suicide attempts in youth: A multiple-group comparison study. *American Journal of Psychiatry*, 160(6), 1093-1099. doi: 10.1176/appi.ajp.160.6.1093

- Bertera, E. M. (2007). The role of positive and negative social exchanges between adolescents, their peers and family as predictors of suicide ideation. *Child & Adolescent Social Work Journal*, 24(6), 523-538. doi: 10.1007/s10560-007-0104-y
- Birman, D. (1998). Biculturalism and perceived competence of Latino immigrant adolescents. *American Journal of Community Psychology*, 26(3), 335-354.
doi: 10.1023/a1022101219563
- Bolognini, M., Plancherel, B., Laget, J., & Halfon, O. (2003). Adolescent's suicide attempts: Populations at risk, vulnerability, and substance use. *Substance Use & Misuse*, 38(11-13), 1651-1669. doi: 10.1081/ja-120024235
- Bonanno, R. A., & Hymel, S. (2010). Beyond hurt feelings: Investigating why some victims of bullying are at greater risk for suicidal ideation. *Merrill-Palmer Quarterly: Journal of Developmental Psychology*, 56(3), 420-440. doi: 10.1353/mpq.0.0051
- Borges, G., Benjet, C., Medina-Mora, M., Orozco, R., Molnar, B. E., & Nock, M. K. (2008). Traumatic events and suicide-related outcomes among Mexico City adolescents. *Journal of Child Psychology and Psychiatry*, 49(6), 654-666. doi: 10.1111/j.1469-7610.2007.01868.x
- Borges, G., Breslau, J., Su, M., Miller, M., Medina-Mora, M., & Aguilar-Gaxiola, S. (2009). Immigration and suicidal behavior among Mexicans and Mexican Americans. *American Journal of Public Health*, 99(4), 728-733. doi: 10.2105/ajph.2008.135160
- Borges, G., Wilcox, H. C., Medina-Mora, M., Zambrano, J., Blanco, J., & Walters, E. (2005). Suicidal behavior in the Mexican national comorbidity survey (M-NCS): Lifetime and 12-month prevalence, psychiatric factors and service utilization. *Salud Mental*, 28(2), 40-47.
doi: 10.1017/s0033291705005672

- Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. *Pediatrics*, 107(3), 485-493. doi: 10.1542/peds.107.3.485
- Borowsky, I. W., Taliaferro, L. A., & McMorris, B. J. (2013). Suicidal thinking and behavior among youth involved in verbal and social bullying: Risk and protective factors. *Journal of Adolescent Health*, 53(1), S4-S12. doi: 10.1016/j.jadohealth.2012.10.280
- Brabeck, K., & Xu, Q. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. *Hispanic Journal of Behavioral Sciences*, 32(3), 341-361. doi: 10.1177/0739986310374053
- Brausch, A. M., & Gutierrez, P. M. (2009). The role of body image and disordered eating as risk factors for depression and suicidal ideation in adolescents. *Suicide and Life-Threatening Behavior*, 39(1), 58-71. doi: 10.1521/suli.2009.39.1.58
- Brausch, A. M., & Gutierrez, P. M. (2010). Differences in non-suicidal self-injury and suicide attempts in adolescents. *Journal of Youth and Adolescence*, 39(3), 233-242. doi: 10.1007/s10964-009-9482-0
- Brausch, A. M., & Muehlenkamp, J. J. (2007). Body image and suicidal ideation in adolescents. *Body Image*, 4(2), 207-212. doi: 10.1016/j.bodyim.2007.02.001
- Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry*, 47(3-4), 372-394. doi: 10.1111/j.1469-7610.2006.01615.x
- Brodsky, B. S., & Stanley, B. (2001). Developmental effects on suicidal behavior: The role of abuse on childhood. *Clinical Neuroscience Research*, 1, 331-336. doi: 10.1016/s1566-2772(01)00034-2

- Brodsky, B. S., & Stanley, B. (2008). Adverse childhood experiences and suicidal behavior. *Psychiatric Clinics of North America*, 31(2), 223-235. doi: 10.1016/j.psc.2008.02.002
- Burke, A. K., Galfalvy, H., Everett, B., Currier, D., Zelazny, J., Oquendo, M. A., ... Brent, D. A. (2010). Effect of exposure to suicidal behavior on suicide attempt in a high-risk sample of offspring of depressed parents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(2), 114-121. doi: 10.1097/00004583-201002000-00005
- Cademil, E., Adams, S. T., Calista, J. L., Connell, J., Encarnación, J., Esparza, N. K., ... Wang, E. (2007). The Latino Mental Health Project: A local mental health needs assessment. *Administration and Policy in Mental Health and Mental Health Service*, 34(4), 331-341. doi: 10.1007/s10488-007-0113-3
- Canino, G., & Roberts, R. E. (2001). Suicidal behavior among Latino youth. *Suicide and Life-Threatening Behavior*, 31, 122-131. doi: 10.1521/suli.31.1.5.122.24218
- Capps, R., Castañeda, R. M., Chaundry, A., & Santos, R. (2007). *Paying the price: The impact of immigration raids on America's children*. Washington, DC: National Council of La Raza.
- Carvajal, S. C., Hanson, C. E., Romer, A. J., & Coyle, K. K. (2002). Behavioural risk factors and protective factors in adolescents: A comparison of Latinos and non-Latino Whites. *Ethnicity & Health*, 7(3), 181-193. doi: 10.1080/1355785022000042015
- Centers for Disease Control and Prevention. (2012a). Surveillance summaries: 2011 youth risk behavior surveillance survey. *Morbidity and Mortality Weekly Report*, 61(4), 11-12. Retrieved from <http://www.cdc.gov/mmwr/>
- Centers for Disease Control and Prevention. (2012b). *Youth suicide*. Retrieved from http://cdc.gov/ViolencePrevention/suicide/youth_suicide.html.

- Céspedes, Y. M., & Huey, S. J. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. *Cultural Diversity and Ethnic Minority Psychology, 14*(2), 168-172. doi: 10.1037/1099-9809.14.2.168
- Cochran, S. D., Mays, V. M., Alegría, M., Ortega, A. N., & Takeuchi, D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 75*(5), 785-794. doi: 10.1037/0022-006x.75.5.785
- Colucci, E., & Martin, G. (2007). Ethnocultural aspects of suicide in young people: A systematic literature review part 1: Rates and methods of youth suicide. *Suicide and Life-Threatening Behavior, 37*(2), 197-221. doi: 10.1521/suli.2007.37.2.197
- Conner, K. R., & Goldston, D. B. (2007). Rates of suicide among males increase steadily from age 11 to 21: Developmental framework and outline for prevention. *Aggression and Violent Behavior, 12*(2), 193-207. doi: 10.1016/j.avb.2006.07.002
- Cooper, G. D., Clements, P. T., & Holt, K. E. (2012). Examining childhood bullying and adolescent suicide: Implications for school nurses. *Journal of School Nursing, 28*(4), 275-283. doi: 10.1177/1059840512438617
- Courtney, D. B., & Flament, M. F. (2015). Adapted dialectical behavior therapy for adolescents with self-injurious thoughts and behaviors. *Journal of Nervous and Mental Disease, 203*(7), 537-544. doi: 10.1097/nmd.0000000000000324
- Crow, S., Eisenberg, M. E., Story, M., & Neumark-Sztainer, D. (2008). Suicidal behavior in adolescents: Relationship to weight status, weight control behaviors, and body dissatisfaction. *International Journal of Eating Disorders, 41*(1), 82-87. doi: 10.1002/eat.20466

- Cuellar, J., & Curry, T. R. (2007). The prevalence and comorbidity between delinquency, drug abuse, suicide attempts, physical and sexual abuse, and self-mutilation among delinquent Hispanic females. *Hispanic Journal of Behavioral Sciences*, 29(1), 68-82.
doi: 10.1177/0739986306295796
- Danzer, G. (2014). Multidimensional family therapy in theory and in practice. *Child and Youth Services*, 35(1), 16-34. doi: 10.1080/0145935x.2014.893742
- De Munck, S., Portzky, G., & Van Heeringen, K. (2009). Epidemiological trends in attempted suicide in adolescents and young adults between 1996 and 2004. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 30(3), 115-119. doi: 10.1027/0227-5910.30.3.115
- Dempsey, B. (2007). Latinas in need. *Library Journal*, 132(19), 36-39. Retrieved from <http://lj.libraryjournal.com/2007/11/lj-series-patronspeak-latinas-in-need/>
- Dew, R. E., Daniel, S. S., Armstrong, T. D., Goldston, D. B., Triplett, M. F., & Koenig, H. G. (2008). Religion/spirituality and adolescent psychiatric symptoms: A review. *Child Psychiatry and Human Development*, 39(4), 381-398. doi: 10.1007/s10578-007-0093-2
- Duarté-Vélez, Y. M., & Bernal, G. (2007). Suicide behavior among Latino and Latina adolescents: Conceptual and methodological issues. *Death Studies*, 31(5), 435-455.
doi: 10.1080/07481180701244579
- Duarté-Vélez, Y. M., & Bernal, G. (2008). Suicide risk in Latino and Latina adolescents. In F. T. L. Leong & M. M. Leach (Eds.), *Suicide among racial and ethnic minority group: Theory, research, and practice* (pp. 81-115). New York, NY: Routledge/Taylor & Francis Group.

- Eaton, D. K., Foti, K., Brener, N. D., Crosby, A. E., Flores, G., & Kann, L. (2011). Associations between risk behaviors and suicidal ideation and suicide attempts: Do racial/ethnic variations in associations account for increased risk of suicidal behaviors among Hispanic/Latina 9th- to 12th-grade female students? *Archives of Suicide Research*, 15(2), 113-126. doi: 10.1080/13811118.2011.565268
- Emslie, G., Kratochvil, C., & Vitiello, B. (2006). Treatment of Adolescents with Depression Study (TADS): Safety results. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(12), 1440-1455. doi: 10.1097/01.chi.0000240840.63737.1d
- Escobar, J. I., Nervi, C. H., & Gara, M. A. (2000). Immigration and mental health: Mexican Americans in the United States. *Harvard Review of Psychiatry*, 8(2), 64-72. doi: 10.1080/hrp_8.2.64
- Esposito, C., Spirito, A., Boergers, J., & Donaldson, D. (2003). Affective, behavioral, and cognitive functioning in adolescents with multiple suicide attempts. *Suicide and Life-Threatening Behavior*, 33(4), 389-399. doi: 10.1521/suli.33.4.389.25231
- Esposito, C. L., & Clum, G. A. (2002). Psychiatric symptoms and their relationship to suicidal ideation in a high-risk adolescent community sample. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(1), 44-51. doi: 10.1097/00004583-200201000-00010
- Estrada, F., Rigali-Oiler, M., Arciniega, M., & Tracey, T. J. G. (2011). Machismo and Mexican American men: An empirical understanding using a gay sample. *Journal of Counseling Psychology*, 58(3), 358-367. doi: 10.1037/a0023122
- Evans, E., Hawton, K., Rodham, K., & Deeks, J. (2005). The prevalence of suicidal phenomena in adolescents: A systematic review of population-based studies. *Suicide and Life-Threatening Behavior*, 35(3), 239-250. doi: 10.1521/suli.2005.35.3.239

- Flouri, E., & Buchanan, A. (2002). The protective role of parental involvement in adolescent suicide. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 23(1), 17-22. doi: 10.1027//0227-5910.23.1.17
- Foley, D. L., Goldston, D. B., Costello, E. J., & Angold, A. (2006). Proximal psychiatric risk factors for suicidality in youth: The Great Smoky Mountains study. *Archives of General Psychiatry*, 63(9), 1017-1024. doi: 10.1001/archpsyc.63.9.1017
- Forman, E. M., Berk, M. S., Henriques, G. R., Brown, G. K., & Beck, A. T. (2004). History of multiple suicide attempts as a behavioral marker of severe psychopathology. *American Journal of Psychiatry*, 161(3), 437-443. doi: 10.1176/appi.ajp.161.3.437
- Fortuna, L. R., Perez, D. J., Canino, G., Sribney, W., & Alegría, M. (2007). Prevalence and correlates of lifetime suicidal ideation and suicide attempts among Latino subgroups in the United States. *Journal of Clinical Psychiatry*, 68(4), 572-581. doi: 10.4088/jcp.v68n0413
- Fortune, S., Stewart, A., Yadav, V., & Hawton, K. (2007). Suicide in adolescents: Using life charts to understand the suicidal process. *Journal of Affective Disorders*, 100(1-3), 199-210. doi: 10.1016/j.jad.2006.10.022
- Galanti, G. (2003). The Hispanic family and male-female relationships: An overview. *Journal of Transcultural Nursing*, 14(3), 180-185. doi: 10.1177/1043659603014003004
- Gamst, G., Dana, R. H., Der-Karabetian, A., Aragón, M., Arellano, L. M., & Kramer, T. (2002). Effects of Latino acculturation and ethnic identity on mental health outcomes. *Hispanic Journal of Behavioral Sciences*, 24(4), 479-504. doi: 10.1177/0739986302238216
- Garcia, C., Skay, C., Sieving, R., Naughton, S., & Bearinger, L. H. (2008). Family and racial factors associated with suicide and emotional distress among Latino students. *Journal of School Health*, 78(9), 487-495. doi: 10.1111/j.1746-1561.2008.00334.x

- Gee, G. C., Ryan, A., Laflamme, D. J., & Holt, J. (2006). Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in the New Hampshire REACH 2010 initiative: The added dimension of immigration. *American Journal of Public Health, 96*(10), 1821-1828. doi: 10.2105/ajph.2005.080085
- Gil, A. G., Vega, W. A., & Dimas, J. M. (1994). Acculturative stress and personal adjustment among Hispanic adolescent boys. *Journal of Community Psychology, 22*(1), 43-54. doi: 10.1002/1520-6629(199401)22:1<43::aid-jcop2290220106>3.0.co;2-t
- Gil, A. G., Wagner, E. F., & Vega, W. A. (2000). Acculturation, familism and alcohol use among Latino adolescent males: Longitudinal relations. *Journal of Community Psychology, 28*(4), 443-458. doi: 10.1002/1520-6629(200007)28:4<443::aid-jcop6>3.3.co;2-1
- Glowinski, A. L., Bucholz, K. K., Nelson, E. C., Fu, Q., Madden, P. A. F., Reich, W., ... Heath, A. C. (2001). Suicide attempts in an adolescent female twin sample. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(11), 1300-1307. doi: 10.1097/00004583-200111000-00010
- Goldston, D. B., Daniel, S. S., Erkanli, A., Reboussin, B. A., Mayfield, A., Frazier, P. H., ... Treadway, S. L. (2009). Psychiatric diagnoses as contemporaneous risk factors for suicide attempts among adolescents and young adults: Developmental changes. *Journal of Consulting and Clinical Psychology, 77*(2), 281-290. doi: 10.1037/a0014732
- Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2006). Youth suicide: A review. *Prevention Researcher, 13*(3), 3-7. doi: 10.1037/e530102006-001
- Guiao, I. Z., & Thompson, E. A. (2004). Ethnicity and problem behaviors among adolescent females in the United States. *Health Care for Women International, 25*(4), 296-310. doi: 10.1080/07399330490278330

- Hallfors, D. D., Waller, M. W., Ford, C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: Association with sex and drug behavior. *American Journal of Preventive Medicine*, 27(3), 224-230. doi: 10.1016/s0749-3797(04)00124-2
- Hall-Lande, J., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. *Adolescence (San Diego)*, 42(166), 265-286. Retrieved from <http://facweb.northseattle.edu/lchaffee/PSY100/Journal%20Articles/Hall-Lande%20et%20al%202007.pdf>
- Hausmann-Stabile, C., Gulbas, L., & Zayas, L. H. (2013). Aspirations of Latina adolescent suicide attempters. *Hispanic Journal of Behavioral Sciences*, 35(3), 390-406. doi: 10.1177/0739986313495496
- Heacock, D. R. (1990). Suicidal behavior in Black and Hispanic youth. *Psychiatric Annals*, 20(3), 134-142. doi: 10.3928/0048-5713-19900301-08
- Henderson, S. W., & Baily, C. D. R. (2013). Parental deportation, families, and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(5), 451-453. doi: 10.1016/j.jaac.2013.01.007
- Hepburn, L., Azrael, D., Molnar, B., & Miller, M. (2012). Bullying and suicidal behaviors among urban high school youth. *Journal of Adolescent Health*, 51(1), 93-95. doi: 10.1016/j.jadohealth.2011.12.014
- Hertz, M. F., Donato, I., & Wright, J. (2013). Bullying and suicide: A public health approach. *Journal of Adolescent Health*, 53(1), S1-S3. doi: 10.1016/j.jadohealth.2013.05.002

- Hetrick, S., Yuen, H. P., Cox, G., Bendall, S., Yung, A., Pirkis, J., ... Robinson, J. (2014). Does cognitive behavioral therapy have a role in improving problem solving and coping in adolescents with suicidal ideation? *Journal of the Cognitive Behaviour Therapist*, 7(13), 1-15. doi: 10.1017/s1754470x14000129
- Hinduja, S., & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. *Archives of Suicide Research*, 14(3), 206-221. doi: 10.1080/13811118.2010.494133
- Hogue, A., Dauber, S., Samuolis, J., & Liddle, H. (2006). Treatment techniques and outcomes in multidimensional family therapy for adolescent behavior problems. *Journal of Family Psychology*, 20(4), 535-543. doi: 10.1037/0893-3200.20.4.535
- Horner, P. S., Andrade, F., Delva, J., Grogan-Kaylor, A., & Castillo, M. (2012). The relationship of birth order and gender with academic standing and substance use among youth in Latin America. *Journal of Individual Psychology*, 68(1), 19-37. Retrieved from <http://utpress.utexas.edu/index.php/journals/journal-of-individual-psychology>
- Houston, K., Hawton, K., & Sheppard, R. (2001). Suicide in young people aged 15-24: A psychological autopsy study. *Journal of Affective Disorders*, 63(1-3), 159-170. doi: 10.1016/s0165-0327(00)00175-0
- Hovey, J. D. (2000a). Acculturative stress, depression, and suicidal ideation among Central American immigrants. *Suicide and Life-Threatening Behavior*, 30(2), 125-139. doi: 10.2466/pr0.83.5.249-250
- Hovey, J. D. (2000b). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 6(2), 134-151. doi: 10.1037/1099-9809.6.2.134

- Hovey, J. D., & King, C. A. (1996). Acculturative stress, depression, and suicidal ideation among immigrant and second-generation Latino adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(9), 1183-1192. doi: 10.1097/00004583-199609000-00016
- Jacobson, C. M., Muehlenkamp, J. J., Miller, A. L., & Turner, J. B. (2008). Psychiatric impairment among adolescents engaging in different types of deliberate self-harm. *Journal of Clinical Child and Adolescent Psychology*, 37(2), 363-375. doi: 10.1080/15374410801955771
- James, A. C., Taylor, A., Winmill, L., & Alfoadari, K. (2008). A preliminary community study of dialectical behavior therapy (DBT) with adolescent females demonstrating persistent, deliberate self harm (DSH). *Child and Adolescent Mental Health*, 13(3), 148-153. doi: 10.1111/j.1475-3588.2007.00470.x
- Jamieson, P. E., & Romer, D. (2008). Unrealistic fatalism in U.S. youth ages 14 to 22: Prevalence and characteristics. *Journal of Adolescent Health*, 42(2), 154-160. doi: 10.1016/j.jadohealth.2007.07.010
- Jiang, Y., Perry, D. K., & Hesser, J. E. (2010). Adolescent suicide and health risk behaviors: Rhode Island's 2007 youth risk behavior survey. *American Journal of Preventive Medicine*, 38(5), 551-555. doi: 10.1016/j.amepre.2010.01.019
- Joe, S., Romer, D., & Jamieson, P. E. (2007). Suicide acceptability is related to suicide planning in U.S. adolescents and young adults. *Suicide and Life-Threatening Behavior*, 37(2), 165-178. doi: 10.1521/suli.2007.37.2.165

- Johnson, J. G., Cohen, P., Gould, M. S., Kasen, S., Brown, J., & Brook, J. S. (2002). Childhood adversities, interpersonal difficulties, and risk for suicide attempts during late adolescence and early adulthood. *Archives of General Psychiatry*, 59(8), 741-749.
doi: 10.1001/archpsyc.59.8.741
- Johnson, M. (2015). *Responding to the unmet trauma and mental health needs of unaccompanied immigrant children in Texas*. Retrieved from the University of Texas website:
<http://www.hogg.utexas.edu/uploads/documents/Johnson%20issue%20Brief.pdf>
- Jones, J., Ramírez, R. R., Davies, M., Canino, G., & Goodwin, R. D. (2008). Suicidal behaviors among adolescents in Puerto Rico: Rates and correlates in clinical and community samples. *Journal of Clinical Child and Adolescent Psychology*, 37(2), 448-455.
doi: 10.1080/15374410801955789
- Katragadda, C. P., & Tidwell, R. (1998). Rural Hispanic adolescents at risk for depressive symptoms. *Journal of Applied Social Psychology*, 28(20), 1916-1930. doi: 10.1111/j.1559-1816.1998.tb01353.x
- Kerr, D. C. R., Preuss, L. J., & King, C. A. (2006). Suicidal adolescents' social support from family and peers: Gender-specific associations with psychopathology. *Journal of Abnormal Child Psychology*, 34(1), 99-110. doi: 10.1007/s10802-005-9005-8
- King, C. A., Horwitz, A., Berona, J., & Jiang, Q. (2013). Acutely suicidal adolescents who engage in bullying behavior: 1-year trajectories. *Journal of Adolescent Health*, 53(1), S43-S50. doi: 10.1016/j.jadohealth.2012.09.016
- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., ... Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8(70), 1-17. doi: 10.1186/1471-244x-8-70

- King, R. A., Schwab-Stone, M., Flisher, A. J., Greenwald, S., Kramer, R. A., Goodman, S. H., ... Gould, M. S. (2001). Psychosocial and risk behavior correlates of youth suicide attempts and suicidal ideation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(7), 837-846. doi: 10.1097/00004583-200107000-00019
- Klomek, A. B., Kleinman, M., Altschuler, E., Marrocco, F., Amakawa, L., & Gould, M. S. (2013). Suicidal adolescents' experiences with bullying perpetration and victimization during high school as risk factors for later depression and suicidality. *Journal of Adolescent Health*, 53(1), S37-S42. doi: 10.1016/j.jadohealth.2012.12.008
- Klomek, A. B., Sourander, A., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I., ... Gould, M. S. (2008). Childhood bullying as a risk for later depression and suicidal ideation among Finnish males. *Journal of Affective Disorders*, 109(1-2), 47-55. doi: 10.1016/j.jad.2007.12.226
- Klomek, A. B., Sourander, A., Niemelä, S., Kumpulainen, K., Piha, J., Tamminen, T., ... Gould, M. S. (2009). Childhood bullying behaviors as a risk for suicide attempts and completed suicides: A population-based birth cohort study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 48(3), 254-261. doi: 10.1097/chi.0b013e318196b91f
- Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice*, 10(4), 394-422. doi: 10.1093/clipsy.bpg041
- Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors and suicide attempts among adolescent Latinas. *Child Psychiatry and Human Development*, 41(4), 425-440. doi: 10.1007/s10578-010-0179-0

- Langhinrichsen-Rohling, J., Friend, J., & Powell, A. (2009). Adolescent suicide, gender, and culture: A rate and risk factor analysis. *Aggression and Violent Behavior, 14*(5), 402-414. doi: 10.1016/j.avb.2009.06.010
- Langhinrichsen-Rohling, J., Lamis, D. A., & Malone, P. S. (2011). Sexual attraction status and adolescent suicide proneness: The roles of hopelessness, depression, and social support. *Journal of Homosexuality, 58*(1), 52-82. doi: 10.1080/00918369.2011.533628
- Leidy, M. S., Guerra, N. G., & Toro, R. I. (2010). Positive parenting, family cohesion, and child social competence among immigrant Latino families. *Journal of Family Psychology, 24*(3), 252-260. doi: 10.1037/a0019407
- Liu, D. W., Fairweather-Schmidt, A. K., Roberts, R. M., Burns, R., & Anstey, K. J. (2014). Does resiliency predict suicidality? A lifespan analysis. *Archives of Suicide Research, 18*(4), 453-464. doi: 10.1080/13811118.2013.833881
- Lizardi, D., Thompson, R. G., Keyes, K., & Hasin, D. (2009). Parental divorce, parental depression, and gender differences in adult offspring suicide attempt. *Journal of Nervous and Mental Disease, 197*(12), 899-904. doi: 10.1097/nmd.0b013e3181c299ac
- Locke, T. F., & Newcomb, M. D. (2005). Psychosocial predictors and correlates of suicidality in teenage Latino males. *Hispanic Journal of Behavioral Sciences, 27*(3), 319-336. doi: 10.1177/0739986305276745
- Lopez, M. H. (2009). *Latinos and education: Explaining the attainment gap*. Washington, DC: PEW Hispanic Center. Retrieved from <http://www.pewhispanic.org/files/reports/115.pdf>

- Lopez, M. H., & Minushkin, S. (2008). 2008 National Survey of Latinos: Hispanics see their situation in the U.S. deteriorating: Oppose key immigration enforcement measures. Washington, DC: PEW Hispanic Center. Retrieved from <http://www.pewhispanic.org/files/reports/93.pdf>
- Luncheon, C., Bae, S., González, A., Lurie, S., & Singh, K. P. (2008). Hispanic female adolescents' use of illicit drugs and the risk of suicidal thoughts. *American Journal of Health Behavior*, 32(1), 52-59. doi: 10.5993/ajhb.32.1.5
- Marcenko, M. O., Fishman, G., & Friedman, J. (1999). Reexamining adolescent suicidal ideation: A developmental perspective applied to a diverse population. *Journal of Youth and Adolescence*, 28(1), 121-138. doi: 10.1023/a:1021628709915
- Martinez, R. O., & Dukes, R. L. (1997). The effects of ethnic identity, ethnicity, and gender on adolescent well-being. *Journal of Youth and Adolescence*, 26(5), 503-516. doi: 10.1023/a:1024525821078
- McDonald, E. J., McCabe, K., Yeh, M., Lau, A., Garland, A., & Hough, R. L. (2005). Cultural affiliation and self-esteem as predictors of internalizing symptoms among Mexican American adolescents. *Journal of Clinical Child and Adolescent Psychology*, 34(1), 163-171. doi: 10.1207/s15374424jccp3401_15
- Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M. S. (2011). Victims of bullying in childhood and suicide attempts in adulthood. *European Psychiatry*, 26(8), 498-503. doi: 10.1016/j.eurpsy.2010.11.006
- Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York, NY: Guilford Press.

- Miranda, R., Scott, M., Hicks, R., Wilcox, H. C., Munfakh, J. L. H., & Shaffer, D. (2008). Suicide attempt characteristics, diagnoses, and future attempts: Comparing multiple attempters to single attempters and ideators. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(1), 32 - 40. doi: 10.1097/chi.0b013e31815a56cb
- Ng, B. (1996). Characteristics of 61 Mexican American adolescents who attempted suicide. *Hispanic Journal of Behavioral Sciences*, 18(1), 3-12. doi: 10.1177/07399863960181001
- Nolle, A. P., Gulbas, L., Kuhlberg, J. A., & Zayas, L. H. (2012). Sacrifice for the sake of the family: Expressions of familism by Latina teens in the context of suicide. *American Journal of Orthopsychiatry*, 82(3), 319-327. doi: 10.1111/j.1939-0025.2012.01166.x
- O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *American Journal of Community Psychology*, 33(1-2), 37-49. doi: 10.1023/b:ajcp.0000014317.20704.0b
- Ojeda, L., & Piña-Watson, B. (2014). Caballerismo may protect against the role of machismo on Mexican day laborers' self-esteem. *Psychology of Men and Masculinity*, 15(3), 288-295. doi: 10.1037/a0033450
- Olvera, R. L. (2001). Suicidal ideation in Hispanic and mixed-ancestry adolescents. *Suicide and Life-Threatening Behavior*, 31(4), 416-427. doi: 10.1521/suli.31.4.416.22049
- Ortega, A. N., Rosenheck, R., Alegría, M., & Desai, R. A. (2000). Acculturation and the lifetime risk of psychiatric and substance use disorders among Hispanics. *Journal of Nervous and Mental Disease*, 188(11), 728-735. doi: 10.1097/00005053-200011000-00002
- Passel, J. S., & Cohn, D. (2009). *Portrait of unauthorized immigrants living in the United States*. Washington, DC: PEW Hispanic Center. Retrieved from <http://www.pewhispanic.org/files/reports/107.pdf>

- Peña, J. B., Kuhlberg, J. A., Zayas, L. H., Baumann, A. A., Gulbas, L., Hausmann-Stabile, C., ... Nolle, A. P. (2011). Familism, family environment, and suicide attempts among Latina youth. *Suicide and Life-Threatening Behavior*, 41(3), 330-341. doi: 10.1111/j.1943-278x.2011.00032.x
- Peña, J. B., Matthieu, M. M., Zayas, L. H., Masyn, K. E., & Caine, E. D. (2012). Co-occurring risk behaviors among White, Black, and Hispanic US high school adolescents with suicide attempts requiring medical attention, 1999-2007: Implications for future prevention initiatives. *Social Psychiatry and Psychiatric Epidemiology*, 47(1), 29-42. doi: 10.1007/s00127-010-0322-z
- Peña, J. B., Wyman, P. A., Brown, C. H., Matthieu, M. M., Olivares, T. E., Hartel, D., ... Zayas, L. H. (2008). Immigration generation status and its association with suicide attempts, substance use, and depressive symptoms among Latino adolescents in the USA. *Prevention Science*, 9(4), 299-310. doi: 10.1007/s11121-008-0105-x
- Pfeffer, C. R. (2001). Diagnosis of childhood and adolescent suicidal behavior: Unmet needs for suicide prevention. *Biological Psychiatry*, 49(12), 1055-1061. doi: 10.1016/s0006-3223(01)01141-6
- Piña-Watson, B., Castillo, L. G., Jung, E., Ojeda, L., & Castillo-Reyes, R. (2014). The Marianismo Belief Scale: Validation with Mexican American adolescent girls and boys. *Journal of Latina/o Psychology*, 2(2), 113-130. doi: 10.1037/lat0000017
- Portzky, G., Audenaert, K., & van Heeringen, K. (2009). Psychosocial and psychiatric factors associated with adolescent suicide: A case-control psychological autopsy study. *Journal of Adolescence*, 32(4), 849-862. doi: 10.1016/j.adolescence.2008.10.007

- Pranjic, N., & Bajraktarevic, A. (2010). Depression and suicide ideation among secondary school adolescents involved in school bullying. *Primary Health Care Research and Development*, 11(4), 349-362. doi: 10.1017/s1463423610000307
- Ramírez, J. R., Crano, W. D., Quist, R., Burgoon, M., Alvaro, E. M., & Grandpre, J. (2004). Acculturation, familism, parental monitoring, and knowledge as predictors of marijuana and inhalant use in adolescents. *Psychology of Addictive Behaviors*, 18(1), 3-11. doi: 10.1037/0893-164x.18.1.3
- Randell, B. P., Wang, W., Herting, J. R., & Eggert, L. L. (2006). Family factors predicting categories of suicide risk. *Journal of Child and Family Studies*, 15(3), 247-262. doi: 10.1007/s10826-006-9020-6
- Rew, L., Taylor-Seehafer, M., & Fitzgerald, M. L. (2001). Sexual abuse, alcohol and other drug use, and suicidal behaviors in homeless adolescents. *Issues in Comprehensive Pediatric Nursing*, 24(4), 225-240. doi: 10.1080/014608601753260326
- Reyes, J. A., & Elías M. J. (2011). Fostering social-emotional resilience among Latino youth. *Psychology in the Schools*, 48(7), 723-737. doi: 10.1002/pits.20580
- Reyes, J. C., Robles, R. R., Colón, H. M., Negrón, J. L., Matos, T. D., & Calderón, J. M. (2011). Polydrug use and attempted suicide among Hispanic adolescents in Puerto Rico. *Archives of Suicide Research*, 15(2), 151-159. doi: 10.1080/13811118.2011.565274
- Roberts, R. E., Chen, Y. R., & Roberts, C. R. (1997). Ethnocultural differences in prevalence of adolescent suicidal behaviors. *Suicide and Life-Threatening Behavior*, 27(2), 208-217. doi: 10.1111/j.1943-278X.1997.tb00292.x

- Roberts, R. E., Roberts, C. R., & Chen, Y. R. (1997). Ethnocultural differences in prevalence of adolescent depression. *American Journal of Community Psychology*, 25(1), 95-110.
doi: 10.1023/a:1024649925737
- Roberts, R. E., Roberts, C. R., & Xing, Y. (2007). Are Mexican American adolescents at greater risk of suicidal behaviors? *Suicide and Life-Threatening Behavior*, 37(1), 10-21.
doi: 10.1521/suli.2007.37.1.10
- Roberts, R. E., Roberts, C. R., & Xing, Y. (2010). One-year incidence of suicide attempts and associated risk and protective factors among adolescents. *Archives of Suicide Research*, 14(1), 66-78. doi: 10.1080/13811110903479078
- Romero, A. J., & Roberts, R. E. (2003). Stress within a bicultural context for adolescents of Mexican descent. *Cultural Diversity and Ethnic Minority Psychology*, 9(2), 171-184.
doi: 10.1037/1099-9809.9.2.171
- Romero, A. J., Wiggs, C. B., Valencia, C., & Bauman, S. (2013). Latina teen suicide and bullying. *Hispanic Journal of Behavioral Sciences*, 35(2), 159-173.
doi: 10.1177/0739986312474237
- Rosenberg, H. J., Jankowski, M. K., Sengupta, A., Wolfe, R. S., Wolford, G.L., & Rosenberg, S. D. (2005). Single and multiple suicide attempts and associated health risk factors in New Hampshire adolescents. *Suicide and Life-Threatening Behavior*, 35(5), 547-557.
doi: 10.1521/suli.2005.35.5.547
- Russell, S. T., & Toomey, R. B. (2012). Men's sexual orientation and suicide: Evidence for U.S. adolescent-specific risk. *Social Science & Medicine*, 74(4), 523-529.
doi: 10.1016/j.socscimed.2010.07.038

- Rutter, M. (2007). Psychopathological development across adolescence. *Journal of Youth and Adolescence*, 36(1), 101-110. doi: 101007/s10964-006-9125-7
- Salzinger, S., Rosario, M., Feldman, R. S., & Ng-Mak, D. (2007). Adolescent suicidal behavior: Associations with preadolescent physical abuse and selected risk and protective factors. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(7), 859-866. doi: 10.1097/chi.0b013e318054e702
- Sapyta, J., Goldston, D. B., Erkanli, A., Daniel, S. S., Heilbron, N., Mayfield, A., ... Treadway, S. L. (2012). Evaluating the predictive validity of suicidal intent and medical lethality in youth. *Journal of Consulting and Clinical Psychology*, 80(2), 222-231. doi: 10.1037/a0026870
- Schilling, E. A., Aseltine, R. H. J., Glanovsky, J. L., James, A., & Jacobs, D. (2009). Adolescent alcohol use, suicidal ideation, and suicide attempts. *Journal of Adolescent Health*, 44(4), 335-341. doi: 10.1016/j.jadohealth.2008.08.006
- Shapiro, A., & Stark, B. (2014). *Unaccompanied immigrant children: Building resiliency*. Retrieved from http://www.cdfny.org/research-library/publications/2014/ashapiro-presentation_chn_11.pdf
- Sher, L. (2006). Alcoholism and suicidal behavior: A clinical overview. *Acta Psychiatrica Scandinavica*, 113(1), 13-22. doi: 10.1111/j.1600-0447.2005.00643.x
- Sher, L., Sperling, D., Stanley, B. H., Carballo, J. J., Shoval, G., Zalsman, G., ... Oquendo, M. A. (2007). Triggers for suicidal behavior in depressed older adolescents and young adults: Do alcohol use disorders make a difference? *International Journal of Adolescent Medicine and Health*, 19(1), 91-98. doi: 10.1515/ijamh.2007.19.1.91

- Smokowski, P. R., & Bacallao, M. L. (2007). Acculturation, internalizing mental health symptoms, and self-esteem: Cultural experiences of Latino adolescents in North Carolina. *Child Psychiatry and Human Development*, 37(3), 273-292.
doi: 10.1007/s10578-006-0035-4
- Smokowski, P. R., David-Ferdon, C., & Stroupe, N. (2009). Acculturation and violence in minority adolescents: A review of the empirical literature. *Journal of Primary Prevention*, 30(3-4), 215-263. doi: 10.1007/s10935-009-0173-0
- Smokowski, P. R., Rose, R. A., & Bacallao, M. (2010). Influence of risk factors and cultural assets on Latino adolescents' trajectories of self-esteem and internalizing symptoms. *Child Psychiatry and Human Development*, 41(2), 133-155. doi: 10.1007/s10578-009-0157-6
- Sourander, A., Helstelä, L., Haavisto, A., & Bergroth, L. (2001). Suicidal thoughts and attempts among adolescents: A longitudinal 8-year follow-up study. *Journal of Affective Disorders*, 63(1-3), 59-66. doi: 10.1016/s0165-0327(00)00158-0
- Sourander, A., Helstelä, L., Helenius, H., & Piha, J. (2000). Persistence of bullying from childhood to adolescence: A longitudinal 8-year follow-up study. *Child Abuse & Neglect*, 24(7), 873-881. doi: 10.1016/s0145-2134(00)00146-0
- Spirito, A., & Esposito-Smythers, C. (2006). Attempted and completed suicide in adolescence. *Annual Review of Clinical Psychology*, 2, 237-266.
doi: 10.1146/annurev.clinpsy.2.022305.095323
- Stanely, B., Brown, G., Brent, D., Wells, K., Poling, K. Curry, J., ... Hughes, J. (2009). Cognitive-behavioral therapy for suicide prevention (CBT-SP): Treatment model, feasibility, and acceptability. *Journal of American Academic of Child and Adolescent Psychiatry*, 48(10), 1005-1013. doi: 10.1097/chi.0b013e3181b5dbfe

- Suarez-Orozco, C., Bang, H. J., & Kim, H. Y. (2011). I felt like my heart was staying behind: Psychological implications of family separations & reunifications for immigrant youth. *Journal of Adolescent Research*, 26(2), 222-257. doi: 10.1177/0743558410376830
- Swahn, M. H., & Bossarte, R. M. (2007). Gender, early alcohol use, and suicide ideation and attempts: Findings from the 2005 youth risk behavior survey. *Journal of Adolescent Health*, 41(2), 175-181. doi: 10.1016/j.jadohealth.2007.03.003
- Szalacha, L. A., Erkut, S., Coll, C. G., Alarcon, O., Fields, J. P., & Ceder, I. (2003). Discrimination and Puerto Rican children's and adolescents' mental health. *Cultural Diversity & Ethnic Minority Psychology*, 9(2), 141-155. doi: 10.1037/1099-9809.9.2.141
- Szapocznik, J., Schwartz, S. J., Muir, J. A., & Brown, C. (2012). Brief strategic family therapy: An intervention to reduce adolescent risk behavior. *Couple and Family Psychology: Research and Practice*, 1(2), 134-145. doi: 10.1037/a0029002
- Tapia, A. J., Barrios, L. M., & González-Forteza, C. (2007). Self-esteem, depressive symptomatology, and suicidal ideation in adolescents: Results of three studies. *Salud Mental*, 30(5), 20-26. Retrieved from <http://www.medigraphic.com/pdfs/salmen/sam-2007/sam075d.pdf>
- Torres, L. R. (2012). *Evidence-based psychosocial interventions for Hispanics: Research and policy implications*. Retrieved from the National Alliance for Hispanic website: <http://www.hispanicfamily.org/wp-content/uploads/2012/04/EvidenceBased.pdf>
- Tortolero, S. R., & Roberts, R. E. (2001). Differences in nonfatal suicide behaviors among Mexican and European American middle school children. *Suicide and Life-Threatening Behavior*, 31(2), 214-223. doi: 10.1521/suli.31.2.214.21519

- Turner, S. G., Kaplan, C. P., Zayas, L., & Ross, R. E. (2002). Suicide attempts by adolescent Latinas: An exploratory study of individual and family correlates. *Child & Adolescent Social Work Journal*, 19(5), 357-374. doi: 10.1023/a:1020270430436
- Twenge, J. M., & Nolen-Hoeksema, S. (2002). Age, gender, race, socioeconomic status, and birth cohort difference on the children's depression inventory: A meta-analysis. *Journal of Abnormal Psychology*, 111(4), 578-588. doi: 10.1037//0021-843x.111.4.578
- U.S. Census Bureau. (2014). *Facts for features: Hispanic heritage month 2014: September 15-October 15*. Retrieved from <http://www.census.gov/newsroom/facts-for-features/2014/cb14-ff22.html>
- U.S. Department of Homeland Security. (2009). *Removals involving illegal alien parents of United States citizen children*. Retrieved from http://oig.dhs.gov/assets/Mgmt/OIG_09-15_Jan09pdf
- Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry*, 55(9), 771-778. doi: 10.1001/archpsyc.55.9.771
- Villegas, R. D. (2014). Central American migrants and “la bestia:” The route, dangers, and government responses. *Online Journal of the Migration Policy Institute*. Retrieved from <http://migrationpolicy.org/article/central-american-migrants-and-la-bestia-route-dangers-and-government-responses>
- Wadsworth, T., & Kubrin, C. E. (2007). Hispanic suicide in U.S. metropolitan areas: Examining the effects of immigration, assimilation, affluence, and disadvantage. *American Journal of Sociology*, 112(6), 1848-1885. doi: 10.1086/512711

- Waldrop, A. E., Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2007). Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. *Journal of Traumatic Stress, 20*(5), 869-879.
doi: 10.1002/jts.20291
- Whetstone, L. M., Morrissey, S. L., & Cummings, D. M. (2007). Children at risk: The association between perceived weight status and suicidal thoughts and attempts in middle school youth. *Journal of School Health, 77*(2), 59-66. doi: 10.1111/j.1746-1561.2007.00168.x
- Winfrey, L. T., & Jiang, S. (2010). Youthful suicide and social support: Exploring the social dynamics of suicide-related behavior and attitudes within a national sample of US adolescents. *Youth Violence and Juvenile Justice, 8*(1), 19-37.
doi: 10.1177/1541204009338252
- Wolitzky-Taylor, K., Ruggiero, K. J., McCart, M. R., Smith, D. W., Hanson, R. F., Resnick, H. S., ... Kilpatrick, D. G. (2010). Has adolescent suicidality decreased in the United States? Data from two national samples of adolescents interviewed in 1995 and 2005. *Journal of Clinical Child and Adolescent Psychology, 39*(1), 64-76. doi: 10.1080/15374410903401146
- Woodbury, K. A., & Popenoe, E. J. (2008). Implementing dialectical behavior therapy with adolescents and their families in a community outpatient clinic. *Cognitive and Behavioral Practice, 15*(3), 277-286. doi: 10.1016/j.cbpra.2007.08.004
- Wunderlich, U., Bronisch, T., Wittchen, H., & Carter, R. (2001). Gender differences in adolescents and young adults with suicidal behaviour. *Acta Psychiatrica Scandinavica, 104*(5), 332-339. doi: 10.1111/j.1600-0447.2001.00432.x

- Zaitsoff, S. L., & Grillo, C. M. (2010). Eating disorder psychopathology as a marker of psychosocial distress and suicide risk in female and male adolescent psychiatric inpatients. *Comprehensive Psychiatry*, 51(2), 142-150. doi: 10.1016/j.comppsy.2009.03.005
- Zayas, L. H. (2011). *Latinas attempting suicide: When cultures, families, and daughters collide*. New York, NY: Oxford University Press.
- Zayas, L. H., Bright, C. L., Alvarez-Sanchez, T., & Cabassa, L. J. (2009). Acculturation, familism and mother-daughter relations among suicidal and non-suicidal adolescent Latinas. *Journal of Primary Prevention*, 30(3-4), 351-369. doi: 10.1007/s10935-009-0181-0
- Zayas, L. H., & Gulbas, L. E. (2012). Are suicide attempts by young Latinas a cultural idiom of distress? *Transcultural Psychiatry*, 49(5), 718-734. doi: 10.1177/1363461512463262
- Zayas, L. H., Gulbas, L. E., Fedoravicius, N., & Cabassa, L. J. (2010). Patterns of distress, precipitating events, and reflections on suicide attempts by young Latinas. *Social Science & Medicine*, 70(11), 1773-1779. doi: 10.1016/j.socscimed.2010.02.013
- Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & González-Ramos, G. (2000). Understanding suicide attempts by adolescent Hispanic females. *Social Work*, 45(1), 53-63. doi: 10.1093/sw/45.1.53
- Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. *American Journal of Orthopsychiatry*, 75(2), 275-287. doi: 10.1037/0002-9432.75.2.275
- Zayas, L. H., & Pilat, A. M. (2008). Suicidal behavior in Latinas: Explanatory cultural factors and implications for intervention. *Suicide and Life-Threatening Behavior*, 38(3), 334-342. doi: 10.1521/suli.2008.38.3.334

APPENDIX A
Literature Table

Suicide Among Adolescents

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
Allison, S., Roeger, L., Martin, G., & Keeves, J. (2001). Gender differences in the relationship between depression and suicidal ideation in young adolescents. <i>Australian and New Zealand Journal of Psychiatry</i> , 35(4), 498-503. doi:10.1046/j.1440 1614.2001.00927.x	The aim of the study was to examine the risk that exists between depressive symptomatology and suicidal ideation for adolescent males and females.	Data in the present study was collected in the first year of the Early Detection of Emotional Disorders (EDED) program carried out by Southern Child and Adolescent Mental Health Service in 25 rural and suburban secondary schools in South Australia. N = 2,489 students (1109 males and 919 females)	<ul style="list-style-type: none"> Center for Epidemiological Studies Depression Scale (CES-D): this brief, self-report measure was utilized to measure depressive symptomatology among a community sample of adolescent. This scale consists of 20 items in which participants indicate the frequency of depressive symptoms using four points ranging from 0 (rarely or none of the time) to 3 (most or all of the time). Adolescents with scores 0-15 were referred to as "not depressed", 16-20 as "mildly depressed", 21-30 "moderately depressed" and 31+ as "severely depressed." Adolescent Suicide Questionnaire (ASQ) was utilized to determine the presence of suicide ideation. This is a self-report measure that consists of 20 items with a series of questions about thinking, planning, threatening, and deliberate self-harm or suicide attempt. Adolescent who responded positive to any of these behaviors were then asked a series of follow-up questions 	Survey study	<p>1. Findings of the study revealed that females reported more suicidal ideation compared to males. This was partly explained by female's higher scores on the Centre for Epidemiological Studies Depression Scale (CES-D).</p> <p>2. Results also revealed that females with moderate levels of depression were significantly at higher risk of suicide ideation compared to males.</p>

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
Apter, A. & King, R. A. (2006). Management of the depressed, suicidal child, or adolescent. <i>Child and Adolescent Psychiatric Clinics of Northern America</i> , 15(4), 999-1013. doi:10.1016/j.chc.2006.05.009	To discuss the importance of suicide risk assessment and to discuss factors specific to different clinical settings.	N/A	regarding the frequency of the suicidal behavior and how likely they felt this behavior would continue. An example of a question in this measure included: 'Have you ever thought about killing yourself?' N/A	Article discussion	<p>1. The article review highlights that the two most prominent risk factors for completed suicide and suicidal behavior in the adolescent population is previous suicide attempts and a diagnosis of a depressive episode.</p> <p>2. The review also points to the importance of a thorough suicide assessment and that treatment strategies for suicidal adolescents should be multidimensional, targeting suicidal behavior and any underlying psychiatric disorders including other personality and environmental risk factors.</p> <p>3. Primary Care settings: Pediatricians play an important role in identifying children and adolescents at risk for suicidal behavior. Therefore it is essential for pediatricians to assess for depression and risk for suicide; mental health screenings should be an essential part of a medical examination.</p>
Beautrais, A. (2003). Suicide and serious suicide attempts in youth: A multiple-group	The study examines the risk factors associated with serious suicide attempts and	Suicide group: $n = 60$ subjects (49 males and 11 females) that were under the age of 25 in New Zealand	§ Semi- structured interview was conducted with each subject's significant other to retrospectively construct a life history and to obtain	Comparison study	<p>1. Findings of the study revealed that rates of suicide were high among males, those with mood disorders, those with a history of psychiatric care, those who lacked formal educational qualifications,</p>

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comparison study. <i>American Journal of Psychiatry</i> , 160(6), 1093-1099. doi:10.1176/appi. jp.160.6.1093	<p>suicide among young adults under the age of 25.</p> <ul style="list-style-type: none"> • The first aim of the study was to examine risk factors for suicide by comparing 60 young adults who committed suicide with 151 randomly selected non-suicidal adolescents. • The second aim of the study was to examine risk factors for 125 medically serious suicide attempters by comparing them to with 151 non-suicidal adolescents. • The third aim of the study was to examine risk factors for suicide and serious suicide attempts. That is, the 60 subjects who committed suicide were compared and contrasted with the 125 subjects who made serious suicide attempts. 	<p>who committed suicide during the period from 1991 to 1995.</p> <ul style="list-style-type: none"> o Methods of suicide: <ul style="list-style-type: none"> § $n = 25$: hanging § $n = 19$: vehicle exhaust gas § $n = 9$: self-poisoning § $n = 5$: firearms <p>Medically serious suicide attempt group: $n = 125$ participants under the age of 25 years. These individuals made a medically serious suicide attempts during 1991-1994. Of note, the author defines a medically serious attempt as one that required hospitalization for more than 24 hours and met one of the following criteria: (1) medical treatment in specialized units; (2) surgery under general anesthesia or (3) extensive medical treatment.</p>	<p>information about risk factors for suicidal behavior.</p> <p>§ Method of suicide or suicide attempt was classified into two groups: highly lethal which included hanging, vehicle exhaust gas, firearms, jumping and less lethal methods such as self-poisoning, cutting, and all other methods.</p> <p>§ Socioeconomic status was measured with the scale for socioeconomic status in New Zealand which ranks the population into six groups on the basis of occupation.</p> <p>§ Educational level was also dichotomized to give a measure of “no formal educational qualification,” defined as no secondary school or tertiary or trade qualification.</p> <p>§ Family environment was assessed by the presence or absence of (1) parental separation or divorce; (2) poor parental relationship (i.e., parents were viewed as having gotten along “not very well” or “poorly”); and (3) childhood sexual abuse (participants who responded affirmative to this question were then asked follow-up</p>		<p>and those with exposure to stressful life events.</p> <p>2. Findings also revealed that adolescents with a serious suicide attempt had higher rates of mood disorders, psychiatric care, educational disadvantage, and exposure to stressful life events.</p> <p>3. The authors also found that adolescents who committed suicide were much more likely to be male than were those who made suicide attempts. They also found that serious suicide attempters were more likely than those who committed suicide to have a mood disorder at the time of their attempt.</p> <p>4. Results also unveiled that the majority of male participants who committed suicide used hanging, vehicle exhaust gas, firearms, and jumping while the majority of serious suicide attempts by female adolescents were by self-poisoning.</p>

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
		<p>Serious suicide attempt group: $n = 132$ adolescent participants (57 males and 68 females). Mean age of the participants was 19.31 years</p> <p>§ Methods of serious suicide attempts: § self-poisoning: $n = 97$ § vehicle exhaust gas: $n = 14$ § hanging: $n = 3$ § firearms: $n = 3$ Comparison non-suicidal group: $n = 153$ subjects ($n = 78$ males and $n = 73$ females) ages 18-24 years of age</p>	<p>questions relating to this issue.</p> <p>§ Threatening Life Experiences: this measure was used as a basis to evaluate stressful life events that had occurred during the previous year. Life events were classified into a series of categories: serious interpersonal difficulties, serious financial problems, serious problems with the law or police, and serious work-related problems.</p> <p>Participants were classified as having a recent stressful life event if they had experienced at least one event in any of these four categories.</p> <p>§ Psychiatric morbidity: Structured Clinical Interview for DSM-III-R—Patient Version was used to generate DSM-III-R diagnoses of selected mental disorders. Four diagnostic groupings were used for disorders in the month preceding the suicide event (or interview): mood disorders, substance use disorders, anxiety disorders, and antisocial disorder.</p> <p>§ For mental health history two areas were assessed: (1)</p>		

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
			previous suicide attempts, or whether the subject had a history of at least one previous suicide attempt during his or her lifetime, (2) a history of mental health problems, at least one admission to a psychiatric hospital or substance abuse clinic during the previous year, or a lifetime history of outpatient psychiatric treatment. § Interview Schedule for Social Interaction was used to evaluate the extent of current social interaction.		
Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. <i>Journal of Child Psychology and Psychiatry</i> , 47(3- 4), 372-394. doi: 10.1111/j.146 97610.2006.016 15.x	Examination of the descriptive epidemiology for youth suicide and suicidal behavior. Examination of risk factors for adolescent suicide and suicidal behavior with regard to salient domains: mental and physical disorder, personality and psychological traits, family factors, biology, contagion, and	N/A	N/A	Literature review	1. Suicide ideation in adolescence is approximately 15-25%, ranging in severity from thoughts of death to specific ideation with intent or plan. 2. Lifetime estimates of suicide attempts among adolescents range from 1.3-3.8% in males and 1.5-10.1% in females, with higher rates in females than males in the older adolescent age range. 3. Females have a higher rate than males (after puberty) for suicide ideation and suicide attempts; males have higher rates of completed suicide (may be due to comorbid mood/substance abuse disorders, greater levels of aggression, and the use of more lethal means).

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
	access to lethal agents.				<p>4. The three leading methods of suicide among youth in the US are firearms, hanging, and poisoning.</p> <p>5. Risk factors: Prior suicide attempts, precipitants (interpersonal loss or conflict), mental disorders (mood disorders, substance abuse, conduct disorder, anxiety, PTSD, psychosis), physical health (poor physical health and physical disability), and personality (impulsive aggression, neuroticism, perfectionism, hopelessness, sexual orientation), family factors (parental psychopathology, family history), family-environmental factors (family constellation, loss), exposure to suicide, and access to lethal methods.</p>
Centers for Disease Control and Prevention. (2012a). Surveillance summaries: 2011 youth risk behavior surveillance survey. <i>Morbidity and Mortality Weekly Report</i> , 61(4), 11-12. Retrieved from http://www.cdc.gov/mmwr/	<p>This report summarizes results from the 2011 national survey, 43 state surveys, and 21 large urban school district surveys conducted among students in grades 9-12.</p> <p>The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among</p>	N/A	N/A	Report	<p>1. Results of the 2011 national YRBS indicated that many high school students are engaged in priority health-risk behaviors associated with the leading causes of death among adolescents, ages 10-24 years in the United States.</p> <p>2. Results indicated that in the past 12 months, from the time of the survey, 15.8% of the students had seriously considered attempting suicide, 12.8% made a specific plan to commit suicide, 7.8% made one or more attempts to commit suicide, and 2.4% made a serious attempt that required medical attention.</p>

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
	<p>high school students, 9-12 grade, from the 2011 national survey. These behaviors included, (1) behaviors that contribute to unintentional injuries and violence; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection; (5) unhealthy dietary behaviors; and (6) physical inactivity. Time frame of the report was from September 2010-December 2011. For purposes of the literature review, only suicide and suicidal behaviors were examined.</p>				

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
Centers for Disease Control and Prevention. (2012b). <i>Youth suicide</i> . Retrieved from http://cdc.gov/ViolencePrevention/suicide/youth_suicide.html .	To discuss the most recent statistics in youth suicide	N/A	N/A	Article from the Centers for Disease Control and Prevention, Violence Prevention	<p>1. Article highlights that suicide is the third leading cause of death among adolescent ages 10-24.</p> <p>2. The article also reveals that the top three methods used in suicides among the adolescent population include 45% firearm, 40% suffocation, 8% poisoning.</p> <p>3. Results also disclose that male adolescents are more likely than females to die from suicide. That is, among this age group, 81% of the deaths were males and 19% were females. The article did emphasize however that females are more likely to report attempting suicide.</p> <p>4. Article also revealed that Native American/Alaskan Native youth having the highest rates of suicide-related fatalities, however, a nationwide survey of youth in grades 9-12 in the U.S. found Latino adolescents were more likely to report attempting suicide than their black and white, non-Hispanic counterparts.</p>
Conner, K. R. & Goldston, D. B. (2007). Rates of suicide among males increase steadily from age 11 to 21: Developmental framework and outline for	The aim of the literature review is to investigate the age-related increase of suicide among male adolescents. The authors wanted to investigate the similarities between serious	N/A	N/A	Literature review	<p>1. Results reveal that rates of suicide consistently increase from childhood to adolescence.</p> <p>2. Findings revealed that both internalizing and externalizing disorders are major contributors for suicide among adolescent males.</p> <p>3. Results also revealed that what</p>

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
prevention. <i>Aggression and Violent Behavior</i> , 12(2), 193-207. doi:10.1016/j.avb. 2006.07.002	forms of violence and suicide. The second purpose of the review is to examine from a developmental perspective the relationship between suicide, substance use and depressive disorders.				appears to be impulsive suicides is actually precipitated by an acute stressor and are often preceded by a series of developmental setbacks and recurrences of suicide ideation that have lowered the threshold for ultimately committing suicide.
De Munck, S., Portzky, G. & Van Heeringen, K. (2009). Epidemiological trends in attempted suicide in adolescents and young adults between 1996 and 2004. <i>Crisis: The Journal of Crisis Intervention and Suicide Prevention</i> , 30(3), 115-119. doi: 10.1027/0227-5910.30.3.115	The study examined variation changes in the characteristics of adolescents between the ages of 15-24. Participants had been referred to the Emergency room department in a university hospital in Gent between 1996-2004.	Nine-year monitoring study of suicide attempts in adolescents (ages 15-19) and young adults (ages 20-24) that were referred to the Accident and Emergency department of the Gent University Hospital in Belgium. Adolescents were examined between January 1996 and December 2004 by a psychiatrist on data sheets	Participants and their clinical characteristics were assessed by a psychiatrist using data sheets. Information of participants was also available through records in the A&E Department and Psychiatric Emergency Department. Attempted suicide rates were calculated according to the average proportion of patients (44%, 15-24) referred to the University hospital in Gent between and the total number of suicide attempts admissions to the emergency units of other hospitals and psychiatric centers ($n = 770$) during 1996-2004. Admission files from other hospitals in Gent were also	Epidemiological study	1. The results demonstrated that during 1996 to 2001 attempted suicide rates declined and then rose again in 1997-2004. 2. Findings also pointed to the fact that the majority of suicide attempters were young adults, primarily females, ages 20-24. 3. Results also demonstrated that the use of barbiturates, sedatives, or hypnotics was the most common method of attempting suicide, followed by self-injury using a sharp object. Younger female attempters often poisoned themselves with analgesics. The use of psychotropic drugs was also a method of choice by both males and females. 4. In nearly one out of five attempts, alcohol was used in combination with other methods, and alcohol use was more commonly observed in older

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
			examined for additional suicide attempts. The information on suicide rates was based on death certificates of adolescents ages 15-24 which were provided by the Flemish Ministry. N/A		suicide attempters. Most of the young adolescent attempters had multiple suicide attempts and were referred to either inpatient psychiatric treatment or outpatient psychiatric and/or psychological treatment. 1. 9.7% of adolescents reported that they had attempted suicide at some point in their lives while 29.9% of adolescents reported that they had thought about suicide at some point in their lives. 2. Females were significantly more likely than males to report most suicidal behavior. 3. Asian demonstrated a lower prevalence rate of suicidal phenomena.
Evans, E., Hawton, K., Rodham, K., & Deeks, J. (2005). The prevalence of suicidal phenomena in adolescents: A systematic review of population-based studies. <i>Suicide and Life-Threatening Behavior</i> , 35(3), 239-250. doi:10.1521/suli.2005.35.3.239	The aim of the literature review was to provide an overview of the prevalence rates of suicide in adolescents. The authors also consider the influence of gender and ethnicity in their findings.	N/A		Literature review	
Fortune, S., Stewart, A., Yadav, V., & Hawton, K. (2007). Suicide in adolescents: Using life charts to understand the suicidal process. <i>Journal of Affective</i>	Identify the suicidal process amongst 27 young people who died by suicide.	$n = 27$ young people who died of suicide of whom 93% were male ($n = 25$) with an average age at death of 20.9 years, ranging from 16 to 24 years. More than half of the participants, $n = 15$ died as a result of self-injury.	<ul style="list-style-type: none"> Investigators read and re-read the Coroner's inquest records, medical notes, psychiatric notes, and the interview with an informant Interviews with the informant assisted to identify themes occurring in the dataset. As a result, life chart template was generated 	Exploratory study	1. Group I: The suicidal process in these young people was an indication of early attachment difficulties that manifested in severe interpersonal relationships problems in early adulthood. <ul style="list-style-type: none"> a. Individuals in this group had talked with their family and friends about death, discussed how to commit suicide, and the different methods of suicide in the years and months prior to their death. b. These young people were also

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
<i>Disorders</i> , 100(1), 199-210. doi:10.1016/j.jad. 2006.10.022		<p>Group I: characterized by longstanding difficulties: home, school, and peers. Suicidal process was longstanding and included deliberate self-harm (DSH) to their death and direct communication to friends and family about suicidal ideas and plans.</p> <p>Group II: Characterized by a psychiatric disorder. Two subgroups were identified: individuals with a protracted suicidal process which lasted about 5- 9 years and those with a brief suicidal process lasting about one year.</p> <p>Group III: characterized by the emergence of the suicidal process as an acute response to life events. These individuals were functioning well, without apparent mental illness or known self-harm.</p>	with 13 categories: attachment, relationships, social circumstances, education, financial events, psychiatric history, contact with services, communications of intent, deliberate self-harm, exposure to suicidal behaviors, drug/alcohol use, forensic events.		<p>surrounded by models of suicide among family and friends, deaths occurring five or more years prior to their eventual death.</p> <p>c. This group was described as “loners” and as “acting without thinking” by people close to them; had difficulty making friends and had problems maintaining intimate relationships in early adulthood.</p> <p>d. Self-cutting behavior was prominent among this group.</p> <p>2. Group II: Two subtypes: (1) $n = 4$; protracted suicidal process which appeared and disappeared over several years prior to their death, (2) $n = 10$; had a suicidal process in which emergence and escalation of the suicidal behavior was much shorter, typically lasting less than one year and often associated with depression and anxiety.</p> <p>a. Described as sensitive to criticism, afraid of being left alone, socially awkward, had persistent need to be liked and accepted, and felt abandoned and devastated when a relationship ended.</p> <p>b. The majority of this group communicated their suicidal distress with friends and family and /or engaged in DSH in the 10-12 months prior to their death.</p> <p>c. Young people in this group were exposed to suicidal behavior within their family, including relatives using violent methods and mothers who took overdoses.</p>

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
					<p>3. Group III: Individuals in this group appeared to be functioning well, without a history of mental health, previous DSH or exposure to suicidal models in their social network.</p> <p>a. Significant proximal stressors.</p> <p>b. People in this group had high expectations of themselves, wanted things to be perfect and appeared to be overwhelmed by perceived failures.</p>
Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2006). Youth suicide: A review. <i>The Prevention Researcher</i> , 13(3), 3-7. doi:10.1037/e530102006-001	Youth suicide risk and protective factors (adolescents 15-19 years of age)	N/A	N/A	Article discussion	<p>1. Adolescent risk factors can be broken down into four domains: personal characteristics (psychopathology, prior suicide attempts, cognitive and personality factors, sexual orientation, biological factors), family characteristics (family history of suicidal behavior, parental psychopathology, parental divorce, parent-child relationships), adverse life circumstances (stressful life events, physical abuse, sexual abuse), and socio-environmental and contextual factors (socioeconomic status, school and work problems, contagion/imitation).</p> <p>2. Factors that protect adolescents from suicidal behavior include: family cohesion and religiosity.</p> <p>1. One out of 15 youth interviewed responded that they would not live past age 30.</p> <p>2. Compared to other youth, fatalists were significantly more likely to be</p>
Jamieson, P. E., & Romer, D. (2008). Unrealistic fatalism in U.S. youth ages 14 to 22: Prevalence and	To estimate the proportions of U.S. youth that exhibits fatalism about its future (not to live past 30 years of	National Annenberg Risk Survey of Youth (NARSY): four waves from 2002-2005 of a nationally representative survey	<ul style="list-style-type: none"> • Telephone survey that included the following: <ul style="list-style-type: none"> o To identify fatalists, researchers asked participants whether they agreed with the following 	Descriptive study	

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
characteristics. <i>Journal of Adolescent Health</i> , 42(2), 154-160. doi:10.1016/j.jado health.2007.07.010	age).Examine risk factors for fatalistic expectation.	of 14-22 year olds designed by the Annenberg Public Policy Center at the University of Pennsylvania. Adolescent population, $N = 4,201$ 14-22 years of age	statement, "I do not expect to live past the age of 30." o Suicide acceptance was assessed with a measure based on the mean agreement with two items: "I think it's ok to end your life if you are tired of living" and I think it's ok to end your life if you don't see any reason to keep living." o Impulsivity was measured using the shortened form of Zuckerman's impulsivity sensation-seeking scale. o To assess recent experiences of hopelessness, depressive symptoms, and suicidal ideation, researchers asked questions such as, "During the past 12 months, did you ever feel so sad and hopeless for two weeks or more in a row that you stopped doing your usual activities?" "During the past 12 months did you consider attempting suicide?" "During the past 12 months, did you make a plan about how you would attempt suicide?"		older, male, identified as Hispanic. 3. Recent experience of hopelessness was a strong predictor of fatalism. 4. Fatalistic youth engaged in more suicidal planning, had more accepting attitudes toward suicide, were less attached to Religion, and were impulsive.
Joe, S., Romer, D., & Jamieson, P. E. (2007). Suicide acceptability is related to suicide	1. Purpose of this study was to investigate racial and gender differences in	Adolescents 14-22 years old NARSY data collected in the Spring and Summer of 2002 ($n = 900$),	1. National Annenberg Risk Survey of Youth (NARSY): a nationally representative survey of 14-22 year olds designed by the Anenberg	Descriptive study	1. Results demonstrate the important role of adolescent and young adult attitudes toward suicide in the risk for serious suicidal ideation.

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
planning in U.S. adolescents and young adults. <i>Suicide and Life-Threatening Behavior</i> , 37(2), 165-178. doi:10.1521/suli.2007.37.2.165	attitudes towards suicide in nationally representative sample of American young people. a. Hypothesis: Researchers hypothesized that there would be no difference in attitudes toward suicide between White and African American adolescents. 2. To examine the extent to which attitudes toward suicide are related to suicidal planning. a. Hypothesis: The researchers expected that suicide acceptability would be related to planning suicide among youth across all ethnic groups (Latino, Asian, White, African American and other racial groups).	2003 ($n = 900$), and 2004 ($n = 1,501$)	Public Policy Center at the University of Pennsylvania. For this study, researchers used NARSY data collected in the Spring and Summer of 2002, 2003 and 2004. 2. Measures in survey included: a. Youth Risk Behavior Survey used to identify youth who had engaged in suicidal ideation during the past 12 months. b. General Social Survey (GSS) used to assess suicide acceptability. c. Religious participation was assessed by asking youth their religious affiliation and frequency of attending religious activity. d. Brief Sensation Seeking Scale assesses tendencies to act impulsively.		2. Researchers show for the first time in a nationally representative sample that acceptance of anomic suicide is strongly related to suicide planning in young people. 3. Young people who believe that it is okay to end your life are more than 14 times more likely to think about killing themselves. 4. Youth endorsing the acceptability of suicide and reporting previous experiences of hopelessness and sensation seeking should be considered at higher risk for suicidality. 5. Lack of religious participation, living in an urban area, and being male were positively correlated with suicide acceptance. 6. There were no differences in suicidal approval among the largest racial-ethnic categories, although other racial groups such as American Indians and Pacific Islanders were more likely to report acceptance of suicide for anomic reasons.

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
Miranda, R., Scott, M., Hicks, R., Wilcox, H. C., Munfakh, J. L. H., & Shaffer, D. (2008). Suicide attempt characteristics, diagnosis, and future attempts: Comparing multiple attempters to single attempters and ideators. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 47(1), 32-40. doi:10.1097/chi.0b013e31815a56cb	The purpose of the study was to examine whether multiple suicide attempters would be distinguished from single suicide attempters and ideators by higher rates of psychiatric disorders at baseline and follow up assessments. The authors also wanted to explore if multiple attempters would be different from single attempters in the characteristics of their most recent suicide attempt. Furthermore, they wanted to examine whether a history of suicide attempts compared to a single attempt and ideation would predict a future suicide attempt.	<i>n</i> = 228 adolescents from New York, ages 12-18 Inclusion criteria: at least one suicide attempt or recent (past three months) suicide ideation Ethnicity 51% = White 15% = African American 20% = Hispanic 9% = Asian 5% = other ethnicities	<ul style="list-style-type: none"> • Columbia Suicide Screen was utilized in the study to assess for history of suicidal behavior and attempts. Lifetime suicide attempts was assessed with the question, "Have you ever tried to kill yourself?" Suicide ideation was assessed with the question, "During the past three months, have you thought about killing yourself?" • Diagnostic Interview Schedule for Children was utilized in the study to assess for psychiatric diagnosis, consistent with DSM-III-R diagnosis in children and adolescents. • Adolescent Suicide Interview a semi-structured interview for adolescents to obtain information regarding total number of suicide attempts including information regarding methods used, warnings provided to family/friends prior to the attempt, length of planning, isolation, feelings they experienced after the attempt, their wish for dying, and any preparatory behavior. This measure was also used to obtain the information 	Longitudinal study	<ol style="list-style-type: none"> 1. Results of the study revealed that at baseline only 20% of adolescents had one suicide attempt; 15% had more than one suicide attempt and 65% had no suicide attempts. 2. The results also revealed that the multiple attempters on average had attempted suicide about three times. Females more so than males reported single or multiple suicide attempts. 3. Hispanic adolescents versus other ethnicities had higher suicide attempts. 4. In terms of psychiatric diagnosis, multiple attempters compared to ideators had higher rates of mood, anxiety, substance use, or more than one of these three types of diagnosis. When compared to single attempters however, multiple attempters had higher rates of anxiety disorders but no difference in terms of mood or substance use disorder. 5. In terms of suicide attempt characteristics, 56% of adolescents reported that they attempted suicide by ingesting a substance, 29% used a cutting instrument, and 18% used some other method.

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
Rutter, M. (2007). Psychopathological development across adolescence. <i>Journal of Youth and Adolescence</i> , 36(1), 101-110. doi:10.1007/s1096 4-006-9125-7	The goal is to review the overall features of adolescence and the psychopathological changes during the teenage years.	N/A	regarding their most recent suicide attempt. N/A	Literature review	<p>1. The literature highlights that the rate of attempted suicide peaks in late adolescence and early adult life and continues to increase in frequency throughout adult life.</p> <p>2. Results also reveal that the three most common features that are responsible for the rise in suicide and attempted suicide among adolescents are the increase in depressive disorders (which constitute a major risk factor for suicidal behavior), the rise in disruptive disorders (i.e., antisocial behavior), and the increase in substance use and abuse, particularly an extensive history of substance abuse.</p> <p>3. Other stressors that increase the risk of suicide and suicide attempts include, developmental stress, physical and psychological changes, loss of romantic relationships and difficulties with family and or peers.</p>
Waldrop, A. E., Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2007). Risk factors for suicidal behavior among a national sample of adolescents:	The aims of the study was to (1) provide estimates of suicidal ideation and attempts, (2) to investigate the relationships among adverse family environment, mental health	<p>$n = 2,002$ male adolescents and $n =$ 1,904 female adolescents, ages 12- 17</p> <p>Ethnicity 72.2% = White; 15.1% African American; 8.0% = Hispanic;</p>	• Family alcohol abuse: endorsement to any of the following questions was indicative of family alcohol use: “Has anyone either in your family or who lived with you, not including you, drank alcohol (beer or wine) so much that it became a problem?” and “For example did anyone drink so much	Survey study	<p>1. Prevalence of suicide ideation among this sample was 24.3% and 3.3% for suicide attempts.</p> <p>2. Suicide ideation was positively associated with the female gender, age, family alcohol and drug problems, violence exposure, lifetime depression and PTSD.</p> <p>3. Suicide attempts were associated with</p>

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Implications for prevention. <i>Journal of Traumatic Stress</i> , 20(5), 869-879. doi:10.1002/jts.20291	diagnosis versus symptoms and adolescent suicide behavior, and (3) assess the independent impact of violence exposure on suicidal behavior.	1%= Asian; 3.6% Native American	that they got into fights with other people or started to beat kids, or couldn't get out of bed the next day, or had difficulty holding a job?" • Family drug use: Endorsement to any of the following questions was indicative of family drug use: "Has anyone either in your family or who lived with you, not including you, use hard drugs like cocaine, heroin, speed, uppers or downers?" "...have a drug problem?" • Violence exposure to measure for violence exposure, participants had to endorse one or more items in any of the following categories: sexual assault, physical assault, and physically abusive punishment, and witnessing violence. • Lifetime PTSD to assess for PTSD, a modified version of the National Women's Study (NWS) PTSD module was used. This measure uses DSM-IV criteria to assign the diagnosis. • Lifetime depression The depression module asks participants if they ever had		female gender, age, sexual and physical assault, lifetime substance abuse or dependence, PTSD, and depression.

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
			<p>a two week period or longer in which they experienced a list of symptoms of depression that correspond to a major depressive episode from the DSM-IV. The authors excluded any of the suicidal ideation and attempts behavior items to prevent overlap with the suicide ideation and attempts variables.</p> <ul style="list-style-type: none"> • Lifetime substance use disorder to assess for substance use disorder, the DSM-IV criteria for each substance was used. Participants who met criteria for either abuse or dependence were coded as positive for substance use disorder. • Suicidal ideation and attempts an affirmative response to any of the following four questions was coded as participant having suicide ideation. These questions included “Have you ever had a period of two weeks or longer when you felt things were so bad that you thought about hurting yourself?” “Have you ever had a period of two weeks or longer when you felt like you wanted to die?” “Have 		

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
Wolitzky-Taylor, K., Ruggiero, K. J., McCart, M. R., Smith, D. W., Hanson, R. F., Resnick, H. S., ... Kilpatrick, D. G. (2010). Has adolescent suicidality decreased in the United States? Data from two national samples of adolescents interviewed in 1995 and 2005. <i>Journal of Clinical Child and Adolescent</i>	Primary goals of the NSA and NSA-R were to (a) identify the population prevalence of major life stressors, such as physical assault, sexual assault, dating violence, and witnessed violence in the home, school, and community; (b) identify the population prevalence of specific mental health disorders known to be associated with	The 1995 NSA and the 2005 NSA-R are two epidemiologic studies of youth aged 12 to 17 years. 1995 NSA: $n = 4,023$ youth aged 12 to 17 years 2005 NSA: $n = 3,614$ youth aged 12 to 17 years. Parent and adolescent interviews were completed for 3,614 cases.	you had a period of two weeks or longer when you thought about death a lot?" "Have you ever felt so low that you thought about committing suicide?" o Suicide attempts: an affirmative response to the following question "Have you ever attempted suicide?" was coded as positive for a suicide attempt. The suicidal attempt question was only asked if the participant was coded positive for the suicidal ideation question. • Age was categorized as "younger adolescents" (ages 12-14) and "older adolescents" (ages 15-17 year-olds) • Family annual income divided into nine categories (e.g. category 1: \$0-5,000, category 9: \$100,000). • Racial/ethnic group was assessed using standard questions employed by the U.S. Bureau of the Census: African American, non-Hispanic; Native American, non-Hispanic; Asian American, non-Hispanic; Hispanic; and Other. Caucasian, non-Hispanic participants served as the reference group.	Secondary Analysis of the 1995 NSA and the 2005 NSA-R, two epidemiologic studies of youth aged 12 to 17 years	1. Results of the survey revealed that the prevalence in suicide ideation declined from 12.7% in 1995 to 10.9% in 2005. This decline however, was true for males but not for female adolescents. 2. The authors also found that female adolescents reported more suicidal ideation compared to boys. When broken down by age, the prevalence of suicide ideation was highest for adolescent girls between the ages of 15-17. Male adolescents, ages 15-17, reported the second highest prevalence of suicidal ideation. 3. Findings also demonstrated that Major Depressive Disorder was the strongest predictor of suicidality in both samples. In addition, substance use and violence exposure were significantly associated

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
<i>Psychology</i> , 39(1), 64-76. doi:10.1080/15374 410903401146	exposure to traumatic events; and (c) examine risk factors associated with violence exposure and mental health outcomes. A fourth major goal of the NSA-R was to facilitate comparisons that identify potential population changes over the past decade among U.S. adolescents.		<ul style="list-style-type: none"> • Lifetime PTSD was assessed using the PTSD module of the NSA survey. This is a structured diagnostic interview that assessed each Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). • Lifetime Major Depressive Episode (MDE) was assessed using the Depression Module of the NSA survey, a structured interview that targets MDE criteria using a yes/no response format for each DSM-IV symptom. • Suicidal ideation and attempt was assessed as part of the diagnostic assessment for MDE. Participants were asked the yes/no questions such as “Have you ever felt so low you thought about committing suicide?” and “Have you ever attempted suicide?” • Traumatic events: Adolescents were assessed for potential traumatic events. They were classified as having experienced direct violence if they endorsed experiencing sexual assault and/or physical assault or abuse. 		<p>with increased risk for suicidal ideation and attempts in both samples, with female gender, non-experimental drug use, and direct violence exposure being consistent risk factors in both samples.</p> <p>4. Findings also revealed that adolescents who met criteria for PTSD were also at greater risk for suicidal ideation and attempts. These findings suggest that the majority of risk factors identified in 1995 continued to be associated with increased risk of suicidality in 2005.</p> <p>5. In this study, neither ethnic or racial group nor income was associated with risk for suicidal ideation or attempt which means that suicide ideation and attempts is a problem that spans across a diverse adolescent population.</p>

Author/ Year	Research Questions/ Objectives	Sample	Instrumentation	Research Approach/ Design	Major Findings
			<ul style="list-style-type: none"> • Adolescents were assessed to determine whether they had ever witnessed community or parental violence. That is, if the adolescent had ever observed someone shooting someone with a gun; shoot someone with a gun, being stabbed with a knife, someone being threatened with a gun/knife, or any other weapon, someone being mugged or robbed, or someone being sexually assaulted or raped. • Alcohol abuse was assessed by asking adolescents a series of closed-ended questions in a structured interview format related to their alcohol use. Questions were directly linked to the DSM-IV criteria for substance abuse. • Adolescents were asked a series of questions that assessed lifetime use of illicit and non-experimental drug use. Questions regarding the use of illicit drug use inquired whether the youth had ever ingested marijuana or hard drugs, including cocaine, heroin, LSD, or other hallucinogens or inhalants (i.e., glue 		

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			nitrous oxide, amyl nitrate, paint, or gasoline). Non-experimental drug use was assessed by determining whether the respondent has used a particular substance on four or more occasions during their lifetime.		

Culture and suicide

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. <i>Journal of Child Psychology and Psychiatry</i> , 47(3-4), 372-394. doi: 10.1111/j.1469-7610.2006.01615.x	Examination of the descriptive epidemiology for youth suicide and suicidal behavior. Examination of risk factors for adolescent suicide and suicidal behavior with regard to salient domains: mental and physical disorder, personality and psychological traits, family factors, biology, contagion, and access to lethal agents.	N/A	N/A	Literature review	<p>1. Suicide ideation in adolescence is approximately 15-25%, ranging in severity from thoughts of death to specific ideation with intent or plan.</p> <p>2. Lifetime estimates of suicide attempts among adolescents range from 1.3-3.8% in males and 1.5-10.1% in females, with higher rates in females than males in the older adolescent age range.</p> <p>3. Females have a higher rate than males (after puberty) for suicide ideation and suicide attempts; males have higher rates of completed suicide (may be due to comorbid mood/substance abuse disorders, greater levels of aggression, and the use of more lethal means .</p> <p>4. The three leading methods of suicide among youth in the US are firearms, hanging, and poisoning.</p> <p>5. Risk factors: Prior suicide attempts, precipitants (interpersonal loss or conflict), mental disorders (mood disorders, substance abuse, conduct disorder, anxiety, PTSD, psychosis), physical health (poor</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Guiao, I. Z., & Thompson, E. A. (2004). Ethnicity and problem behaviors among adolescent females in the united states. <i>Health Care for Women International</i> , 25(4), 296-310. doi: 10.1080/07399330490278330	<p>1. Do Latinas differ in adolescent depression from African, Asian, Native, and Euro Americans?</p> <p>2. Do Latinas differ in adolescent alcohol use from African, Asian, Native, and Euro Americans?</p> <p>3. Do Latinas differ in adolescent suicidal behaviors from African, Asian, Native, and Euro Americans?</p>	<p>Female adolescents N = 3,310</p> <p>Latinas n = 385</p> <p>African Americans n = 826</p> <p>Asian Americans n = 126</p> <p>Native Americans n = 67</p> <p>Euro Americans n = 1,911</p> <p>Females ranged from 12-19 years old with a mean age of 16 years old.</p>	<p>In home interviews were conducted; 1-2 hours to complete depending on the respondent's age and experiences.</p> <p>Depression: A 19-item scale adapted from the Center for Epidemiologic Studies Depression Scale (CES-D). The Likert type scale determined how the respondent had felt in the week preceding the interview relative to depressed affect and feelings (0 = rarely to none of the time; 1 = some or little of a time; 2 = occasionally or a moderate amount of a time; 3 = most or all of the time)</p> <p>Alcohol Use: Alcohol was measured by the number of drinks each time alcohol was used in the past 12 months. Scores ranged from 0-90 drinks.</p>	Survey study	<p>physical health and physical disability), and personality (impulsive aggression, neuroticism, perfectionism, hopelessness, sexual orientation), family factors (parental psychopathology, family history), family-environmental factors (family constellation, loss), exposure to suicide, and access to lethal methods.</p> <p>1. Depression: Compared to Latinas, Euro-American females reported significantly less depression and, thus, Latinas are significantly higher risk for adolescent depression.</p> <p>2. Alcohol use: Compared to Latinas, African American and Asian American females reported statistically less alcohol use. Latinas are at significantly higher risk for adolescent alcohol use.</p> <p>3. There was no statistical difference in adolescent suicidal behaviors when comparing Latinas to other ethnic groups.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			Suicidal behaviors: A composite measure of suicidal behaviors was developed based on three items related to suicidal behavior (1) the presence of suicide thoughts in the past 12 months, (2) number of suicide attempts in the past 12 months, and (3) the need for treatment following a suicide attempt. Possible range of scores is from 0-5; higher scores denote greater severity of suicidal risks.		
Langhinrichsen-Rohling, J., Friend, J., & Powell, A. (2009). Adolescent suicide, gender, and culture: A rate and risk factor analysis. <i>Aggression and Violent Behavior</i> , 14(5), 402-414. doi:10.1016/j.avb.2009.06.010	The purpose of the literature review was to provide a current qualitative research review on gender differences on adolescent suicide behavior among four of the largest ethnic groups in the U.S.: African Americans, Asian Americans, Native Americans, and Latino Americans.	N/A	N/A	Literature review	<p>1. Despite the different overall levels of suicidal behaviors among the four ethnic groups, in all groups, the authors found that although females attempt suicide more often than males, males have more lethal ways of attempting suicide and thus complete suicide more often than females.</p> <p>2. Results of the literature review also reveal that if clinicians rely heavily on identifying at risk youth for suicide based on nonfatal suicide attempts, they will fail at properly identifying at risk males as they tend not to verbalize or express their suicidal tendencies.</p> <p>3. Gender disparity in suicide completion was found to vary significantly among the four</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>ethnic groups; African Americans had the largest gender ratio; this is due to factors such as effects of deindustrialization, racial discrimination, limited support and available resources, and stigma of vulnerability.</p> <p>4. Asian American had the lowest rates in suicide completion as well as the lowest rate in terms of gender disparities.</p> <p>5. Latina adolescents were found to be at an increased risk for suicide attempt compared to females from other ethnic groups. Research identifies factors such as family role expectations and vulnerability to mental health disorders such as depression.</p>
<p>Marcenko, M. O., Fishman, G., & Friedman, J. (1999). Reexamining adolescent suicidal ideation: A developmental perspective applied to a diverse population. <i>Journal of Youth and Adolescence</i>, 28(1), 121- 138. doi:10.1023/a:102 1628709915</p>	<p>Hypothesis:</p> <p>1. To test the hypothesis that suicidal ideation is a common experience in a general population of ethnic diverse urban high school students.</p> <p>2. Admission of suicide ideation was a function of tolerance toward suicide rather than an indicator of pathology or personal deficits.</p>	<p>$N = 120$ adolescent students from three inner city high schools</p> <p>African American $n = 40$</p> <p>Hispanic $n = 40$</p> <p>White $n = 40$</p>	<p>Questionnaire that consisted of standardized measures of suicide ideation, hopelessness (Beck Hopelessness Scale), family coping (F-Copes to measure problem solving attitudes and behavior families use to resolve difficulties), self-esteem (Hare Self-Esteem Scale), and substance abuse (Problem Severity Index (PSI)). Open ended questions regarding the circumstances surrounding suicide ideation or attempts, suicidal behavior of</p>	<p>Descriptive study Cross sectional design</p>	<p>1. Suicidal ideation showed to be a common experience in low income African Americans, Hispanics, and White adolescents.</p> <p>2. Tolerance toward suicide was significantly related to admission of ideation, although the relationship was more marked for males who denied substance abuse than for either males who admitted substance use or females who denied or admitted substance use.</p> <p>3. Gender proved to be a significant predictor of ideation, even when tolerance was</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			family, as well as student's attitudes toward suicide.		controlled. 4. There was a significant relationship between gender and ideation among African Americans and Hispanic youth but not on White teens. 5. Females in every ethnic group were more tolerant of suicide than males.
Roberts, R. E., Chen, Y. R., & Roberts C. R. (1997). Ethnocultural differences in prevalence of adolescent suicidal behaviors. <i>Suicide and Life-Threatening Behavior</i> , 27(2), 208-217. doi: 10.1111/j.1943-278X.1997.tb00292	To explore ethnic differentials in adolescent suicidal behaviors.	Adolescents in 6th to 8th grade in five middle schools in Houston, Texas ($N = 5,423$) Ethnic groups African Americans $n = 1,237$ European American $n = 775$ Central American $n = 253$ Chinese American $n = 177$ Indian American $n = 188$ Mexican American $n = 755$ Pakistani American $n = 155$ Vietnamese American	<ul style="list-style-type: none"> • Suicidal behavior was assessed by using part of the DSM scale for depression. Queries were related to suicidal ideation and attempts in the past two weeks. • Ethnic status was self-designated using categories such as Anglo/White, African/Black, specific groups of Hispanics (Mexican, Puerto Rican, etc.) and Asian (Korean, Vietnamese, etc.) 	Secondary Analysis	1. The prevalence of suicide ideation, plans, and attempts in middle school students indicate that suicidal behaviors are a significant mental health issue. 2. Mexican Americans had a higher prevalence of recent suicide ideation, plans, and attempts. 3. Adolescents of mixed ancestry had higher rates of suicide plans than other groups. 4. Pakistani American had higher rates of suicide attempts than other ethnic groups. 5. Suicide ideation and plans were highest among females, older adolescents, and adolescents with low SES.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<i>n</i> = 304			
Tortolero, S. R., & Roberts, R. E. (2001). Differences in nonfatal suicide behaviors among Mexican and European American middle school children. <i>Suicide and Life-Threatening Behavior</i> , 31(2), 214-223. doi:10.1521/suli.31.2.214.21519	To describe ethnic and gender differences in suicide ideation among two large samples of middle school students and to examine whether ethnicity constitutes as a risk factor for suicidal behavior independent of other risk factors.	Middle school adolescents from Las Cruces, New Mexico (three middle schools) and Houston, Texas (five middle schools) <i>N</i> = 3,442 New Mexico: <i>n</i> = 2,140 European American = 41%; Mexican American = 59% Texas: <i>n</i> = 1,302 European American = 53%; Mexican American = 47%	<ul style="list-style-type: none"> • Questionnaire items were adapted from the Oregon Adolescent Depression Project. • Measures included: <ul style="list-style-type: none"> o Suicide ideation: For the Texas sample the researcher utilized items from the DSD Scale for Depression (DSD); for the New Mexico sample items were taken from the Oregon Adolescent Depression Project o Depression: CES-D (New Mexico) and the DSD (Texas) o Loneliness: Roberts version of the UCLA Loneliness scale o Social support: Family Environment scale o Self-esteem: Six-item version of the Rosenberg measure o Discrimination: one question was asked inquiring if the individuals had personally experienced discrimination. o Language was assessed by asking what language the individual spoke most of the time. 	Cross Sectional Survey study	<ol style="list-style-type: none"> 1. Mexican American females had higher rates of suicide ideation and suicidal thinking than European American females. 2. Mexican American males had a higher rate of suicide ideation than European American males. 3. Suicide ideation risk for Mexican American youth remained significantly higher than European American even after controlling for gender, age, family structure, depression, social support, and self-esteem.

Previous suicidal behavior

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. <i>Pediatrics</i> , 107(3), 485-493. doi: 10.1542/peds.107.3.485	Purpose of the study was to identify risk and protective factors for suicide attempts among non-Hispanic Black, Hispanic, and non-Hispanic White male and female adolescents.	<i>N</i> = 13,110 Data from the National Longitudinal Study of Adolescent Health conducted in 1995 and 1996 that included non- Hispanic Black, Hispanic and non- Hispanic White in grades 7-12	Time I: an in-home 90 minute interview was conducted for each participant between April 1995-December 1995; questions in the interview consisted of health status, family dynamics, attitudes, and health risk behaviors (i.e. suicidal behaviors, drug and alcohol use and criminal behavior) Time II: in-home interview conducted between April 1996-August 1996; outcome variable was assessed with the question, "During the past 12 months did you actually attempt suicide?"	Secondary Analysis of the National Longitudinal Study of Adolescent Health	<p>1. Perceived parent and family connectedness was a protective factor among Blacks, Hispanics, and white adolescents.</p> <p>2. For girls, emotional well-being was also a protective factor for all of the ethnic groups.</p> <p>3. High grade point average was a protective factor for boys.</p> <p>4. Previous suicide attempt, violence victimization, violence perpetration, alcohol/marijuana use, school problems, somatic symptoms, friend suicide attempt or contemplation, other illicit drug use, and a history of mental health treatment predicted suicide attempts among Blacks, Hispanic, and White males.</p> <p>5. Weapon carrying at school and same sex relationships were also risk factors for boys of all ethnic groups.</p> <p>6. Results revealed that the presence of three or more protective factors reduced the risk of suicide attempt by 70% to 85% for both genders of all ethnic groups.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Esposito, C., Spirito, A., Boergers, J., & Donaldson, D. (2003). Affective, behavioral, and cognitive functioning in adolescents with multiple suicide attempts. <i>Suicide and Life-Threatening Behavior</i> , 33(4) 389-399. doi:10.1521/suli.33.4.389.25231	<p>The aim of the study was to examine the affective, behavioral, and cognitive functioning in youth with multiple suicide attempts.</p> <p>The author's hypothesized: 1. Youth with multiple suicide attempts would exhibit severe affective dysfunction and dysregulation including mood disorders (particularly greater severity of depressive symptoms and anger), behavioral (impulsive and disruptive behaviors and self-injurious behaviors), substance abuse disorders and cognitive distortion in the form of hopelessness than youth that a single suicide attempt.</p>	<p>$n = 103$ female adolescents $n = 18$ male adolescents Ages 12-18 years</p> <p>Participants presented to a general hospital emergency department or pediatrics immediately after the suicide attempt.</p> <p>Ethnic Background: 68.6% = White 10.7% = Hispanic 11.6% = African American 9.1% = other ethnicities.</p> <p>Social Economic Status (SES): 24% = poverty level 15.7% = low SES 45.5% = middle SES</p>	<ul style="list-style-type: none"> • Diagnostic Interview Schedule for Children (DISC): a structured interview developed for use with children and adolescents that assesses current and past symptoms, behaviors, and emotions. Only modules corresponding to the most commonly found diagnoses in adolescent suicide attempters such as major depression, dysthymia, disruptive behavior, and substance use were administered to the adolescents. • The Functional Assessment of Self-Mutilation (FASM) is a self-report measure in which participants are asked how often they had purposefully engaged in any of 11 self-mutilation behaviors in the past year. A major self-mutilation included: cutting/carving, burning, self-tattooing, scraping, and erasing. A minor self-mutilation includes hitting self, pulling hair, biting self, inserting objects under nails or skin, picking at a wound, and picking at areas to draw blood. • The Center for Epidemiologic Studies–Depression Scale (CES-D) is a 20-item measure of depressive symptomatology. Items are rated on a 4-point Likert scale ranging from "rarely" to "most or all of the time." • Hopelessness Scale for Children (HSC) is a 17-item true/ false scale designed to measure negative expectancies toward one's self and one's future. An example of items 	Cross Sectional Survey study	<p>1. Results revealed that the multiple suicide attempt group was more likely to be diagnosed with a mood disorder, report more severe depressive symptoms and anger than the single suicide attempt group.</p> <p>2. Findings also unveiled that the multiple suicide attempt group had higher rates of disruptive behavior disorders and higher levels of affect dysregulation and serious self-mutilation than the single suicide attempt group.</p> <p>3. The authors also found that greater levels of hopelessness were reported by the multiple suicide attempt group than the single suicide attempt group.</p> <p>4. They also uncovered that after controlling for a mood disorder diagnosis, the multiple suicide group had significantly higher mean scores than the single suicide attempt group on anger, affect dysregulation, and major self-mutilation.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		2.5% = high SES. 7.3% = could not be classified according to SES because they resided out of state 2.5% could not be classified as they were temporarily living in an out-of-home placement 2.5% = no data available Method of suicide attempt: 88.4% = ingestion of prescription or nonprescription drugs. Of these adolescents, 74 reported this was their first and 47 reported at least one prior suicide attempt (multiple attempter).	include: "I don't think I will have any real fun when I grow up." Higher scores on the HSC represent increased levels of hopelessness and pessimism. • The State-Trait Anger Expression Inventory (STAXI): 44 items designed to measure both the experience of anger (state anger and trait anger) and the expression of anger (anger directed inward, anger directed outward, and attempts to control anger). Items are rated on 4-point Likert scales, with higher scores indicating greater intensity or frequency of anger experienced or expressed. • The Adolescent Drinking Questionnaire (ADQ) measure is comprised of four items from the Adolescent Health Behavior Questionnaire which assesses frequency, quantity, frequency of high volume intake, and frequency of drunkenness over the previous three months. • Regulation of Affect and Impulses (RAI) is a subscale of the Structured Interview for Measurement of Complex PTSD. In addition to affect regulation, the subscales assess modulation of anger, self-destructive behavior, suicidal preoccupation, and excessive risk taking behavior.		
Esposito, C. L. & Clum, G. A. (2002). Psychiatric symptoms and their relationship to suicidal	The aim of the study was to examine the importance of diagnostic factors in	N = 73 adolescents (37 males and 36 females), aged	• Schedule for Affective Disorders and Schizophrenia for School Age Children- Epidemiologic Version 5 (K-SADS-E): semi-structured	Cross Sectional Survey study	1. Results of the study revealed that 74% of the sample met criteria for an Axis I disorder.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
ideation in a high-risk adolescent community sample. <i>Journal of American Child and Adolescent Psychiatry</i> , 41(1), 44-62. doi: 10.1097/00004583-200201000-00010	the prediction of suicidal ideation in adolescents.	14-18, exhibiting emotional problems participated in the study. Ethnicity 94.5% Caucasian 2.7% African American 2.8% other ethnicity (Asian or Indian) Approximately 56% of the sample population endorsed suicidal ideation.	interview used to assess current and lifetime psychiatric disorders, according to the DSM-IV. • Modified Scale for suicide ideation: a self-report measure that assesses the severity of suicide ideation and intent		2. Findings also revealed that higher severity of mood disorder symptoms predicted higher suicide ideation. 3. The authors did not find an association between symptoms associated with disruptive behavior, anxiety, and substance use disorders and suicide ideation.
Forman, E.M., Henriques, G.R., Brown, G.K., & Beck, A.T. (2004). History of multiple suicide attempts as a behavioral marker of severe psychopathology. <i>The American Journal of Psychiatry</i> , 161(3), 437-443. doi:10.1176/appi.ajp.161.3.437	The purpose of the study was examine whether multiple suicide attempters would exhibit a more severe clinical profile than single suicide attempters.	<i>N</i> = 153 participants, ages 18-64 Multiple suicide attempters = 114 Single suicide attempters = 39 Ethnicity African American =	• The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID) was used to diagnose DSM-IV psychiatric disorders. • The 24-item Hamilton Rating Scale for Depression: this measure was used by clinicians to assess for severity of depression. • Participant's highest level of psychiatric, occupational, and social functioning achieved in the past year was assessed by a clinician during the clinical interview and assigned a numeric value (0 = severe impairment in functioning to 100 =	Mixed Methods	1. Results of the study revealed that multiple suicide attempters, unlike single suicide attempters displayed higher levels of depression and hopelessness and met criteria for more DSM-IV axis I diagnoses. Specifically, it appeared that this group of adolescents were at a particularly high risk for being diagnosed with substance abuse and psychotic disorders, and with borderline personality disorder. 2. The authors also found that

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		63% White = 28% Latino/Asian American, Native American, or unspecified = 9% Most Common diagnoses included: Major depressive disorder with psychotic features = 24%; without psychotic features = 54% Bipolar I with psychotic features = 5%; without psychotic features = 5% Bipolar II- 3% Schizoaffective Disorders = 5% Dysthymia = 1%	superior functioning) from the Global Assessment of Functioning Scale (GAF). • The Scale for Suicide Ideation is a measure that evaluates the intensity of the participant's specific attitudes, behaviors, and plans to commit suicide. • The Suicide Intent Scale is an assessment of the intensity of the attempter's wish to die. • The Lethality Scale was used to measure the medical lethality of a suicide attempt, as reported by participants, on a scale from 0 to 10 (e.g., from "fully conscious and alert" to "comatose, all reflexes absent, respiratory depression with cyanosis or circulatory failure and shock or both"). • Beck Depression Inventory: this self-report measures assess for severity of depression. • Beck Hopelessness Scale: this measure consists of 20 true-false statements designed to assess the extent of positive and negative beliefs about the future. • Social Problem-Solving Inventory was used to measure the participants' abilities to define social problems, generate alternative solutions, make decisions, and implement solutions. • Psychiatric History Form consists of 12 items that asks participants to answer basic questions about his or her own and their family members' histories of mental illness, suicide,		multiple suicide attempters also displayed greater suicidal ideation and had a more accepting attitude toward their suicide attempts. 3. Results also unveiled that multiple suicide attempters were more likely to be unemployed and had poorer social problem-solving skills and more relational difficulties. 4. They also found that multiple suicide attempters also were more likely to report emotional abuse as children and having family members with histories of mental illness and suicide.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
King, R. A., Schwab-Stone, M., Flisher, A. J., Greenwald, S., Kramer, R. A., Goodman, S. H., ... Gould M. S. (2001). Psychosocial and risk behavior correlates of youth suicide attempts and suicidal ideation. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 40(7), 837 -846. doi:10.1097/00004583-200107000-00019	Using data from the Methods for Epidemiology of Child and Adolescent Mental Disorders Study, King et al. (2001) sought to examine the relationships between suicidal behaviors and ideation and factors such as family environment, adolescent characteristics, and various risk behaviors. 1. What are the psychosocial correlates of suicidal ideation and attempt in children and adolescents? 2. Are there other risk behaviors, besides psychiatric disorders, that are associated with a risk for suicidal behaviors? 3. If present, to what extent are these psychosocial factors and risky behaviors accounted for by an	<i>N</i> = 1,285 adolescents, ages 9-17 Adolescents were from communities in Connecticut, Georgia, New York, and Puerto Rico Of the 1,285 adolescents, 52 of the adolescent males and 57 of the females had either suicide ideation(S/I) or a suicide attempt (S/A). 629 of the males had no S/I or S/A; 547 of the females had no S/I or S/A.	substance abuse, and psychiatric treatment. This form also inquires about histories of sexual and emotional abuse • Affective Disorders module of the parent and child versions of the Diagnostic Interview Schedule for Children version 2.3 (DISC-2.3) was utilized in this study to assess for suicide ideation and attempts within the past six months. Parents and youth were asked these questions separately. • Using the DISC 2.3 was also used to make DSM diagnosis within the past 6 months. The following categories of diagnosis were utilized in the study: mood disorders, anxiety disorders, disruptive behavior disorders, and substance use disorders. • Family APGAR was used to measure the quality of family environment from the parent's perspective. Family environment included the frequency of how satisfy the parent was with family support, communication, and leisure time. • Parenting Monitoring Scale was used to measure the extent to which the adolescent's primary caretaker monitors his/her behavior. • Parental Discipline Practices: this measures asks the parent respondent how often he/she uses nonphysical discipline .and two forms of physical punishment.	Secondary Analysis of the NIMH Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) study	1. Findings revealed that adolescents with a history of suicide attempts were more likely to have experienced numerous stressful life events, to have become sexually active, who smoke more than one cigarette per day, and to have a history of smoking marijuana compared to those adolescents who had experienced suicide ideation. 2. Results also revealed that both a history of suicide attempts and suicide ideation were associated with stressful life events, poor family support, communication, and leisure time involvement, parental history of psychiatric disorders, low parenting monitoring, and low youth instrumental and social competence. 3. The authors also stated that low grades were not associated with increased risk for suicide ideation or attempts. 4. They also revealed that onset of sexual intercourse, ever have smoked marijuana, becoming drunk in the past six months, low

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	association with psychiatric disorders?		<ul style="list-style-type: none"> • The Family History Screen for Epidemiologic Studies was administered to parent respondents to obtain information regarding the psychiatric history of the adolescent's biological mother and father. • A modified Life Events Checklist was administered to the adolescent to examine whether special life events had occurred. • Family Intactness was determined based on whether the adolescent was living with the primary caretaker who is living in a spousal relationship. • Peabody Picture Vocabulary Test Revised was utilized to estimate the adolescent's verbal ability. • Instrumental and Social Competence Scale was used to assess the adolescent's social and instrumental competence as perceived by the parent. • School grades were obtained by the adolescent's last report card. • Adolescents were asked about their involvement in any serious physical fights within the previous year. They were also asked about the onset of sexual intercourse, having been drunk in the past six months, cigarette smoking, or having smoked marijuana or hashish. 		levels of tobacco use, and being involved in a serious fight were all strongly associated with suicidal thoughts and ideation.
Pfeffer, C. R. (2001). Diagnosis of childhood and adolescent suicidal behavior:	The purpose of the article review was to discuss options in	N/A	N/A	Article review	1. The article highlights that at least one third of adolescents who attempted suicide had a previous

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Unmet needs for suicide prevention. <i>Society of Biological Psychiatry</i> , 49(12), 1055-1061. doi: 10.1016/s0006-3223(01)01141-6	diagnosing risk for childhood and adolescent suicidal behavior.				<p>history of suicide attempts.</p> <p>2. The articles highlights that some of the associated risk factors for suicidal behavior among children and adolescents include, cognitive factors (i.e., hopelessness, worthlessness), behavioral disinhibition (such as impulsivity), diagnosis of a psychiatric disorder (primarily mood disorders and substance abuse disorders), psychosocial factors (living in non-intact families, poor communication with mothers, family history of suicidal behavior, interpersonal loss, disciplinary problems), history of sexual abuse, and firearms in the home.</p> <p>3. Assessment methods: They have identified that it is of utmost importance to use assessment instruments that are reliable in assessing for psychiatric disorders and suicidal states in children and adolescents. Some of these include, the Schedule for Affective Disorders and Schizophrenia (kid-SADS) and the Diagnostic Interview Schedule for Children. They also identified self-report questionnaires such as the Scale for Suicide Ideation, the Suicidal Ideation Questionnaire, and the Suicide Probability Scale, and the Child-Adolescent Suicidal</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Roberts, R. E., Roberts, C. R., & Xing, Y. (2010). One-year incidence of suicide attempts and associated risk and protective factors among adolescents. <i>Archives of Suicide Research</i> , 14(1), 66-78. doi:10.1080/13811110903479078	The purpose of the study was to estimate incidence of adolescent suicide attempts and predictors of suicide attempts.	The data are taken from Teen Health 2000 (TH2K). Data was collected at baseline with a sample of 4,175 youth and adult caregivers; data of 3,134 adolescents and caregivers were collected at follow up	<ul style="list-style-type: none"> • Measure of suicidal behavior come from the mood disorders module of the Diagnostic Interview Schedule for Children, Version 4 (DISC-IV). The question used to assess was, “Now, thinking about the whole last year (prior to the day of the interview), have you tried to kill yourself?” <ul style="list-style-type: none"> o Suicidal behavior was measured at Wave 1: 12-month prevalence of attempts. It was also assessed at Wave 1–Wave 2 change—first incidence of attempts. o First or new incidence is the rate of those who reported an episode in the Wave 1–Wave 2 interval and did not report a past year or a lifetime episode in Wave 1. • Psychiatric disorders were assessed with the DISC-IV • A history of mental or behavioral problems is any DSM-IV disorder in the 12 months was assessed prior to baseline. • For this study, comorbidity was defined as meeting diagnostic criteria for two or more DSM-IV disorders in the 12 months preceding Wave 1 assessment. • Youth were assessed whether they experienced disturbed mood (that is, depressed mood, anhedonia, or irritable mood) for a period of at least two weeks in the past year. 	Longitudinal study	<p>Potential Index (CASPI) as having good test-retest reliability in assessing for suicidal behaviors.</p> <ol style="list-style-type: none"> 1. Results of the study revealed that prior suicidal behaviors are the strongest predictors of future suicidal behaviors. 2. Regarding school stressors, only school stress predicted suicide attempts. 3. In terms of psychopathology, depressed mood and substance use (specifically marijuana use) increased the risk of first incidence. Any family history of attempted suicide, for any caregiver and biological parents, increased the risk for suicide. 4. Furthermore, the authors found that two or more DSM-IV disorders predicted incidence of suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<ul style="list-style-type: none"> • Alcohol use was assessed by reports of consuming any alcohol in the past year. • Drug use was assessed by use of marijuana and any other substances in the past year • Social resources are measured using a six-item scale of social support and the seven-item parental satisfaction subscale of the Adolescent Family Life Satisfaction Index • Subjective appraisal of community stress is assessed by asking adolescents how much of a problem each of eight conditions are in their neighborhood: crime, gangs, traffic, noise, trash and litter, lighting, public transportation, and recreation. • Perceived stressfulness of the social environment was assessed for those adolescents who still attend school by asking adolescents how much of a problem each of 11 conditions are at their school: violence, gangs, weapons, drugs, noise in classrooms, trash and litter, crowded classrooms, how teachers treat students, lack of supplies and equipment, prejudice and discrimination, and stealing. 		
Rosenberg, H.J., Jankowski, M.K., Sengupta, A., Wolfe, R.S., Wolford, G.L., & Rosenberg, S.D. (2005). Single and multiple suicide attempts and associated health risk factors in New Hampshire adolescents.	In their study the authors examined self-reported suicide attempts and their relationship to other health risk factors among a sample of adolescents.	<i>N</i> = 16,664 (51% females vs. 49% males) New Hampshire public high school students, of these students 15%	<ul style="list-style-type: none"> • Suicidality: the authors used three YRBS questions covering suicidal ideation, suicide plans, and suicide attempts to assess for suicidality. These questions included: “During the past 12 months, did you ever seriously consider attempting suicide” “During the past 12 months, 	Cross Sectional Survey study	1. Findings of the study revealed that 20% of the participants reported having seriously considered suicide; 15% reported making plans for suicide attempts; and 15% reported one or more suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<i>Suicide and Life-Threatening Behavior</i> , 35(5), 547-557. doi:10.1521/suli.2005.35.5.547	They hypothesized that multiple suicide attempters compared to adolescents with a single suicide attempt and those with no attempts would present with elevated co-morbid risk factors such as tobacco, alcohol and hard drug use, depressed mood, sexual and physical assault, sexual risk-taking, violence, and weight control behaviors.	reported suicide attempts (10% single attempt vs. 5% multiple suicide attempt) Ages 13-18 Grades: 9-12 Ethnicity 88% = White 2% = African American 2% = Hispanic 3% = Asian American 3% Native American 2% = Missing data	did you make a plan about how you would attempt suicide?" "During the past 12 months, how many times did you actually attempt suicide?" • The following three questions from the YRBS were used to assess depressed mood and sexual and physical assault: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" "Have you been physically forced to have sexual intercourse when you did not want to?" o A "yes" response to one of the aforementioned questions was considered positive for a risk factor. • Severity of alcohol use was measured by a quartile scale of use: no use, light use, moderate use, and heavy use. For purposes of this study the authors only looked at participants that scored positively for heavy use. • Tobacco, Marijuana, and Hard Drug use were assessed with questions on lifetime or 30-day use and compared users to nonusers. "Hard" drugs included: inhalants, cocaine, steroids, heroin, and amphetamines. Endorsement of use of any substance (30 day or lifetime) was considered a positive score.		2. Of the 15% of males and females endorsing suicide attempts in the last year, about 10% endorsed only one attempt with no difference by gender. 3. The authors also found that while nearly twice as many females (5.8%) endorsed multiple attempts as males (3.2%), the difference was greatest in the 2-3 attempt category (4% females; 1.5% males). 4. Findings also revealed that health risk factors such as reported sexual assault, depression, heavy alcohol use, hard drug use, engagement in violence, and weight problems were more strongly associated with multiple attempts. 5. The authors also found that after depressed mood and participation in violence, the strongest associated risk factor for males was reported forced sex. 6. Findings also revealed that weight problems may be associated with suicide and depression in community samples of girls. 7. They also found that depressed mood was the risk factor most strongly associated with multiple

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<ul style="list-style-type: none"> • Sexual Risk Taking was assessed using seven questions that included: age at first intercourse, number of sexual partners, use of contraception, ever having been pregnant or having gotten someone pregnant, and substance use before intercourse. • One or more yes response to: nonuse of contraceptives, sex before age 13, more than two sexual partners, having been pregnant or having gotten someone pregnant, or using substances before intercourse was considered a positive score for this variable. • Engagement in violence was assessed using six questions that inquired on things such as whether participants ever carried weapons such as guns, knives, or clubs (on and off school property) and whether they engaged in physical fights. One or more “yes” response was considered a positive score. • To assess for weight problems, four questions were used inquiring about fasting for 24 hours or more, taking diet pills without a doctor's recommendation, being very overweight, or engaging in purging behaviors. One or more “yes” response was considered a positive score. 		attempts among adolescent females which was much higher than forced sex, hard drug use, and weight problems.
Sapyta, J., Goldston, D. B., Erkanli, A., Daniel, S. S., Heilbron, N., Mayfield, A., ... Treadway, S. L. (2012). Evaluating the predictive	The purpose of the study was to examine whether suicidal intent and lethality of past suicide attempts are	<i>N</i> = 180 participants (91 females and 89 males) from an adolescent	• Interview Schedule for Children and Adolescents (ISCA) was used to measure suicide thoughts and attempts at the time of the hospitalization. The adult version of	Prospective study	1. Results of the study revealed that neither intent nor lethality of the attempt prior to treatment was associated with repeat attempts

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
validity of suicidal intent and medical lethality in youth. <i>Journal of Consulting and Clinical Psychology</i> , 80(2), 222-231. doi: 10.1037/a0026870	predictive of future attempts.	<p>psychiatric inpatient unit between September 1991 and April 1995</p> <p>Inclusion criteria</p> <ul style="list-style-type: none"> • 12 to 19 years of age at hospitalization • Hospital stay of 10 or more days • Ability to cooperate with and complete the assessments in the hospital • Residence in North Carolina or Virginia at time of recruitment <p>Exclusion criteria</p> <ul style="list-style-type: none"> • Serious physical disease • Evidence of mental retardation • A sibling was already enrolled 	<p>this interview, the Follow-Up Interview Schedule for Adults (FISA) was used for follow-up assessments.</p> <ul style="list-style-type: none"> o At initial hospitalization, supplementary information regarding suicide attempts was obtained from all available sources including medical records and parent interviews. During follow-up, additional information about dates and medical lethality of suicide attempts was obtained when available from treatment notes and other records. • Subjective Intent Rating Scale (SIRS) was used to measure intent of suicide ranging from a wish to die to very little ambivalence of wanting to die. • Assessment of psychiatric disorders was established by semi-structured clinical interviews for adolescents and adults. Psychiatric diagnoses were assigned when participants met full diagnostic criteria of psychiatric disorders. 		among a sample of previously hospitalized adolescent patients.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		in the study			
		Ethnicity • 80%, Caucasian • 16.7%, African American • The remainder were Hispanic, Native American, or Asian			
Spirito, A. & Esposito-Smythers, C. (2006). Attempted and completed suicide in adolescence. <i>Annual Review of Clinical Psychology</i> , 2, 237-266. doi:10.1146/annurev.clinpsy.2.022305.095323	To examine risk factors that contribute to suicidal behaviors in adolescents	N/A	N/A	Literature review	<p>1. The literature review revealed that adolescents with prior suicide attempt is one of the best predictors of both a repeat attempt and completed suicide.</p> <p>2. They also found that depression, disruptive disorders, and substance-use disorders were also a big risk factor for suicidal behavior among adolescents. They also revealed that comorbid psychiatric disorders further increased this risk.</p> <p>3. The authors also found that being gay, lesbian, and bisexual youths, incarcerated adolescents, and homeless/runaway teens were also risk factors for suicidal behavior.</p>

Psychiatric disorders

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Arnold, E. M., Goldston, D. B., Ruggiero, A., Reboussin, B. A., Daniel, S. S., & Hickman, E. A. (2003). Rates and predictors of re- hospitalization among formerly hospitalized adolescents. <i>Psychiatric Services</i> , 54(7), 994-998. doi: 10.1176/appi.ps. 54.7.994	The aim of the study was to examine the rate of re- hospitalization among adolescent psychiatric inpatient and assessed predictors for re- hospitalization such as psychiatric disorders, history of suicide attempts, and history of multiple hospitalizations.	<i>N</i> = 180 adolescents, ages 12-19 who were hospitalized between September 4, 1991- April 1995. <i>n</i> = 91 females; <i>n</i> = 89 males Mean age at the time of hospitalization was 14.8 years Ethnicity <i>n</i> = 144 Caucasian; <i>n</i> = 30 African American; the remainder were Hispanic, Native American, and Asian American Inclusion criteria Participants must not show evidence of mental retardation; they must have at least 10 days in inpatient unit; and show no evidence of systemic physical disease	• Baseline diagnosis were obtained via a semi-structured psychiatric diagnostic interview for Children and Adolescents (ISCA) • DSM-IV axis I diagnosis were determined for each participant based on information gathered on clinical interview and treatment records. The authors focused on diagnosis such as Conduct disorder, oppositional defiant disorder, and substance abuse disorders. • Suicidal behavior was assessed at the time of the hospitalization and at follow- up period. Suicidal behavior was also assessed using the ISCA; 105 out of 180 adolescent in the study did not have a history of suicide attempts before being admitted the hospital. 23% of the remaining adolescents had attempted suicide once before their hospitalization and 19% had attempted suicide between two to seven times prior to hospitalization. Of the 75 adolescents with a history of suicide attempts, 56% had attempted against their life between two weeks prior to hospitalization. • Socio-demographic data and pre- hospitalization treatment was obtained from medical records.	Prospective, Naturalistic study	1. Findings revealed that during the follow-up period, 79 adolescents had one or more re-hospitalizations 1-2 year after discharge. 2. Results also unveiled that six months after the discharge 19% of the adolescents were re-hospitalized. 3. Compared to adolescent who were not re-hospitalized, those who were re-admitted were younger youth and youth with a psychiatric disorder.
Bae, S., Ye, R., Chen, S., Rivers, P., & Singh, K. P. (2005). Risky behaviors and	The purpose of the study was to identify the behavior risk factors associated	Data for the study was obtained from the 2001 Youth Risk Behavior Survey	• Suicide attempt was assessed using the item, "during the past 12 months, did you make a plan about how you would attempt suicide?"	Secondary analysis of the 2001 Youth	1. Results of the study revealed that being offered illegal drugs in school, being abused by a

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
factors associated with suicide attempt in adolescents. <i>Archives of Suicide Research</i> , 9(2), 193-202. doi: 10.1080/13811110590904034	with suicide attempt in youth and to determine if there are gender specific patterns of risk behaviors.	$N = 9,638$ Adolescents, grades 9-120	<ul style="list-style-type: none"> • Considered predictor variables <ul style="list-style-type: none"> o demographic information such as age, grade, gender o behaviors that contribute to unintentional injuries o behaviors that contribute to violence o tobacco use o alcohol consumption and other drug use o age at initiation of risk behaviors o tobacco o alcohol and other drug use on school property o sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection o dietary behaviors o physical activity 	Risk Behavior Survey	<p>boyfriends/girlfriend, and ethnicity were significantly associated with suicide ideation and attempts.</p> <p>2. Similar to other findings, the authors found that a previous suicide attempt is a definite risk factor for late suicide.</p> <p>3. The authors also highlighted that females attempt suicide more often than males.</p> <p>4. In terms of gender specific risk factors, the study revealed that being female, Asian, threatening or injuring another with a weapon, physical fights, being sexually abused, depression, smoking cigarettes, alcohol consumption, drug use, poor self-body self-perception, and having an eating disorder such as anorexia or bulimia or disordered eating were associated with a risk for suicide attempts.</p> <p>5. The risk factors for males were as follows: alcohol intoxication and consumption, carrying a weapon, fighting and assaultive behavior, being abused by a boyfriend/girlfriend,</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					depression, smoking, using hallucinogenic drugs, and being anorexic/bulimic or disordered eating.
					6. The authors also found that depression, negative life events, low social support and a dysfunctional family were associated with a higher risk for suicide ideation and attempts.
Bagge, C. L. & Sher, K. J. (2008). Adolescent alcohol involvement and suicide attempts: Toward the development of a conceptual framework. <i>Clinical Psychology Review</i> , 28(8), 1283-1296.doi: 10.1016/j.cpr.2008.06.002	The aim of the article is to provide a conceptual framework of the relation between alcohol involvement (A) and suicide attempts (S). The authors review and evaluate the evidence on the association between A and S among adolescents.	N/A	N/A	Literature review	1. Their literature review revealed that there is a significant relationship between alcohol abuse dependence and suicide attempts. That is, adolescents who have been hospitalized due to a suicide attempt appear to have higher rates of substance use than those that do not abuse alcohol, with the exception of non-suicidal controls with clear psychiatric diagnosis. 2. It is unclear however, whether substance use relates to the medical severity of an attempt as some studies suggest that adolescents who abuse alcohol attempt suicide with means that have potentially higher lethality. 3. Studies also revealed that alcohol involvement prior to

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Beautrais, A. L. (2003). Suicide and serious suicide attempts in youth: a multiple-group comparison study. <i>American Journal of Psychiatry</i> , 160(6), 1093-1099. doi: 10.1176/ap.pi.ajp.160.6.1093	<p>The study examines the risk factors associated with serious suicide attempts and suicide among young adults under the age of 25.</p> <ul style="list-style-type: none"> • The first aim of the study was to examine risk factors for suicide by comparing 60 young adults who committed suicide with 151 randomly selected non-suicidal adolescents. • The second aim of the study was to examine risk factors for 125 medically serious suicide attempters by comparing them to with 151 non-suicidal adolescents. • The third aim of the study was to examine risk factors for suicide and serious suicide attempts. That is, the 60 subjects who committed suicide were compared and 	<p>Medically serious suicide attempt group: $N = 125$ participants under the age of 25 years. These individuals made a medically serious suicide attempts during 1991-1994. Of note, the author defines a medically serious attempt as one that required hospitalization for more than 24 hours and met one of the following criteria: (1) medical treatment in specialized units; (2) surgery under general anesthesia or (3) extensive medical treatment.</p> <p>Serious suicide attempt group: $N = 132$ adolescent participants (57 males and 68 females). Mean age of the participants was</p>	<p>§ Semi-structured interview was conducted with each subject's significant other to retrospectively construct a life history and to obtain information about risk factors for suicidal behavior.</p> <p>§ Method of suicide or suicide attempt was classified into two groups: highly lethal which included hanging, vehicle exhaust gas, firearms, jumping and less lethal methods such as self-poisoning, cutting, and all other methods.</p> <p>§ Socioeconomic status was measured with the scale for socioeconomic status in New Zealand which ranks the population into six groups on the basis of occupation.</p> <p>§ Educational level was also dichotomized to give a measure of "no formal educational qualification," defined as no secondary school or tertiary or trade qualification.</p> <p>§ Family environment was assessed by the presence or absence of (1) parental separation or divorce; (2) poor parental relationship (i.e., parents were viewed as having gotten along "not very well" or "poorly"); and (3) childhood sexual abuse (participants who responded affirmative to this question were then asked follow-up questions relating to this issue.</p> <p>§ Threatening Life Experiences: this measure was used as a basis to evaluate stressful life events that had occurred</p>	Comparison study	<p>hospitalization due to a failed suicide attempt predicts re-attempt within one year post-hospitalization.</p> <p>1. Findings of the study revealed that rates of suicide were high among males, those with mood disorders, those with a history of psychiatric care, those who lacked formal educational qualifications, and those with exposure to stressful life events.</p> <p>2. Findings also revealed that adolescents with a serious suicide attempt had higher rates of mood disorders, psychiatric care, educational disadvantage, and exposure to stressful life events.</p> <p>3. The authors also found that adolescents who committed suicide were much more likely to be male than were those who made suicide attempts. They also found that serious suicide attempters were more likely than those who committed suicide to have a mood disorder at the time of their attempt.</p> <p>4. Results also unveiled that the majority of male participants who committed suicide used hanging, vehicle</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	contrasted with the 125 subjects who made serious suicide attempts.	19.31 years § Methods of serious suicide attempts: § self-poisoning: <i>N</i> = 97 § vehicle exhaust gas: <i>N</i> = 14 § hanging: <i>N</i> = 3 § firearms: <i>N</i> = 3 Comparison non-suicidal group: <i>N</i> = 153 subjects (<i>n</i> = 78 males and <i>n</i> = 73 females) ages 18-24 years of age	during the previous year. Life events were classified into a series of categories: serious interpersonal difficulties, serious financial problems, serious problems with the law or police, and serious work-related problems. Participants were classified as having a recent stressful life event if they had experienced at least one event in any of these four categories. § Psychiatric Morbidity- Structured Clinical Interview for DSM-III-R— Patient Version was used to generate DSM-III-R diagnoses of selected mental disorders. Four diagnostic groupings were used for disorders in the month preceding the suicide event (or interview): mood disorders, substance use disorders, anxiety disorders, and antisocial disorder. § For mental health history two areas were assessed: (1) previous suicide attempts, or whether the subject had a history of at least one previous suicide attempt during his or her lifetime, (2) a history of mental health problems, at least one admission to a psychiatric hospital or substance abuse clinic during the previous year, or a lifetime history of outpatient psychiatric treatment. § Interview Schedule for Social Interaction was used to evaluate the extent of current social interaction.		exhaust gas, firearms, and jumping while the majority of serious suicide attempts by female adolescents were by self-poisoning.
Bertera, E. M. (2007). The role of positive and negative social exchanges between adolescents, their	1. Negative social exchanges from family and peers will be positively associated with	Data from the National Comorbidity Survey (NCS) <i>N</i> = 1,591	• Independent Variables Measures: o Positive Social Support: positive ties that are critical in coping with crisis, life transitions and deleterious environments	Secondary analysis of the National Comorbidity Survey	1. With the exception of gender differences, there was no social exchange differences on the basis of age, education

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peers and family as predictors of suicide ideation. <i>Child Adolescent Social Work Journal</i> , 24(6), 523-538. doi: 10.1007/s10560-007-0104-y	<p>suicide ideation scores.</p> <p>2. Positive social exchanges from family and from peers will be inversely associated with suicide ideation scores.</p> <p>3. The number of mood disorder episodes will be positively associated with suicide ideation scores independent of social exchanges and socio-demographic factors.</p>	<p>adolescents 15-19 years of age (female = 834; male = 757)</p> <p>Racial/Ethnic group: Caucasian = 1076 African American = 238 Hispanic = 254 Other = 23</p> <p>Family Income: 0-\$19,000 = 688 \$20,000-34,000 = 318 \$ 35,000-69,000 = 395 \$70,000+ = 190</p>	<p>(operationalized by six questions measuring current positive social and emotional exchanges with family members and six parallel questions measuring exchanges with peers); each positive support item was scored from 1-4 (1 = A lot; 2 = Some; 3 = Little; 4 = Not at all).</p> <p>o Negative Social Support: lack of socio-emotional support (operationalized by six questions measuring current negative social and emotional exchanges with family members and six parallel questions measuring social exchanges with peers); each negative support item was scored from 1 to 4 (1=Often; 2= Sometimes; 3= Rarely; 4=Never</p> <p>o Two indices were developed to measure mental health status: (1) Mood Disorder that included the total number of episodes of Major Depression, dysthymia, and Bipolar disorder during the previous 12 months and (2) a suicide index that included the number of items in which the respondents reported thoughts of suicide, plans of suicide, and thoughts of death and wanting to die.</p>		<p>or family income in the population studied.</p> <p>2. Adolescent females had a significantly higher number of mood disorder episodes and suicide ideation scores.</p> <p>3. Negative social exchanges with peers were not associated with suicide ideation in both males and females.</p> <p>4. Negative social exchanges with family were associated with higher suicide ideation.</p> <p>5. Positive social exchanges with peers were associated with lower suicide ideation.</p> <p>6. High suicide ideation scores were strongly associated with the number of mood disorder episodes in the past 12 months.</p> <p>7. High level of negative social exchanges from family was associated with a significantly higher mean number of mood disorder episodes.</p> <p>8. High level of positive social exchanges from family was associated with a significantly lower number of mood</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Bolognini, M., Plancherel, B., Laget, J., & Halfon, O. (2003). Adolescent's suicide attempts: Populations at risk, vulnerability, and substance use. <i>Substance Use and Misuse</i> , 38(11-13), 1651-1669. doi: 10.1081/ja- 120024235	The objective of the literature review was to identify the importance of suicide attempts in adolescence, identify the main factors that can explain suicide attempts in adolescence, and highlight important data from a study on suicide attempts in drug-dependent participants.	N/A	N/A	Literature review	<p>disorders episodes in adolescent respondents.</p> <p>1. Results of the literature review revealed that suicide is a very important cause of mortality among adolescents, particularly in men.</p> <p>2. It also accentuated that Major depression is a major risk factor for suicide attempts in adolescence. In particular, if depression is coupled with drug use, hopelessness, low self-esteem, passive coping style, social maladjustment, or family stress, the risk is increased further.</p> <p>3. Several studies that were discussed in the literature review also highlighted that relationship problems, social stress, violence and trauma, separation and loss, bullying, alcohol and drug use, psychiatric illness, and somatic illness also posit as risk factors for suicide attempts among adolescent.</p> <p>4. The literature review also highlights that life events, dysfunctional families, and poor environment are linked with increased risk of drug use and suicidal behavior.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Brausch, A. M. & Gutierrez, P. M. (2009). The role of body image and disordered eating as risk factors for depression and suicidal ideation in adolescents. <i>Suicide and Life Threatening Behavior</i> , 39(1), 58-71. doi: 10.1521/suli.2009.39.1.58	The aim of the study was to examine disordered eating and body image as risk factors for suicide ideation. The authors hypothesized that disordered eating and body image, in addition to depressive symptoms would contribute to suicide ideation. They also hypothesized that this would be stronger for female than male adolescents.	<i>N</i> = 392 American high school students Mean age of the sample was 15.04 Gender distribution was 52% males and 48% females High school status Freshmen = 67.3% Sophomores = 15.8% Juniors 11% Seniors 5.9% Ethnicity 35% Caucasian 37.3% African American 15.3% multiethnic 9.2% Hispanic 2.3% Asian.	<ul style="list-style-type: none"> • The Eating Attitudes Test (EAT-26): The EAT-26 is a 26-item self-report measure that consists of three subscales: Dieting, Oral Control, and Bulimia and Food Preparation. Items are presented in a 6-point Likert format ranging from 1 (never) to 6 (always). The responses for each item are weighted from 0 to 3, with a score of 3 as being symptomatic and 0 being asymptomatic. • The Multidimensional Body-Self Relations Questionnaire–Appearance Subscales (MBSRQ-AS): The MBSRQ-AS consists of 34 items that make up five subscales: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and the Body Areas Satisfaction Scale (BASS). Three of these subscales were used to assess different facets of body image. <ul style="list-style-type: none"> o The BASS: participants rate their satisfaction with specific areas of the body (weight, face, and lower torso). Items are presented in a 5-point Likert format that range from 1 “very dissatisfied” to 5 “very satisfied.” o The Appearance Evaluation subscale- participants rate how much they agree with statements pertaining to their attitudes and feelings about their appearance. Items are presented in a 5-point Likert format that ranges from 1 “definitely disagree” to 5 “definitely agree.” o The Weight Preoccupation subscale assesses a participant’s fat anxiety and weight vigilance. Items for this scale are 	Survey study	<ol style="list-style-type: none"> 1. Results of the study indicated that disordered eating contributed to suicide ideation and depressive symptoms in adolescents. 2. Findings also revealed that body image only contributed to depressive symptoms in adolescents but not suicide ideation. 3. Results did not point to gender differences.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>presented in the same way as the Appearance Evaluation scale.</p> <ul style="list-style-type: none"> • The Reynolds Adolescent Depression Scale–2nd Edition (RADS-2): The RADS-2 is a 30-item self-report measure of depression intended for adolescents, ages 11-20. The RADS-2 is broken down into four subscales that are summed to make up a total score. The total score from the RADS-2 provides a global picture of the severity of all depressive symptoms. This measure is presented in a 4-point Likert format. <ul style="list-style-type: none"> o The Dysphoric Mood subscale assesses symptoms related to sadness, crying, and loneliness o The Anhedonia/Negative Affect subscale assess for disinterest in pleasurable activities, talking with others, eating meals, and negative affect o The Negative Self-Evaluation subscale assesses an adolescent's negative feelings about themselves such as self-worth, self-denigration, thoughts about self-harm, beliefs about parents or others not caring, and thoughts about running away. o The Somatic Complaints subscale assesses somatic and vegetative complaints such as feeling ill, fatigue, and sleep disturbance. o The RADS-2 also contains six critical items that, when endorsed at certain levels, have been found to discriminate between clinically depressed and non-depressed adolescents. When at least four of the six critical items are endorsed as "sometimes" or "most of the time," 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>follow-up with the student is recommended</p> <p>§ "I feel like hurting myself"</p> <p>§ "I feel I am no good"</p> <p>• The Suicidal Ideation Questionnaire (SIQ) is a 30-item self-report measure of adolescents' current level of suicidal ideation. Items in this measure are rated according to a 7-point scale ranging from 6 "almost every day" to 0 "never had this thought." Total scores for this measure range from 0 to 180; higher scores indicate a greater level of suicidal ideation.</p>		
<p>Brausch, A. M. & Gutierrez, P. M. (2010). Differences in non-suicidal self-injury and suicide attempts in adolescents. <i>Journal of Youth and Adolescence</i>, 39(3), 233-242. doi: 10.1007/s10964-009-9482-0</p>	<p>The purpose of the study was to identify self-harming adolescents and to better identify which adolescents may be at higher risk for suicide. They also wanted to examine the role of protective factors such as self-esteem and social support and body/eating factors. The authors hypothesized that adolescents with no self-harm histories would have lower rates of depression, suicidal ideation, and hopelessness compared to self-harm adolescents.</p>	<p>N = 373 high school high school students from the Midwest, 52% males and 48% females</p> <p>Mean age of 15 years</p> <p>Ethnicity</p> <p>35% Caucasian</p> <p>37.2% African American</p> <p>9.2% Hispanic</p> <p>2.3% Asian</p> <p>16% multi ethnic</p>	<p>• The Reynolds Depression Scale–2nd edition (RADS-2): it is a self-report measure that assesses depressive symptomatology among adolescents ages 11-20 years. This measure has four subscales: dysphoric mood (assesses for symptoms such as sadness, crying and loneliness); anhedonia (this scale assesses a person's disinterest in pleasurable activities as well as negative affect); negative self-evaluation (this scales assesses the adolescent's thoughts regarding self-worth, self-harm, beliefs about parents or others not caring); somatic (assesses somatic and vegetative complaints);</p> <p>• Suicidal ideation questionnaire (SIQ) is a 30-item self-report measure of adolescents' current level of suicidal ideation.</p> <p>• Beck Hopelessness scale: it is a 20-item true and false questionnaire that assesses hopelessness and negative expectations for the future.</p>	<p>Cross Sectional Survey study</p>	<p>1. The authors found that as hypothesized the no self-harm group had lower depression, suicidal ideation, and hopelessness compared to the other two groups. They also had higher self-esteem, more social support, body satisfaction and less disordered eating behaviors.</p> <p>2. The non-suicidal self-injury group was found to have lower levels of suicidal ideation, greater parental support, higher self-esteem and lower levels of anhedonia and negative self-evaluations than the non-suicidal self-injury plus suicide attempt group. Findings also revealed that there were no significant differences between these two groups on hopelessness, peer</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	They also predicted that adolescents with no self-harm histories will also have higher self-esteem and social support and would report higher body satisfaction and less disordered eating behaviors.		<ul style="list-style-type: none"> • Self-harm behavior questionnaire: this questionnaire assesses the degree to which adolescents have ever engaged in self-harm actions. • Rosenberg Self-esteem scale is a measure that assesses the adolescent's overall evaluation of his/her self-worth • Child and adolescent social support scale is a 60-item scale that assess perceived social support from parents, teachers, classmates, close friends, and school • The eating attitudes test is a 26-item self-report measure that assesses disordered eating. It consists of three subscales: dieting, oral control, and bulimia and food preparation. • The multidimensional body-self relations questionnaire: this questionnaire is made of five subscales that assess overall appearance. The five subscales include: appearance evaluation, appearance orientation, overweight preoccupation, self-classified weight, and body areas satisfaction. 		support, somatic complaints, or general dysphoria.
Brausch, A. M. & Muehlenkamp, J. J. (2007). Body image and suicidal ideation in adolescents. <i>Body Image</i> , 4(2), 207-212. doi:10.1016/j.bodyim.2007.02.001	The purpose of the study was to explore whether negative body image factors would be significantly related to suicide risk factors among adolescents.	<p><i>N</i> = 231 high school students with mean age of 15.7 years</p> <p>Ethnicity</p> <p>Caucasian = 44.6%</p> <p>African American = 33.8%</p> <p>Hispanic = 9.5%</p> <p>Asian = 1.3%</p> <p>Other = 10.8%</p>	<ul style="list-style-type: none"> • Reynolds Adolescent Depression Scale–2nd edition (RADS-2): this self-report measure assesses depressive symptomatology among adolescents. Scores in this scale range from 30-120 with higher points indicating higher levels of depression. • Suicidal ideation questionnaire (SIQ): this is a self-report measure that assesses an adolescent's current level of suicide ideation. • Beck Hopelessness Scale (BHS): this is a 20 true and false that assesses 	Cross Sectional Survey study	1. The study found that negative feelings and attitudes about body image were predictive of suicide ideation for both male and female adolescents even after controlling for depression, past suicidal behaviors, and hopelessness.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		68% of the sample was of low socioeconomic status	<p>hopelessness and negative expectation for the future.</p> <ul style="list-style-type: none"> • Body Investment Scale (BIS): 24-item scale that assesses for an adolescent's emotional investment through body attitudes/feelings, comfort with physical touch, body care, and body protection. • Self-Harm Behavior Questionnaire (SHBQ): it assesses for the lifetime incidence and frequency of non-suicidal self-harm, suicide attempts, suicide threats, and suicide ideation. 		
Crow, S., Eisenberg, M. E., Story, M., & Neumark-Sztainer, D. (2008). Suicidal behavior in adolescents: Relationship to weight status, weight control behaviors, and body dissatisfaction. <i>International Journal of Eating Disorders</i> , 41(1), 82-87. doi:10.1002/eat.20466	The purpose of the study was to examine the relationship between eating and weight related behaviors and suicidality.	<p>Data used for the study was obtained from the Eating among Teens (EAT) program</p> <p>$N = 4,746$, 7th to 12th grade students in Minnesota</p>	<ul style="list-style-type: none"> • For this study, weight status was defined using BMI. Height was measured without shoes and weight was measured in street clothes without heavy outerwear. • Unhealthy weight control behaviors were subclassified into two categories: <ul style="list-style-type: none"> o Extreme Weight Control Behaviors (EWCB): some of the items that were included to assess for EWCB were "Have you done any of the following behaviors to lose weight or prevent yourself from gaining weight?" <ul style="list-style-type: none"> § Took diet pills, vomit, used laxatives, and diuretics?" o Less Extreme Weight Control Behaviors (LWCB): items used for the LEWC were: "Have you done any of the following behaviors to lose weight or prevent yourself from gaining weight?" <ul style="list-style-type: none"> § Fasted; ate very little food; used food substitute (powder/special drink); skipped meals; and smoked more cigarettes? o Body satisfaction was assessed using 10 items assessing satisfaction with 	<p>Secondary Analysis from a survey study, Eating among Teens program (EAT)</p>	<p>1. Results of the study revealed that extreme weight control behaviors and less extreme weight control behaviors and body dissatisfaction were associated with higher rates of suicide ideation and suicide attempts among both male and female adolescents even after controlling for depressive symptoms.</p> <p>2. An important finding revealed that even low levels of eating disorders such as bingeing and purging, appear to be related to suicidal behaviors.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>separate body parts and characteristics.</p> <ul style="list-style-type: none"> o Depressive symptoms was assessed using a seven-item scale asking participants to respond “not at all,” “some-what,” or “very much” to the following: fatigue, sleep disturbance, dysthymic mood, hopelessness, feeling tense/nervous, worry, and change in appetite. o Suicidal ideation and suicide attempts were assessed with two questions: “Have you ever thought about killing yourself?” and “Have you ever tried to kill yourself?” o Race/ethnicity was assessed with the question: “Do you think of yourself as (1) white, (2) black or African American, (3) Hispanic or Latino, (4) Asian American, (5) Hawaiian or Pacific Islander, or (6) American Indian or Native American.” o Socio-economic status was based on the highest educational level completed by either of the adolescent’s parent. o School level was defined as middle school (grades 7-8) vs. high school (grades 9-12) 		
Esposito, C. L. & Clum, G. A. (2002). Psychiatric symptoms and their relationship to suicidal ideation in a high-risk adolescent community sample. <i>Journal of American Child and Adolescent Psychiatry</i> , 41(1), 44-51. doi: 10.1097/0000	The aim of the study was to examine the importance of diagnostic factors in the prediction of suicidal ideation in adolescents	<p><i>N</i> = 73 adolescents (37 males and 36 females), aged 14-18, exhibiting emotional problems participated in the study.</p> <p>Ethnicity 94.5% Caucasian 2.7% African</p>	<ul style="list-style-type: none"> • Schedule for Affective Disorders and Schizophrenia for School Age Children-Epidemiologic Version 5 (K-SADS-E): semi-structured interview used to assess current and lifetime psychiatric disorders, according to the DSM-IV. • Modified Scale for suicide ideation: a self-report measure that assesses the severity of suicide ideation and intent 	Cross Sectional Survey study	<p>1. Results of the study revealed that 74% of the sample met criteria for an Axis I disorder.</p> <p>2. Findings also revealed that higher severity of mood disorder symptoms predicted higher suicide ideation.</p> <p>3. The authors did not find an</p>

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4583-200201000-00010		American 2.8% other ethnicity (Asian or Indian) Approximately 56% of the sample population endorsed suicidal ideation.			association between symptoms associated with disruptive behavior, anxiety, and substance use disorders and suicide ideation.
Foley, D. L., Goldston, D.B, Costello, E. J., & Angold, A. (2006). Proximal psychiatric risk factors for suicidality in youth: The Great Smoky Mountain study. <i>Archives in General Psychiatry</i> , 63(9), 1017-1024. doi: 10.1001/archpsyc. 63.9.1017	The aim of the study was to illustrate risk for suicidal behavior associated with anxiety, depression, disruptive behaviors, and substance abuse disorders. The authors also wanted to examine whether there combinations of disorders that discriminate at risk adolescents.	Three cohorts of children and adolescents aged 9, 11, and 13 years at intake were recruited from 11 counties in Western North Carolina. The sample consisted of $N =$ 1,420 individual subjects 49% female and 51% male Records obtained 6,670 records for these subjects across all eight waves 514 records for participants aged 9 years; 502 for participants aged 10 years; 996 for participants 11 years, 753 for participants aged 12 years; 942 for participants aged 13 years; 882 for participants aged 14	§ The Child and Adolescent Psychiatric Assessment (CAPA) § The CAPA is an interviewer-based interview for determining the presence of psychiatric symptoms within the last three months. The parent and child are interviewed separately by different interviewers. § Suicidality: For purposes of the study, “suicidal thoughts,” “suicidal ideation,” “suicidal plans,” “suicidal attempt,” and “self-harmful behaviors” were defined in the following manner: o Suicidal thoughts were defined by recurrent thoughts about death, which also included a desire to die. Suicidal thoughts needed to be intrusive in at least two activities and at least sometimes uncontrollable. o Suicidal ideation was defined by having thoughts about suicide that were at least sometimes uncontrollable and recurring in at least two activities. o Suicidal plans was defined by a specific plan, considered on more than one/ occasion, with or without preparatory action. o A suicide attempt was defined as deliberately self-harmful behavior that involved some intention to die at the time of its occurrence.	Longitudinal study	1. Eleven broad psychiatric profiles discriminated suicidal youth. a. Risk was greatest in association with current depression plus anxiety (specifically generalized anxiety disorder; or depression plus a disruptive disorder (primarily oppositional-defiant disorder). b. Unless comorbid, anxiety and substance use disorders were not proximally associated with suicidality.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		years; 1227 for participants aged 15 years; and 854 for participants aged 16 years	<ul style="list-style-type: none"> o Self-harmful behaviors associated with ambivalence were still coded as a suicide attempt if the act was associated with a wish/desire to die. § Symptom-related impairment was rated in all of the adolescents with psychiatric symptoms, including those who did not meet formal criteria for a specific psychiatric disorder. Impairment associated with each symptom area was rated in the following functional domains: parent relationships, sibling relationships, self-care, homework and chores, leaving the house, school performance, school suspension, teacher relationships, school peer relationships, spare time activities, non-school adult relationships, non-school peer relationships, employment, treatment, and placement. o Impairment was rated for each functional domain when it was attributable to the presence of symptoms and was manifested as a change in the child's functioning. Ratings were made on a 3-point scale for no, partial, or severe impairment. 		
Glowinski, A. L., Bucholz, K. K., Nelson, E. C., Fu, Q., Madden, P. A. F., Reich, W., & Heath, A. C. (2001). Suicide attempts in an adolescent female twin sample. <i>Journal of the American Academy of Child and Adolescent</i>	The goal of the study was to examine suicide attempts in a female adolescent twin sample.	Using The Missouri Adolescent Female Twin Study (a population based genetic epidemiological prospective twin family study of alcohol use and problems and psychiatric	<ul style="list-style-type: none"> • Child Semi-Structured Assessment for the Genetics of Alcoholism, which included a section on suicidal behavior to examine suicide attempts in a population based, epidemiologically and genetically and informative female adolescent twin sample. o The suicidal thoughts and behaviors section included questions that inquired about the history of suicidal ideation, suicide plans, and suicide attempts as 	Secondary Analysis of the Missouri Adolescent Female Twin Study	1. Of the 3,041 female adolescents, 143 reported at least one suicide attempt in their lifetime and 548 reported suicidal ideation, 232 reported persistent suicidal ideation which lasted at least a whole day or more, 170 reported having made a specific plan, and 160 reported self-mutilation other than a suicide

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<i>Psychiatry</i> , 40(11), 1300-1307. doi: 10.1097/00004583- 200111000-00010		comorbidity) in adolescent females, 3,401 female adolescent twins, ages 13-19, were interviewed from 1995 to 2000.	well as self-mutilation. • A family history of suicide and suicide attempts was obtained from twin subjects but not from the parents. Those participants who were flagged as high risk were followed-up with a call from the main investigator of the study.		attempt. 2. Suicide attempts were more prevalent in African American females and among adolescents with families with no high school diploma. 3. The preferred methods for suicide attempts were ingestions and wrist cutting. The majority of the adolescents who attempted suicide believed that their method of choice was lethal and more than half of the girls reported that they really wanted to die. 4. The mean age of the first suicide attempt was 13.6 years; first suicide attempts were uncommon after age 17. 5. The authors also found that social phobia plays an independent role in increasing suicide attempt risk. 6. The combination of major depressive disorder and conduct disorder has a high risk for suicidality. 7. A family history of suicide and suicide attempts in a first

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					degree relative appears to be a significant risk factor.
Goldston, D. B., Daniel, S. S., Erkanli, A., Reboussin, B. A., Mayfield, A., Fraiser, P. H., ... Treadway, S. L. (2009). Psychiatric diagnosis as contemporaneous risk factors for suicide attempts among adolescents and young adults: Developmental changes. <i>Journal of Consulting and Clinical Psychology</i> , 77(2), 281-290. doi: 10.1037/a 0014732	The purpose of the study was to examine the relationships between suicide attempts and contemporaneous psychiatric disorders among a sample of inpatient adolescents.	Age 12-19 years Gender 91 girls and 89 boys Ethnicity 80% = Caucasian 16.7% = African American 3.3% = Hispanic Inclusion criteria for the study In order to be included in the study adolescents had to be hospitalized for at least 10 days, have the ability to cooperate and complete assessments in the hospital, and be a resident of North Carolina or Virginia. Exclusion criteria for study A serious physical disease such as seizure disorder or insulin dependent diabetes, evidence of mental	<ul style="list-style-type: none"> Assessment of psychiatric disorders: The Interview Schedule for Children and Adolescents (ISCA) is a semi-structured clinical interview used to assess the symptoms of psychiatric disorder. For follow up assessments the ISCA was administered to adolescents and an adult informant, usually the adolescent's parent, until the adolescent was over the age of 18 or living independently. At this point, participants were given the Follow up Interview Schedule for Adults. In these assessments in order for a symptom to be counted as a symptom of a psychiatric disorder, these had to be rated as "clinically significant" on the levels of severity, duration, and functional impairment on the ISCA or FISA. In the study, the authors focused on the most common psychiatric disorders that were present in 5% of the sample following hospitalization. These included major depression disorder (54%), dysthymia (22%), Depressive disorder NOS (9%), GAD (13%), Panic Disorder (8%), phobias (5%), ADHD (16%), conduct disorder (48%), ODD (10%), and substance abuse/dependence disorder ((49%). In order to describe the broad psychiatric disorders associated with suicide attempts in this study, the authors groups psychiatric disorders as 	Prospective, naturalistic study	<p>1. Results of the study indicated that at follow up 46 adolescents made 128 suicide attempts. Of these 128 suicide attempts, 28 were first time suicide attempts and 100 were repeat suicide attempts. The 100 repeat attempts were made by 33 participants, 11 of who had made more than one repeat attempt prior to their hospitalization. Nine attempts occurred in the absence of an Axis I disorder, 21 occurred in the presence of one psychiatric disorder, and 98 occurred in the presence of co-morbid psychiatric disorders.</p> <p>2. These findings indicate that there is an elevated risk for suicide attempts in the presence of more than one psychiatric disorder.</p> <p>3. The authors found that the most common diagnostic profiles of suicide attempts were as follows: MDD + disruptive disorders; MDD + anxiety + substance use disorder, MDD + disruptive + substance abuse; MDD +</p>

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		retardation, or having a sibling already enrolled in the study. Participants from the study were followed for approximately 13.6 years. Suicide History Of the 180 adolescents in the study, 105 did not have a history of suicide attempts before hospitalization, 75 with pre-hospitalization attempts, 41 had one prior attempt, 21 had two prior attempts, and 13 had between three and seven attempts.	follows: depressive disorder, anxiety disorders, disruptive disorder, and substance abuse disorders.		anxiety D/O, MDD alone, and disruptive disorders alone.
Hallfors, D. D., Waller, M. W., Ford C. A., Halpern, C. T., Brodish, P. H., & Iritani, B. (2004). Adolescent depression and suicide risk: Association with sex and drug behavior. <i>American Journal of Preventative</i>	The aim was to examine the extent to which adolescent sex and drug behavior patterns are associated with depression. They also wanted to examine the associations between behavior patterns and both suicidal ideation and	Adolescents ($N = 18,924$) in grades 7 through 12 Students were gathered from September 1994 through December 1995	<ul style="list-style-type: none"> Gender, race/ethnicity, highest level of education, socioeconomic status, and family structure were obtained via a self-report questionnaire completed by the adolescents in the study. Depression was assessed using 20 items of a modified version of the CES-D. That is, two items differed from the original CES-D by measuring symptoms over the past year, rather than the past two weeks. Suicidal ideation was assessed with the 	Secondary Analysis of a Longitudinal Study using data from Wave I of the National Longitudinal Study of Adolescent Health (Add Health)	1. Results revealed that compared to adolescents who abstain from risk behaviors, involvement in any drinking, smoking, or sexual activity was associated with significantly increased odds of depression, suicidal ideation, and suicide attempts. These findings however, were highest among adolescents who engaged in illegal drug

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<i>Medicine</i> , 27(3), 224-230. doi: 10.1016/s0749-3797(04)00124-2	attempt, adding depression as a control variable.		dichotomous self-report item, "During the past 12 months, did you ever seriously think about committing suicide?" • Suicide attempt was assessed with the self-report item "During the past 12 months, how many times did you actually attempt suicide?" o Only those who answered affirmatively to suicidal ideation were asked about suicide attempts; all others were categorized as not having attempted suicide.		use. 2. Findings also revealed that there were few differences between males and females who abstain from sex and drug behaviors. 3. Results also revealed that males were more likely than females to engage in high-risk behaviors and tended to be more vulnerable to depression, suicidal ideation, and suicide attempt.
Houston, K., Hawton, K., & Sheppard, R. (2001). Suicide in young people aged 15-24: A psychological autopsy study. <i>Journal of Affective Disorders</i> , 63(1-3), 159-170. doi: 10.1016/s0165-0327(00)00175-0	The aim of the study was to identify significant problems and events including mental health problems which may have influenced young peoples' decision to take their own life. The authors also compared male subjects for which psychological autopsy interviews were completed with deliberate self-harm male controls. The aim of this analysis was to determine if there are any differences in demographic or psychiatric characteristics	<i>N</i> = 27 (25 males and 2 females), aged 24 years or younger <i>N</i> = 27 controls matched for age (within one year) with male suicide; the control group was obtained from the Oxford Hospital; these individuals were admitted the hospital in 1997 after an episode of deliberate self-harm. Informants were composed of relatives, close friends, or doctors of the deceased	• Coroner's inquest notes • Medical records • Psychiatric case notes • A semi-structured interview schedule, was used during the informant interview to obtain information about various aspects of the deceased's life: circumstances of the death, childhood, adolescence and the family, housing, educational history, occupational history, personal relationships, financial and legal problems, life events, medical history, psychiatric disorder (using a schedule based on ICD-10 criteria), sex, age and method of self-harm. Using a personality disorder and the informant's response to bereavement. • Past and present psychiatric diagnoses were made according to ICD-10 criteria. Personality was assessed using the informant's version of the Personality Assessment schedule.	A psychological autopsy study	1. Psychiatric disorders (most commonly depressive disorders (55%)) were diagnosed in 70.4% of the participants. The authors also revealed that only a few of the deceased had received mental health treatment. 2. Findings also revealed that a substantial proportion of individuals had problems with alcohol or drug misuse. 3. Personality disorders were present in 29.6% of the deceased individuals. 4. Comorbidity of psychiatric disorders was found in a third of the participants. 5. Findings also revealed that the most common risk factors

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Jacobson, C. M., Muehlenkamp, J. J., Miller, A. L., & Turner, J. B. (2008). Psychiatric impairment among adolescents engaging in different types of deliberate self-harm. <i>Journal of Clinical Child and Adolescent Psychology</i> , 37(2), 363-375. doi: 10.1080/ 15374410801955771	between young males with self-harm behaviors who survived and those who died. The authors predicted male subjects who died to have used more dangerous methods and more often to have been suffering from a psychiatric disorder. The aim of the study was to examine the psychiatric profiles of outpatient adolescents engaging in different types of deliberate self-harm.	<i>N</i> = 227 participants ages 12 to 19 years who engaged in different types of deliberate self-harm (DSH) behaviors. Adolescents were admitted to a youth depression and suicide program at an urban hospital in New York. 68% of the participants were females Ethnicity Hispanic 69%, African American (20%), Caucasian (4%) and other (4%); three participants were Asian and was	• Lifetime Para-suicide Count (LPC): this semi-structured interview was used to measure the prevalence of deliberate self-harm behaviors (e.g., cutting, burning, overdosing, jumping from high place, ingesting poison). Participants are queried in detail about their history and most recent act of self-harm as well as the number of times that they have engaged in these types of behaviors during their lifetime. For each of the behaviors that the adolescent endorsed, they were asked to specify the number of times that they engaged in the behavior with intent to die, with ambivalent intent to die, and with no intent to die. • Schedule for Affective Disorders and Schizophrenia for school-aged children (K-SADS): The K-SADS is a semi- structured interview designed to categorically diagnose current Axis I disorder among children and adolescents using the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV) criteria.	Retrospective study	for the suicides were long- term difficulties extending back to childhood or early adolescence, mental disorders, relationship problems, and legal difficulties. 6. The authors also found that compared to participants with a deliberate self-harm history, male suicides were more likely to use dangerous methods and live alone. 1. Findings revealed that adolescents who attempted suicide were more likely to have major depressive disorder (MDD) and/or posttraumatic stress disorder (PTSD) than those who engaged in NSSI only. 2. The authors also found that adolescents who engaged in any type of DSH were more likely to have borderline personality disorder features than those who did not engage in DSH. 3. Results also revealed that suicidal ideation levels of those adolescents in the NSSI group were similar to those in the NoDSH group.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		unidentified	o Structured Clinical Interview for DSM-IV Personality Disorders		
		Participants were divided into four groups: no deliberate self-harm, No DSH; $n = 119$; non-suicidal self-injury only, NSSI only; $n = 30$, suicide attempt only, $n = 38$, and suicide attempt plus NSSI, $n = 40$	Questionnaire, Borderline Personality Disorder Module Features was used in this study to assess the presence of Borderline Personality disorders. The SCID-II is a semi-structured diagnostic interview designed to assess the presence and severity of DSM-IV personality disorders. Depression. o Beck Depression Inventory II: a 21-item self-report measure that assess the cognitive, affective, behavioral, and somatic symptoms of depression within the previous two week period. o Suicidal Ideation Questionnaire (SIQ-Jr.): a 15-item self-report measure which assesses the extent of suicidal ideation within the preceding month.		
Kerr, D. C. R, Preuss, L. J., & King, C. A. (2006). Suicidal adolescents' social support from family and peers: Gender-specific associations with psychopathology. <i>Journal of Abnormal Child Psychology</i> , 34(1), 99-110. doi: 10.1007/s10802-005-9005-8	<ul style="list-style-type: none"> • Low family support is hypothesized to be associated with increased depression, suicidal ideation, substance abuse, and externalizing behaviors (aggression and delinquency). • Lower support from non-family adults will be related to greater levels of psychopathology among suicidal adolescents. • Higher levels of 	<p>$N = 220$ adolescent (152 females, 68 males) ages 12-18 years ($M = 15.3$; $SD = 1.5$ years) who had been psychiatrically hospitalized. Participants were recruited from two large, acute care units in the Midwestern United States, one university-based and one private hospital; mean length of stays during the two study years were 7.1 and</p>	<ul style="list-style-type: none"> • The Perceived Emotional/Personal Support Scale (PEPSS) • The Beck Hopelessness Scale (BHS) • The Reynolds Adolescent Depression Scale (RADS) • The Suicidal Ideation Questionnaire-Junior (SIQ-JR) • The Personal Experience Screening Questionnaire (PESQ) • The Externalizing Subscale of the Youth Self-Report for Ages 11-18 (YSR) • The Spectrum of Suicide Behavior Scale (SSB) 	Correlational(Regression analysis)	<p>1. Results indicate that: Among females, family support was negatively related to hopelessness, depressive symptoms, and suicidal ideation.</p> <p>2. Among males, peer support was positively associated with depressive symptoms and suicidal ideation.</p> <p>3. Across gender, more peer support was associated with more externalizing behavior problems (aggression and delinquency). Family support was negatively related to</p>

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	perceived peer support are perceived to be related to lower levels of suicidal ideation and depression but may be associated with increased substance abuse and externalizing behaviors.	6.5 days. All participants had made a suicide attempt or had expressed suicidal intent, or significant suicidal ideation. The racial composition of the sample was: 83% Caucasian 9% African American 3% biracial 2% Asian American/Pacific Islander 1% Hispanic 1% Native American 1% for boys across social relationship types and identified symptom measures			externalizing behaviors and to alcohol/substance abuse.
Locke, T. F., & Newcomb, M. D. (2005). Psychosocial predictors and correlates of suicidality in teenage Latino males. <i>Hispanic Journal of Behavioral Sciences</i> , 27(3), 319-336. doi: 10.1177/07	Hypothesis: Childhood maltreatment, parental alcohol related problems, and polysubstance problems are risk factors that predict higher levels of suicidality. Self-efficacy, social conformity, and family bonding are protective factors that predict lower levels of suicidality.	Data from a larger project funded by the California Wellness Foundation. <i>N</i> = 349 Young males from the Los Angeles County community sample who identified themselves as Latino. Ethnicity U.S born Latinos 79%	<ul style="list-style-type: none"> • Questionnaires (available in English and Spanish) • Measures: Outcome Domain: behavioral, attitudinal, and cognitive components related to suicidality • External Microsystems: Five 5-item subscales related to childhood experiences of abuse and neglect were assessed with the 25 items • Childhood Trauma Questionnaire: Sexual, emotional, and physical abuse; Emotional and physical neglect. 	Secondary analysis of the California Wellness Foundation	<ol style="list-style-type: none"> 1. The strongest predictor of more suicidality was the external microsystem of emotional abuse. This highlights the negative impact of emotionally abusive experiences for male Latino teens. 2. The next strongest predictor of suicidality was hard drug use (internal microsystem) and sexual abuse (external microsystem). 3. Having a mother with

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Mexico 17% Other Latinos (Guatemala, El Salvador) 3% Education level: seventh grade to three years in college	<ul style="list-style-type: none"> • Children of Alcoholics Screening Test: assess parent's alcohol problems • Relations with Family/ Parents • Internal Microsystems: self efficacy was assessed (assertiveness, a sense of competence/effectiveness, and confidence in problem solving). • Mesosystems: Social conformity and religion commitment. 		<p>alcohol related problems also a predictor of suicidality.</p> <p>4. Protective Factors included: problem solving confidence (internal microsystem), and a good relationship with parents (external microsystem).</p>
Miranda, R., Scott, M., Hicks, R., Wilcox, H. C., Munfakh, J. L. H., & Shaffer, D. (2008). Suicide attempt characteristics, diagnosis, and future attempts: Comparing multiple attempters to single attempters and ideators. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 47(1), 32-40. doi: 10.1097/chi.0b013e31815a56cb	The purpose of the study was to examine whether multiple suicide attempters would be distinguished from single suicide attempters and ideators by higher rates of psychiatric disorders at baseline and follow up assessments. The authors also wanted to explore if multiple attempters would be different from single attempters in the characteristics of their most recent suicide attempt. Furthermore, they wanted to examine whether a history of	<p>$N = 228$ adolescents from New York, ages 12-18</p> <p>Inclusion criteria: at least one suicide attempt or recent (past three months) suicide ideation</p> <p>Ethnicity</p> <p>51% = White 15% = African American 20% = Hispanic 9% = Asian 5% other ethnicities</p>	<ul style="list-style-type: none"> • Columbia Suicide Screen was utilized in the study to assess for history of suicidal behavior and attempts. Lifetime suicide attempts was assessed with the question, "Have you ever tried to kill yourself?" Suicide ideation was assessed with the question, "During the past three months, have you thought about killing yourself?" • Diagnostic Interview Schedule for Children was utilized in the study to assess for psychiatric diagnosis, consistent with DSM-III-R diagnosis in children and adolescents. • Adolescent Suicide Interview: a semi-structured interview for adolescents to obtain information regarding total number of suicide attempts including information regarding methods used, warnings provided to family/friends prior to the attempt, length of planning, isolation, feelings they experienced after the attempt, their wish for dying, and any preparatory behavior. This measure 	Longitudinal study	<p>1. Results of the study revealed that at baseline only 20% of adolescents had one suicide attempt; 15% had more than one suicide attempt and 65% had no suicide attempts.</p> <p>2. The results also revealed that the multiple attempters on average had attempted suicide about three times. Females more so than males reported single or multiple suicide attempts.</p> <p>3. Hispanic adolescents versus other ethnicities had higher suicide attempts.</p> <p>4. In terms of psychiatric diagnosis, multiple attempters compared to ideators had higher rates of mood, anxiety, substance use, or more than</p>

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	suicide attempts compared to a single attempt and ideation would predict a future suicide attempt.		was also used to obtain the information regarding their most recent suicide attempt.		one of these three types of diagnosis. When compared to single attempters however, multiple attempters had higher rates of anxiety disorders but no difference in terms of mood or substance use disorder. 5. In terms of suicide attempt characteristics, 56% of adolescents reported that they attempted suicide by ingesting a sub-stance, 29% used a cutting instrument, and 18% used some other method.
O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. <i>American Journal of Community Psychology</i> , 33(1-2), 37-49. doi: 10.1023/b:ajcp.0000014317.20704.0b	Examine the prevalence and predictors of suicidality among African American and Latino youth who participated in a survey study during their 11th grade year. The researchers also considered a range of risk and resiliency factors that may influence suicidality.	Reach for Health Study (RFH) that sampled three middle schools in Brooklyn, New York. Adolescent from economically disadvantaged neighborhoods in Brooklyn, New York where statistics reveal a high prevalence of teen pregnancy, HIV/STD infection, violence related injuries, low high school graduation rates, below grade level academic performance. Ethnicity	<ul style="list-style-type: none"> • Five items to assess for suicide: “In the past year, have you ever consider killing yourself?”; “Did you ever tell anyone that you have thought about killing yourself?”; “Did you think that killing yourself would be a solution to your problems?”; “Did you make a plan?”; “How many times did you attempt suicide?” • Sociodemographic characteristics were assessed by asking questions pertaining to gender, ethnicity, number of years in the neighborhood, single or two parent household, educational level, and same sex gender. • Six-item scale to assess if the adolescents basic needs were met: food, clothes, a safe place to live, etc. • Family closeness (eight items to assess 	Secondary analysis of the Reach for Health Survey study	1. Results of the study revealed that risk factors related to suicide attempts include being female, being Hispanic, engaging in same gender sex, and being depressed. 2. The authors also found that family closeness and religiosity (although only marginally significant) were protective factors against suicide attempts.

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		African American = 69% Latino = 16% Mixed or other ethnicity = 15% Suicidal Behavior In past 12 months, suicide ideation = 15% ; suicide attempt = 13%; One suicide attempt = 11%; multiple suicide attempts = 4%	family closeness) • Peer support: nine items were used to assess their attitudes about peer relationships • Religiosity (five items assessing their religious beliefs) • School attachment (17 items that assessed attitudes about school, school achievements, and school attendance) • Ethnic identity formation (nine items on a 5-point Likert scale, were used from Phinney's original scale) • John Henry coping scale to assess for hard work, self-efficacy, and achieving goals • Children's Depression Inventory		
Peña, J. B., Matthieu, M. M., Zayas L. H., Masyn, K. E., & Caine, E. D. (2012). Co-occurring risk behaviors among White, Black, and Hispanic US high school adolescents with suicide attempts requiring medical attention, 1999-2007: Implications for future prevention initiatives. <i>Social Psychiatry and Psychiatric</i>	The aim of the study was to identify subtypes of adolescent suicide attempters by examining risk factors related to substance use, violent behavior, and depressive symptoms. The authors also wanted to examine the relationship between these subtypes and having had two or more	The study combines data from five national survey administrations of the Youth Risk Behavior Surveillance Systems Ethnicity Hispanic, White, and Black youth who self-identified	• Ethnicity: Two questions were used to classify youth into ethnic and racial categories, "are you Hispanic or Latino? What is your race?" • Categorical variables were created for gender, for each grade level, and for each survey administration year. • Suicide ideation during the previous year was measured by the question: "during the past 12 months, did you ever seriously consider attempting suicide?" • To assess for the presence of depressive symptoms the following question was used: "During the past 12 months, did you ever feel so sad or hopeless almost every day, for two	Secondary Analysis of five national survey administrations of the Youth Risk Behavior Surveillance Systems	1. Findings revealed three classes of youth who attempted suicide, which were distinguishable by their levels of substance use and violent behaviors: (1) low substance use and violent behaviors, (2) high substance use and violent behaviors, and (3) extreme substance use and violent behaviors. 2. All three classes of youth had a high propensity for endorsing depressive symptoms.

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<i>Epidemiology</i> , 47(1), 29-42. doi: 10.1007/S00127-010-0322-z	suicide attempts during the past year. Furthermore, they also wanted to explore race and gender differences across the subtypes of suicide attempters.	as having received medical attention for a suicide attempt during the past year across five national survey administrations (1999, 2001, 2003, 2005, 2007) Of note the authors were unable to include Asians, American Indians, multi-racial youth, or other racial groups in their study due to inadequate sample sizes.	weeks or more in a row that you stopped doing some usual activities?" • The substance use variables included the amount of binge drinking (five or more drinks in a row) during past month, the amount of lifetime marijuana use, and the amount of lifetime other drug use. The "other drug use" variable was created using four questions regarding the amount of lifetime use of (1) heroin; (2) methamphetamines; (3) inhalants; or (4) cocaine (powder, crack, and freebase use). • The violent behavior variables were measured using the amount of physical fights during past year and the amount of weapon carrying (e.g., gun, knife, or club) during past month. • Repeat attempter during past year was measured by the question "during the past 12 months, how many times did you actually attempt suicide?" From this question, the authors created a binary categorical variable: attempted suicide two or more times versus a single time.		3. Results revealed that adolescents with two or more suicide attempts during the past year increased across subgroup of attempters with higher levels of substance use and violent behaviors. 4. Finding as also unveiled racial and gender differences across subtypes of suicide attempters
Portzky, G., Audenaert, K., & van Heeringen, K. (2009). Psychosocial and psychiatric factors associated with adolescent suicide: A case control psychological autopsy study. <i>Journal of Adolescence</i> , 32(4), 849-862. doi:10.1016/	The purpose of the study was to examine the psychosocial and psychiatric risk factors of adolescents who committed suicide. The authors predict that compared with psychiatric control adolescents, adolescent suicide victims would be more likely to have	N = 19 psychiatric inpatients with suicidal ideation or attempts were used for comparison with adolescent suicide victims (17 males and two females). All of the participants were born in Flanders. Informants of the	• A semi-structured interview schedule where informants of suicide cases were asked about the following areas: circumstances of the death (method, intent, presuicidal communication, presuicidal behaviour), childhood, adolescence, familial characteristics, housing, educational history, occupational history, interpersonal relationships, financial and legal problems, life events, medical history, psychiatric history, history of suicidal behavior, and personality disorders.	Case control psychological autopsy study	1. Results of the study revealed that there was more parental divorce in the suicide group than controls. 2. With regard to parent-child relationship there was a strong correlation for serious fight with mother, but not with fathers, for suicide victims. 3. In terms of education, there were significant differences

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j.adolescence. 2008.10.007	relationship and educational difficulties, strained parent child relationships, psychopathology in the family, adverse living situations, and adverse life events, a lack of psychiatric treatment, and co-morbid psychiatric disorders. This study also examined adolescent suicide communication, exposure to suicidal behaviors, and pre-suicidal behavior and their associations to adolescent suicide.	suicide victims included, parents, siblings, and other relatives. <i>n</i> = 32 informants	<ul style="list-style-type: none"> o Informants of control patients were asked the same questions with the exception of circumstances of the death. • Personality Assessment Schedule was used to assess personality in both cases and controls. • Psychiatric diagnoses, for both cases and controls, were made according to ICD-10 criteria • CBCL-Parent Report Form: This measure consists of 112 problem items where parents have to indicate the severity of the problem in a scale of 0 (no problem) to 2 (severe problem). This measure provides a total score (Total Problems), two primary scale scores (Internalizing and Externalizing Problems), and eight subscale scores (Withdrawn, Somatic Complaints, Anxious/depressed, Social problems, Thought problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior). 		<p>regarding emotional, behavioral and achievement in secondary school with controls showing more problems.</p> <p>4. In terms of suicidal communication and behavior, suicide victims more often showed no communication; when communication did occur, suicidal adolescent communicated less with parents.</p> <p>5. Suicide victims unlike controls demonstrated more exposure to suicidal behavior in friends and exposure by media. In addition, suicide victims had more relational problems. Surprisingly, 13 out of 19 suicide victims had never received any kind of psychiatric treatment.</p> <p>6. In this study, affective disorders had the highest prevalence in both cases and controls followed by substance use.</p>
Rew, L., Taylor-Seehafer, M., & Fitzgerald, M. L. (2001). Sexual abuse, alcohol, and other drug use, and suicidal behaviors in homeless adolescents. <i>Issues in</i>	To determine if there are gender or ethnic differences in sexual abuse, alcohol and other drugs use, and suicidal behavior in homeless youth.	Homeless youth from an street outreach program in a southern state <i>N</i> = 96 (ages 12-22 years) Whites = 65.6%	<ul style="list-style-type: none"> • Items on the survey were derived from the Adolescent Health survey • Sexual Abuse was assessed by asking one question: "Have you ever been sexually abused?" • Alcohol and other drug use was assessed by inquiring about frequency, what substances used, age of onset, and 	Secondary Analysis of the homeless youth outreach program	<p>1. Homeless Hispanic youth have higher rates of suicide ideation than homeless White youth.</p> <p>2. There were no significant findings between the different ethnic groups and plans to</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<i>Comprehensive Pediatric Nursing</i> , 24(4), 225-240. doi: 10.1080/014608601753260326		Hispanics = 21.9% Blacks = 3.1% American Indians = 5.2% Asians 2.1% Other = 1%	amount of alcohol or drug use. • Suicidal behavior was assessed by asking questions about suicide attempts, plans, and injuries as a result of suicidal behaviors/ attempts in the past 12 months.		commit suicide. 3. Homeless Hispanic youth reported significantly higher rates of sexual abuse than homeless Whites and Blacks. 4. Homeless youth have increased rates of alcohol and other drug use and suicidal behavior than adolescents that live at home.
Schilling, E. A., Aseltine, R. H. J., Glanovsky, J. L., James, A., & Jacobs, D. (2009). Adolescent alcohol use, suicidal ideation, and suicide attempts. <i>Journal of Adolescent Health</i> , 44(4), 335-341. doi: 10.1016/j.jadohealth.2008.08.006	The purpose of the analysis was to investigate the association between alcohol abuse and impulsive suicide attempts among a sample of adolescents participating in the Signs of Suicide (SOS) program in 2001-2002. They hypothesized that alcohol abuse would play a greater role in impulsive attempt to non-impulsive attempts after controlling for youth's depressive symptoms and demographics.	Data collected for this study was obtained from the Signs of Suicide (SOS) program (school based prevention) during 2001-2002 <i>N</i> = 33,889 adolescents, 13-18 years of age, 7-12 grades Males = 48% Females = 52% Race/ethnicity White (non-Hispanic) = 71% Black = 11.9% Hispanic = 10% Asian = 2%	Data for the present study was obtained from the SOS program's student screening form. The screening form included the following scales: • Columbia Depression Scale (CDS): a brief screening scale derived from the Diagnostic Interview Schedule for Children IV to assess for depressive symptoms. • Suicidal ideation was assessed with the following question: "Has there been a time, in the past year, when you thought seriously about killing yourself?" • Suicide attempt was assessed with the following question: "Have you tried to kill yourself in the last year?" • The SOS screening form had questions to assess for alcohol use. Some of these questions included, "In the past year, has there been a time when you had five or more alcoholic drinks in a row?" and "In the past year, have you used alcohol because you were feeling down?"	Secondary Analysis using data from schools that implemented the Signs for Suicide (SOS) program	1. Results of the study demonstrated that adolescents who reported drinking alcohol when feeling sad or depressed and who were heavy episodic drinkers were at higher risk for suicide attempts. 2. Findings also revealed that drinking alcohol while feeling sad or depressed conveyed a threefold increase in the self-report suicide attempts among adolescents not reporting suicide ideation. 3. Implications from this study: the use of alcohol while sad or depressed as a marker for suicidal behavior in adolescents who may or may not engage in planning or ideating prior to an attempt. It is important for clinicians, family practitioners, and pediatricians to screen for

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Sher, L. (2006). Alcoholism and suicidal behavior: A clinical overview. <i>Acta Psychiatrica Scandinavica</i> , 113(1), 13-22. doi: 10.1111 /j.1600-0447.2005.0 0643.x	The purpose of the literature review was to examine the relationship between alcoholism and suicidal behavior.	Indian 1.3% Multiracial = 3.7% N/A	N/A	Literature review	alcohol and drug use among adolescents. 1. The literature review revealed that individuals with an alcohol abuse problem were more likely to attempt or complete suicide. Moreover, these individuals were characterized by major depressive episodes, stressful life events, interpersonal difficulties, poor social support, high aggression and impulsivity, and co-morbid substance abuse, especially cocaine abuse.
Sher, L., Sperling, D., Stanley, B. H., Carballo, J. J., Shoval, G., Zalsman, G., ... Oquendo, M. A. (2007). Triggers for suicidal behavior in depressed older adolescents and young adults: Do alcohol use disorders make a difference? <i>International Journal of Adolescent Medicine and Health</i> , 19(1), 91-98. doi: 10.1515/ijamh. 2007.19.1.91	The purpose of the research study was to examine the relationship between suicidal behaviors and comorbid major depression disorder and alcohol related disorders among a sample of 18-26 year old adolescents and young adults. The authors also compared the prevalence of interpersonal triggers and number of triggers for suicide attempts among this sample.	• 18-26 year old adolescents and young adults who met DSM-IV criteria for major depressive disorder • <i>n</i> = 38 depressed suicidal participants without a history of alcohol or any substance abuse/dependence • <i>n</i> = 29 suicidal participants with a history of alcohol or substance abuse/dependence • <i>n</i> = had a history of alcohol dependence and six	• Structured Clinical Interview I (SCID- I) was used to assess for DSM-IV diagnostic criteria • Severity of major depressive disorder was assessed using the Hamilton Depression Rating Scale (HDRS) and the Beck Depression Inventory (BDI) • Aggression History Scale and Barratt Impulsivity scale was used to assess for aggression and impulsive behaviors. • Columbia Suicide History Form was used to record a history of suicide attempts including triggers for the attempts, number of attempts, and medical severity of attempts. • Suicide Intent scale was used to assess for the degree of suicide ideation • St. Paul Ramsey Life Events Scale was used to assess for significant life events	Cross Sectional Survey study	1. Findings of the study revealed that participants with a history of suicide attempts as well as co-morbid depression and alcohol use disorders demonstrated higher levels of aggression and impulsivity and were more likely to be tobacco smokers than their counterparts without a history of alcohol abuse. 2. The authors also found that there was higher lethality of suicide attempts among those participants with alcohol abuse disorders. 3. The authors did not find statistical difference in the prevalence of interpersonal triggers or the number of

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		had a history of alcohol abuse			triggers for suicidal behaviors among the two groups.
Sourander, A., Helstelä, L., Haavisto, A., & Bergroth, L. (2001). Suicidal thoughts and attempts among adolescents: A longitudinal 8-year follow up study. <i>Journal of Affective Disorders</i> , 63(1-3), 59-66. doi: 10.1016/s01650327(00)000158-0	The purpose of the study is to examine the prevalence of and identify child, family, and help-seeking factors associated with suicide and suicidal behavior among adolescents at ages 8 and 16.	Finnish adolescents $N = 580$ Mean age of the children at the first time point was 8.5 years and at the second time point 16.0 years	<ul style="list-style-type: none"> • Outcome variable: suicide <ul style="list-style-type: none"> o Adolescent was placed on the suicidal group based on the responses to the self-report or parent report were positive for having suicidal thoughts or suicidal behavior “sometimes” or “often” during the previous 6 months. • Parent Rutter A2 Scale (RA2): this measure consists of 31 items which are rated on a scale from 0-2, • Rutter Teacher Questionnaire B2 scale: 26-item scale completed by teachers regarding the child’s behavior at school. This scale includes three subscales: emotional, antisocial, and hyperactive. The Rutter Scale B2 scale asks the teacher to indicate whether each item “certainly applies” (scored = 2), “applies somewhat” (scored = 1) or “doesn’t apply” (scored = 0). Scores in this scale may range from 0 to 52. In addition to the total score, three sub-scores may be obtained from the sum of the scores. The emotional sub-score derived from four items (often worried, miserable, fearful and tears on arrival at school); the antisocial sub-score obtained from six items (destructive, fights, disobedient, lies, steals and bullies) and the hyperactivity sub-score derived from three items (restless/ overactive, poor concentration and fidgety/squirmy). A cumulative score of nine points or more on the total scale is an indicator of the presence of some psychiatric disorders. 	Longitudinal study	<ol style="list-style-type: none"> 1. Results of the study revealed that 14% of girls (8 years old) and 7% of males reported suicidal thoughts or preoccupations with suicide at age 16. 2. Boys and girls with emotional or behavioral problems (especially antisocial symptoms) reported by parent and teachers at the age of 8 were correlated with suicidal thoughts and suicidal behavior at the age of 16. 3. Depressive symptoms reported by children at the age of 8 were correlated with suicidal thoughts and behavior at the age of 16. 4. The authors also found that at the age of 16, adolescents’ internalizing and externalizing problems as well as low self-competence were associated with suicidal thoughts and or behaviors. 5. They also found that high levels of depressive symptoms such as low self-esteem, immaturity, loneliness, low problem solving skills in the

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<ul style="list-style-type: none"> • Children Depression Inventory: children at the age of 8 were assessed using this 27-item measure to identify the presence of depression. Of note, the question concerning suicide was not included in the study as the authors did not want to confuse the children at this age, especially in the absence of an adult with whom they could discuss this issue with. • Questions about socioeconomic background, need for treatment, chronic disease, and child's overall functioning were added to the parent and teacher questionnaire. • At the age of 16, adolescents were examined using two assessment tools: <ul style="list-style-type: none"> o Child Behavior Checklist (CBCL): This measure consists of 112 problem items where parents have to indicate the severity of the problem in a scale of 0 (no problem) to 2 (severe problem). This measure provides a total score (Total Problems), two primary scale scores (Internalizing and Externalizing Problems), and eight subscale scores (Withdrawn, Somatic Complaints, Anxious/depressed, Social problems, Thought problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. o Youth Self Report (YSR): completed by the adolescent; this measure is used as an assessment of psychopathology in adolescents ages 11-18. This measure consists of three subscales: Anxious /depressed (13 items); withdrawn/depressed (eight items); and 		early school years, may all contribute to an increased risk of suicidality in adolescence.

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			Somatic complaints (three items). Scores were added within the three scales; total score was used to determine internalizing behaviors. Higher scores indicated greater severity of internalizing behaviors.		
Swahn, M. H. & Bossarte, R. M. (2007). Gender, early alcohol use, and suicide ideation and attempts: Findings from the 2005 youth risk behavior survey. <i>Journal of Adolescent Health, 41</i> (2), 175-181. doi:10.1016/j.jadohealth.2007.03.003	The purpose of the study was to examine the associations between adolescent alcohol use initiation and suicide ideation and attempts.	The authors used the Youth Risk Behavior Surveillance System (YRBSS), an epidemiologic surveillance system established by the Centers for Disease Control and Prevention (CDC) to monitor the prevalence of youth behaviors that most influence health for their study Data used in the study was collected in 2005 N = 13,917 high school students in grades 9-12	<ul style="list-style-type: none"> • Suicide ideation: The following question was asked to inquire about suicide ideation, "During the past 12 months, did you ever seriously consider attempting suicide?" • Suicide attempt: The following question was used to inquire about past suicide attempt, "During the past 12 months, how many times did you actually attempt suicide?" • Alcohol Initiation: "How old were you when you had your first drink of alcohol other than a few sips?" • Substance Abuse: The following questions were asked to inquire about various types of substance use: <ul style="list-style-type: none"> o "During the past 30 days, on how many days did you smoke cigarettes?" o "During the past 30 days, on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?" o "During the past 30 days, how many times did you use marijuana?" o "During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or free-base?" • Dating Abuse: the following question was used to assess for dating abuse, "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" 	Secondary Analysis of the 2005 national Youth Risk Behavior Surveillance System (YRBSS)	<p>1. The results of the analysis revealed that alcohol use initiation in the preteen and teenage years was significantly associated with suicide ideation and attempts.</p> <p>2. Interestingly, the results highlighted that preteen adolescents were more at risk for suicide ideation and attempts than adolescents that initiated alcohol in their teen years.</p> <p>3. These findings reveal that consuming alcohol early in life appear to be vulnerable to suicide ideation and attempts.</p> <p>4. The authors also demonstrated that females were significantly more likely than males to report suicide ideation, suicide attempts, alcohol initiation, and sadness. Males on the other hand, were significantly more likely to report drinking alcohol.</p>

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			<ul style="list-style-type: none"> • Sexual Assault: The following question was used to assess for sexual assault, "Have you ever been physically forced to have sexual intercourse when you did not want to?" • Fighting: The following question was used to assess for fighting, "During the past 12 months, how many times were you in a physical fight?" • Weapon Carrying: The following question was used to assess for weapon carrying, "During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?" • Sadness: The following question was used to assess for sadness, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" 		
Whetstone, L. M., Morrissey, S. L., & Cummings, D. M. (2007). Children at risk: The association between perceived weight status and suicidal thoughts and attempts in middle school youth. <i>Journal of School Health</i> , 77(2), 59-66. doi: 10.1111/j.1746-1561.2007.00168.x	The aim of the study was to examine the relationship between perceived weight status and suicidal thoughts and behaviors in middle school youth.	Students ($N = 5,174$) in 6-8th grade in public middle schools in North Carolina	<p>The study used the middle school version of the YRBS. It is comprised of 54 multiple choice questions that asked participants about safety and violence, substance use (tobacco, alcohol, marijuana, and other drug use, education, and information on acquired immunodeficiency syndrome, body weight, foods eaten, physical activity and suicide.</p> <p>Demographic information included: ethnicity, report card grades, family composition, and parental education. They also included questions on perceived weight status. Participants were asked whether they were of normal</p>	Cross Sectional Survey study	<p>1. Results of the study revealed that females reported thinking, planning, and attempting suicide more than males.</p> <p>2. They also found that females who perceived themselves as overweight were significantly more likely to report suicidal thoughts and behaviors whereas for males, perceptions of overweight and underweight were significantly associated with suicidal thoughts and behaviors.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			weight, underweight, and overweight.		
Wolitzky-Taylor, K., Ruggiero, K. J., McCart, M. R., Smith, D. W., Hanson, R. F., Resnick, H. S., ... Kilpatrick, D. G. (2010). Has adolescent suicidality decreased in the United States? Data from two national samples of adolescents interviewed in 1995 and 2005. <i>Journal of Clinical Child and Adolescent Psychology</i> , 39(1), 64- 76. doi: 10.1080/1537 4410903401146	Primary goals of the NSA and NSA-R were to (a) identify the population prevalence of major life stressors, such as physical assault, sexual assault, dating violence, and witnessed violence in the home, school, and community; (b) identify the population prevalence of specific mental health disorders known to be associated with exposure to traumatic events; and (c) examine risk factors associated with violence exposure and mental health outcomes. A fourth major goal of the NSA-R was to facilitate comparisons that identify potential population changes over the past decade among U.S. adolescents.	The 1995 NSA and the 2005 NSA-R are two epidemiologic studies of youth aged 12 to 17 years. 1995 NSA: <i>N</i> = 4,023 youth aged 12 to 17 years 2005 NSA: <i>N</i> = 3,614 youth aged 12 to 17 years. Parent and adolescent interviews were completed for 3,614 cases.	<ul style="list-style-type: none"> • Age was categorized as “younger adolescents” (ages 12-14) and “older adolescents” (ages 15-17). • Family annual income divided into nine categories (e.g. category 1: \$0-5,000, category 9: \$100,000). • Racial/ethnic group was assessed using standard questions employed by the U.S. Bureau of the Census: African American, non-Hispanic; Native American, non-Hispanic; Asian American, non-Hispanic; Hispanic; and Other. Caucasian, non-Hispanic participants served as the reference group. • Lifetime PTSD was assessed using the PTSD module of the NSA survey. This is a structured diagnostic interview that assessed each Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). • Lifetime Major Depressive Episode (MDE) was assessed using the Depression Module of the NSA survey, a structured interview that targets MDE criteria using a yes/no response format for each DSM-IV symptom. • Suicidal ideation and attempt was assessed as part of the diagnostic assessment for MDE. Participants were asked the yes/no questions such as “Have you ever felt so low you thought about committing suicide?” and “Have you ever attempted suicide?” • Traumatic events: Adolescents were 	Secondary Analysis of the 1995 NSA and the 2005 NSA- R, two epidemiologic studies of youth aged 12 to 17 years	<p>1. Results of the survey revealed that the prevalence in suicide ideation declined from 12.7% in 1995 to 10.9% in 2005. This decline however, was true for males but not for female adolescents.</p> <p>2. The authors also found that female adolescents reported more suicidal ideation compared to boys. When broken down by age, the prevalence of suicide ideation was highest for adolescent girls between the ages of 15-17. Male adolescents, ages 15-17, reported the second highest prevalence of suicidal ideation.</p> <p>3. Findings also demonstrated that Major Depressive Disorder was the strongest predictor of suicidality in both samples. In addition, substance use and violence exposure were significantly associated with increased risk for suicidal ideation and attempts in both samples, with female gender, non-experimental drug use, and direct violence exposure being consistent risk factors in both</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>assessed for potential traumatic events. They were classified as having experienced direct violence if they endorsed experiencing sexual assault and/or physical assault or abuse.</p> <ul style="list-style-type: none"> • Adolescents were assessed to determine whether they had ever witnessed community or parental violence. That is, if the adolescent had ever observed someone shooting someone with a gun; shoot someone with a gun, being stabbed with a knife, someone being threatened with a gun/knife, or any other weapon, someone being mugged or robbed, or someone being sexually assaulted or raped. • Alcohol abuse was assessed by asking adolescents a series of closed-ended questions in a structured interview format related to their alcohol use. Questions were directly linked to the DSM-IV criteria for substance abuse. • Adolescents were asked a series of questions that assessed lifetime use of illicit and non-experimental drug use. Questions regarding the use of illicit drug use inquired whether the youth had ever ingested marijuana or hard drugs, including cocaine, heroin, LSD, or other hallucinogens or inhalants (i.e., glue nitrous oxide, amyl nitrate, paint, or gasoline). Non- experimental drug use was assessed by determining whether the respondent has used a particular substance on four or more occasions during their lifetime. 		<p>samples.</p> <p>4. Findings also revealed that adolescents who met criteria for PTSD were also at greater risk for suicidal ideation and attempts. These findings suggest that the majority of risk factors identified in 1995 continued to be associated with increased risk of suicidality in 2005.</p> <p>5. In this study, neither ethnic or racial group nor income was associated with risk for suicidal ideation or attempt which means that suicide ideation and attempts is a problem that spans across a diverse adolescent population.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Wunderlich, U., Bronisch, T., Wittchen, H., & Carter, R. (2001). Gender differences in adolescents and young adults with suicidal behavior. <i>Acta Psychiatrica Scandinavica</i> , 104(5), 332- 339.doi: 10.1111 /j.1600-0447.2001.00 432.x	<ul style="list-style-type: none"> • The purpose of the study was to examine the gender differences in prevalence rates of suicidal behaviors. • The authors also wanted to investigate risk factors associated with suicide attempts such as traumatic events and psychiatric disorders. 	N = 3,021 Adolescents and young adults between the ages of 14-24 in Munich	<ul style="list-style-type: none"> • Composite International Diagnostic Interview (M-CIDI): based on the Munich version, this instrument was used to assess psychopathology; allows for the assessment of symptoms, syndromes and diagnoses of 48 mental disorders along with information about onset, duration, clinical and psychosocial severity. • The following questions were used to assess for suicidal ideation and behavior: <ul style="list-style-type: none"> o “Has there ever been a period of two weeks or more when you thought a lot about death, either your own, someone else’s, or death in general?” o “Has there been a period of two weeks or more when you felt you wanted to die?” o “Have you ever felt so low that you thought about committing suicide?” o “Have you ever made a plan as to how you might do it?” o “Have you ever attempted suicide?” 	Survey study	<ol style="list-style-type: none"> 1. Results of the study revealed that female adolescents/young adults with a history of suicide attempters showed suicidal thoughts and suicide attempts significantly more often than males. 2. Female adolescents and young adults demonstrated suicide attempts at a much younger age than the males. 3. Females in the study also experienced sexual abuse more often than males and suffered significantly more often from anxiety disorders. 4. Findings also revealed that male suicide attempters showed higher rates of alcohol disorders and financial problems.
Zaitsoff, S. L. & Grillo, C. M. (2010). Eating disorder psychopathology as a marker of psychosocial distress and suicide risk in female and male adolescent psychiatric inpatients. <i>Comprehensive Psychiatry</i> , 51(2), 142-150. doi: 10.1016/j.compp	The purpose of the study was to examine the psychosocial correlates of certain aspects of eating disorders including, dietary restriction, body dissatisfaction, binge eating, and self-induced vomiting in a psychiatric inpatient male and female adolescents	N = 492 psychiatric inpatient adolescents from a psychiatric hospital between 1997- 2000, ages 12-19 286 females; 206 males Ethnicity 79.3% Caucasian 10% Hispanic 10% African	<p>Assessments were completed by each participant within 1-4 days of admission to the hospital.</p> <ul style="list-style-type: none"> • The Million Adolescent Inventory (MACI) is a true and false measure composed of 160 items. This measures assesses personality styles and major clinical psychopathology. o For purposes of the study, the authors utilized relevant items from the MACI to create variables reflecting eating disorder psychopathology domains, anxiety, history of sexual abuse and current psychological symptoms as a 	Cross Sectional Survey study	<ol style="list-style-type: none"> 1. Results of the study indicated that among both females, ED psychopathology was related to greater internalizing symptoms such as depression and hopelessness. Among males, body dissatisfaction and binge eating were related to greater anxiety and binge eating and self- induce vomiting were related drug use, violent behavior, and impulsivity.

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sych.2009.03.005		American 8% other	<p>result of the abuse, and history of suicide attempts.</p> <ul style="list-style-type: none"> o Although the MACI has two scales that assess ED psychopathology they generated four specific variables given their interest in eating disorders and disturbance in body image. § They created the Restriction scale, the Body Dissatisfaction and Binge Eating scales. § The restriction scale included three items that assessed extreme attempts to restrict food intake; the body dissatisfaction scale had five items that assessed thoughts and feelings regarding the appearance of their body and weight; the Binge eating scale consisted of three items that assessed binge eating and self-induced vomiting. o The Anxious Feeling scale of the MACI was used to create an Anxiety scale which consisted of five items. o The Abuse sequelae scale consisted of three items that assessed the current psychological sequelae to childhood abuse. o The History of sexual abuse scale consisted of two items which assessed for past sexual abuse. o History of suicide attempts was assessed by the question, "I have tried to commit suicide in the past." • Beck Depression Inventory was utilized in the study to assess for depression • Hopelessness Scale for Children was used to assess for negative expectations about the future. 		<p>2. Findings also revealed that among males a history of sexual abuse was related to dietary restriction and self-induced vomiting.</p> <p>3. The authors also found that for both genders, self-reported history of suicide attempts was associated with greater dietary restriction, body dissatisfaction and self-induced vomiting. For females a history of suicide attempts and increased risk for suicide were associated with dietary restriction and body dissatisfaction even after controlling for depression.</p>

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			<ul style="list-style-type: none"> • Adolescent Alcohol Involvement Scale: it is a measure that assess alcohol abuse • Drug Abuse Screening test for Adolescents: it is a screening measure for drug abuse • Past Feelings and Acts of Violence scale: it assesses acts of violence against others, the use of weapons, arrests, and loss of temper. • Impulsivity Control scale: a measure impulsivity • Suicide Risk Scale: a 15-item measure that assesses for current and past suicidal behavior including current suicide ideation. The measure also has items that are associated with other suicide risk factors. 		

Sexual orientation

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Jiang, Y., Perry, D. K., & Hesser, J. E. (2010). Adolescent suicide and health risk behaviors: Rhode Island's 2007 youth risk behavior survey. <i>American Journal of Preventive Medicine</i> , 38(5), 551-555. doi: 10.1016/j.amepre.2010.01.019	The author's aim was to examine the relationships among depressed mood, suicidal thoughts, suicide attempts, and demographics such as being female, low grades, being gay/lesbian/bisexual, having perception of being overweight, etc. among a sample of high school students.	The sample for the study was taken from the 2007 Rhode Island Youth Risk Behavior Survey (YRBS); data was analyzed in 2008 <i>N</i> = 2,210 high school students in grades 9-12th grade	For purposes of the study, five questions regarding depressed mood/suicide were used from the YRBS which were used as suicide continuum indicators. The questions inquired about feeling sad/hopeless in the past 12 months; considering suicide in the past 12 months; planning suicide in the past 12 months; attempting suicide in the past 12 months; and whether they had attempted suicide which was treated by a doctor or nurse within the past 12 months.	Secondary Analysis of the 2007 YRBS	1. Findings revealed that the strongest predictors of suicide attempts included being female, feeling depressed, having low grades, immigrant status, being lesbian, gay, bisexual, or unsure of sexual orientation, not going to school as a result of being unsafe, having been a victim of forced sexual intercourse, being a current cigarette smoker, and having a self-perception of being overweight.
King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., ... Nazareth, I. (2008). A systematic review of mental disorders, suicide, and deliberate self-harm in lesbian, gay, and bisexual people. <i>BMC Psychiatry</i> , 8(70), 1-17. doi: 10.1186/1471-244x-8-70	The purpose of the literature review was to investigate why lesbian, gay and bisexual (LGB) people may be at higher risk of mental disorders and suicidal ideation and self-harm than heterosexual people.	N/A	N/A	Literature review	1. Results of the review revealed that lesbian, gay, and bisexual (LGB) individuals were significantly more at risk for suicidal ideation and deliberate self-harm than heterogeneous individuals. 2. The researchers also found that in a period of 12 months or a lifetime LGB individuals were 1.5 more times likely to be diagnosed with depression and anxiety disorders as well as

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Langhinrichsen-Rohling, J., Lamis, D. A., & Malone, P. S. (2011). Sexual attraction status and adolescent suicide proneness: The roles of hopelessness, depression, and social support. <i>Journal of Homosexuality</i> , 58(1), 52-82. doi: 10.1080/00918369.2011.533628	The aim of the study was to explore the relationship between sexual attraction status (same-sex, both-sex, and opposite-sex) and suicidal behavior in a sample of adolescents.	<i>N</i> = 1,533 adolescents from three locations: urban high school; an Early Warning Truancy program for youth; and a youth center that is an entry point for the juvenile justice system. Age = 15.8 years 48% female 50% African American 37% Caucasian	Independent Variable Sexual Attraction status: one question was utilized to measure sexual attraction status (same-sex; both-sex; opposite-sex). Participants had to choose from one of the following statements which best described them: • Only attracted to members of the opposite sex • Mostly attracted to members of the opposite sex, but sometimes attracted to members of the same sex • Equally attracted to members of the same and opposite sex • Mostly attracted to members of the same sex but sometimes attracted to members of the opposite sex • Only attracted to members of the same sex Dependent Variables • Suicide proneness was measured using the Life Attitudes Schedule-Short Form (LAS-SF). This is a 24-item version of the original Life Attitudes Schedule. These measures have shown to relate to a wide array of	Qualitative/Survey study	alcohol and other substance dependence. 1. Findings of the study revealed that adolescents who were attracted to both sexes reported greater suicide proneness, recent and lifetime suicide ideation, and past suicidal attempts. 2. Participants with same sex attraction demonstrated moderate levels of suicide ideation and suicide attempts. 3. Results also revealed that hopelessness and depression function as important mediators of suicide proneness for adolescents with same sex and both sex attractions.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>unhealthy and risk taking behavior.</p> <ul style="list-style-type: none"> • Recent suicide ideation: one question was used to assess for suicide ideation: "Have you recently considered ending your life?" • History of suicidal behavior was assessed using two questions, "Have you ever had serious thoughts of suicide?" and "Have you ever attempted suicide?" <p>Potential Mediators</p> <ul style="list-style-type: none"> • Hopelessness: the Hopelessness Scale for Children was used to assess each participant's negative expectations about themselves and their future • Symptoms of depression was assessed using the Center for Epidemiological Studies: Depression (CES-D); it is a 10-item symptom oriented measure for depression; participants rate how frequently they have experienced each symptom over the past seven days. <p>Potential Moderator</p> <ul style="list-style-type: none"> • Social support: The individual Protective Factors Index (IPFI) is a 71-item scale designed to measure protective and risk factors on 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			youth ages 9-21. The protective factors measured include social bonding, personal competence, and social competence. For this particular study the Social Bonding subscale was also used to assess for social support.		
O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. <i>American Journal of Community Psychology</i> , 33(1-2), 37-49. doi: 10.1023/b:ajcp.0000014317.20704.0b	Examine the prevalence and predictors of suicidality among African American and Latino youth who participated in a survey study during their 11th grade year. The researchers also considered a range of risk and resiliency factors that may influence suicidality	Reach for Health Study (RFH) that sampled three middle schools in Brooklyn, New York. Adolescent from economically disadvantaged neighborhoods in Brooklyn, New York where statistics reveal a high prevalence of teen pregnancy, HIV/STD infection, violence related injuries, low high school graduation rates, below grade level academic performance. Ethnicity African American = 69% Latino = 16% Mixed or other ethnicity = 15% Suicidal Behavior In past 12 months,	<ul style="list-style-type: none"> • Five items to assess for suicide: “In the past year, have you ever consider killing yourself?”; “Did you ever tell anyone that you have thought about killing yourself?”; “Did you think that killing yourself would be a solution to your problems?”; “Did you make a plan?”; “How many times did you attempt suicide?” • Sociodemographic characteristics were assessed by asking questions pertaining to gender, ethnicity, number of years in the neighborhood, single or two parent household, educational level, and same sex gender. • Six-item scale to assess if the adolescents basic needs were met: food, clothes, a safe place to live, etc. • Family closeness (eight items to assess family closeness) 	Secondary analysis of the Reach for Health survey study	<ol style="list-style-type: none"> 1. Results of the study revealed that risk factors related to suicide attempts include being female, being Hispanic, engaging in same gender sex, and being depressed. 2. The authors also found that family closeness and religiosity (although only marginally significant) were protective factors against suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		suicide ideation = 15% ; suicide attempt = 13%; One suicide attempt = 11%; multiple suicide attempts = 4%	<ul style="list-style-type: none"> • Peer support: nine items were used to assess their attitudes about peer relationships • Religiosity (five items assessing their religious beliefs) • School attachment (17 items that assessed attitudes about school, school achievements, and school attendance) • Ethnic identity formation (nine items on a 5-point Likert scale, were used from Phinney's original scale) • John Henry coping scale to assess for hard work, self-efficacy, and achieving goals • Children's Depression Inventory 		
Russell, S. T. & Toomey, R. B. (2012). Men's sexual orientation and suicide: Evidence for U.S. adolescent specific risk. <i>Social Science and Medicine</i> , 74(4), 523-529. doi: 10.1016/j.socsci.med.2010.07.038	The purpose of the study was to examine adolescent risk for suicidality based on same sex orientation.	Data for the study was taken from the National Longitudinal Study for Adolescent Health (Add Health). High school students in the US, grades 7-12, ages 12-18 years Adolescents were traced across four waves in which	<ul style="list-style-type: none"> • Sexual orientation: In Waves I adolescents were asked the following questions, "Have you ever had a romantic attraction to a female?" and "Have you ever had a romantic attraction to a male?" o In Wave II were asked the same questions separately about romantic relationships 	Secondary analysis of data from the National Longitudinal Study for Adolescent Health (Add Health)	1. Results of the analysis revealed that the risk for suicide attempts in young men who reported same-sex attraction was limited to the adolescent years.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		suicide ideation and attempts were assessed	<p>to males and females since the last time they were interviewed.</p> <ul style="list-style-type: none"> • Suicidal ideation and behavior: In Waves I and II, suicidal ideation was assessed with the following question: “During the past 12 months, did you ever seriously think about committing suicide?” <p>At waves III and IV, the adolescent participants were asked the following question: “In the past 12 months, have you ever seriously thought about committing suicide?”</p> <ul style="list-style-type: none"> o If participants responded positively to this question, suicidal behavior was assessed with the following question: “During the past 12 month how many times did you actually attempt suicide?” 		

Bullying

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Bauman, S. Toomey, R. B., & Walker, J. L. (2013). Associations among bullying, cyberbullying, and suicide in high school students. <i>Journal of Adolescence</i> , 36(2), 341-350. doi: 10.1016/j.adolescence.2012.12.001	The aim of the study was to explore whether bullying roles differed by gender, age, and ethnicity. The authors also examined whether depression is a potential mediator of the association between bullying involvement and suicidal behavior. That is, they examined the associations among depression, suicide attempts, and involvement in bullying. For the purposes of bullying, the authors examined this risk factor either as the cyber and/or traditional recipient or aggressor or both simultaneously. Furthermore, they examined whether the associations among bullying involvement and suicidal behaviors were moderated by gender.	The sample was taken from the 2009 Arizona Youth Risk Behavior Survey (YRBS) N = 1,491 high school students (9-12 grade) Gender Females = 48.9% Male = 51.1% Ethnicity White = 46.5% American Indian/Alaskan Native = 5.6% Black/African American = 4.4% Hispanic/Latino/Multiple/Hispanic = 38.5%	Items for the survey were selected from the 2009 YRBS, a program from the CDC that monitors health risk behaviors among adolescents Questions regarding bullying (victim or aggressor) included the following: • “During the past 12 months, how frequently have you been harassed or bullied on school property?” • “During the past 12 months, how frequently have you been harassed or bullied on school property?” • “During the past 12 months, how frequently have you been electronically bullied, such as through email, chat rooms, instant messaging, web sites, or text messaging?” • “During the past 12 months, how frequently have you electronically bullied someone else, such as through email, chat rooms, instant messaging, web sites, or text messaging?” Questions regarding depression and suicide/suicidal behaviors included: • “During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?” • “During the past 12 months, did you ever seriously consider attempting suicide?”	Cross Sectional Survey study	1. Findings revealed that for both genders, depression mediated the link between victimization and suicide attempts. 2. For females only, depression mediated the link between cyber victimization and traditional bullying and suicide attempts. 3. Results also unveiled that for both genders depression did not mediate the link between cyber bullying and suicide attempts.

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Bonanno, R. A. & Hymel, S. (2010). Beyond hurt Feelings: Investigating why some victims of bullying are at greater risk for suicidal ideation. <i>Merrill-Palmer Quarterly: Journal of Developmental Psychology</i> , 56(3). 420-440. doi: 10.1353/mpq.0.0051	The authors investigated social hopelessness as a mediating factors in bullying victimization and suicidal behavior. They also examined whether specific forms of social support (family and peers) are protective factors modulate the relation between bully victimization and suicide ideation among youth.	<i>N</i> = 399 participants (228 females and 171 males) in grades 8-10 Median age = 14.2 years Ethnicity Asian Canadian = 62% White = 22% Mixed descent = 6% 70% of the sample came from intact families living with both parents; 15% came from single parent household	<ul style="list-style-type: none"> • “During the past 12 months, did you make a plan about how you would attempt suicide?” • “During the past 12 months, how many times did you actually attempt suicide?” • Bullying Questionnaire was developed by the researchers in the study to assess students’ perceptions of their experiences bullying, victimization, witnessing physical, verbal, relational bullying, and cyber bullying. • Suicide Ideation Questionnaire-JR was used to measure adolescent’s thoughts and ideas about death, suicide, and serious self-injurious behaviors. • Beck’s Hopelessness scale was used to assess for adolescent’s negative attitudes and perceptions about their short term and long term future. • Social hopelessness was assessed by the Social Hopelessness Questionnaire which assesses an adolescent’s negative expectancies in the social domain. Some examples in this questionnaire included, “I will never be able to do things as well as other people can” and “In the future, people will probably take advantage of me more than they should.” • Relational Provisions Loneliness Questionnaire (RPLQ) was used to assess children’s and adolescent’s perceptions of the social support that 	Cross Sectional Survey study	<p>1. Results of the study revealed that social hopelessness partially mediated the relationship between bully victimization and suicidal ideation.</p> <p>2. The authors also found that the more socially hopeless that an adolescent becomes, the greater the risk for the adolescent to have suicidal thoughts.</p> <p>3. Findings also highlighted that adolescents who had higher perceived social support from family and/or friends reported lower levels of suicide ideation.</p>

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Borowsky, I. W., Taliaferro, L. A., & McMorris, B. J. (2013). Suicidal thinking and behavior among youth involved in verbal and social bullying: Risk and protective factors. <i>Journal of Adolescent Health</i> , 53(1), S4-S12. doi: 10.1016/j.jadohealth. 2012.10.280	The aim of the study was identify environmental risk factors and behaviors associated with suicide ideation and attempts among adolescents involved in bullying (either as victims, perpetrators, or both). The authors also wanted to identify protective factors against suicidal ideation or suicide attempts among youth involved in bullying.	2010 Minnesota Student Survey High school students from public schools in Minnesota Grades: 6 (35.7%), 9 (36.2%), 12 (28.1%) Gender 49.8%= Males 50.2%= females Ethnicity White = 73.0% African/African American = 5.5% Asian/Pacific Islander = 5.4% Hispanic = 4.4% American Indian = 1.5% Mixed race = 6.8% Don't know category = 3.5% Approximately 28% of the students received free/reduced-price lunch at school 62% of the students reported living with two biological parents	they receive from family and friends. Bullying/Victimization: If applicable, students were categorized into bullying groups: verbal/social bullying perpetration or verbal/social bullying victimization. Placement into one of the groups was based on responses to two items: On the verbal/social bullying perpetration, item included: “During the past 30 days, how often have you, on your own or as part of a group, made fun of or teased another student in a hurtful way or excluded another student from friends or activities?” On the verbal/social bullying victimization, item included: “During the past 30 days, how often has another student or group of students made fun of or teased you in a hurtful way, or excluded you from friends or activities?” Responses for both items were “never,” “once or twice,” “about once a week,” “several times a week,” and “every day.” The authors classified youth into the following groups: • No involvement in bullying, that is never victimized or perpetrated • Moderate involvement, victimized or perpetrated once or twice a month • Frequent perpetrator only, that is perpetrated once a week or more and victimized less than once a week	Population based, Cross Sectional Survey study	1. Findings of the survey revealed that approximately 6.1% of youth reported frequent perpetration only, 9.6% frequent victimization only, and 3.1% both. 2. Results also unveiled that suicidal ideation or a suicide attempt was reported by 22% of perpetrators only, 29% of victims only, and 38% of bully- victims. 3. The authors also found that a history of self-injury and emotional distress were risk factors across the three bullying involvement groups. 4. Results also identified physical abuse, sexual abuse, a mental

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			<ul style="list-style-type: none"> • Frequent victim only, that is victimized once a week or more and perpetrated less than once a week • Frequent bully-victim, that is victimized and perpetrated once a week or more <p>Independent Variable: Risk Factors</p> <ul style="list-style-type: none"> • Family Substance use: “Alcohol or drug use by family member repeatedly caused family, health, job, or legal problems?” • Witness to family violence: “Anyone in family ever hit anyone else in the family so hard or often they had marks or were afraid of that person?” • Physical abuse: “Any adult in your household ever hit you so hard or often had marks or were afraid of that person?” • Sexual abuse: “Any adult or person outside your family ever touched you sexually against your wishes or forced you to touch them sexually?” “Has an older or stronger member of your family ever touched you sexually or had you touch them sexually?” • Mental health problem: “Personal mental or emotional health problem lasting at least 12 months” • Physical Health problem: “Personal physical health condition or problem lasting at least 12 months” • Emotional distress: “On a 4-point scale, how often have you felt 		<p>health problem, and running away from home as additional risk factors</p> <p>for perpetrators only and victims only.</p> <p>5. In terms of protective factors, parent connectedness, perceived caring by friends and by non-parental adults were strongest.</p>

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			<p>unhappy, depressed, or tearful?”</p> <p>“On a 5-point scale, during the last 30 days, have you felt under any stress or pressure?” “On a 5-point scale, during the last 30 days, have you felt sad?” “On a 5-point scale, during the last 30 days, have you felt so discouraged or hopeless wondered if anything was worthwhile?” “On a 5-point scale, during the last 30 days, have you felt nervous, worried, or upset?” Items were dichotomized to a score indicating significant distress on one or more of the variables/all other responses.</p> <ul style="list-style-type: none"> • Cigarette smoking: “During the last 30 days, on how many days did you smoke a cigarette?” • Alcohol Abuse: “During the last 30 days, on how many days did you drink an alcoholic beverage?” • Marijuana use: “During the past 12 months, on how many occasions have you used marijuana?” • Run away from home: “During the last 12 months, how often run away from home?” • Skipped school: “During the past 30 days, how many days did you not go to school because you felt unsafe at school or on the way to or from school?” • Self-injury: “During the last year have you hurt self on purpose?” • Violence perpetrator: “During the past 12 months, how often have you been hit or beat up another person?” 		

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			<ul style="list-style-type: none"> • Weapon carrying: “During the past 30 days, have you have a gun or other weapon on school property?” • Victim of school violence: “During the past 12 months, have you been threatened, pushed, shoved, grabbed, kicked, bitten, hit, stabbed, or had a gun fired at you on school property?” • Changed schools: “How many times have you changed schools since the beginning of the school year?” • Negative Perception of weight: At the present time, do you think you are underweight, about the right weight, or overweight?” • Distractibility/Impulsivity: “Do you have trouble concentrating, restless and cannot stay still for long, often have trouble getting to sleep and staying asleep, do things before thinking?” <p>Protective Factors</p> <p>Questions included in the survey for each independent protective factor were as follows:</p> <ul style="list-style-type: none"> • Physical exam: “Had a physical exam within the past 12 months?” • Sport Participation: “During the past 12 months, how often participated on club/community or school sport teams?” • Religious activities: “During the past 12 months, how often participated in religious activities (religious services, education, youth group, etc.)?” 		

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			<ul style="list-style-type: none"> • Fine Arts activities: “During the past 12 months, how often participated in fine art activities (band, choir, dance, drama, etc.)?” • Parent Connectedness: “Can you talk to father/mother about problems, how much feel parents care about you?” • Other adult caring: “How much feel other adult relatives, religious leaders, and other adults in your community care about you?” • Teacher caring: “Teachers are interested in you as a person, show respect for students, and care about you.” • Caring friends: “How much do you feel friends care about you?” • Physical activity: On how many of the past seven days have you exercised or participated in activities that made you sweat or breathe hard for at least 20 minutes?” • Like school: “How do you feel about going to school?” • Academic achievement: How do you feel about going to school?” • School safety: “Do you feel safe at school?” “Bathrooms in school are safe.” • Neighborhood safety: “Do you feel safe in your neighborhood?” Do you feel safe going to and from school?” <p>Dependent variable: Suicidal thinking and behavior during the previous year.</p> <ul style="list-style-type: none"> • Suicidal ideation was assessed using the following item: “Have you 		

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			<p>ever thought about killing yourself?”</p> <ul style="list-style-type: none"> • Suicide attempt was assessed using the following item: “Have you ever tried to kill yourself?” o The authors categorized youth into the suicidality group if they responded “yes, during the past year” to one or both of the items assessing risk of suicide. 		
Cooper, G. D., Clements, P. T., & Holt, K. E. (2012). Examining childhood bullying and adolescent suicide: Implications for school nurses. <i>Journal of School Nursing</i> , 28(4), 275- 283. doi: 10.1177/1059 840512438617	The aim of the literature review was to examine whether youth who have been involved in childhood bullying or cyberbullying as victim, offender, or victim/offender are at greater risk for suicidality.	N/A	N/A	Literature review	<p>1. Findings from the literature review reveal that the experience of bullying in childhood is strongly correlated with suicidal behavior in adolescence.</p> <p>2. Results of the review also point out that more longitudinal studies are needed to clarify whether bullying is actually an independent cause of adolescent suicidal behavior or just a strong risk factor.</p> <p>3. The authors also found that in both cross-sectional and longitudinal studies females appear to be at greater risk for suicidal</p>

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					<p>behavior than males resulting from bullying even with less exposure to it.</p> <p>4. Results also unveiled that adolescents with the greater risk are those with multiple roles in bullying (particularly the combination bully/victim) and those who are exposed to it with greater frequency and intensity.</p> <p>5. The literature review also highlighted that in both cross-sectional and longitudinal studies the effects of childhood bullying appear to persist into adulthood and youth with underlying psychopathology who experience bullying are at a particularly higher risk for suicidality.</p> <p>6. Cyberbully victims are two times more likely</p>

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					to commit suicide. 7. Females are at greater risk for suicidal behavior than males, resulting from bullying (particularly cyberbullying) even
					with less exposure to it
Hepburn, L., Azrael, D. Molnar, B., & Miller, M. (2012). Bullying and suicidal behavior among urban high school youth. <i>Journal of Adolescent Health, 51</i> (1), 93-95. doi: 10.1016/j.jadohealth.2011.12.014	The aim of the survey study was to examine whether involvement in bullying as a perpetrator, victim, or both (victim-perpetrator) was associated with a higher risk of suicidal ideation or suicide attempts among adolescents.	Data was obtained from the 2008 Boston Youth Survey, a biennial in-school survey of high school students in Boston Public Schools $N = 1,838$ high school student in grades 9th-12th grades who attended public high school in Boston, MA	<ul style="list-style-type: none"> • Sociodemographic variables included gender, age, grade in school, U.S.- or foreign-born, primary language spoken at home (to represent non-native born households), Hispanic ethnicity, and race • Bullying victimization was measured with five questions. These included: <ul style="list-style-type: none"> o “In the past 30 days, has someone or a group of people repeatedly hurt you or made you feel bad by ... § “Teasing, picking on, or making fun of you?” § “Sending you mean e-mails, text messages, or posting something about you on the Internet?” § “Spreading rumors or lies about you?” § “Making unwanted sexual comments or gestures? § Stealing your things?” • Bullying perpetration was assessed with two questions: 	Cross Sectional Survey study	<p>1. Results of the study revealed that adolescents who reported having been involved in bullying as a perpetrator, victim, or victim-perpetrator were more likely than those who had not been involved in bullying to report having seriously considered or attempted suicide within the past year.</p> <p>2. Findings also highlighted that when age, ethnicity, and gender were controlled,</p>

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			<ul style="list-style-type: none"> o “In the past 30 days, how many times have you...” § Picked on someone by chasing them, grabbing their hair or clothes, or making them do something they didn't want to do? § Told lies or spread rumors about someone, or tried to make sure that other kids disliked him/her? • Responses were collapsed into “never” versus “any.” Victim-perpetrators were youth who answered “yes” to at least one bullying victimization question and one perpetration question. • Suicidal behavior was assessed with the following question: <ul style="list-style-type: none"> o “In the past 12 months, have you: <ul style="list-style-type: none"> § Seriously considered attempting suicide, and § Actually attempted suicide. • Depressive symptoms were assessed using an adapted version of the Modified Depression Scale 		<ul style="list-style-type: none"> adolescents who were victim-perpetrators of bullying were at highest risk for both suicidal ideation and suicide attempt.
Hertz, M. F., Donato, I., & Wright, J. (2013). Bullying and suicide: A public health approach. <i>Journal of Adolescent Health</i> , 53(1), S1-S3. doi: 10.1016/j.jahealth.2013.05.002	The purpose of the literature review was to synthesize the latest research about the relationship between adolescent involvement in bullying (youth who bully, youth who are bullied, and those who bully and are bullied) and suicide including suicide ideation and attempts, and risk	N/A	N/A	Literature review	1. The results of the literature review unveiled that bullying among youth is a significant public health problem which is prevalent and frequently has detrimental effects. Between 20% and 56% of adolescents are involved in bullying annually.

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	factors (i.e., depression) associated with suicide.				<p>2. Middle school-aged youth are more likely to be involved in bullying than high school students.</p> <p>3. Findings also revealed that verbal bullying is more prevalent than physical or cyber-bullying and bullying is more likely to occur over a longer time period.</p> <p>4. Results also unveiled that approximately 60% of lesbian and gay adolescents report victimization during the past 30 days prior to the survey compared with 28.8% of heterosexual adolescents.</p> <p>5. Findings also revealed that adolescents who are bullied are more likely to be depressed and/or anxious, have feelings of loneliness, low academic</p>

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					achievement, have poorer social and emotional adjustment, and greater difficulty making friends. 6. Bully-victims are more likely than bullies or other uninvolved peers to report being physically hurt by a family member, to witness family violence, and exhibit suicide-related behaviors. 7. Adolescents who bully others are more likely to drink alcohol and use cigarettes, have poorer academic achievement and poorer perceived school environment.
Hinduja, S. & Patchin, J. W. (2010). Bullying, cyberbullying, and suicide. <i>Archives of Suicide Research</i> , 14(3), 206-221. doi:10.1080/13811118.2010.494133	The purpose of the study examines the extent to bullying and cyberbullying are related to suicidal ideation among adolescents.	The data comes from a survey distributed in the spring of 2007 to students, 6th to 8th grade in 30 middle schools in the United States. N = 1,963 Gender Females = 50.1% Males = 49.8%	Dependent variable Suicidal ideation was assessed using four items which were adapted from the American School Health Association's (1989) National Adolescent Student Health Survey. Items included: • "Have you ever felt so sad or hopeless almost every day for two weeks or more in a row that you	Cross Sectional Survey study	1. Results of the study revealed that experience with bullying and cyberbullying is associated with an increase in suicidal ideation among youth.

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		<p>Grade level 6th = 34.7% 7th = 35.6% 8th = 29.2%</p> <p>Ethnicity White = 40.6% Black/African American = 23.4% Hispanic/Latino = 19.6% American Multiracial = 7.1% American Indian = 1.3% Other = 3.5%</p>	<p>stopped doing some usual activities?"</p> <ul style="list-style-type: none"> • "Have you ever seriously thought about attempting suicide?" • "Have you ever made a specific plan about how you would attempt suicide?" • "Have you ever attempted suicide?" interest. <p>Independent Variables</p> <ul style="list-style-type: none"> • Traditional bullying victimization was assessed based upon participant's experience in the previous 30 days as a victim of 10 different forms of bullying. Some of the items included: <ul style="list-style-type: none"> o "People told lies about me" o "I was called mean names" o "I was threatened or forced to do things I didn't want to do" § The response set for these questions was "never," "once or twice," "a few times," "many times," and "every day." o Cyberbullying victimization was assessed based upon participant's experience in the previous 30 days as a victim of 9 different forms of online aggression. Some of the items included: <ul style="list-style-type: none"> § "I received an upsetting email from someone I didn't know" § "something was posted online about me that I didn't want others to see" • Response set ranged from "never" to "every day" 		<p>2. Findings also revealed that cyberbullying victims and offenders were twice as likely to report a suicide attempt than youth who were not victims or bullies.</p> <p>3. With respect to demographics, the only factor that was significantly related to suicidal ideation was race with non-Whites scoring significantly higher on suicide ideation than their White counterparts.</p>

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King, C. A., Horwitz, A., Berona, J., & Jiang, Q. (2013). Acutely suicidal adolescents who engage in bullying behavior: 1-year trajectories. <i>Journal of Adolescent Health</i> , 53(1), S43-S50. doi: 10.1016/j.jadohealth.2012.09.016	<p>The purpose of the study was to examine whether bully perpetrators differ from adolescents who do not engage in bullying behavior at the time of hospitalization for severe suicidal ideation and/or suicidal behavior. The authors also wanted to examine the one year trajectories of acutely suicidal patients who were classified into one of two categories: bullying perpetrator and non-bully groups.</p> <p>The authors hypothesized that adolescents who are hospitalized and who engage in bullying behaviors would report more suicidal behaviors including</p>	<p>The study used data from the Youth Nominated Support Team-II study (a random controlled intervention trial for suicidal adolescents following their hospitalization).</p> <p>$N = 433$ suicidal adolescents; $n = 310$ females and $n = 123$ males</p> <p>Ages 13-17</p> <p>Adolescents were hospitalized between 2002 and 2005.</p> <p>Ethnicity</p> <p>White = 85.9% Black = 7.6% American Indian = 2.3% Asian American = 1.2% Other = 3%</p>	<p>o Age, gender, and race were also included to control for any effect these may have on suicidal ideation.</p> <p>§ Age is a continuous variable ranging from 10-16</p> <p>§ Gender was dichotomized into male and female participants</p> <p>§ Race was dichotomized into White and non-White</p> <ul style="list-style-type: none"> • The Suicidal Ideation Questionnaire—Junior (SIQ-JR): a self-report measure that consists of 15-items used to assess for suicidal thoughts. • The Children's Depression Rating Scale—Revised (CDRS-R): a semi-structured interview that assesses depressive symptoms for the previous two weeks. • The Beck Hopelessness Scale (BHS): a 20-item self-report questionnaire used to assess negative attitudes about the future. • The Multidimensional Anxiety Scale for Children (MASC): a self-report scale with 39 items used to assess for anxiety symptoms. • The Personal Experiences Screen Questionnaire (PESQ): a self-report measure used to screen for adolescent abuse of alcohol or other substances. • The Child and Adolescent Functional Assessment Scale (CAFAS): a measure that is administered to parents which assesses their child's functional impairment across a variety of 	Longitudinal study	1. Results of the study revealed that at hospitalization adolescents who were categorized in the bully perpetrator group reported higher levels of suicidal ideation, substance use, and functional impairment. The level of functional impairment among this group persisted across one year.

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Klomek, A. B., Kleinman, M., Altschuler, E., Marrocco, F., Amakawa, L., & Gould, M. S. (2013). Suicidal adolescents' experiences with bullying perpetration and victimization during high school as risk factors for later depression and suicidality. <i>Journal of Adolescent Health</i> , 53(1), S37-S42. doi:10.1016/j.jadohealth.2012.12.008	suicide ideation, increased levels of depression and lower levels of adaptive functioning at baseline and over a one year period. The purpose of the study was to examine the extent to which bullying involvement in high school increases the risk for later depression and suicidality.	Adolescents, Ages 13-18 years, enrolled in 9th-12th grade in New York State $N = 96$ students who reported being a bully, a victim, or a bully-victim. These students also reported depression, suicidal behaviors or substance abuse problems during the initial screening process. These students were interviewed two years later and compared with $N = 142$ adolescents that were considered "at risk youth" by their levels of depression, suicidal ideation and attempts and substance abuse problems. This group of adolescents was not involved in bullying behavior. Ethnicity White = 80.3% African-American = 5.1% Hispanic = 7.3% Asian = 3.8% Other = 3.5%	settings (e.g., school, home, community). • The Youth Self Report (YSR): a questionnaire that consists of 119-items which assesses a variety of behavior problems and was assessed at baseline. • Beck Depression Inventory (BDI-IA): a measure that consists of 21 items which assesses cognitive, behavioral, and somatic components of depression. • Suicidal Ideation Questionnaire (SIQ-JR): a measure that consists of 15 items that assess the frequency of suicidal thoughts (passive and active suicidal ideation and suicidal intent) during the past month. • Suicide attempt history: a measure that consists of seven questions from the Diagnostic Interview Schedule for Children about lifetime and recent suicide attempts. • Drug Use Screening Inventory (DUSI): a tool used to screen for alcohol or drug use and abuse among adolescents • Columbia Impairment Scale (CIS): consists of 13 items that measures overall severity of functional impairment in areas such as interpersonal relationships, school and work, psychopathology (mood and behavior), and their use of leisure time • Bullying and Bullied experiences: Questions for this measure were obtained from the World Health	Longitudinal study	1. Findings of the study revealed that youth who reported bullying others and other suicide related behaviors at baseline had higher levels of suicide ideation and had levels of functional impairment at two year follow-up than youth who reported suicide related behaviors but were not involved in bullying behavior.

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		Gender 58.1% = males 41.9% =females	Organization which assessed for bullying behavior. Other questions were also included which assessed frequency of bullying or being bullied at school and away from school. Additional questions were added to inquire the frequency to which students were being bullied in each of seven ways: "Made fun of because of religion or race;" "Made fun because of looks or speech;" "Hit, slapped, or punched;" "Spread rumors or mean lies;" "Made sexual jokes, comments, or gestures to you;" "Used e-mail or Internet to be mean to you." Frequent bullying and being bullied was defined as once a week or more		
Klomek, A. B., Sourander, A., Kumpulainen, K., Piha, J., Tamminen, T., Moilanen, I., ... Gould, M. S. (2008). Childhood bullying as a suicidal ideation 10 risk factor for later depression and suicidal ideation among Finnish males. <i>Journal of Affective Disorders</i> , 109(1-2), 47-55. doi: 10.1016/j.jad .2007.12.226	The goal of the study was to examine the association between boys' childhood bullying behavior with depression and suicidal ideation 10 years later.	The study was part of a nationwide "From a Boy to a Man Study", a 10 year follow-up study included in the Epidemiological Multicenter Child Psychiatric Study in Finland. Finnish children born during 1981. <i>N</i> = 5,813 children took place in the study at age 8 <i>n</i> = 2,946 were males; <i>n</i> = 2,867 females	• Bullying: at baseline three informants were used to assess for bullying behavior—the child, parent, and teacher. The children were asked about bullying other children at age 8. The options were as follows: "I do not usually bully children;" "I sometimes bully other children;" "I bully other children nearly every day." The children were also asked if they were victims of bullying. The parent and teacher were asked similar questions regarding the child's bullying behavior and being victims of bullying. After obtaining all of the information from the three informants, children were classified in one of three categories: never	Longitudinal study	1. Results revealed that boys who were bullies frequently at age 8 were more likely to be severely depressed and to report suicidal ideation than boys who were not bullies at the age of 18. 2. Findings also demonstrated that boys who were victims of bullying were not more likely to be depressed or to

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>frequently bully or victim; frequently only victim; frequently only bully; and frequently victim and bully.</p> <ul style="list-style-type: none"> • Depression: To assess for depression the children completed the Children's Depression Inventory (CDI). • At age 18, the participants were administered the Beck's Depression Inventory (BDI) to assess for depression. This is a self-report measure that consists of 21 items which allows the participant to assess their perception of his depressive symptomatology. • Suicidal ideation: this was assessed by item number 9 of the BDI: "I don't have any thoughts about killing myself"; "I have thoughts about of killing myself but I would not carry them out"; "I would like to kill myself"; and "I would kill myself if I had the chance." <p>Participants were instructed to identify which statement best applies to the within the past six months.</p>		<p>report suicidal ideation at age 18.</p> <p>3. Boys who were frequently bullies and victims were found to be at risk for depression.</p>
Klomek, A. B., Sourander, A., Niemelä, S., Kumpulainen, K., Piha, J., Tamminen, T., ... Gould, M. S. (2009). Childhood bullying as a risk factor for suicide attempts and completed suicides: A population based cohort study.	The purpose was to study the associations of childhood bullying behavior with later suicide attempts and completed suicides.	<i>N</i> = 5,302 Finnish children born in 1981	<ul style="list-style-type: none"> • Bullying: at baseline three informants were used to assess for bullying behavior—the child, parent, and teacher. The children were asked about bullying other children at age 8. The options were as follows: "I do not usually bully children;" "I sometimes bully other children;" "I bully other children nearly every day." The children were also asked if they were victims 	Population Based study	1. Results of the study revealed that among males frequent bullying and victimization are associated with later suicide attempts and completed suicides; this was not significant after

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<i>Journal of American Child and Adolescent Psychiatry</i> , 48(3), 254- 261. doi: 10.1016/j.jad. 2007.12.226			<p>of bullying. The parent and teacher were asked similar questions regarding the child's bullying behavior and being victims of bullying. After obtaining all of the information from the three informants, children were classified in one of three categories: never frequently bully or victim; frequently only victim; frequently only bully; and frequently victim and bully.</p> <p>Confounding Factors</p> <ul style="list-style-type: none"> • Conduct problems at age 8 were assessed with Rutter parent questionnaire. This is a behavioral screening instrument. For purposes of the study, the authors only used the conduct subscale of the measure. This subscale asks about behaviors such as disobedience, defiance, fits of temper, aggression, destruction of property, stealing, and lying. • Depression: To assess for depression the children completed the Children's Depression Inventory (CDI). The authors used the Finnish version of this questionnaire which consisted of 26 items that assessed for depression. • Follow-up: The outcome variable was suicide attempts and completed suicides. Information on suicide attempts and completed suicides were obtained by three registries: Statistics Finland's Cause of Death Registry (obtained information regarding death and causes of death, 		<p>controlling for conduct and depressive symptoms.</p> <p>2. Findings also demonstrated that frequent victimization among females is associated with later suicide attempts and completed suicides even after controlling for conduct and depression.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Meltzer, H., Vostanis, P., Ford, T., Bebbington, P., & Dennis, M. S. (2011). Victims of bullying in childhood and suicide attempts in adulthood. <i>European Psychiatry</i> , 26(8), 498-503. doi: 10.1016/j.eurpsy.2010.11.006	The purpose of the study was to examine whether exposure to bullying in childhood results in later suicide attempts in adult life. The authors also wanted to determine what mechanisms might account for this association.	$N = 7,461$ participants were interviewed for the 2007 survey of psychiatry morbidity among adults in England.	copies of death certificates, and The Finnish Hospital discharge Register (used to identify participants with a hospital admission with a diagnosis of a suicide attempt during 1994-2005). • Suicidal behavior was assessed by asking the question "Have you ever made an attempt to take your life, by taking an overdose or tablets or in some other way?" If the participant answered yes, a follow-up question on whether this attempt happened within the past week, last year, or longer was asked. • Depression was assessed using a module on Common Mental Disorders (CMD). • Adverse experiences was assessed using the module entitled "Stressful Life Events" which is comprised of questions about 18 events. Questions refer to illness, injury, bereavement, relationship problems, financial or employment problems, and victimization experiences including bullying.	Survey study	1. Being bullied in childhood decreased with age from 25% of 16-24 year olds; 4% among participants 75 or over. 2. Bullying co-occurred with other victimization experiences including sexual abuse and severe beatings and with running away from home. 3. Adults who reported bullying in childhood were more than twice as likely, than other adults to attempt suicide later in life.
Pranjic, N., & Bajraktarevic, A. (2010). Depression and suicide ideation among secondary school adolescents involved in school bullying.	The aim of the study was to test the association between school bullying exposure and depressive disorders and suicide ideation.	$N = 290$, 17 year old secondary school students were surveyed; 142 females and 148 males Three groups were established, victims, bully victims, and	• A semi-structured bullying questionnaire was developed for this research project to measure school bullying. o Involvement in bullying was assessed by two questions which inquired about the frequency with	Cross Sectional Survey study	1. Findings of the study revealed that being bully victims was associated with being male, unsuccessful in school

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<i>Primary Health Care Research and Development</i> , 11(4), 349-362. doi: 10.1017/s1463423610000307	The authors also wanted to examine factors such as gender, discontent with family financial situation which might moderate the relationship between bullying and depression and suicidal ideation among adolescents.	uninvolved participants as control subjects.	<p>which the participant bullied others in school and away from school.</p> <ul style="list-style-type: none"> o Being bullied was assessed by two questions which inquired about the frequency at which participants were bullied in school and away from school. o The questionnaire also contained other demographic items such as gender; place of residence; family structure; active participation in sport; school achievement; perception of empathy to school; perception of satisfaction with relationship with close friends; perception of satisfaction with relationships with mother; perception of satisfaction with relationship with father; perception of satisfaction with relationship with teaching staff; perception of satisfaction with family financial situation; smoking habit, alcohol abuse, intention to leave school. o The questionnaire also asked explicit questions about participants' experience of spreading nasty rumors, verbal abuse, shunning/exclusion, pushing, teasing, threats, mockery about religion, threats, teasing because of religious or national reasons, social exclusion and isolation, and malicious text messages. • The Back Depression Inventory Second Edition (BDI-II): a 21-item self-report measure that assesses the presence and severity of depressive 		<p>achievement, those who did not like school, and those who were dissatisfied with the financial situation.</p> <p>2. Results of the study also unveiled that adolescents who were victims were four times more likely to report depression; they were more like to be refugees, living with one parent, living in poverty.</p> <p>3. The authors also found that common features for victims and bully victims are poor relationship with friends, mother, fathers, and teachers; both also displayed more frequent suicide ideation.</p> <p>4. Frequent exposure to bullying was related to high risks of depression and</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			symptomatology. • State-Trait Anxiety Inventory (STAI): a measure that assesses both the temporary condition of anxiety as well as the long-standing quality of trait anxiety.		suicide ideation. 5. All these finding reveal that both victims and bully victims are at high risk for depression and suicide ideation. 6. Study also found that being a bully victim was associated with the following symptoms; feelings of anger, loss of confidence, low self-esteem, loss of concentration, headaches, difficulty initiating and or completing a task, hopelessness, drinking alcohol, anxiety, and depression.
Romero, A. J., Wiggs, C. B., Valencia, C., & Bauman, S. (2013). Latina teen suicide and bullying. <i>Hispanic Journal of Behavioral Sciences</i> , 35(2), 159-173. doi: 10.1177/07399866312474237	The aim of the study was to examine the relationship between being bullied, being a bully, and suicide rates among Latina girls in Arizona.	N = 650 high school Hispanic females in Arizona Grades 9-12 Ages-14-18 Victimized at school = 23% reported “yes” and 76.2% reported “no” Bullied others at school = 17.6% reported “yes” and 781.2% reported	Items for the study were taken from the Arizona Youth Risk Behavior Survey (YRBS) of 2009 • Four items were used to assess victimization and bullying others. Some of items included: o “During the past 12 months, how frequently have you been harassed or bullied on school property?”	Cross Sectional Survey study	1. Results of the study revealed that bullying rates are higher than previous studies have found for victimization at school (23%), cyber victimization (26%), school bully

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		<p>“no”</p> <p>Cyber victims = 23.6% reported “yes” and 73.1% reported “no”</p> <p>Cyber bullies = 18.4% reported “yes” and 81.1% reported “no”</p> <p>Depressive symptoms = 48.9% reported “yes” and 50.6% reported “no”</p> <p>Suicide Ideation = 23.5% reported “yes” and 76% reported “no”</p> <p>Suicide Plan = 16.8% reported “yes” and 82.2% reported “no”</p> <p>Suicide Attempt = 75.2% reported “no”; one suicide attempt = 5.5%; two to three times = 4.6%; four or more times = 1.5%</p>	<p>o “During the past 12 months, how frequently have you harassed or bullied someone else on school property?”</p> <p>o “During the past 12 months, how frequently have you been electronically bullied, such as through email, chat rooms, instant messaging, web sites, or text messaging?”</p> <p>o “During the past 12 months, how frequently have you electronically bullied someone else, such as through email, chat rooms, instant messaging, web sites, or text messaging?”</p>		<p>(18%), and cyberbully (18%).</p> <p>2. The authors also found that rates for depressive symptoms (49%), suicide ideation (23%), suicide plan (17%), and suicide attempt(s; 13%) are higher than national averages.</p> <p>3. After controlling for depressive symptoms, adolescent girls who have been bullied were 1.5 times more likely to attempt suicide compared to girls who have not been victims.</p> <p>4. They also found that being a bully increased likelihood of suicide ideation by 1.5 times and suicide plan by 1.4 times compared to not being a bully.</p>
Sourander, A., Helstelä, L., Helenius,	The aim of the study was to examine the	This study was part of the Epidemiological Multicenter Child	• Bullying was assessed by parent, teacher, and self-reports at age 8 and	Longitudinal study	1. The study reveals that both

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
H., & Piha, J. (2000). Persistence of bullying from childhood to adolescence: A longitudinal 8-year follow-up study. <i>Child Abuse and Neglect</i> , 24(7), 873-881. doi: 10.1016/s0145-2134(00)00158-0	factors associated with bullying and victimization from age 8 to 16. The authors were also interested in investigating associations between bullying and victimization and child, family, and help seeking variables.	Psychiatry Study in Finland The first assessment was conducted in October-November 1989 and the second assessment was completed eight years later (May and September 1997). <i>N</i> = 6,017 children	16. Bullying was investigated by two questions, one was to determine if the child was bullying other children or whether the child was being bullied. The parents and teachers selected the appropriate statement on a scale from 0 to 2, with 0 being not being bullied, 1 being, sometimes being bullied, and 2 if bullied existed frequently or almost every day. • Bullying at the age of 16 was investigated by combining the information obtained by the parent and self-reports. Of note, the authors included the child in the bullying group if the child bullied according to the parent or the self-report. The same was true for the victimization group. • Rutter Parent Questionnaire A2 scale filled out by parents • Rutter Teacher Questionnaire B2 scale: 26-item scale completed by teachers regarding the child's behavior at school. This scale includes three subscales: emotional, antisocial, and hyperactive The Rutter Scale B2 scale asks the teacher to indicate whether each item "certainly applies" (scored = 2), "applies somewhat" (scored = 1) or "doesn't apply" (scored = 0). Scores in this scale may range from 0 to 52. In addition to the total score, three sub-scores may be obtained from the sum of the scores. The emotional sub-score derived from four items		bullying and victimization at age 16 are less common than at age 8. 2. They also found that at age 16, many adolescents who bullied or were victimized had a wide range of externalizing and internalizing behavioral problems and social competence. 3. Findings unveiled that bullying at age 16 was especially associated with externalizing behavior problems, while victimization was strongly associated with self-reported internalizing problems. 4. Interestingly, the authors found that victimization was more persistent than bullying during the 8-year follow-up and this

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>(often worried, miserable, fearful and tears on arrival at school); the antisocial sub-score obtained from six items (destructive, fights, disobedient, lies, steals and bullies) and the hyperactivity sub-score derived from three items (restless/overactive, poor concentration and fidgety/squirmy). A cumulative score of nine points or more on the total scale is an indicator of the presence of some psychiatric disorders.</p> <ul style="list-style-type: none"> • Children's Depression Inventory was used to assess for depression. • At follow-up parents were asked to fill out the Child Behavior checklist (CBCL). This measure was used to assess for psychopathology in children ages 4-18 • Youth Self-Report (YSR) measure was completed by youth at follow-up. This measure was developed to assess for psychopathology in adolescents ages 11-18. 		<p>was found to be more common in boys than in girls.</p> <p>5. They also found that nearly all of the boys victimized at age 16 had been victimized also at age 8. However, the majority of the boys who bullied or who were victimized at age 8 did not engage in bullying-related behaviors at the age of 16.</p>

Psychosocial factors

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Apter, A. & King, R. A. (2006). Management of the depressed, suicidal child, or adolescent. <i>Child and Adolescent Psychiatric Clinics of Northern America</i> , 15(4), 999-1013. doi: 10.1016/j.chc.2006.05.009	To discuss the importance of suicide risk assessment and to discuss factors specific to different clinical settings.	N/A	N/A	Article discussion	<p>1. The article review highlights that the two most prominent risk factors for completed suicide and suicidal behavior in the adolescent population is previous suicide attempts and a diagnosis of a depressive episode.</p> <p>2. The review also points to the importance of a thorough suicide assessment and that treatment strategies for suicidal adolescents should be multidimensional, targeting suicidal behavior and any underlying psychiatric disorders including other personality and environmental risk factors.</p> <p>3. Primary Care settings: Pediatricians play an important role in identifying children and adolescents at risk for suicidal behavior. Therefore it is essential for pediatricians to assess for depression and risk for suicide; mental health screenings should be an essential part of a medical examination.</p>
Borges, G., Benjet, C., Medina-Mora, M., Orozco, R., Molnar, B. E., & Nock, M. K. (2008). Traumatic events and suicide-related outcomes among Mexico City adolescents. <i>Journal of</i>	The purpose of the study was to examine the prevalence as well as the associations between traumatic events and suicidal ideation, suicide plans and suicide attempts	$N = 3,005$ adolescents of Mexican descent between the ages of 12 to 17	Suicidal outcomes and potential risk factors were assessed in the Mexican Adolescent Mental Health Survey using the World Mental Health computer assisted adolescent version of the Composite	Survey study	<p>1. Results of the study revealed that Mexico City adolescents with a history of traumatic events but especially sexual violence and other violence related events (i.e., beaten up by a caregiver) reported higher rates of suicide ideation, plans, and</p>

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<i>Child Psychology and Psychiatry</i> , 49(6). 654-666. doi: 10.1111/j.1469-7610.2007.01868.x	among a sample of Mexico City adolescents.		<p>International Diagnostic Interview (WMH-CIDI-A)</p> <ul style="list-style-type: none"> • Suicide-related outcomes were assessed with a module in the WMH-CIDI-A. For example, suicide ideation was assessed with the question, “Have you ever seriously thought about committing suicide?” Suicide plans was assessed with the question “Have you ever made a plan for committing suicide?” and suicide attempts was assessed with the question, “Have you ever attempted suicide?” o If participants responded “yes” to any of the questions, there was a follow up question inquiring the age of onset and recency. • The WMH-CIDI-A also assesses for 21 different lifetime traumatic events such as rape, violence, serious injuries, domestic violence or serious illness, and their ages of occurrence 		<p>attempts than those adolescents with no history of trauma.</p> <p>2. Findings also unveiled that adolescents with multiple traumatic and stressful events reported an even higher prevalence of suicide ideation, plans, and attempts.</p>
Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and	Purpose of the study was to identify risk and protective factors for suicide attempts among non-Hispanic	N = 13,110 Data from the National Longitudinal Study of Adolescent Health	Time I: an in-home 90 minute interview was conducted for each participant between April 1995-December 1995;	Secondary Analysis of the National Longitudinal Study of Adolescent Health	1. Protective Factors: Perceived parent and family connectedness was a protective factor among Blacks, Hispanics, and white adolescents.

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protectors. <i>Pediatrics</i> , 107(3), 485-493. doi: 10.1542/peds. 107.3.485	Black, Hispanic, and non-Hispanic White male and female adolescents.	conducted in 1995 and 1996 that included non- Hispanic Black, Hispanic and non- Hispanic White in grades 7-12	questions in the interview consisted of health status, family dynamics, attitudes, and health risk behaviors (i.e. suicidal behaviors, drug and alcohol use and criminal behavior) Time II: in-home interview conducted between April 1996-August 1996; outcome variable was assessed with the question, “During the past 12 months did you actually attempt suicide?”		2. For girls, emotional well-being was also a protective factor for all of the ethnic groups. 3. High grade point average was a protective factor for boys. 4. Risk Factors: Previous suicide attempt, violence victimization, violence perpetration, alcohol/marijuana use, school problems, somatic symptoms, friend suicide attempt or contemplation, other illicit drug use, and a history of mental health treatment predicted suicide attempts among Blacks, Hispanic, and White males. 5. Weapon carrying at school and same sex relationships were also risk factors for boys of all ethnic groups. 6. Study revealed that the presence of three or more protective factors reduced the risk of suicide attempt by 70% to 85% for both genders of all ethnic groups.
Brausch, A. M. & Gutierrez, P. M. (2010). Differences in non-suicidal self-injury and suicide attempts in adolescents. <i>Journal of Youth and Adolescence</i> , 39(3), 233-242. doi: 10.1007/s10964- 009-9482-0	The purpose of the study was to identify self-harming adolescents and to better identify which adolescents may be at higher risk for suicide. They also wanted to examine	<i>N</i> = 373 high school high school students from the Midwest, 52% males and 48% females Mean age of 15 years Ethnicity	• The Reynolds Depression Scale–2nd edition (RADS- 2): a self-report measure that assesses depressive symptomatology among adolescents ages 11-20 years. This measure has four subscales: dysphoric mood (assesses for	Cross sectional survey study	1. The authors found that as hypothesized the no self-harm group had lower depression, suicidal ideation, and hopelessness compared to the other two groups. They also had higher self-esteem, more social support, body satisfaction and less disordered eating behaviors.

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	<p>the role of protective factors such as self-esteem and social support and body/eating factors. The authors hypothesized that adolescents with no self-harm histories would have lower rates of depression, suicidal ideation, and hopelessness compared to self-harm adolescents. They also predicted that adolescents with no self-harm histories will also have higher self-esteem and social support and would report higher body satisfaction and less disordered eating behaviors.</p>	<p>35% Caucasian 37.2% African American 9.2% Hispanic 2.3% Asian 16% multi ethnic</p>	<p>symptoms such as sadness, crying and loneliness); anhedonia (scale assesses a person's disinterest in pleasurable activities as well as negative affect); negative self-evaluation (this scales assesses the adolescent's thoughts regarding self-worth, self-harm, beliefs about parents or others not caring); somatic (assesses somatic and vegetative complaints);</p> <ul style="list-style-type: none"> • Suicidal ideation questionnaire (SIQ): a 30-item self-report measure of adolescents' current level of suicidal ideation. • Beck Hopelessness scale: a 20-item true and false questionnaire that assesses hopelessness and negative expectations for the future. • Self-harm behavior questionnaire assesses the degree to which adolescents have ever engaged in self-harm actions. • Rosenberg Self-esteem scale: a measure that assesses the adolescent's overall evaluation of his/her self-worth • Child and adolescent social support scale: a 60-item scale that assess 		<p>2. The non-suicidal self-injury group was found to have lower levels of suicidal ideation, greater parental support, higher self-esteem and lower levels of anhedonia and negative self-evaluations than the non-suicidal self-injury plus suicide attempt group. Findings also revealed that there were no significant differences between these two groups on hopelessness, peer support, somatic complaints, or general dysphoria.</p>

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			<p>perceived social support from parents, teachers, classmates, close friends, and school</p> <ul style="list-style-type: none"> • The eating attitudes test: a 26-item self-report measure that assesses disordered eating. It consists of three subscales: dieting, oral control, and bulimia and food preparation. • The multidimensional body-self relations questionnaire is made of five subscales that assess overall appearance. The five subscales include: appearance evaluation, appearance orientation, overweight preoccupation, self-classified weight, and body areas satisfaction. 		
Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. <i>Journal of Child Psychology and Psychiatry</i> , 47(3-4), 372-394. doi: 10.1111/j.1469-7610.2006.01615.x	<ul style="list-style-type: none"> • Examination of the descriptive epidemiology for youth suicide and suicidal behavior. • Examination of risk factors for adolescent suicide and suicidal behavior with regard to salient domains: mental and physical disorder, personality and psychological traits, family factors, biology, contagion, 	N/A	N/A	Literature review	<p>1. Suicide ideation in adolescence is approximately 15-25%, ranging in severity from thoughts of death to specific ideation with intent or plan.</p> <p>2. Lifetime estimates of suicide attempts among adolescents range from 1.3-3.8% in males and 1.5-10.1% in females, with higher rates in females than males in the older adolescent age range.</p> <p>3. Females have a higher rate than males (after puberty) for suicide ideation and suicide attempts; males have higher rates of completed</p>

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	and access to lethal agents.				<p>suicide (may be due to comorbid mood/substance abuse disorders, greater levels of aggression, and the use of more lethal means).</p> <p>4. The three leading methods of suicide among youth in the US are firearms, hanging, and poisoning.</p> <p>5. Risk factors: Prior suicide attempts, precipitants (interpersonal loss or conflict), mental disorders (mood disorders, substance abuse, conduct disorder, anxiety, PTSD, psychosis), physical health (poor physical health and physical disability), and personality (impulsive aggression, neuroticism, perfectionism, hopelessness, sexual orientation), family factors (parental psychopathology, family history), family-environmental factors (family constellation, loss), exposure to suicide, and access to lethal methods.</p>
<p>Brodsky, B. S. & Stanley B. (2001). Developmental effects on suicidal behavior: The role of abuse on childhood. <i>Clinical Neuroscience Research</i>, 1, 331-336. doi: 10.1016/s1566-2772(01)00034-2</p>	<p>The goal of the article review is to review the empirical evidence of the relationship between childhood abuse and suicidal behavior.</p>	N/A	N/A	Literature review	<p>1. Findings reveal that there is a strong relationship between a history of trauma and subsequent suicidal behavior in adolescence and adulthood.</p> <p>2. Results also demonstrate that there is still much more research needed to determine the mechanisms by which early childhood abuse/neglect makes an individual more vulnerable to suicide and or suicidal behavior.</p>

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Brodsky, B. S. & Stanley, B. (2008). Adverse childhood experiences and suicidal behavior. <i>Psychiatric Clinics of North America</i> , 31(2), 223-235.doi: 10.1016/j.psc.2008.02.002	To review the correlational and retrospective findings that explore the factors that mediate the relationship between childhood abuse and neglect and suicidal behavior.	N/A	N/A	Literature review	1. A history of childhood abuse, particularly sexual abuse, and neglect creates vulnerability in children for suicidal behavior in adulthood.
Burke, A.K, Galfalvy, H., Everett, B., Currier, D., Zelazny, J., Oquendo, M. A., ... Brent, D. A. (2010). Effect of exposure to suicidal behavior on suicide attempt in a high-risk sample of offspring of depressed parents. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 49(2), 114-121. doi: 10.1097/00004583-201002000-00005	The aim of the study was to examine exposure to suicidal behavior and likelihood of suicide attempt in a high-risk cohort of offspring of a depressed parent. The authors hypothesized that individuals who are exposed to suicidal behavior will have a greater likelihood for a lifetime suicide attempt than those who are not exposed to suicidal behavior. The authors also examined the characteristics of exposure such as relationship, frequency, intensity, and the temporal order of exposures and suicidal behaviors	<i>N</i> = 449 offspring; 52% were male and 48% were female; average age was 19 +/- 8 years Total of 119 offspring had no siblings; 330 had at least one or more siblings in the study 161 of the offspring had a lifetime history of a mood disorder: major depressive disorder = 21.6%; major depressive disorder not otherwise specified = 10.1%; dysthymic disorder = 4.7%; or bipolar disorder = 4.3%. Other disorders included psychotic disorders = .22%; substance abuse disorders =	• Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I): used to assess parents and offspring (18+ age) for current and lifetime Axis I disorder. Offspring ages 10-17 were assessed for current or lifetime Axis I disorder using the schedule for affective disorders and Schizophrenia for school-age children (K-SADS-PL). • Suicide exposure was assessed via a clinical interview that was designed for the particular study. Offspring were asked if they had ever been exposed to suicidal behavior. If they answered yes to this question, they were then asked whether the exposure was low (exposure to suicidal ideation or threat) or high (exposure to suicide attempt or completion) in degree. Exposures were	Qualitative study	1. The authors found that there was a fourfold increase in the likelihood that an exposed individual would report a lifetime suicide attempt if exposed to suicidal behavior. 2. Suicide attempt status was not associated with age at first exposure, total number of degree (attempt or threat) of exposure, or relationship.

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	to discern a potential cause indicative of imitation or modeling.	19%; and ADHD = 14% Offspring were excluded from the study of they had a diagnosis of mental retardation. 255 parents with a lifetime history of a mood disorder; 81% had a depressive disorder and 19% had Bipolar disorder. 83% were mothers and 17% were fathers. Mean age was 45 +/- 10 years. Exclusion criteria for the study included if the parent were diagnosed with schizophrenia, schizoaffective disorder, or mental retardation.	also rated as first (actually witnessed the suicide attempt) or second hand (hears it about it from the individual involved or from a third party). • Columbia Suicide History form: used to obtain parent and offspring lifetime suicide history. This form obtain information about each suicide attempt including timeline.		
Cuellar, J. & Curry T. R. (2007). The prevalence and comorbidity between delinquency, drug abuse, suicide attempts, physical and sexual abuse, and self-mutilation among delinquent Hispanic females. <i>Hispanic</i>	The aim of the study was to assess the prevalence of drug abuse, delinquency, suicide attempts, physical and sexual abuse, and self-mutilation as well as the comorbidity of	Data for these participants were collected from the <i>N</i> = 141 Hispanic females, ages 12-17, that were sentenced to probation Residency	• The Pre-Disposition Report (PDR) is completed by each offender by a specially trained court appointed officials. The PDR extensively documents the background of the offender which includes a thorough	Secondary Analysis using data from a pre-sentence investigation from the Pre-Disposition Report (PDR) and the Strategies for Juvenile Supervision (SJS) which are	1. Results revealed that poly-substance abuse and violent delinquency emerges as an exceptional problem among Hispanic females ages 12-17. 2. Self-injurious behaviors is positively associated with substance abuse (i. e., alcohol abuse, cocaine,

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<i>Journal of Behavioral Sciences</i> , 29(1), 68-82. doi: 10.1177/0739986306295796	these problems among Hispanic females with a history of delinquency.	89% were U.S. citizens; 2% were resident aliens; 9% undocumented aliens Living Arrangements 60% of the participants lived with their mother only; 16% lived with both parents; 6% lived with the father only; 11% lived either with a step-parent or a biological parent; 5% with relatives; and 2% other. 53% of the participants indicated that they had a history of having a parent on welfare Age of first arrest 42% of the females were age 13 or 14 at the time of their first arrest; 39% were 15 or 16 years old; and 19% were age 12 or younger at the time of their first arrest.	evaluation taken from court records of the current and prior adjudications. Information is also taken from a face to face interview between the offender and the court officials. Information obtained includes frequency of drug use and gang membership. • For purposes of the analysis, drug use refers to the frequency use of the following drugs: alcohol, marijuana, cocaine, inhalants, heroin, stimulants, and hallucinogens. The PDR applied the following categories to record frequency of drug use: never used in lifetime, used only once in lifetime, less than monthly to two times monthly; three to six times monthly, seven or more times monthly, or daily use. • According to the PDR, participants were adjudicated to 52 different types of offenses which for purposes of the analysis were divided into five offense categories: violent, drug, burglary/theft, minor property, and public order • The Strategies for	completed each year by specialty trained court-appointed officials.	and inhalants); results also revealed that girls who had attempted suicide were also abusing marijuana and inhalants. 3. Correlation results also demonstrate strong associations between suicidal behaviors and parental and non-parental abuse. That is, Hispanic adolescents who experienced abuse by their parents were more likely to have attempted suicide while girls who experienced abuse from others were more likely to engage in self-mutilation behaviors.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>Juvenile Supervision (SJS) is a semi-structure interview schedule administered in a face-to-face setting with the offenders which consists of a series of probing questions to assess suicidal behaviors and sexual and physical abuse.</p> <ul style="list-style-type: none"> • Physical and sexual abuse- assessed by questions in SJS such as “Were you ever abused by your parents?” “Did they ever go overboard with their punishment?” Or questions like “Were you ever sexually abused?” • Suicide attempts: Questions assessing for suicidal behaviors included, “Have you ever thought seriously about killing yourself?” If the answer was “yes” a follow up question was “Have you ever tried it?” Participants who had answered yes to both questions were coded as having a suicide attempt. • Self-mutilation: this was assessed by asking questions like, “Have you ever tattooed or cut on yourself?” Tattoo that were professionally done were excluded. Those who 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Flouri, E., & Buchanan, A. (2002). The protective role of parental involvement in adolescent suicide. <i>Crisis</i> , 23(1), 17-22. doi: 10.1027/0227-5910.23.1.17	The purpose of the study is to investigate whether parental involvement (engagement, accessibility or availability, and responsibility) is a protective factor against adolescent suicide attempts. The author also wanted to test whether family structure has an effect on self-reported suicide attempts. They predicted that adolescents from non-intact families are more likely to have attempted suicide. They also explored whether an adolescent's gender impacts parental involvement.	$N = 2,722$ adolescents Ages 14-18 years 1,124 males and 1,402 females	answered yes to this question were coded as having engaged in self-mutilation. • Suicide attempts: The authors used a dichotomous variable asking participants whether they have ever made a suicide attempt in their lifetime. • Gender: participants were asked to indicate whether they were male or female. • Family Structure: The structure of the parental family was indicated in the following manner: "intact" if the adolescent stated that he/she lived with both their parents and "non-intact" if the adolescent reported that he/she lived with a parent, with other relatives, on their own, and etc. • Socioeconomic status: status was estimated with a one item proxy that asked participants to state whether they got free school meals. • Parental involvement: The authors used a seven item "no" and "yes" response measure to inquire to what extent the adolescent parent's involvement. Items included, "listen to my	Cross sectional survey study	1. Results revealed that compared to adolescents who had not made a suicide, suicide attempters tended to have lower self-confidence, had lower parental involvement, were more likely not live with both their parents, had difficulty making new friends, had difficulties with the police, and reported increased conflict within the family. 2. Findings also revealed that suicide attempters were also more likely to have more suicidal thoughts, have been bullied in school, and reported illegal use of alcohol and drugs when feeling stressed out. 3. Findings of the study reveal that adolescents with more parental involvement were less likely to have suicidal thoughts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>problems and views,” “like me to make my own decisions,” “take no notice of me”, “are loving,” “are too stressed to have time for me”, “give guidance about life,” and “are helpful and under-standing.”</p> <ul style="list-style-type: none"> • Role model: The authors used a one item dichotomous variable asking participants whether they have been inspired by anyone to do a job that they are engaged in. • Academic motivation: They used a 10 item scale that measures positive attitudes towards school. Some of the items included, “I like my teachers and enjoy school/college,” “I never take work seriously”, “I don’t like school, it’s a waste of time”, “Not succeeding makes me angry.” • Self-confidence: The authors used a one item that asked adolescents to what extent they felt happy and confident about themselves. • Social network: this was measured by a one item dichotomous variable asking adolescents whether they felt they were able to make new friends. 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<ul style="list-style-type: none"> • Trouble with the police: one item dichotomous variable was used in the study which asked adolescents whether they had ever been in trouble with the police authorities. • Peer victimization: a one item dichotomous variable was used to ask adolescents whether they had ever been bullied at school. • Suicide ideation: a one item dichotomous variable was used to ask adolescents whether they had ever had suicidal thoughts. • Alcohol and drug use: The authors used a one item dichotomous variable asking the adolescent whether they have ever taken an illegal drug or a drink when feeling stressed out. For this item, participants had to state what activity they engaged in when they feel stressed out. The measure provided 16 other options such as “have a smoke,” “pick a fight,” “go shopping,” “listen to music,” etc., The participant was instructed to pick all activities that applied to them. • Family conflict: The authors used a one item 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			dichotomous variable asking the adolescent whether conflict at home made them feel stressed out. Participants were provided with 12 other options such as asking them whether “how I look” makes them feel stressed out,” school work/exams make them feel stressed out,” and if “money made them feel stressed out.” Participant were to pick all that applied to them.		
Glowinski, A. L., Bucholz, K. K., Nelson, E. C., Fu, Q., Madden, P. A. F., Reich, W., ... Heath, A. C. (2001). Suicide attempts in an adolescent female twin sample. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 40(11), 1300-1307. doi: 10.1097/00004583-200111000-00010	The goal of the study was to examine suicide attempts in a female adolescent twin sample.	Using The Missouri Adolescent Female Twin Study (a population based genetic epidemiological prospective twin family study of alcohol use and problems and psychiatric comorbidity) in adolescent females, <i>N</i> = 3,401 female adolescent twins, ages 13-19, were interviewed from 1995 to 2000.	<ul style="list-style-type: none"> • Child Semi-Structured Assessment for the Genetics of Alcoholism, which included a section on suicidal behavior to examine suicide attempts in a population based, epidemiologically and genetically and informative female adolescent twin sample. o The suicidal thoughts and behaviors section included questions that inquired about the history of suicidal ideation, suicide plans, and suicide attempts as well as self-mutilation. • A family history of suicide and suicide attempts was obtained from twin subjects but not from the parents. Those 	Secondary Analysis of the Missouri Adolescent Female Twin Study	<ol style="list-style-type: none"> 1. Of the 3,041 female adolescents, 143 reported at least one suicide attempt in their lifetime and 548 reported suicidal ideation, 232 reported persistent suicidal ideation which lasted at least a whole day or more, 170 reported having made a specific plan, and 160 reported self-mutilation other than a suicide attempt. 2. Suicide attempts were more prevalent in African American females and among adolescents with families with no high school diploma. 3. The preferred methods for suicide attempts were ingestions and wrist cutting. The majority of the adolescents who attempted suicide believed that their method of choice was lethal and more than half of the girls reported that they

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			participants who were flagged as high risk were followed-up with a call from the main investigator of the study.		<p>really wanted to die.</p> <p>4. The mean age of the first suicide attempt was 13.6 years; first suicide attempts were uncommon after age 17.</p> <p>5. The authors also found that social phobia plays an independent role in increasing suicide attempt risk.</p> <p>6. The combination of major depressive disorder and conduct disorder has a high risk for suicidality.</p> <p>7. A family history of suicide and suicide attempts in a first degree relative appears to be a significant risk factor.</p>
Houston, K., Hawton, K., & Sheppard, R. (2001). Suicide in young people aged 15-24: A psychological autopsy study. <i>Journal of Affective Disorders</i> , 63(1-3), 159-170. doi: 10.1016/s0165-0327(00)00175-0	The aim of the study was to identify significant problems and events including mental health problems which may have influenced young peoples' decision to take their own life. The authors also compared male subjects for which psychological autopsy interviews were completed with deliberate self-harm male controls. The	$n = 27$ (25 males and two females), aged 24 years or younger $n = 27$ controls matched for age (within one year) with male suicide; the control group was obtained from the Oxford Hospital; these individuals were admitted the hospital in 1997 after an episode of deliberate self-harm. Informants were	<ul style="list-style-type: none"> • Coroner's inquest notes • Medical records • Psychiatric case notes • A semi-structured interview schedule, was used during the informant interview to obtain information about various aspects of the deceased's life: circumstances of the death, childhood, adolescence and the family, housing, educational history, occupational history, personal relationships, financial and legal problems, life events, 	A psychological autopsy study	<p>1. Psychiatric disorders (most commonly depressive disorders (55%) were diagnosed in 70.4% of the participants). The authors also revealed that only a few of the deceased had received mental health treatment.</p> <p>2. Findings also revealed that a substantial proportion of individuals had problems with alcohol or drug misuse.</p> <p>3. Personality disorders were present in 29.6% of the deceased individuals.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	aim of this analysis was to determine if there are any differences in demographic or psychiatric characteristics between young males with self-harm behaviors who survived and those who died. The authors predicted male subjects who died to have used more dangerous methods and more often to have been suffering from a psychiatric disorder.	composed of relatives, close friends, or doctors of the deceased	medical history, psychiatric disorder (using a schedule based on ICD-10 criteria), sex, age and method of self-harm. Using a personality disorder and the informant's response to bereavement. • Past and present psychiatric diagnoses were made according to ICD-10 criteria. Personality was assessed using the informant's version of the Personality Assessment schedule.		4. Comorbidity of psychiatric disorders was found in a third of the participants. 5. Findings also revealed that the most common risk factors for the suicides were long-term difficulties extending back to childhood or early adolescence, mental disorders, relationship problems, and legal difficulties. 6. The authors also found that compared to participants with a deliberate self-harm history, male suicides were more likely to use dangerous methods and live alone.
Jacobson, C. M., Muehlenkamp, J. J., Miller, A. L., & Turner, J. B. (2008). Psychiatric impairment among adolescents engaging in different types of deliberate self-harm. <i>Journal of Clinical Child and Adolescent Psychology</i> , 37(2), 363-375. doi: 10.1080/15374410801955771	The aim of the study was to examine the psychiatric profiles of outpatient adolescents engaging in different types of deliberate self-harm.	<i>N</i> = 227 participants ages 12 to 19 years who engaged in different types of deliberate self-harm (DSH) behaviors. Adolescents were admitted to a youth depression and suicide program at an urban hospital in New York. 68% of the participants were females Ethnicity	• Lifetime Para-suicide Count (LPC): this semi-structured interview was used to measure the prevalence of deliberate self-harm behaviors (e.g., cutting, burning, overdosing, jumping from high place, ingesting poison). Participants are queried in detail about their history and most recent act of self-harm as well as the number of times that they have engaged in these types of behaviors during their lifetime. For each of the behaviors that the	Retrospective study	1. Findings revealed that adolescents who attempted suicide were more likely to have major depressive disorder (MDD) and/or posttraumatic stress disorder (PTSD) than those who engaged in NSSI only. 2. The authors also found that adolescents who engaged in any type of DSH were more likely to have borderline personality disorder features than those who did not engage in DSH. 3. Results also revealed that suicidal ideation levels of those adolescents in the NSSI group were

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Hispanic 69%, African American (20%), Caucasian (4%) and other (4%); three participants were Asian Participants were divided into four groups: no deliberate self-harm, No DSH; <i>n</i> = 119; non-suicidal self-injury only, NSSI only; <i>n</i> = 30, suicide attempt only, <i>n</i> = 38, and suicide attempt plus NSSI, <i>n</i> = 40	adolescent endorsed, they were asked to specify the number of times that they engaged in the behavior with intent to die, with ambivalent intent to die, and with no intent to die. • Schedule for Affective Disorders and Schizophrenia for school- aged children (K-SADS): The K-SADS is a semi- structured interview designed to categorically diagnose current Axis I disorder among children and adolescents using the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM- IV) criteria. o Structured Clinical Interview for DSM-IV Personality Disorders Questionnaire, Borderline Personality Disorder Module Features was used in this study to assess the presence of Borderline Personality disorders. The SCID-II is a semi- structured diagnostic interview designed to assess the presence and severity of DSM-IV personality disorders. Depression. o Beck Depression		similar to those in the NoDSH group.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			Inventory II: a 21-item self-report measure that assess the cognitive, affective, behavioral, and somatic symptoms of depression within the previous two week period. o Suicidal Ideation Questionnaire (SIQ-Jr.): a 15-item self-report measure which assesses the extent of suicidal ideation within the preceding month.		
Johnson, J. G., Cohen, P., Gould, M. S., Kasen, S., Brown, J., & Brook, J. S. (2002). Childhood adversities, interpersonal difficulties, and risk for suicide attempts during late adolescence and early adulthood. <i>Archives of General Psychiatry</i> , 59(8), 741-749.doi: 10.1001/archpsyc.59.8.741	The purpose of the study was examine the relationship between childhood adversities and interpersonal difficulties during adolescence and suicide attempts during late adolescence or early adulthood.	<i>N</i> = 659 families from New York Families and youth were interviewed in 1975, 1983, 1985 to 1986 and 1991-1993 The mean age for the youth in 1975 was 5; 14 years in 1983, 16 in 1985/1986; and 22 years of age in 1991-1993	<ul style="list-style-type: none"> • The Disorganizing Poverty Interview (DPI): the interview was designed to assess for childhood adversities such as death of a parent, disabling parental injury or illness, living in an unsafe neighborhood, low maternal age, low parental educational level, parental separation or divorce, peer aggression, low family income, school violence, the presence of an individual who experienced a crime in the household, and upbringing by a single parent. • Assessment of maladaptive behavior such as inconsistent maternal enforcement of rules, loud arguments between the parents, low maternal 	Longitudinal study	<p>1. The results of the study revealed that children that were female, younger, those who were diagnosed with a psychiatric mental disorder during childhood or early to middle adolescence, those who had parents with a psychiatric disorder were at risk for developing a myriad of interpersonal difficulties and suicide attempts during late adolescence and early adulthood.</p> <p>2. Findings also revealed that being exposed to school violence during childhood or early adolescence was associated with increased risk for suicidal behavior. In addition, maladaptive parenting and childhood maltreatment were associated with severe interpersonal difficulties in early adolescence and suicide attempts in late adolescence or early adulthood.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>educational aspirations for the child, maternal possessiveness, maternal use of guilt to control the child, maternal anger toward the child, parental cigarette smoking, parental supervision of the child, paternal assistance to the child's mother, paternal role fulfillment, and maternal verbal abuse were obtained from the DPI</p> <ul style="list-style-type: none"> • Data regarding parental home maintenance and maternal behavior during the interview were provided by interviewer observations. • Assessment of childhood physical and sexual abuse was investigated, confirmed, and verified from the New York State records. • An inventory of negative life events and severe interpersonal difficulties was administered to mothers and adolescents. This was used to assess for life events that the adolescent had experienced within the past two years (i.e., death of a parent, failure to achieve an important goal, etc.). • Assessment of psychiatric 		<p>3. Poor family relationships, stressful life events, maladaptive parental behaviors (i.e. lack of affection, over protective parenting) were reported to be associated with risk for suicide. Furthermore, disruption of interpersonal relationships is a predominant risk factor for suicide.</p>

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			<p>symptoms such as anxiety, depression, and disruptive behavior were assessed using the Diagnostic Interview Schedule for Children. This measure also assessed for suicidal behavior.</p> <ul style="list-style-type: none"> • Subscales from the California Psychological Inventory and the Hopkins Symptoms Checklist were used to assess for maternal psychiatric symptoms, maternal alienation, and other personality traits. • Current paternal alcohol abuse, other drug use and antisocial behavior were assessed during the maternal DPI interview. 		
King, R. A., Schwab-Stone, M., Flisher, A. J., Greenwald, S., Kramer, R. A., Goodman, S. H., ... Gould, M. S. (2001). Psychosocial and risk behavior correlates of youth suicide attempts and suicidal ideation. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 40(7), 837-846. doi: 10.1097/00004583-200107000-00019	Using data from the Methods for Epidemiology of Child and Adolescent Mental Disorders Study, King et al. (2001) sought to examine the relationships between suicidal behaviors and ideation and factors such as family environment, adolescent characteristics, and various risk behaviors.	<p>$N = 1,285$ adolescents, ages 9-17</p> <p>Adolescents were from communities in Connecticut, Georgia, New York, and Puerto Rico</p> <p>Of the 1,285 adolescents, 52 of the adolescent males and 57 of the females had either suicide ideation(S/I) or a suicide attempt</p>	<ul style="list-style-type: none"> • Affective Disorders module of the parent and child versions of the Diagnostic Interview Schedule for Children version 2.3 (DISC-2.3) was utilized in this study to assess for suicide ideation and attempts within the past six months. Parents and youth were asked these questions separately. • Using the DISC 2.3 was also used to make DSM diagnosis within the past 6 months. The following categories of diagnosis 	<p>Secondary Analysis of the NIMH Methods for the Epidemiology of Child and Adolescent Mental Disorders (MECA) Study</p>	<p>1. Findings revealed that adolescents with a history of suicide attempts were more likely to have experienced numerous stressful life events, to have become sexually active, who smoke more than one cigarette per day, and to have a history of smoking marijuana compared to those adolescents who had experienced suicide ideation.</p> <p>2. Results also revealed that both a history of suicide attempts and suicide ideation were associated with stressful life events, poor family support, communication, and leisure time involvement, parental</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	<p>1. What are the psychosocial correlates of suicidal ideation and attempt in children and adolescents?</p> <p>2. Are there other risk behaviors, besides psychiatric disorders, that are associated with a risk for suicidal behaviors?</p> <p>3. If present, to what extent are these psychosocial factors and risky behaviors accounted for by an association with psychiatric disorders?</p>	<p>(S/A). 629 of the males had no S/I or S/A; 547 of the females had no S/I or S/A.</p>	<p>were utilized in the study: mood disorders, anxiety disorders, disruptive behavior disorders, and substance use disorders.</p> <ul style="list-style-type: none"> • Family APGAR was used to measure the quality of family environment from the parent's perspective. Family environment included the frequency of how satisfy the parent was with family support, communication, and leisure time. • Parenting Monitoring Scale was used to measure the extent to which the adolescent's primary caretaker monitors his/her behavior. • Parental Discipline Practices: this measures asks the parent respondent how often he/she uses nonphysical discipline .and two forms of physical punishment. • The Family History Screen for Epidemiologic Studies was administered to parent respondents to obtain information regarding the psychiatric history of the adolescent's biological mother and father. • A modified Life Events 		<p>history of psychiatric disorders, low parenting monitoring, and low youth instrumental and social competence.</p> <p>3. The authors also stated that low grades were not associated with increased risk for suicide ideation or attempts.</p> <p>4. They also revealed that onset of sexual intercourse, ever have smoked marijuana, becoming drunk in the past six months, low levels of tobacco use, and being involved in a serious fight were all strongly associated with suicidal thoughts and ideation.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>Checklist was administered to the adolescent to examine whether special life events had occurred.</p> <ul style="list-style-type: none"> • Family Intactness was determined based on whether the adolescent was living with the primary caretaker who is living in a spousal relationship. • Peabody Picture Vocabulary Test Revised was utilized to estimate the adolescent's verbal ability. • Instrumental and Social Competence Scale was used to assess the adolescent's social and instrumental competence as perceived by the parent. • School grades were obtained by the adolescent's last report card. • Adolescents were asked about their involvement in any serious physical fights within the previous year. They were also asked about the onset of sexual intercourse, having been drunk in the past six months, cigarette smoking, or having smoked marijuana or hashish. 		
Lizardi, D., Thompson, R. G., Keyes, K., & Hasin, D. (2009). Parental divorce,	The purpose of the study was to explore the effect of parental	Participants were part of the 2001 to 2002 National	• The Alcohol Use Disorder and Associated Disabilities Interview Schedule	Cross sectional survey study	1. The findings of the study reveal that parental divorce is a significant risk factor for suicide attempts in

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
parental depression, and gender differences in adult offspring suicide attempt. <i>Journal of Nervous and Mental Disease</i> , 197(12), 899-904. doi: 10.1097/nmd.013e3181c299ac	divorce on offspring suicide attempt after controlling for parental depression. The authors also wanted to determine whether residing with the same sex parent as compared with an opposite sex parent post-parental divorce results in differences in the risk of suicide attempt for female and male.	Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative United States survey of $N = 43,093$ civilians aged 18 and older, interviewed in person.	(AUDADIS) was used to assess the use of substances and mental disorders in large scale surveys. • For those participants who were screened into the major depression section, lifetime suicide attempt was also assessed. Of note, participants screened into the major depression were those that reported feeling low in terms of their mood or had loss of interest in pleasurable activities for at least two weeks in their lifetime; this was regardless of whether they met criteria for major depressive episode. Questions included to assess for suicide were: "During the time that your mood was at its low and you enjoyed or cared the least about things, did you attempt suicide?" • Childhood divorce was assessed with this question: "Did your (biological/adoptive) parents get divorced or permanently stop living together before you were 18?" If the participant responded with a YES, this experience was labeled as divorce. Participant was then asked a follow-up		both males and females. 2. The findings also suggest that females living with their fathers had a significantly higher risk of suicide attempt than females living with their mothers.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			question to obtain the age that the divorce occurred and whether they lived with a step-parent before the age of 18. The interview also inquired which parent the participant primarily lived with after the divorce. • Parental history of depression was examined in a separate module of the AUDADIS. In assessing family history, interviewers read definitions to participants which included examples of the diagnostic criteria for depression.		
Pfeffer, C. R. (2001). Diagnosis of childhood and adolescent suicidal behavior: Unmet needs for suicide prevention. <i>Society of Biological Psychiatry</i> , 49(12), 1055-1061. doi: 10.1016/s0006-3223(01)01141-6	The purpose of the article review was to discuss options in diagnosing risk for childhood and adolescent suicidal behavior	N/A	N/A	Article review	1. The article highlights that at least one third of adolescents who attempted suicide had a previous history of suicide attempts. 2. The articles highlights that some of the associated risk factors for suicidal behavior among children and adolescents include, cognitive factors (i.e., hopelessness, worthlessness), behavioral disinhibition (such as impulsivity), diagnosis of a psychiatric disorder (primarily mood disorders and substance abuse disorders), psychosocial factors (living in non-intact families, poor communication with mothers, family history of suicidal behavior, interpersonal loss, disciplinary problems), history

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					of sexual abuse, and firearms in the home.
					3. Assessment methods: They have identified that it is of utmost importance to use assessment instruments that are reliable in assessing for psychiatric disorders and suicidal states in children and adolescents. Some of these include, the Schedule for Affective Disorders and Schizophrenia (kid-SADS) and the Diagnostic Interview Schedule for Children. They also identified self-report questionnaires such as the Scale for Suicide Ideation, the Suicidal Ideation Questionnaire, and the Suicide Probability Scale, and the Child-Adolescent Suicidal Potential Index (CASPI) as having good test-retest reliability in assessing for suicidal behaviors.
Randell, B. P., Wang, W., Herting, J. R., & Eggert, L. (2006). Family factors predicting categories of suicide risk. <i>Journal of Child and Family Studies</i> , 15(3), 247-262. doi: 10.1007/s10826-006-9020-6	Objective was to compare the levels of perceived family risk and protective factors among potential high school dropouts with and without suicide risk behaviors (SRB); and to examine the extent to which these family factors predict categories of SRB.	$N = 1,083$ potential high school dropouts in grades 9-12 from 14 high schools in the Pacific Northwest and three in the Southwest. Students were defined as belonging to one of four groups based upon suicide risk status: $n = 573$ non-suicide risk; $n = 242$ low suicide risk;	• Computer assisted interview, The Measure of Adolescent Potential for Suicide (MAPS): Taps into three constructs of suicide potential: direct suicide risk factors (i.e., suicide thoughts, planning prior attempts, threats and suicide exposure), related risk factors (i.e., stressors, depression, hopelessness, anxiety), and protective factors (i.e., coping and social support resources)	Cross sectional survey study	1. Results demonstrated that increased levels of suicide risk were associated with perceived conflict with parents, unmet family goals, and family depression. 2. Decreased levels of suicide risk were associated with perceived parental involvement and family support for school. 3. Perceived conflict with parents, family depression, family support satisfaction, and availability of family support for school were the

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		$n = 137$ moderate suicide risk; and 131 high suicide risk.	<ul style="list-style-type: none"> • Suicide Risk Screen: measures levels of suicide risk: suicidal behaviors, depression, and drug involvement. This measurement was embedded in the High School Questionnaire (HSQ) • Family Risk and Protective Factors: risk and protective factors were taken from youth reports on the HSQ and the MAPS 		strongest predictors of adolescent SRB.
Roberts, R. E., Roberts, C. R., & Xing, Y. (2010). One-year incidence of suicide attempts and associated risk and protective factors among adolescents. <i>Archives of Suicide Research</i> , 14(1), 66-78. doi: 10. 1080/3811110903479078	The purpose of the study was to estimate incidence of adolescent suicide attempts and predictors of suicide attempts.	The data are taken from Teen Health 2000 (TH2K). Data was collected at baseline with a sample of $N = 4,175$ youth and adult caregivers; data of $N = 3,134$ adolescents and caregivers were collected at follow up	<ul style="list-style-type: none"> • Measure of suicidal behavior come from the mood disorders module of the Diagnostic Interview Schedule for Children, Version 4 (DISC-IV). The question used to assess was, “Now, thinking about the whole last year (prior to the day of the interview), have you tried to kill yourself?” o Suicidal behavior was measured at Wave 1: 12 month prevalence of attempts. It was also assessed at Wave 1–Wave 2 change—first incidence of attempts. o First or new incidence is the rate of those who reported an episode in the Wave 1–Wave 2 interval 	Longitudinal study	<p>1. Results of the study revealed that prior suicidal behaviors are the strongest predictors of future suicidal behaviors.</p> <p>2. Regarding school stressors, only school stress predicted suicide attempts.</p> <p>3. In terms of psychopathology, depressed mood and substance use (specifically marijuana use) increased the risk of first incidence. Any family history of attempted suicide, for any caregiver and biological parents, increased the risk for suicide.</p> <p>4. Furthermore, the authors found that two or more DSM-IV disorders predicted incidence of suicide attempts</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>and did not report a past year or a lifetime episode in Wave 1.</p> <ul style="list-style-type: none"> • Psychiatric disorders were assessed with the DISC-IV • A history of mental or behavioral problems is any DSM-IV disorder in the 12 months was assessed prior to baseline. • For this study, comorbidity was defined as meeting diagnostic criteria for two or more DSM-IV disorders in the 12 months preceding Wave 1 assessment. • Youth were assessed whether they experienced disturbed mood (that is, depressed mood, anhedonia, or irritable mood) for a period of at least two weeks in the past year. • Alcohol use was assessed by reports of consuming any alcohol in the past year. • Drug use was assessed by use of marijuana and any other substances in the past year • Social resources are measured using a six-item scale of social support and the seven-item parental satisfaction subscale of the 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>Adolescent Family Life Satisfaction Index</p> <ul style="list-style-type: none"> • Subjective appraisal of community stress is assessed by asking adolescents how much of a problem each of eight conditions are in their neighborhood: crime, gangs, traffic, noise, trash and litter, lighting, public transportation, and recreation. • Perceived stressfulness of the social environment was assessed for those adolescents who still attend school by asking adolescents how much of a problem each of 11 conditions are at their school: violence, gangs, weapons, drugs, noise in classrooms, trash and litter, crowded classrooms, how teachers treat students, lack of supplies and equipment, prejudice and discrimination, and stealing. 		
Salzinger, S., Rosario, M., Feldman, R. S., & Ng-Mak, D.S. (2007). Adolescent suicidal behavior: Associations with preadolescent physical abuse and selected risk and protective factors. <i>Journal of</i>	The aim of the study was to determine whether pre-adolescent physical abuse increase the risk of adolescent suicidal behavior. The authors also wanted	$n = 100$ physically abused urban school children (65 boys and 35 girls); Ages 9-12; 4th to 6th grade. These children were obtained from the	<ul style="list-style-type: none"> • Pre-adolescent physical abuse was obtained by the confirmation of the New York City Child Maltreatment Register; non abused children information was based on no reported abuse by 	Longitudinal study	1. Pre-adolescent abuse was associated with increased risk for suicide ideation and suicide attempts with 27% of abused and 8% of control adolescents reporting suicidal ideation; 21% of abused adolescents and 4% of controls reported suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<i>the American Academy of Child and Adolescent Psychiatry</i> , 46(7), 859-866. doi: 10.1097/chi.0b013e318054e702	to examine the potential mediators and moderators of the relationship between pre-adolescent abuse and adolescent suicidality. Furthermore, they wanted to examine whether distal risk factors add to proximal factors in predicting suicidality.	New York City Register for Child Maltreatment from 1992-1996. For purposes of this study, children who were sexually abused were not included; only those with a history of physical abuse or neglect. <i>n</i> = 100 non-abused classmates case matched for gender, age, and as closely to ethnicity and SES 94% of children were of racial minority status The follow-up period assessed the outcomes in the middle to late teens; children were first studied at age 10.5 and re-assessed at age 16.5. The follow-up sample included 38% black; 54% Hispanic; 7% White and 1% Asian. 64% of the participants lived with a single parent; 11% with one	parents and by the families not appearing on the Register for any reason in the four year period in which the cases were recruited.		2. Gender also increased the risk of suicidal behavior with pre-adolescent girls showing higher risk than boys. 3. None of the hypothesized adolescent risk factors mediated the effect of abuse on adolescent suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Waldrop, A. E., Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2007). Risk factors for suicidal behavior among a national sample of adolescents: Implications for prevention. <i>Journal of Traumatic Stress</i> , 20(5), 869-879.doi: 10.1002/jts.20291	The aims of the study was to (1) provide estimates of suicidal ideation and attempts, (2) to investigate the relationships among adverse family environment, mental health diagnosis versus symptoms and adolescent suicide behavior, and (3) assess the independent impact of violence exposure on suicidal behavior.	biological and one non-biological parent; 24% with both biological parents N = 2,002 male adolescents and 1,904 female adolescents, ages 12-17 Ethnicity 72.2%= White; 15.1% African American; 8.0% = Hispanic; 1%= Asian; 3.6% Native American	<ul style="list-style-type: none"> • Family alcohol abuse: endorsement to any of the following questions was indicative of family alcohol use: “Has anyone either in your family or who lived with you, not including you, drank alcohol (beer or wine) so much that it became a problem?” and “For example did anyone drink so much that they got into fights with other people or started to beat kids, or couldn’t get out of bed the next day, or had difficulty holding a job?” • Family drug use: Endorsement to any of the following questions was indicative of family drug use: “Has anyone either in your family or who lived with you, not including you, use hard drugs like cocaine, heroin, speed, uppers or downers?” “...have a drug problem?” • Violence exposure: to measure for violence exposure, participants had to endorse one or more items in any of the 	Survey Study	<p>1. Prevalence of suicide ideation among this sample was 24.3% and 3.3% for suicide attempts.</p> <p>2. Suicide ideation was positively associated with the female gender, age, family alcohol and drug problems, violence exposure, lifetime depression and PTSD.</p> <p>3. Suicide attempts were associated with female gender, age, sexual and physical assault, lifetime substance abuse or dependence, PTSD, and depression.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>following categories: sexual assault, physical assault, and physically abusive punishment, and witnessing violence.</p> <ul style="list-style-type: none"> • Lifetime PTSD: to assess for PTSD, a modified version of the National Women's Study (NWS) PTSD module was used. This measure uses DSM-IV criteria to assign the diagnosis. • Lifetime depression: The depression module asks participants if they ever had a two week period or longer in which they experienced a list of symptoms of depression that correspond to a major depressive episode from the DSM-IV. The authors excluded any of the suicidal ideation and attempts behavior items to prevent overlap with the suicide ideation and attempts variables. • Lifetime substance use disorder: to assess for substance use disorder, the DSM-IV criteria for each substance was used. Participants who met criteria for either abuse or dependence were coded as positive for substance use 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>disorder.</p> <ul style="list-style-type: none"> • Suicidal ideation and attempts: an affirmative response to any of the following four questions was coded as participant having suicide ideation. These questions included “Have you ever had a period of two weeks or longer when you felt things were so bad that you thought about hurting yourself?” “Have you ever had a period of two weeks or longer when you felt like you wanted to die?” “Have you had a period of two weeks or longer when you thought about death a lot?” “Have you ever felt so low that you thought about committing suicide?” o Suicide attempts: an affirmative response to the following question “Have you ever attempted suicide?” was coded as positive for a suicide attempt. The suicidal attempt question was only asked if the participant was coded positive for the suicidal ideation question. 		
Winfree, L. T. & Jiang, S. (2010). Youthful suicide and social support: Exploring the social dynamics of	The purpose of the study was to explore the association between social	Add Health is a nationally representative study of health-related	<ul style="list-style-type: none"> • Suicide ideation and suicide attempt: Suicide ideation was measured by the following question: 	Secondary Analysis of the National Longitudinal Survey	1. Findings of the study revealed that females were more likely to think about or attempt suicide.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
suicide-related behavior and attitudes within a national sample of US adolescents. <i>Youth Violence and Juvenile Justice</i> , 8(1), 19-37. doi: 10.1177/1541204009338252	support and adolescent suicide ideation and attempts.	behaviors of adolescents ages 11-18 years. The current study used two waves: Wave I was conducted from September 1994 through December 1995, while the survey for Wave II lasted from April 1996 through August 1996. <i>N</i> = 4,318 adolescents	“During the past 12 months, did you ever seriously think about committing suicide?” While suicide attempt was measured by the following question: “During the past 12 months, how many times did you actually attempt suicide?” • Parental behavioral support: this measure inquired whether the participant had engaged in an activity with parent figure. Activity included, played a sport, gone to a movie, play, museum, concert, or sports event; and worked on a project for school. • Three questions provided the parental expressive support measure: (a) Your mother is warm and loving toward you, (b) You are satisfied with the way your mother and you communicate with each other, and (c) Overall, you are satisfied with your relationship with your mother. Possible responses were (a) strongly disagree, (b) disagree, (c) neither agree nor disagree; (d) agree; or (e) strongly agree. • Participants were asked	of Adolescent Health (Add Health)	2. Results also unveiled that parental expressive support, family members or friend’s prior suicide attempt, and perceived school safety predicted suicide ideation and attempt among adolescents. 3. The authors also found that parental expressive support reduced the likelihood suicide ideation and attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>whether they agreed or disagreed with the following questions: “During the previous academic year, you felt close to people at your school” and “During the previous academic year, you felt like your were part of your school.” This was used to measure school support.</p> <ul style="list-style-type: none"> • Parental supervision measure reflected the parents’ willingness to allow their children to make decisions about the following: “the time the youth had to be home on weekend nights;” “the people the youth hung around with;” “what the youth wore;” “how much television the youth watched;” “which television programs they watched;” “the time the youth went to bed on weeknights;” and “what they ate.” • Each youth was asked, on a scale of 1 (low) to 5 (high), how disappointed each parent/caregiver would be if he or she did not graduate first high school and then college. • Self-reported misconduct 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>a. Delinquency index: each participant was asked whether he or she had engaged in one or more of a series of misbehaviors in the past 12 months. These behaviors included, running away from home, vandalism, theft, and drug sales</p> <p>b. Lifetime incidence reports for each of the following drugs provided an illegal drug use index:</p> <p>i. Marijuana</p> <p>ii. Cocaine</p> <p>iii. Inhalants</p> <p>c. Response categories included: '0' never using any drugs and '1' using any drugs one and more than one time.</p> <ul style="list-style-type: none"> • Each participant also indicated his or her alcohol use over the past 12 months. Response categories included, "never;" "1 to 2 days in the past 12 months;" "3 to 12 days in the past 12 months;" "2 to 3 days a month;" "1 to 2 days a week;" "3 to 5 days a week;" and "every day or nearly every day." • Cigarette use was measured by answering "yes" or "no" to the 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>question: "Have you ever tried cigarette smoking, even just one or two puffs?"</p> <ul style="list-style-type: none"> • Community poverty was determined by the neighborhood where participants lived, which was defined for the research as a US Bureau of the Census block group. Community poverty was coded as low; medium; and high. • The authors also obtained the adolescent's own history of suicide ideation and attempts and the history of suicide attempts by family members and friends. Adolescents were also asked whether a family member or a friend had attempted suicide 		

Protective factors

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Bertera, E. M. (2007). The role of positive and negative social exchanges between adolescents, their peers and family as predictors of suicide ideation. <i>Child Adolescent Social Work Journal</i> , 24(6), 523-538. doi: 10.1007/s10560-007-0104-y	Hypothesis included: • Negative social exchanges from family and peers will be positively associated with suicide ideation scores. • Positive social exchanges from family and from peers will be inversely associated with suicide ideation scores. • The number of mood disorder episodes will be positively associated with suicide ideation scores independent of social exchanges and socio-demographic factors	Data from the National Comorbidity Survey (NCS) 1,591 adolescents 15-19 years of age (female = 834; male = 757) Racial/Ethnic group: Caucasian = 1076 African American = 238 Hispanic = 254 Other = 23 Family Income: 0-\$19,000 = 688 \$20,000-34,000 = 318 \$35,000-69,000 = 395 \$70,000+ = 190	• Independent Variables Measures: o Positive Social Support: positive ties that are critical in coping with crisis, life transitions and deleterious environments (operationalized by six questions measuring current positive social and emotional exchanges with family members and six parallel questions measuring exchanges with peers); each positive support item was scored from 1-4 (1 = A lot; 2 = Some; 3 = Little; 4 = Not at all). o Negative Social Support: lack of socio-emotional support (operationalized by six questions measuring current negative social and emotional exchanges with family members and six parallel questions measuring social exchanges with peers); each negative support item was scored from 1 to 4 (1=Often; 2= Sometimes; 3= Rarely; 4=Never o Two indices were developed to measure mental health status: (1) Mood Disorder that	Secondary analysis of the National Comorbidity Survey (NCS)	1. With the exception of gender differences, there was no social exchange differences on the basis of age, education or family income in the population studied. 2. Adolescent females had a significantly higher number of mood disorder episodes and suicide ideation scores. 3. Negative social exchanges with peers were not associated with suicide ideation in both males and females. 4. Negative social exchanges with family were associated with higher suicide ideation. 5. Positive social exchanges with peers were associated with lower suicide ideation. 6. High suicide ideation scores were strongly associated with the number of mood disorder episodes in the past 12 months. 7. High level of negative social exchanges from family was associated with a significantly higher mean number of mood disorder episodes. 8. High level of positive social exchanges from family was associated with a significantly lower number of mood

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			included the total number of episodes of Major Depression, dysthymia, and Bipolar disorder during the previous 12 months and (2) a suicide index that included the number of items in which the respondents reported thoughts of suicide, plans of suicide, and thoughts of death and wanting to die.		disorders episodes in adolescent respondents.
Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. <i>Pediatrics</i> , 107(3), 485-493. doi: 10.1542/peds.107.3.485	Purpose of the study was to identify risk and protective factors for suicide attempts among non-Hispanic Black, Hispanic, and non-Hispanic White male and female adolescents.	N = 13,110 Data from the National Longitudinal Study of Adolescent Health conducted in 1995 and 1996 that included non-Hispanic Black, Hispanic and non-Hispanic White in grades 7-12	Time I: an in-home 90 minute interview was conducted for each participant between April 1995- December 1995; questions in the interview consisted of health status, family dynamics, attitudes, and health risk behaviors (i.e. suicidal behaviors, drug and alcohol use and criminal behavior) Time II: in-home interview conducted between April 1996- August 1996; outcome variable was assessed with the question, "During the past 12 months did you actually attempt suicide?"	Secondary Analysis of the National Longitudinal Study of Adolescent Health	1. Perceived parent and family connectedness was a protective factor among Blacks, Hispanics, and white adolescents. 2. For girls, emotional well-being was also a protective factor for all of the ethnic groups. 3. High grade point average was a protective factor for boys. 4. Previous suicide attempt, violence victimization, violence perpetration, alcohol/marijuana use, school problems, somatic symptoms, friend suicide attempt or contemplation, other illicit drug use, and a history of mental health treatment predicted suicide attempts among Blacks, Hispanic, and White males. 5. Weapon carrying at school and same sex relationships were also risk factors for boys of all ethnic groups. 6. Results revealed that the presence of three or more protective factors reduced

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2006). Youth suicide: A review. <i>The Prevention Researcher</i> , 13(3), 3-7. doi: 10.1037/e530102 006-001	Youth suicide risk and protective factors (adolescents 15-19 years of age)	N/A		Literature review	the risk of suicide attempt by 70% to 85% for both genders of all ethnic groups. 1. Adolescent risk factors can be broken down into four domains: personal characteristics (psychopathology, prior suicide attempts, cognitive and personality factors, sexual orientation, biological factors), family characteristics (family history of suicidal behavior, parental psychopathology, parental divorce, parent-child relationships), adverse life circumstances (stressful life events, physical abuse, sexual abuse), and socio-environmental and contextual factors (socioeconomic status, school and work problems, contagion/imitation). 2. Factors that protect adolescents from suicidal behavior include: family cohesion and religiosity.
Hall-Lande, J., Eisenberg, M. E., Christenson, S. L., & Neumark- Sztainer, D. (2007). Social isolation, psychological health, and protective factors in adolescence. <i>Adolescence</i> , 42(166), 265-286. Retrieved from http://facweb.northseattle.edu/lchaffee/PSY100/Journal%20	Study investigates the relationship among social isolation, psychological health, and protective factors in adolescents.	Data for the study was drawn from Project EAT (Eating Among Teens) during the 1998- 1999 school year Adolescents in grades 7-12 from 31 public middle schools and high schools in a large Midwestern metropolitan area N = 4,746 Males =	•A 221 item instrument designed to investigate eating patterns, related health, and social behavior among adolescents was used for the study. • Measures included social isolation, self-esteem (Rosenberg self-esteem questionnaire), depressive symptoms, suicidal ideation, and suicide attempts. • Protective Factors included family connectedness, academic achievement, and school connectedness.	Secondary analysis of the Eating Among Teens (EAT) project	1. One of the protective influences was a feeling of connection with family, particularly against suicide attempts in socially isolated adolescents. 2. For girls, family connectedness was the only protective factor that influenced the relationship between social isolation and of suicide attempts. 3. Family connectedness as well as academic achievement, and school connectedness were protective factors against suicide behaviors.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Articles/Hall- Lande% 20et% 20al % 202007.pdf		50.2% Females = 49.8% High school students 65.7% Middle school students 34.3% Ethnicity White 48.5% Asian American 19.2% African American 19.0% Hispanic 5.8% Native American 3.5% Mixed/other race 3.9%			
Kerr, D. C. R, Preuss, L. J., & King, C. A. (2006). Suicidal adolescents' social support from family and peers: Gender- specific associations with psychopathology. <i>Journal of Abnormal Child Psychology</i> , 34(1), 99-110. doi:10.1007/s10802- 005-9005-8	<ul style="list-style-type: none"> • Low family support is hypothesized to be associated with increased depression, suicidal ideation, substance abuse, and externalizing behaviors (aggression and delinquency). • Lower support from non-family adults will be related to greater levels of psychopathology among suicidal adolescents. • Higher levels of perceived peer support are perceived to be related to lower levels of suicidal ideation 	<p>$N = 220$ adolescent (152 females, 68 males) ages 12-18 years ($M = 15.3$; $SD = 1.5$ years) who had been psychiatrically hospitalized</p> <p>Participants were recruited from two large, acute care units in the Midwestern United States, one university-based and one private hospital; mean length of stays during the two study years were 7.1 and 6.5 days.</p>	<ul style="list-style-type: none"> • The Perceived Emotional/Personal Support Scale (PEPSS) • The Beck Hopelessness Scale (BHS) • The Reynolds Adolescent Depression Scale (RADS) • The Suicidal Ideation Questionnaire-Junior (SIQ-JR) • The Personal Experience Screening Questionnaire (PESQ) • The Externalizing Subscale of the Youth Self-Report for Ages 11-18 (YSR) • The Spectrum of Suicide Behavior Scale (SSB) 	Correlational (Regression analysis)	<p>1. Results indicate that among females, family support was negatively related to hopelessness, depressive symptoms, and suicidal ideation.</p> <p>2. Among males, peer support was positively associated with depressive symptoms and suicidal ideation.</p> <p>3. Across gender, more peer support was associated with more externalizing behavior problems (aggression and delinquency). Family support was negatively related to externalizing behaviors and to alcohol/substance abuse</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	and depression but may be associated with increased substance abuse and externalizing behaviors. • Associations between low perceived social support and psychopathology are hypothesized to be stronger for girls than for boys across social relationship types and symptom measures.	All participants had made a suicide attempt or had expressed suicidal intent, or significant suicidal ideation. The racial composition of the sample was: 83% Caucasian 9% African American 3% biracial 2% Asian American/Pacific Islander 1% Hispanic 1% Native American 1% "Other" or not identified			
Locke, T. F., & Newcomb, M. D. (2005). Psychosocial predictors and correlates of suicidality in teenage Latino males. <i>Hispanic Journal of Behavioral Sciences</i> , 27(3), 319-336. doi: 10.1177/0739986305276745	Hypotheses: • Childhood maltreatment, parental alcohol related problems, and poly-substance problems are risk factors that predict higher levels of suicidality. • Self-efficacy, social conformity, and family bonding are protective factors that predict lower levels of suicidality.	Data was from a larger project funded by the California Wellness Foundation Young males from the Los Angeles County community sample who identified themselves as Latino. <i>N</i> = 349 U.S born Latinos 79% Mexico 17%	Questionnaires (available in English and Spanish) Measures • Outcome Domain: behavioral, attitudinal, and cognitive components related to suicidality • External Microsystems: Five-item subscales related to childhood experiences of abuse and neglect were assessed with the 25-item Childhood Trauma Questionnaire: Sexual, emotional, and physical abuse; Emotional and physical neglect • Children of Alcoholics Screening Test: assess parent's	Secondary analysis from the California Wellness Foundation	1. The strongest predictor of more suicidality was the external microsystem of emotional abuse. 2. This highlights the negative impact of emotionally abusive experiences for male Latino teens. 3. The next strongest predictor of suicidality was hard drug use (internal microsystem) and sexual abuse (external microsystem). Having a mother with alcohol related problems also a predictor of suicidality. 4. Protective Factors: problem solving confidence (internal microsystem), and a

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Other Latinos (Guatemala, El Salvador) 3%	alcohol problems • Relations with Family/ Parents • Internal Microsystems: self efficacy was assessed (assertiveness, a sense of competence/effectiveness, and confidence in problem solving) • Mesosystems: Social conformity and religion commitment		good relationship with parents (external microsystem).
		Education level: 7th grade to three years in college			
O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. <i>American Journal of Community Psychology</i> , 33(1- 2), 37-49. doi: 10.1023/b:ajcp.0000 014317.20704.0b	Examine the prevalence and predictors of suicidality among African American and Latino youth who participated in a survey study during their 11th grade year. The researchers also considered a range of risk and resiliency factors that may influence suicidality.	Reach for Health Study (RFH) that sampled three middle schools in Brooklyn, New York. Adolescent from economically disadvantaged neighborhoods in Brooklyn, New York where statistics reveal a high prevalence of teen pregnancy, HIV/STD infection, violence related injuries, low high school graduation rates, below grade level academic performance. Ethnicity African American = 69% Latino = 16% Mixed or other	• Five items to assess for suicide: "In the past year, have you ever consider killing yourself?"; "Did you ever tell anyone that you have thought about killing yourself?"; "Did you think that killing yourself would be a solution to your problems?"; "Did you make a plan?"; "How many times did you attempt suicide?" • Sociodemographic characteristics were assessed by asking questions pertaining to gender, ethnicity, number of years in the neighborhood, single or two parent household, educational level, and same sex gender. • Six-item scale to assess if the adolescents basic needs were met: food, clothes, a safe place to live, etc.	Secondary analysis of the Reach for Health Study survey study	1. Results of the study revealed that risk factors related to suicide attempts include being female, being Hispanic, engaging in same gender sex, and being depressed. 2. The authors also found that family closeness and religiosity (although only marginally significant) were protective factors against suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>ethnicity = 15% Suicidal Behavior In past 12 months, suicide ideation = 15% ; suicide attempt = 13%; One suicide attempt = 11%; multiple suicide attempts = 4%</p>	<ul style="list-style-type: none"> • Family closeness (eight items to assess family closeness) • Peer support: nine items were used to assess their attitudes about peer relationships • Religiosity (five items assessing their religious beliefs) • School attachment (17 items that assessed attitudes about school, school achievements, and school attendance) • Ethnic identity formation (nine items on a 5-point Likert scale, were used from Phinney's original scale) • John Henry coping scale to assess for hard work, self-efficacy, and achieving goals • Children's Depression Inventory 		
Winfree, L. T. & Jiang, S. (2010). Youthful suicide and social support: Exploring the social dynamics of suicide-related behavior and attitudes within a national sample of	The purpose of the study was to explore the association between social support and adolescent suicide ideation and attempts.	<p>Add Health is a nationally representative study of health-related behaviors of adolescents aged 11-18 years.</p> <p>The current study used two waves:</p>	<ul style="list-style-type: none"> • Suicide ideation and suicide attempt: Suicide ideation was measured by the following question: "During the past 12 months, did you ever seriously think about committing suicide?" While suicide attempt was measured by the following question: "During the past 12 months, 	<p>Secondary Analysis of the National Longitudinal Survey of Adolescent Health (Add Health)</p>	<p>1. Findings of the study revealed that females were more likely to think about or attempt suicide.</p> <p>2. Results also unveiled that parental expressive support, family members or friend's prior suicide attempt, and perceived school safety predicted suicide ideation and attempt among adolescents.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
US adolescents. <i>Youth Violence and Juvenile Justice</i> , 8(1), 19-37. doi: 10.1177/154120400 9338252		Wave I was conducted from September 1994 through December 1995, while the survey for Wave II lasted from April 1996 through August 1996. N = 4,318 adolescents	how many times did you actually attempt suicide?" • Parental behavioral support: this measure inquired whether the participant had engaged in an activity with parent figure. Activity included, played a sport, gone to a movie, play, museum, concert, or sports event; and worked on a project for school. • Three questions provided the parental expressive support measure: (a) Your mother is warm and loving toward you, (b) You are satisfied with the way your mother and you communicate with each other, and (c) Overall, you are satisfied with your relationship with your mother. Possible responses were (a) strongly disagree, (b) disagree, (c) neither agree nor dis-agree; (d) agree; or (e) strongly agree. • Participants were asked whether they agreed or disagreed with the following questions: "During the previous academic year, you felt close to people at your school" and "During the previous academic year, you felt like your were part of your school." This was used		3. The authors also found that parental expressive support reduced the likelihood suicide ideation and attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>to measure school support.</p> <ul style="list-style-type: none"> • Parental supervision measure reflected the parents' willingness to allow their children to make decisions about the following: "the time the youth had to be home on weekend nights;" "the people the youth hung around with;" "what the youth wore;" "how much television the youth watched;" "which television programs they watched;" "the time the youth went to bed on weeknights;" and "what they ate." • Each youth was asked, on a scale of 1 (low) to 5 (high), how disappointed each parent/caregiver would be if he or she did not graduate first high school and then college. • Self-reported misconduct <ul style="list-style-type: none"> a. Delinquency index: each participant was asked whether he or she had engaged in one or more of a series of misbehaviors in the past 12 months. These behaviors included, running away from home, vandalism, theft, and drug sales b. Lifetime incidence reports for each of the following drugs provided an illegal drug use index: <ul style="list-style-type: none"> i. Marijuana 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>ii. Cocaine</p> <p>iii. Inhalants</p> <p>c. Response categories included: ‘0’ never using any drugs and ‘1’ using any drugs one and more than one time.</p> <ul style="list-style-type: none"> • Each participant also indicated his or her alcohol use over the past 12 months. Response categories included, “never;” “1 to 2 days in the past 12 months;” “3 to 12 days in the past 12 months;” “2 to 3 days a month;” “1 to 2 days a week;” “3 to 5 days a week;” and “every day or nearly every day.” • Cigarette use was measured by answering “yes” or “no” to the question: “Have you ever tried cigarette smoking, even just 1 or 2 puffs?” • Community poverty was determined by the neighborhood where participants lived, which was defined for the research as a US Bureau of the Census block group. Community poverty was coded as low; medium; and high. • The authors also obtained the adolescent’s own history of suicide ideation and attempts and the history of suicide attempts by family 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			members and friends. Adolescents were also asked whether a family member or a friend had attempted suicide		

Suicide Among Latina/o Adolescents

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Alegría, M., Mulvaney-Day, N., Woo, M., Torres, M., Gao, S., & Oddo, V. (2007). Correlates of past- year mental health service use among Latinos: Results from the national Latino and Asian American study. <i>American Journal of Public Health</i> , 97(1), 76-83. doi: 10.2105/ajph. 2006.087197	To examine the correlates and rates of past year mental health service use in a national sample of Latinos residing in the United States. To determine if Latinos residing in the U.S. were satisfied with the care they received.	Data from the National Latino and Asian American Study (NLAAS) conducted from May 2002- December 2003 Data was provided by the Center for Multicultural Mental Health Research at the Cambridge Health Alliance Latinos and Asian Americans ages 18 years or older <i>N</i> = 2,554 Analysis for this study included only the Latino sample that consisted of: Cubans <i>n</i> = 577; Puerto Ricans <i>n</i> = 495; Mexican <i>n</i> = 868; Other <i>n</i> = 614 Primary language was English, Spanish or one of three Asian languages	All materials were translated in Spanish. • Socioeconomic measures assessed for age, gender, insurance coverage (private, public, no coverage, other). • Immigration and cultural characteristics: Latino ethnicity (Cubans, Puerto Ricans, Mexican, other Latino decent) • Nativity status: U.S. born or foreign born • English language proficiency: self-report of ability to read, writer, and speak English • Age of time of immigration 12 year or less; 18-34 years; 35+, U.S. born • Generational status: Not born on U.S. mainland = 1st generation; U.S. born with at least one parent born = 2nd generation; respondent and both parents born on U.S. mainland = 3rd generation or later. • Psychiatric disorder rates were evaluated using the Composite International Diagnostic Interview (CIDI); the study reports 11 disorders present in the last 12 months:	Secondary Analysis of the National Latino and Asian American study	1. Cultural factors such as nativity, language, age of migration, years of residence in the U.S. and generational status were linked to whether Latinos use mental health services. 2. Among Latinos that may need preventative services, those who have not been diagnosed with a psychiatric disorder, ethnicity, nativity, language, and immigration status are related to whether Latinos receive care. 3. Foreign born Latinos and those who primarily spoke Spanish reported significantly less use of mental health services but not general medical services. 4. Latinos with or without mental illnesses, insurance coverage plays a significant role in the use of mental health service. That is, only 19% of uninsured Latinos used mental health services including those diagnosed with a psychiatric disorder; 38.6% among those with private insurance; and 51.6% among those with public insurance.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			dysthymia, Major depression, agoraphobia, general anxiety disorder, posttraumatic stress disorder, panic disorder, drug and alcohol use, drug and alcohol dependence. • Service Use: participants were asked a battery of questions regarding the type of mental health services they utilized in the past 12 months. • Satisfaction: was measured by asking the participants how satisfied they were with the services; participants responses were rated as: very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied.		
Canino, G., & Roberts, R. E. (2001). Suicidal behavior among Latino youth. <i>Suicide and Life-Threatening Behavior</i> , 31, 122-131. doi: 10.1521/suli.31.1.5.122.24218	Review of the scientific literature related to suicidal behavior among Latino youth	N/A	N/A	Literature review	1. Prevalence of suicide in Latino youth: a. Studies show that the suicide rate for Latinos (9.0 per 100,000) was less than that of Anglos (19.2 per 100,000). b. This discrepancy was less for adolescents ages 15-19, as the suicide rate for Latinos was 9.0 compared to 11.9 per 100,000. c. Suicide rates occurred at a younger age for Latinos (32.9 per 100,000) than for Anglos (17.3 per 100,000). 2. Prevalence of Non-Fatal Suicidal Behavior a. In some studies, Latino students mostly of Puerto Rican origin had higher scores on both depression and suicidal ideation than did African American

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>students.</p> <p>b. Nicaraguans and other Latinos had the highest levels of lifetime suicide attempts.</p> <p>c. Mexican Americans had rates of ideation almost twice as high as those of European American counterparts.</p> <p>d. Latino youth also report a high percentage (16.3%) of lifetime suicide attempts.</p> <p>3. Culture and Acculturative stress as possible etiologic factors:</p> <p>a. Persons of Mexican origin have been found to have a greater tendency toward fatalism and passive coping, which is related to depression and consequently suicide behavior.</p> <p>b. There is evidence that rates of psychopathology and suicidal behavior seem to be related to acculturative stress in Latino youth.</p>
Centers for Disease and Control and Prevention. (2012b). <i>Youth Suicide</i> . Retrieved from http://cdc.gov/ViolencePrevention/Suicide/youth_suicide.html .	Online Source for credible health information	N/A	N/A	Online source	<p>1. Suicide is the third leading cause of death for youth between the ages of 10 and 24. It highlights that the top three methods used include firearm (45%), suffocation (40%), and poisoning (8%).</p> <p>2. A nationwide survey of youth in grades 9-12 in public and private schools in the United States (U.S.) found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reporting trying to take their own life in the 12 months preceding the survey.</p> <p>3. Male adolescents are more likely than female adolescents to die from suicide.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>4. Native American/Alaskan Native youth having the highest rates of suicide-related fatalities while Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers.</p> <p>5. Risk factors associated with a heightened risk of suicide and/or suicidal behaviors included:</p> <ul style="list-style-type: none"> a. History of previous suicide attempts b. Family history of suicide c. History of depression or other mental illness d. Alcohol or drug abuse e. Stressful life event or loss f. Easy access to lethal methods g. Exposure to the suicidal behavior of others h. Incarceration
Colucci, E., & Martin, G. (2007). Ethnocultural aspects of suicide in young people: A systematic literature review part I: Rates and methods of youth suicide. <i>Suicide and Life Threatening Behavior</i> , 37(2), 197-221. doi: 10.1521/suli.2007.37.2.197	Objective is to identify all transcultural and cross-cultural studies about suicide in young people. They wanted to examine rates and methods of adolescent suicide.	Authors reviewed 82 publications (Psychology and Psychiatry (Psych Info, Medline), Education (ERIC), Social Sciences (Sociological Abstracts, Social Work, Social Science Plus), and Anthropology (Anthropology Index, and Anthropology Plus) on youth suicide that have addressed, to different degrees, the ethnicity/culture of the adolescent population.	N/A	Literature review	<p>1. Results are not homogeneous and many studies seem to provide discordant results on the epidemiology of suicide among youth belonging to different ethnic groups.</p> <p>2. Some trends can be traced:</p> <ul style="list-style-type: none"> a. The increase suicide for young African Americans, particularly young males b. A pattern of extremely high peaks of suicide in young Pacific Islanders c. More frequent suicide attempts among Asian females compared to females of other ethnic groups.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Duarté-Vélez, Y. M., & Bernal, G. (2007). Suicide behavior among Latino and Latina adolescents: Conceptual and methodological issues. <i>Death Studies</i> , 31(5), 435-455. doi: 10.1080/07481180701244579	Review of the literature related to suicide behavior among Latino/a adolescents since 1990.	N/A	N/A	Literature review	<p>3. The method choice is also variable, depending on availability, easy accessibility, and on the attribution of meaning, both cultural (as seen from hanging in Chinese or burning in Indians) and individual (such as the selection of a specific bridge to jump from).</p> <p>1. Suicide is the third leading cause of death among Latino/a ages 10-24.</p> <p>a. Being female and suffering from depression were significantly and strongly related to suicide ideation and suicide attempts.</p> <p>2. Latino/a adolescents are at higher risks for suicidal behavior than other ethnic groups.</p> <p>3. Latino/as have less access to mental health services and are less likely to receive mental health services.</p> <p>4. Role of Contextual and Developmental factors on Latino/a adolescent suicide behavior:</p> <p>a. Latino identity: Spanish language, spirituality, common values rooted in history of conquest and colonization, and familismo.</p> <p>b. Familismo: core belief system centered on the family</p> <p>i. Collectivism and interdependence interact and compete with dominant Euro-American values of autonomy and individuality, creating issues of intergenerational tension between parents and their children (dependent on level of acculturation).</p> <p>c. Developmental Perspective: Hispanics youth seem to be more troubled by questions such as “Who am I?” and</p>

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					<p>“Who do I want to be?”</p> <p>i. This dilemma intensifies in adolescence due to the two contradicting cultural traditions (American vs. Hispanic)</p> <p>d. Machismo: boys and girls experience different processes of gender role socialization.</p> <p>i. Within traditional machismo values, some aspects of autonomy and sexuality are encouraged for men but not for women.</p>
Duarte-Vélez, Y. M., & Bernal G. (2008). Suicide risk in Latino and Latina adolescents. In F. T. L. Leong & M. M. Leach (Eds.), <i>Suicide among racial and ethnic minority groups: Theory, research, and practice</i> (pp 81-115). New York, NY: Routledge/Taylor & Francis Group.	Review of the literature related to suicide behavior in Hispanic adolescents. Studies focused on epidemiology of suicide behavior, role of contextual and developmental factors on Hispanic adolescent suicide behavior, suicide behavior prevalence and risk factors among Hispanic youth, and evidence based treatment for suicidal Hispanic adolescents.	Middle or high school students or adolescents 12-20 years of age	A comprehensive search of online data bases (e.g., Psych Info, Medline) published from 1990 to 2006.	Literature review	<p>1. Suicide is the third leading cause of death for Hispanics ages 10 to 24.</p> <p>2. Hispanic youth are at a higher risk than other adolescents for depressive symptoms, suicide ideation, and suicide attempts.</p> <p>3. The Youth Risk and Behavior Survey (YRBS) reports that Hispanic youth are at higher risk for suicide ideation, suicide attempts, and depression. Hispanic females at an even higher risk than Hispanic males.</p> <p>4. There is a strong link between parental variables and adolescent depression.</p> <ul style="list-style-type: none"> • Familismo (set of values centered on the family), interdependence, and collectivism interact and compete with the Euro-American cultural values of individuality and autonomy which cause tension and stress among adolescents and their parents. <p>5. Although it is typical for adolescents to be confronted with the dilemma of identity (e.g., Who am I?) , this dilemma is intensified in Hispanic youth as they are confronted with two contradicting</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Eaton, D. K., Foti, K., Brener, N. D., Crosby, A. E., Flores, G., & Kann, L. (2011). Associations between risk behaviors and suicidal ideation and suicide attempts: Do racial/ethnic variations in associations account for increased risk of suicidal behaviors among Hispanic/Latina 9th to 12th grade female adolescents? <i>Archives of Suicide Research</i> , 15(2), 113-126. doi: 10.1080/13811118.2011.565268	The purpose of the study was to identify health risk factors (i.e., unintentional injuries and violence, tobacco use, alcohol and other drugs, sexual behaviors that resulted in unintentional pregnancy and STDs, physical activity, obesity and weight control, and perceived health status) that account for the high prevalence of suicidal behaviors among Latina adolescents.	For purposes of this study, the national school-based Youth Risk Behavior Survey (YRBS), conducted by the CDC which monitors the prevalence of health-risk behaviors among students in grades 9 through 12 in the United States was used. Student in 9-12th grades $N = 6,942$	<ul style="list-style-type: none"> • Ethnicity was determined using two questions: “Are you Hispanic or Latino?” or “What is your race?” • Suicidal ideation was assessed by the question, “During the past 12 months, did you ever seriously consider attempting suicide?” • A suicide attempt was assessed by the question, “During the past 12 months, how many times did you actually attempt suicide?” • Unintentional injuries and violence were assessed with the following: <ul style="list-style-type: none"> o Seatbelt use was assessed by the question, “How often do you wear a seat belt when riding in a car driven by someone else?” o Physical fighting was assessed by the question, “During the past 12 months, how many times were you in a physical fight?” o Dating violence was assessed by the question, “During the past 12 months, 	Secondary analysis of the national school-based Youth Risk Behavior Survey (YRBS)	<p>cultural traditions: the Euro-American push for independence versus the Hispanic culture’s collectivism and familismo.</p> <p>6. Different processes of gender role socialization: boys are encouraged to be more autonomous (machismo) while girls are encouraged to be more submissive.</p> <p>1. The results of the study revealed that with the exception of obesity and physical activity all other risk behaviors contributed to suicidal ideation and suicide attempts in adolescents across ethnicities.</p> <p>2. The authors also revealed that stratified analysis provided little insight onto the health risk behaviors that might contribute to suicidal behaviors among Latina adolescents. They highlight that further investigation on factors related to Latina family characteristics, acculturation, and socio-cultural environment be examined.</p>

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Eaton, D. K., Foti, K., Brener, N. D., Crosby, A. E., Flores, G., & Kann, L. (2011). Associations between risk behaviors and suicidal ideation and suicide attempts: Do racial/ethnic variations in associations account for increased risk of suicidal behaviors among Hispanic/Latina 9th to 12th grade female adolescents? <i>Archives of Suicide Research, 15</i> (2), 113-126. doi: 10.1080/13811118.2011.565268			<p>did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?"</p> <p>o Ever forced to have sexual intercourse was assessed by the question, "Have you ever been physically forced to have sexual intercourse when you did not want to?"</p> <p>o Felt sad or hopeless was assessed by the question, "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?"</p> <p>• Lifetime cigarette use was assessed by the question, "Have you ever tried cigarette smoking, even one or two puffs?"</p> <p>• Alcohol and other drug use: Lifetime alcohol use was assessed by the question, "During your life, on how many days have you had at least one drink of alcohol?"</p> <p>o Episodic heavy drinking was assessed by the question, "During the past 30 days, on how many days did you have five or more drinks of alcohol in a row, that is, within a couple of hours?"</p> <p>o Lifetime marijuana use was assessed by the question,</p>		

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Eaton, D. K., Foti, K., Brener, N. D., Crosby, A. E., Flores, G., & Kann, L. (2011). Associations between risk behaviors and suicidal ideation and suicide attempts: Do racial/ethnic variations in associations account for Increased Risk of Suicidal Behaviors among Hispanic/Latina 9th to 12th grade female adolescents? <i>Archives of Suicide Research</i> , 15(2), 113-126. doi: 10.1080/13811118.2011.56			<p>“During your life, how many times have you used marijuana?”</p> <p>o Lifetime cocaine use was assessed by the question “During your life, how many times have you used any form of cocaine, including powder, crack, or freebase?”</p> <p>o Lifetime ecstasy use was assessed by “During your life, how many times have you used ecstasy?”</p> <p>o Sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV were measured by the following questions:</p> <p>§ “Have you ever had sexual intercourse?”</p> <p>§ “During your life, with how many people have you had sexual intercourse?”</p> <p>§ Physical activity was measured by the question, “during the past seven days, on how many days were you physically active for a total of at least 60 minutes per day?”</p> <p>o Obesity and weight control was assessed with the question, “Which of the following are you trying to do about your weight?”</p> <p>Responses included, “lose</p>		

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5268			weight,” “gain weight,” “stay the same weight”, or “not trying to do anything about my weight.” § For those participants who described themselves as slightly or very overweight, the following question was asked, “How do you describe your weight?” Response options were categorized as “slightly overweight,” “very overweight” versus “very underweight, slightly underweight, or about the right weight.” § To measure weight control, participants were asked if they engaged in any of the following unhealthy weight control behaviors: • went without eating for 24 hours to lose weight or to keep from gaining weight • diet pills, powders, or liquids to lose weight or to keep from gaining weight • vomited or took laxatives to lose weight or to keep from gaining weight o Perceived health status assessed by the question, “How do you describe your health in general?” Responses included, “fair or poor” versus “excellent, very good, or good.”		
Eaton, D. K., Foti, K., Brener, N. D., Crosby, A. E., Flores, G., & Kann, L. (2011). Associations between risk behaviors and suicidal ideation and suicide attempts: Do racial/ethnic variations in associations account for increased risk of suicidal behaviors among Hispanic/Latina 9th to 12th grade female adolescents? <i>Archives of Suicide</i>					

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<p><i>Research</i>, 15(2), 113-126. doi: 10.1080/13811118.2011.565268</p> <p>Fortuna, L. R., Pérez, D. J., Canino, G., Sribney, W., & Alegría, M. (2007). Prevalence and correlates of lifetime suicidal ideation and suicide attempts among Latino subgroups in the United States. <i>Journal of Clinical Psychiatry</i>, 68(4), 572-581. doi: 10.4088/jcp.v68n0413</p>	<p>The aim of the article is to compare the prevalence rates of lifetime suicide ideation and attempts among Latino subgroups. They also identify psychosocial factors associated with suicidal behaviors among these subgroups</p>	<p>The National Latino and Asian American Study- English and Spanish speaking Mexicans, Puerto Ricans, Cubans, and other Latinos $N = 2,554$</p> <p>Interviews were conducted between May 2002 and November 2003</p>	<ul style="list-style-type: none"> World Mental Health Survey Initiative version of the World Health Organization-Composite International Diagnostic Interview (WMH- CIDI) was utilized to assess for lifetime psychiatric disorders and suicidal behaviors. This is a structured instrument administered by trained lay interviewers. Diagnoses on this measure are based on the criteria of the DSM-IV and International Statistical Classification of Diseases 10th Revision (ICD-10). Suicidal ideation and attempts were taken from the suicidal section of the WMH-CIDI. The specific questions that were used included, "Have you ever seriously thought about committing suicide?" If the participant had previous suicidal thought then they were asked, "Have you ever had a suicide attempt?" If they responded yes to this question then they were asked about intention and age of attempt(s). Latino ethnicity: this was 	<p>Qualitative study</p>	<ol style="list-style-type: none"> The authors did not find variation across the various Latino ethnic subgroups in suicidal ideation. Most suicide attempts reported by Latinos were reported under the age of 18. Latino adolescents with a DSM-IV diagnosis including a dual diagnosis were associated with an increased risk of lifetime suicide attempts and suicide ideation. Findings revealed that aspects of acculturation such as English proficiency, language spoken as a child, and parental US nativity may be a risk factor among Latinos for suicidal behaviors. Results also demonstrated that higher levels of family support were associated with lower levels of lifetime suicidality. Higher family conflict was associated with an increased risk of lifetime suicide ideation and suicide attempts. In general, the female gender, being born in the US and speaking English were correlated with suicide attempts among Latinos.

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Fortuna, L. R., Perez, D. J., Canino, G., Sribney, W., & Alegría, M. (2007). Prevalence and correlates of lifetime suicidal ideation and suicide attempts among Latino subgroups in the United States. <i>Journal of Clinical Psychiatry</i> , 68(4), 572-581. doi:10.4088/jcp.v68 n0413			<p>based on self-report.</p> <ul style="list-style-type: none"> • Sociocultural and acculturation variables: sociocultural variables from scales in the National Latino and Asian American Study were utilized in order for the authors to measure nativity and language; church attendance; and family and social support. • Language: to assess for English language proficiency the authors used a scale from the Cultural Identity Scales for Latino Adolescents. Questions in this scale included, "How well do you speak English?" "How well do you read English?" Response categories ranged from poor to excellent. Additionally, the authors also included items regarding whether the participant spoke English as a child vs. Spanish language as a child vs. bilingual. • Nativity: was a dichotomous variable: U.S. born vs. foreign born; to measure nativity the authors also inquired age of immigration for foreign born participants and birthplace of parents for those participants who were U.S. born; this was 		

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Fortuna, L. R., Perez, D. J., Canino, G., Sribney, W., & Alegria, M. (2007). Prevalence and correlates of lifetime suicidal ideation and suicide attempts among Latino subgroups in the United States. <i>Journal of Clinical Psychiatry</i> , 68(4), 572-581. doi:10.4088/jcp.v68 n0413			included in the study in order to differentiate level of personal and family exposure to the U.S. culture. • Family Cultural Conflict scale: this five-item scale is a subscale from the Hispanic Stress Inventory • Family Support Scale: this scale is composed of three questions that assess level of support. Questions in this scale included, "How often do you talk on the phone or get together with family or relatives that do not live with you?" "How much can you rely on relatives/family members who do not live with you for help if you have a serious problem?" "How much can you open up with relatives who do not live with you if you need to talk about your worries?" • Church Attendance: measured church attendance in order to assess for social support in a faith-based context and religious values.		
Galanti, G. (2003). The Hispanic family and male-female relationships: An overview. <i>Journal of Transcultural Nursing</i> , 14(3), 180- 185.	The aim of the article was to present an overview of the traditional Hispanic family and male- female relationships. The author also highlights issues	N/A	N/A	Article	1. Although Hispanics/Latinos are grouped together, they represent a diverse group of cultures and national origins. 2. Among the Hispanic culture, the family is the primary unit as well as a strong cultural value.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
doi:10.1177/104365 9603014003004	relevant to providing health care services to this population.				<p>3. The basic Hispanic family is larger than the American family and typically includes aunts, uncles, cousins, and good parents.</p> <p>4. When it comes to decision making, the whole family is typically included as Hispanics place high value on familism (loyalty reciprocity, and solidarity within the immediate and extended family). They value interdependence and cooperation more than independence.</p> <p>5. Emotional problems are kept within the family. Hispanics may be unwilling to discuss their personal issues/problems with professionals.</p> <p>6. Personalismo (intimate, personal relationships) is another important value within the Hispanic population. Thus it is important for professionals to develop a strong empathic relationship with the patient in order for the patient to trust and open up with the professional.</p> <p>7. Male roles: Machismo, that is the main role is for the male to protect the family as well as work hard, provide financially, and be the decision maker within the family.</p> <p>8. Female roles: motherhood, female modesty, and help their families' social respectability</p> <p>9. Some of the issues related to providing healthcare to the Hispanic population</p>
Galanti, G. (2003). The Hispanic family and male-female relationships: An overview. <i>Journal of Transcultural Nursing</i> , 14(3), 180- 185. doi:10.1177/104365 9603014003004					

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Garcia, C., Skay, C., Sieving, R., Naughton, S. & Bearinger, L. H. (2008). Family and racial factors associated with suicide and emotional distress among Latino students. <i>Journal of School Health</i> , 78(9), 487-495. doi: 10.1111/j.1746-1561.2008.00334.x	The aims of the secondary analysis was to describe the mental health status of a statewide sample of Latino/a students in the 9th-12th grade and to explore the relationships of family protective factors (communication, caring, and family connectedness) with suicidal ideation, suicidal attempts, and emotional distress.	$N = 3,178$ students that indicated that they were Mexican American or Chicana/o or Puerto-Rican of from other Latin American	<ul style="list-style-type: none"> • Suicidal ideation and attempts were measured within the past year; an individual Minnesota Student survey item was used to create a dichotomous variable to distinguish students who had thoughts about killing themselves in the past year and those who had not. The same was done for suicide attempts. • Emotional distress was measured within the past 30 days: this outcome was created by computing a score for each participant on a six-item scale of feelings and mood. Example of items included, "During the past 30 days, how has your mood been?" and "During the past 30 days have you felt so discouraged or hopeless that you wondered if anything was worthwhile?" <p>Participants with scores</p>	Secondary Analysis of 2004 Minnesota Student Survey (a population-based survey of nearly all 6th, 9th, and 12th graders in Minnesota school district)	<p>include: their propensity to keep their emotional problems to themselves as well as the importance of female modesty. When it comes to female modesty, women are less likely to do self-breast exams, pap smears, ask their male partners to use condoms, and are less likely to report domestic violence (especially because they do not want to place shame on the family by talking about their problems outside the family).</p> <ol style="list-style-type: none"> 1. The authors found that approximately 1 in 5 Latino high school students have suicidal thoughts in the past year. 2. Past year suicide attempts ranged from 6% to 18.5% across grade and gender subgroups. 3. 30-40% of Latinas reported suicidal thoughts and 14-19% reported suicide attempts. 4. Findings revealed that students with high perceived parental caring and family connectedness demonstrated lower levels of emotional distress including suicidal ideation and attempts. 5. Results also highlight that Latina/os who did not have open and supportive communication with their parents, particularly about their problems, were 10 times more likely to attempt suicide.

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Garcia, C., Skay, C., Sieving, R., Naughton, S. & Bearinger, L. H. (2008). Family and racial factors associated with suicide and emotional distress among Latino students. <i>Journal of School Health</i> , 78(9), 487-495. doi: 10.1111/j.1746- 1561.2008.00334.x			<p>greater than one standard deviation were categorized as having high levels of emotional distress.</p> <ul style="list-style-type: none"> • Father and mother communication variables were created with single items assessing the extent to which participants reported being able to talk with each parent about their youth's problems. <p>Participants were then divided into one of three categories, students who reported being able to talk to their parents "most of the time or some of the time;" students who reported being able to talk with the parent "not very often and not at all;" and students who reported that their parent was not around.</p> <ul style="list-style-type: none"> • Parental care: this was a dichotomous variable that categorizes participants who reported that their parents care about them "quite a bit" to those who reported lower levels of parental care. • Family connectedness was determined by computing a score for each participant on a five-item scale of perceived family caring, respect, and understanding. Items on this scale included "How much 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Guiao, I. Z., & Thompson, E. A. (2004). Ethnicity and problem behaviors among adolescent females in the United States. <i>Health Care for Women International</i> , 25(4), 296-310. doi: 10.1080/07399330490278330	<ul style="list-style-type: none"> • Do Latinas differ in adolescent depression from African, Asian, Native, and Euro Americans? • Do Latinas differ in adolescent alcohol use from African, Asian, Native, and Euro Americans? • Do Latinas differ in adolescent suicidal behaviors from African, Asian, Native, and Euro Americans? 	<p>Female adolescents $N = 3,310$</p> <p>Females ranged from 12-19 years old with a mean age of 16 years old.</p> <p>Ethnicity</p> <p>Latinas $n = 385$</p> <p>African Americans $n = 826$</p> <p>Asian Americans $n = 126$</p> <p>Native Americans $n = 67$</p> <p>Euro-Americans $n = 1,911$</p>	<p>do you feel other adult relatives care about you?" and "How much do you think that your family understands you?"</p> <ul style="list-style-type: none"> • In home interviews were conducted; 1-2 hours to complete depending on the respondent's age and experiences. • Depression: A 19-item scale adapted from the Center for Epidemiologic Studies Depression Scale (CES-D). The Likert type scale determined how the respondent had felt in the week preceding the interview relative to depressed affect and feelings (0 = rarely to none of the time; 1 some or little of a time; 2 occasionally or a moderate amount of a time; 3 most or all of the time) • Alcohol Use: Alcohol was measured by the number of drinks each time alcohol was used in the past 12 months. Scores ranged from 0-90 drinks. • Suicidal behaviors: A composite measure of suicidal behaviors was developed based on three items related to suicidal behavior (1) the presence of 	Survey Research	<p>1. Depression: Compared to Latinas, Euro-American females reported significantly less depression and, thus, Latinas are significantly higher risk for adolescent depression.</p> <p>2. Alcohol use: Compared to Latinas, African American and Asian American females reported statistically less alcohol use. Latinas are at significantly higher risk for adolescent alcohol use.</p> <p>3. There was no statistical difference in adolescent suicidal behaviors when comparing Latinas to other ethnic groups.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Olvera, R. L. (2001). Suicidal ideation in Hispanic and mixed-ancestry adolescents. <i>Suicide and Life- Threatening Behavior</i> , 31(4), 416-427.doi:10.152 1/suli.31.4.416. 22049	<ul style="list-style-type: none"> • To find increased rates of suicidal ideation in Hispanics and mixed-ancestry adolescents compared to Anglo peers. • To see higher levels of psychological stress (i.e. depression, family problems) in adolescents with suicidal ideation. • To find coping strategies that avoid the problem (disengagement and denial) would be associated with increased suicidal ideation. 	<p><i>N</i> = 158 students in grades 6-8 in a local middle school.</p> <p>Males = 73 Females = 85</p> <p>Ethnicity</p> <p>Hispanic (predominantly Mexican-Americans) 56%</p> <p>Non-Hispanic White 21%</p> <p>Mixed Ancestry 14%</p> <p>African American 1%</p>	<p>suicide thoughts in the past 12 months, (2) number of suicide attempts in the past 12 months, and (3) the need for treatment following a suicide attempt. Possible range of scores is from 0-5; higher scores denote greater severity of suicidal risks.</p> <ul style="list-style-type: none"> • Subscales from the Teen Life Changes Survey: measures factors such as depression, suicidality, gender, perceived SES, and coping strategies • Depression and suicidal ideation was measured using the DSD (self-administered checklist) • COPE: measures coping skills • Perceived SES was based on the student's perception of status compared to their peers (much better off vs. much worse off) • Ethnicity was measured by self-report 	Descriptive study	<p>1. Hispanics (92% of Mexican ancestry) displayed significantly greater suicidal ideation.</p> <p>a. Fatalism, acculturation stress, sociocultural stress, minority status, and increased depressive symptoms may be related to increased suicidality in Mexican Americans adolescents.</p> <p>2. Study found higher reported suicidal ideation for mixed ancestry adolescents compared to Anglo adolescents.</p> <p>a. Depression may account for the increased suicidality rate.</p> <p>b. Closer inspection of the mixed-ancestry group revealed that adolescents were part Mexican ancestry, Hispanic or Latino, and part Anglo or White.</p> <p>3. The hypothesis that coping strategies would help explain the differences in depression and suicidality in different ethnic groups was partially supported.</p> <p>a. Denial and disengagement were associated with increased suicidal ideation (as they do not address the problem).</p> <p>4. Social support and religion was</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Roberts, R. E., Chen, Y. R., & Roberts C. R. (1997). Ethnocultural differences in prevalence of adolescent suicidal behaviors. <i>Suicide and Life- Threatening Behavior</i> , 27(2), 208-217.doi: 10.111 1/j.1943-278X.199 7.tb00292.x	To explore ethnic differentials in adolescent suicidal behaviors.	Adolescents in 6th to 8th grade in five middle schools in Houston, Texas <i>N</i> = 5,423 Ethnicity African Americans = 1,237 European Americans = 775 Central Americans = 253 Chinese Americans = 177 Indian Americans = 188 Mexican Americans = 755 Pakistani Americans = 155 Vietnamese Americans = 304	<ul style="list-style-type: none"> • Suicidal behavior was assessed by using part of the DSM scale for depression. Queries were related to suicidal ideation and attempts in the past two weeks. • Ethnic status was self-designated using categories such as Anglo/White, African/Black, specific groups of Hispanics (Mexican, Puerto Rican, etc.) and Asian (Korean, Vietnamese, etc.) 	Secondary analysis	<p>associated with suicidal ideation (hypothesis was not supported).</p> <ol style="list-style-type: none"> 1. The prevalence of suicide ideation, plans, and attempts in middle school students indicate that suicidal behaviors are a significant mental health issue. 2. Mexican Americans had a higher prevalence of recent suicide ideation, plans, and attempts. 3. Adolescents of mixed ancestry had higher rates of suicide plans than other groups. 4. Pakistani American had higher rates of suicide attempts than other ethnic groups. 5. Suicide ideation and plans were highest among females, older adolescents, and adolescents with low SES.
Roberts, R. E., Roberts, C. R., & Xing, Y. (2007). Are Mexican American adolescents at greater risk of suicidal behaviors? <i>Suicide and Life- Threatening Behavior</i> , 37(1), 10- 21. doi: 10.1080/1	Are Mexican American adolescents at greater risk for suicidal behaviors as compared to European Americans and African Americans?	<i>N</i> = 4,175 adolescents Ages 11-17 from households in the Houston Metropolitan area enrolled in local health maintenance organizations	<p>Computer assisted personal interviews and self-administered questionnaires were used in the study</p> <p>Questionnaires consisted of:</p> <ul style="list-style-type: none"> • alcohol and/or drug use in the past 12 months • school stress (measured by a set of 12 items asking about problems in the school environment), community stress, and economic stress 	Survey study	<ol style="list-style-type: none"> 1. European American youth were at greater risk of suicidal thoughts in the past year than Mexican Americans. 2. Mexican Americans were at greater risk of suicidal attempts and thoughts in the past year than African Americans. 3. European Americans were also at increased risk for thoughts and attempts than African Americans. 4. Data provides no evidence that Mexican American youth are at greater

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
3811110903479078		Ethnicity European Americans: <i>n</i> = 1,475 African Americans <i>n</i> = 1,479 Mexican Americans <i>n</i> = 857	• Psychiatric disorders were assessed with the Diagnostic Interview Schedule for Children, Version 4 (DISC-IV)		risk of suicidal behaviors than European Americans.
Tortolero, S. R., & Roberts, R. E. (2001). Differences in nonfatal suicide behaviors among Mexican and European American middle school children. <i>Suicide and Life-Threatening Behavior</i> , 31(2), 214-223. doi: 10.1521/suli.31.2.214.21519	To describe ethnic and gender differences in suicide ideation among two large samples of middle school students and to examine whether ethnicity constitutes as a risk factor for suicidal behavior independent of other risk factors.	Middle school adolescents from Las Cruces, New Mexico (three middle schools) and Houston, Texas (five middle schools) <i>N</i> = 3,442 New Mexico: <i>n</i> = 2,140 European American = 41% Mexican American = 59% Texas: <i>n</i> = 1,302 European American = 53% Mexican American = 47%	Questionnaire items were adapted from the Oregon Adolescent Depression Project Measures included: • Suicide ideation: For the Texas sample the researcher utilized items from the DSD Scale for Depression (DSD); for the New Mexico sample items were taken from the Oregon Adolescent Depression Project • Depression: CES-D (New Mexico) and the DSD (Texas) • Loneliness: Roberts version of the UCLA Loneliness scale • Social support: Family Environment scale • Self-esteem: six item version of the Rosenberg measure • Discrimination: one question was asked inquiring if the individuals had personally experienced discrimination. • Language was assessed by	Survey study	1. Mexican American females had higher rates of suicide ideation and suicidal thinking than European American females. 2. Mexican American males had a higher rate of suicide ideation than European American males. 3. Suicide ideation risk for Mexican American youth remained significantly higher than European American even after controlling for gender, age, family structure, depression, social support, and self-esteem.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Turner, S. G., Kaplan, C. P., Zayas, L., & Ross, R. E. (2002). Suicide attempts by adolescent Latinas: An exploratory study of individual and family correlates. <i>Child and Adolescent Social Work Journal</i> , 19(5), 357-374. doi:10.1023/a:1020270430436	Hypothesis: • Differences in the quality of relationships between mothers and daughters, and the daughter's repertoire of coping skills, would distinguish Latinas who attempted suicide from those that did not attempt suicide.	N = 31 adolescent Hispanic females, ages 12-20, who were receiving mental health services, located in poor or working class communities. Fourteen girls had attempted suicide in the previous five years. Seventeen had never attempted suicide.	asking what language the individual spoke most of the time. • Background Demographic Information Questionnaire • Beck Depression Inventory • Rosenberg Self Esteem Scale • The KID COPE (measures coping abilities) • FACES II (family environmental scale that measures the adolescent's perception of family environment) • Short Acculturation Scale • Mutual Psychological Development	Exploratory study	1. Significant relationship between suicide attempt and mother/daughter mutuality. 2. Girls who feel that their mothers are interested and involved in their lives, and they are also interested in their mother's life, are less likely to commit a suicide attempt. 3. The relationships of adolescent Hispanic girls and their mothers, as well as the adolescent's ability to use coping skills, greatly influence not making a suicide attempt.
U.S. Census Bureau (2014). <i>Facts for features: Hispanic heritage month 2014: September 15-October 15</i> . Retrieved from http://www.census.gov/newsroom/facts-for-features/2014/cb14-ff22.html .	Online source for credible census information.	N/A	N/A	Online source	1. There are approximately 54 million Hispanic people in the United States. Hispanics are the largest ethnic or racial minority group in the United States. They consist of 17% of the nation's total population.
Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & González-Ramos, G. (2000). <i>Understanding</i>	Presents an integrative model to aid clinicians in understanding suicide attempts by Hispanic adolescent females	N/A	N/A	Theoretical discussion	1. The Integrative Model of suicide attempts by adolescents Hispanic females is intended to deepen understanding on adolescent Hispanic female suicide attempts and to better inform clinical practice.

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suicide attempts by adolescent Hispanic females. <i>Social Work</i> , 45(1), 53-63. doi: 10.1093/sw/ 45.1.53	Integrative Model for Understanding Suicide Attempts: 1. Sociocultural domain: acculturation generational status, and cultural factors 2. Family domain: dysfunctional family cohesiveness (low cohesiveness, familial and marital conflict/violence low parental support, parental-adolescent conflict) 3. Developmental Factors: Desire for autonomy and independence threatens cultural and family ties 4. Psychological domain: Depression, lack of proper problem solving skills, anger				2. The five Domains include: a. Sociocultural domain i. Acculturation status and Hispanic cultural factors are crucial elements in understanding Hispanic adolescent female's suicide attempt. ii. Disparities between adolescent's acculturation and parent's acculturation are evident in suicidal attempts in Hispanic females. iii. Socioeconomic conditions influence incidents of suicide b. Family Domain i. Dysfunctional family environments ii. Authoritarian parenting iii. Absence of fathers iv. Mother and daughter relationship c. Developmental factors i. Greater autonomy and sexual awareness d. Psychological Domain i. Anger ii. Depression

Familism

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Baumann, A. A., Kuhlberg, J. A., & Zayas, L. H. (2010). Familism, mother- daughter mutuality, and suicide attempts of adolescent Latinas. <i>Journal of Family Psychology</i> , 24(5), 616- 624. doi: 10.1037/ a0020584	<ul style="list-style-type: none"> • The authors hypothesized that the larger the difference between daughter and mother regarding familism, the lower level of daughter-mother mutuality, and the more adolescent internalizing and externalizing behaviors. • They also hypothesized that the lower the level of daughter's mutuality with their mother, the more adolescent's internalizing and externalizing behaviors which would increase the likelihood that the adolescent would attempt suicide. • The more externalizing and internalizing behaviors shown by adolescent Latinas, the more likely they are at attempting suicide. 	<p>$N = 232$ Adolescent Latinas; $n = 122$ attempters and $n = 110$ non-attempters from a Latino communities in Northeastern metropolis</p> <p>Authors only selected Latina adolescents whose mothers participated in the study, $n = 169$</p> <p>In total there were 86 mother-daughter pairs of Latina with a suicide attempt and 83 mother-daughter pairs without a history of suicide attempts.</p> <p>Ethnicity</p> <p>$n = 53$ Puerto Ricans $n = 47$ Dominican $n = 25$ Mexican $n = 19$ Colombian $n = 9$ Ecuadoran $n = 1$ Salvadoran $n = 1$ Peruvian $n = 1$ Venezuelan $n = 1$ Honduran</p>	<p>1. Lugo Steidel and Contreras Cross Sectional design (2003) scale measuring behavioral familism which includes items measuring support, honor, subjugation of self before family, and interconnectedness.</p> <p>2. Mutual Psychological Development Questionnaire (MPDQ) was used to measure Mutuality, or the attunement between adolescents and mothers (and vice versa). This instrument contains 22 items that combines an individual's perception of self and others on six dimensions which includes empathy, engagement, authenticity, diversity, empowerment and zest.</p> <p>3. Youth Self-Report (1991) was used to measure internalizing and externalizing behaviors. The internalizing behaviors scale includes items that measure withdrawn depressive symptoms, anxious depressive behaviors, and somatic problems. The externalizing behavior items measure rule breaking and aggressive behaviors.</p> <p>4. The Bidirectional</p>		<p>1. Results of the study partially supported the first hypothesis. That is, larger gaps on familism, where mothers reported having higher familism value than their daughters, were related to lower levels of mutuality and higher levels of externalizing behaviors.</p> <p>2. Results of the study fully supported the second hypothesis. Specifically, lower levels of adolescents' mutuality with their mothers, resulted in more adolescents' internalizing and externalizing behaviors and thus, the greater the likelihood that adolescents will attempt suicide.</p> <p>3. The third hypothesis was also fully supported. Findings revealed that the more externalizing and internalizing behaviors adolescents engage in, the more likely they are to attempt suicide.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			Acculturation Scale (BAS) measures both Hispanic and U.S. cultural involvement in two subscales. 5. The adolescent's identification as a suicide attempter was coded as "1" for those girls who have attempted suicide and "0" for those who have never attempted suicide.		4. The authors also found that familism could serve as a protective factor from the adolescents' perspective, but the same was not true from the mothers' perspective. It appears that mothers differ significantly from their daughters in terms of family values. It may be that there is an acculturation gap, or differences between adolescent and parents' level of involvement in the culture of origin compared to involvement in the host culture which would increase the gap in familism values between the adolescents and their mothers.
Galanti, G. (2003). The Hispanic family and male-female relationships: An overview. <i>Journal of Transcultural Nursing</i> , 14(3), 180-185. doi: 10.1177/10433659603014003004	The aim of the article was to present an overview of the traditional Hispanic family and male-female relationships. The author also highlights issues relevant to providing health care services to this population.	N/A	N/A	Article review	1. Although Hispanics/Latinos are grouped together, they represent a diverse group of cultures and national origins. 2. Among the Hispanic culture, the family is the primary unit as well as a strong cultural value. 3. The basic Hispanic family is larger than the American family and

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					typically includes aunts, uncles, cousins, and god parents.
					4. When it comes to decision making, the whole family is typically included as Hispanics place high value on familism (loyalty reciprocity, and solidarity within the immediate and extended family). They value interdependence and cooperation more than independence.
					5. Emotional problems are kept within the family. Hispanics may be unwilling to discuss their personal issues/problems with professionals.
					6. Personalismo (intimate, personal relationships) is another important value within the Hispanic population. Thus it is important for professionals to develop a strong empathic relationship with the patient in order for the patient to trust and open up with the professional.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>7. Male roles: Machismo, that is the main role is for the male to protect the family as well as work hard, provide financially, and be the decision maker within the family.</p> <p>8. Female roles: motherhood, female modesty, and help their families' social respectability</p> <p>9. Some of the issues related to providing healthcare to the Hispanic population include: their propensity to keep their emotional problems to themselves as well as the importance of female modesty. When it comes to female modesty, women are less likely to do self-breast exams, pap smears, ask their male partners to use condoms, and are less likely to report domestic violence (especially because they do not want to place shame on the family by talking about their problems outside the family).</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Hausmann-Stabile, C., Gulbas, L., & Zayas, L. H. (2013). Aspirations of Latina adolescent suicide attempters. <i>Hispanic Journal of Behavioral Sciences</i> , 35(3), 390-406. doi: 10.1177/07399863 13495496	The purpose of the study was to better understand the relationship between adolescent and parental aspirations and the decision to attempt suicide.	<i>n</i> = 122 suicide attempting adolescent Latinas <i>n</i> = 110 non-suicidal teen Latinas <i>n</i> = 88 mothers of suicide attempters <i>n</i> = 83 mothers of suicide non-attempters <i>n</i> = 19 fathers of attempters <i>n</i> = 17 fathers of non- attempters The authors randomly selected 12 interviews of attempters and 12 of non-attempters for this study Mean age of adolescent girls was 15.5 years Mothers overall had a mean age of 40.8 years and fathers on average a mean age of 40.1 years old 79.2% of the adolescents were U.S. citizens 75% of parents reported being born in Latin America.	Questions asked during the interview included: "How do you see yourself in ten years?" Parents were asked: "How do you see your daughter in ten years?"	Qualitative study	1. Results of the study revealed that incongruence of aspirations and expectations for the future between Latina adolescents and their parents were greater among suicidal Latina girls.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		The majority of adolescent participants reported being of Dominican, Puerto Rican, and Mexican descent			
Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts among adolescent Latinas. <i>Child Psychiatry and Human Development</i> , 41(4), 425-440.doi: 10.1007/s10578-010-0179-0	<p>The aim of the study was to explore how family factors (parent adolescent conflict), cultural factors (familism), and individual factors to protect or potentiate suicidal behavior among adolescent Latinas.</p> <p>More specifically, the following were the research questions posed by the authors:</p> <ol style="list-style-type: none"> 1. What is the link between parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts in Latina youth? 2. What role does familism play in building self-esteem and protecting against parent-adolescent conflict, internalizing behaviors, and suicide attempts? 	<p>The authors recruited 121 adolescent Latina suicide attempters and 105 non-attempters ages 11-19 from New York social services agencies, psychiatric hospitals, and primary health care clinics. 105 parents of suicide attempters (86 mothers, 19 fathers) and 95 parents of non-attempters (78 mothers, 17 fathers) participated in the study.</p> <p>72% of the adolescent Latinas were U. S. born; however most girls identified with a Hispanic group or culture: 79</p> <p>Ethnicity</p> <p>Puerto Rican = 79 Dominican = 64 Mexican = 27 Colombian = 23</p>	<p>For purposes the present study, the authors categorized Latina girls into the four largest group represented, these included Puerto Rico, Dominican, Mexican, and Columbian. Another group was created "Other Hispanic Culture" to include girls with smaller representation and who identified themselves with more than one subgroup.</p> <p>Parent's level of education was assessed by asking the parent directly to indicate their highest of education.</p> <p>• Rosenberg Self-Esteem Scale: Consists of a 10 items assessing an adolescent's level of global self-esteem. Scores range from 10 to 40 with higher scores indicating higher levels of self-esteem.</p> <p>• Internalizing behaviors was measured using items from the Youth Self Report Measure. Scores range from 0 to 48, with higher scores indicating higher levels of</p>	Cross Sectional design	<ol style="list-style-type: none"> 1. Familism was a protective factor against parent-adolescent conflict. In sum, parent-adolescent conflict was associated with higher levels of internalizing behaviors and lower self-esteem. 2. Results of the study also revealed that both internalizing behaviors and self-esteem was related to suicide attempts. They also revealed higher levels of internalizing behaviors predicted suicide attempts; while higher levels of self-esteem protected against suicide attempts. 3. Findings also revealed that familism was found not to be a cultural protective factor against internalizing behaviors among adolescent Latinas in a restrictive family system. 4. Findings also revealed that as Latino adolescent's

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>Ecuadorian = 10 Guatemalan = 3 Salvadorian = 2 Cuban = 1 Honduran = 1 Peruvian = 1 Venezuelan = 1</p> <p>Eleven girls identified themselves as “other.” Mexican American = 3 Puerto Rican– Dominican = 3 Dominican American = 1 Dominican Cuban = 1 Ecuadorian American = 1 Peruvian Puerto Rican = 1 Black Puerto Rican = 1</p> <p>Of note, three adolescents identified as “American” but were classified as Hispanic based on their mothers’ Hispanic origin</p>	<p>internalizing behaviors. • Conflict Behavior</p> <p>Questionnaire was utilized to measure parent-adolescent conflict. It consists of 15 dichotomous yes or no items. Scores range from 0 to 15 with higher scores indicating increased levels of perceived conflict and negative communication between the parent and adolescent dyad.</p> <p>• Familism was measured using an attitudinal that taps on familial support, interconnectedness, family honor, and subjugation of the self to family.</p> <p>• Suicide attempts was coded as “1” for adolescent Latinas who have attempted suicide and “0” for Latina adolescent who have never had a suicide attempt.</p>		<p>familistic attitudes increased, they demonstrated lower levels of conflict with the parent, however demonstrated higher levels of internalizing behaviors. Of note, Latina youth with a history of suicide attempts did not differ from those who did not have a history of suicide attempts.</p> <p>5. Results also point to the fact that Latina youth who perceive more conflict with their parents also reported higher levels of internalizing behaviors as well as lower levels of self-esteem.</p>
Nolle, A. P., Gulbas, L., Kuhlberg, J. A., & Zayas, L. H. (2012).	To examine the relationship between familism, self-sacrifice, and suicide related behaviors among Latina youth. The authors examined qualitatively how behavioral familism (that is, the idea of sacrificing oneself for the	Adolescent Latinas ages 11-19 and their parents with and without a suicide attempt from the New York City area Suicide attempters	In depth qualitative interviews were conducted in English or Spanish dependent on the participant’s preference. Interviews included topic areas such as relationships with family members including extended	Secondary Analysis; Qualitative data was drawn from a larger study conducted between July 2005 through July 2009 that examined suicide attempts among Latina	1. Findings revealed that suicide attempters and non-attempters demonstrate familism by making material and emotional (or both) sacrifices for the family.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<i>Journal of Orthopsychiatry</i> , 82(3), 319-327.doi: 10.1111/ j.1939-0025.2012.011 66.x	sake of the family) appears in the life of Latina adolescents with and without a history of a suicide attempt and their parents.	$n = 122$: had attempted suicide up to six months prior the study; they were recruited from mental health agencies serving largely a Latino population, one municipal hospital, private psychiatric hospital, private general hospital with an emergency psychiatric and outpatient departments; Parents of these participants included $n = 86$ mothers and $n = 19$ fathers Suicide non-attempters $n = 110$ were recruited from local community agencies such as primary care clinics, after school programs, prevention programs, and youth development programs; parents of these participants included $n = 83$ mothers; $n = 17$ fathers	kin, roles and responsibilities, rules and discipline, conflict and conflict resolution; life outside the family and at home; peer networks, dating school activities, future plans, and if applicable, a retrospective detailed description of the suicide attempt.	Youth. Specifically the aim of the study was familial, developmental, and sociocultural experiences that distinguish Latina youth who attempt suicide from those that do not attempt suicide. For purposes of this study the authors used a mixed method design.	2. The results of the study revealed that sacrifice can instill both positive and negative connotations. That is, for some it can be unfortunate and harmful as they see suicide as a solution to their failure to adequately fulfill their family roles and obligations. For others, sacrifice is a way of making sense of their role and responsibilities within the family.

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		<p>Ethnic background of adolescent Latina girls included: Puerto Rican $n = 79$ Dominican $n = 64$ Mexican $n = 27$ Columbian $n = 23$ Other (Venezuelan, Cuban, Honduran, Ecuadorian, Salvadoran, Nicaraguan, or a combination of two groups) $n = 33$</p> <p>Education level of the parents ranged from 1-17 years of education with parents of Latina youth without a history of a suicide attempt having slightly higher level of education; parents of non-attempters, $M = 11.01$; parents of suicide attempters, $M = 10.17$.</p>			
Peña, J. B., Kuhlberg, J. A., Zayas, L. H., Baumann, A. A., Gulbas, L., Hausamann-Stabile, C., ... Nolle, A. P. (2011). <i>Familism, family environment, and suicide attempts among Latina youth. Suicide and Life Threatening</i>	<p>The researchers aim was to identify types of family environments based on reports of family levels of cohesion and conflict by Latina adolescents with and without a history of suicide attempts. The authors hypothesized that as Latina youth's level of familism</p>	<p>$N = 216$ adolescent Latinas, ages 11-19, recruited from social service agencies, hospitals, health care agencies, and community programs in the New York City area with and without a history of a suicide</p>	<p>• Family Environment Scale- for purposes of the study, the authors utilized the interpersonal-domain subscales of this instrument which was used to measure family cohesion and conflict. Each subscale contains nine dichotomous yes or no items probing the youth's</p>	Cross Sectional design	<p>1. Adolescent Latina suicide attempters reported higher levels of conflict and lower levels of family cohesion than Latina without a history of a suicide attempt.</p> <p>2. Latent class analysis revealed three types of</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<i>Behavior</i> , 41(3), 330-341. doi: 10.1111/j.1943-278x.2011.00032.x	increases the more the likelihood that they were in family environments that were more cohesive and lower in conflict. They also predicted that Latinas who were in family environments higher in cohesion and with lower levels of conflict, the less likely that they would be suicide attempters.	attempt. Exclusionary criteria: being outside of the age range, being in foster care, diagnosis of mental retardation and schizophrenia.	<p>perception of their families (e.g., "Family members really help and support each other").</p> <ul style="list-style-type: none"> • Attempter status was obtained by the counselor treating the Latina adolescent. Of note, a suicide attempt was "any self-inflicted, potentially injurious behavior, with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die." • Non-attempters were obtained from non-mental health agencies in the community. Non-attempters reported that they had never in their lifetime made a suicide attempt. • 18-items from the Attitudinal scale were used to measure familism; this measure contains four dimensions that are related to beliefs regarding family support, interconnectedness, honor, and subjugation of the self for the family. Participants were asked to rate how much they agreed or disagreed with statements in the four categories. 		family environments: tight-knit (high cohesion and low conflict), intermediate-knit (moderate-to-low cohesion), and loose knit (low cohesion high conflict). Tight-knit families were less likely to have adolescents who attempted suicide as compared to the other two types of families.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Smokowski, P. R. & Bacallao, M. L. (2007). Acculturation, internalizing mental health symptoms, and self-esteem: Cultural experiences of Latino adolescents in North Carolina. <i>Child Psychiatry and Human Development</i> , 37(3), 273-292. doi: 10.1007/s10578-006-0035-4	<p>The aim of the study is to examine the relationships among acculturation risk factors and cultural assets and internalizing symptoms and self-esteem. The authors also examined the relationships among assimilation, enculturation, and biculturalism and internalizing symptoms and self-esteem.</p> <p>The authors hypothesized that:</p> <ol style="list-style-type: none"> 1. Assimilation and enculturation stressors such as discrimination and parent-adolescent conflict would predict internalizing behaviors and would decrease self-esteem. 2. Enculturation, biculturalism, and pro-social behaviors would decrease internalizing behavior and increase self-esteem. 	<p><i>N</i> = 323 Latino adolescents, ages 11-19</p> <p>51% of the sample was females</p> <p>Ethnicity</p> <p>97% of the participants were born outside of the U.S.</p> <p>Mexico = 66%</p> <p>Central America = 13%</p> <p>South America = 21%</p> <p>Average length in the U.S.</p> <p>4.77 years with a range of 1 month to 17 years.</p> <p>Grade</p> <p>96% of the sample was in school with 9th</p> <p>Housing arrangements</p> <p>2/3 of the sample lived in a two parent household</p> <p>24% lived in a single parent household</p> <p>Household income</p> <p>Ranged from \$19,000-\$90,000</p> <p>Median income was \$22,446</p>	<p>Independent variables:</p> <ul style="list-style-type: none"> • Gender: dichotomous variable; 1 was coded for female; 2 was coded for male • Age: measured in years • Bicultural Involvement Questionnaire (BIQ) was used to measure involvement in Latino and non-Latino cultures. This measure is comprised of 33 items that measures, food, language, recreational activities, and media use. This measure separates Latino and non-Latino categories. Two subscales of this measure assess for involvement in Latino culture and the other one measures involvement in the American culture. • For purposes of the study, biculturalism was determined by the total cultural involvement score obtained from the two subscales from the BIQ. • Perceived discrimination was measured using a three-item scale that ranged from “not at all” to “frequently.” • Familism was measured using six items that assessed feelings of trust, confidence, loyalty, pride, and expression of emotions in the family. • Parent-adolescent conflict 	Cross Sectional Survey study	<ol style="list-style-type: none"> 1. Results of the study revealed that parent-adolescent conflict was the most prominent risk factor for internalizing behaviors and low self-esteem. 2. Findings also demonstrated that adolescents who are highly involved with the Latino culture and less involved with the Americanized culture are at higher risk for the development of internalizing behaviors. 3. The author also found that perceived discrimination was also associated with increased levels of internalizing behaviors and lower self-esteem.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Parent Education 67% of participant parents did not graduate high school and 45% of the participants' parents had less than a 7th grade education	<p>was measured using the Conflict Behavior Questionnaire-20 which provides a measure of negative communication among the parent-adolescent dyad.</p> <ul style="list-style-type: none"> • Prosocial Friends scale is part of a School Success Profile that is used to measure risk and protective factors in middle and high school. The scores range from 0-10 with higher scores indicating relationships with more friends. <p>Dependent Variables</p> <ul style="list-style-type: none"> • Internalizing problems was assessed using the Youth Self Report (YSR). This measure consists of three subscales: Anxious /depressed (13 items); withdrawn/depressed (eight items); and Somatic complaints (three items). Scores were added within the three scales; total score was used to determine internalizing behaviors. Higher scores indicated greater severity of internalizing behaviors. • Rosenberg Self-Esteem scale (SES): For purposes of the study, the authors retained seven out of the 10 items in this measure. They 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			deleted the items, "I wish I could have more respect for myself," "At times I think that I'm not good at all," and "I am able to do things as well as most other people." They chose to drop these because the when they conducted factor analyses there were no significant factor loadings as well as reliability was enhanced. These items also did not have direct translations from English to Spanish. They also believed that these items were problematic for disadvantaged immigrants who experienced daily discrimination as it was unclear whether these items measured low self-esteem vs. low status in U.S. society.		
Zayas, L. H., Bright, C. L., Alvarez-Sanchez, T., & Cabassa L. J. (2009). <i>Journal of Primary Prevention</i> , 30(3-4), 351-369. doi: 10.1007/s10935-009-0181-0	1. How do adolescent Latinas who have a history of a suicide attempt differ from those who are non-attempters on cultural and relational variables? The authors hypothesized that adolescent Latina attempters would report lower levels of mutuality, communication, support and affection from their mothers with their mothers than non-attempters.	For purposes of this study, the authors focused on those adolescents whose mothers also participated ($N = 140$), that is, 65 adolescents who met criteria for a suicide attempt and their mothers, and 75 pairs of Latina adolescents with no history of suicidal behavior, within the last six months, and	1. Bi-dimensional Acculturation Scale for Hispanics (1996): The BAS instrument consists of 24 Likert-scale items that cover different language-related changes associated with the acculturation experiences of Hispanics. Half of the items of this instrument measure a Hispanic domain while the other half measures a non-Hispanic domain. Items are divided into three subscales: six items for language use; 12	Cross-Sectional design	1. Adolescent suicide attempters and non-attempters did not appear significantly different on acculturation and familism. 2. Adolescents who attempted suicide reported significantly lower mutuality in their relationships with their mothers than non-attempters. 3. Adolescent suicide attempters also rated their

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	<p>2. What are the relationships between adolescent Latinas and their mothers?</p> <p>The authors predicted that adolescent Latinas, regardless of classification (suicidal or non-suicidal), would show higher levels of acculturation than their mothers but would not differ significantly from their mothers on beliefs about familism. They also expected that Latina attempters and their mothers would show greater disparity in their report of mutuality, affection, communication and support than non-attempters and their mothers.</p> <p>3. What are the characteristics that distinguish mothers of adolescent suicide attempters from mothers of non-attempters? They also wanted to know to what extent the mothers differ in their reports of their relationships to their daughters.</p> <p>The authors expected that mothers of both groups of girls would not differ significantly on levels of acculturation or familism.</p>	<p>their mothers.</p> <p>Participants were recruited from New York City communities. Latina adolescents with a suicide attempt were recruited from a large social service and mental health agency as well as from an outpatient, inpatient and emergency room services of a general and a psychiatric hospital.</p> <p>Adolescent Latinas were on average 15 years of age with an average of nine years of formal education.</p> <p>Suicide attempters reported between one and twelve lifetime attempts with an average of three. Most Latina adolescents, 72% were born in the U.S. and stated that they were Catholic.</p> <p>Ethnicity</p> <p>Most Latina girls identified with a Hispanic group:</p>	<p>items for linguistic proficiency, and six items for electronic media. Two scores are obtained from each participant, one for the Hispanic domain and one for the non-Hispanic domain. Scores range from 1 to 4 for each cultural domain. Scores of 2.5 or higher in both domains indicate biculturalism. Individuals who score high on the Hispanic domain and low on the Anglo domain are considered to be low acculturated, and a respondent who scores high on the Anglo and low on the Hispanic domain is considered to be highly acculturated.</p> <p>2. Attitudinal Familism Scale: consists of 18 items with four different factors, which include familial support; familial interconnectedness; family honor; and subjugation of self to family. High scores on this scale indicate stronger values toward familism.</p> <p>3. The Mutual Psychological Development Questionnaire (MPDQ): a 22 Likert scale items that combines an individual's perception of self and that of the other</p>		<p>mothers significantly lower in their capacity for communication, support, and affection.</p> <p>4. Supporting the authors' hypothesis, both adolescent suicide attempters and non-attempters were significantly more acculturated than their mothers.</p> <p>5. Contrary to their predictions, both adolescent suicide attempters and non-attempters placed significantly lower value on familism than their mothers.</p> <p>6. Both adolescent suicide attempters and non-attempters considered their mothers to be less communicative, supportive, and affectionate than their mothers described themselves to be.</p> <p>7. As predicted, mothers of attempters and non-attempters did not differ in their level of acculturation and familism.</p> <p>8. As hypothesized, the mothers of adolescent suicide attempters rated</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	They also predicted that mothers of attempters would not differ significantly on their reports of mutuality, affection, communication, and support from mothers of adolescent non-attempters	<p>Puerto Rican = 42 Dominican = 37 Mexican = 20 Colombian = 19 Ecuadorian = 8 Honduran = 1 Salvadorian = 1 Peruvian = 1 Venezuelan = 1</p> <p>Eight girls identified themselves as “other”: Mexican American = 3 Puerto Rican Dominican = 2 Dominican American = 1 Ecuadorian American = 1 Peruvian Puerto Rican = 1</p> <p>two girls identified as “American” but were classified as Hispanic based on their mothers’ Hispanic origin.</p> <p>Mothers in our subsample were on average 42 years old and completed an average of 11 years of education; 76% of mothers were born outside the U.S. and identified mostly as Catholics.</p>	<p>person involved in the relationship on six domains. These domains include, empathy; engagement; authenticity; diversity; empowerment; and zest.</p> <p>4. The Child Report of Parental Behavior was utilized to measure the mother’s capacity to express affection and ability to communicate with their daughters. The adolescent version asked participants about their mother’s attitudes towards them. The parent version asked mothers to self- report their attitudes towards their daughters.</p> <p>5. Affection was measured by six items such as, “almost always speaks to me with a warm and friendly voice”; communication was measured by another six items such as “enjoys talking things over with me.” Each item is rated on a 4-point Likert scale, “not at all like my mother” to “very much like my mother.”</p> <p>6. Cornell Parent Behavior was used to measure the mother’s capacity to support their daughters. Maternal support was assessed with seven items that consisted of</p>		<p>their relationships with their daughters similar as mothers of adolescent non-attempters, except for in their level of communication with their daughters. That is, mothers of suicide attempters rated themselves as having less communication with their daughters.</p> <p>9. In contrast to what they had predicted, mothers of adolescent suicide attempters rated mutuality with their daughters significantly lower than adolescent non-attempters.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>All mothers identified themselves as Hispanic: Puerto Rican = 44 Dominican = 37 Colombian = 20 Mexican = 22 Ecuadorian = 10 Peruvian = 2 Honduran = 1 Nicaraguan = 1 Salvadorian = 1 Venezuelan = 1 One mother did not provide information about her Hispanic group or culture.</p>	<p>things such as nurturance, achievement demands, independence demands, instrumental companionship, consistency, autonomy, and principled discipline. Each item is rated on a 5-point Likert scale ranging from “never” to “very often.”</p>		
Zayas, L. H., Gulbas, L. E., Fedoravicius, N., & Cabassa, L. J. (2010). Patterns of distress, precipitating events, and reflections on suicide attempts by young Latinas. <i>Social Science and Medicine</i> , 70(11), 1773-1779. doi: 10.1016/j.sosci.med.2010.02.013	<p>The purpose of the study was to explore why U.S. Latinas attempt suicide more often than other adolescents. The authors also wanted to understand the suicidal experience of U.S. Latina adolescents.</p>	<p>$N = 27$ U.S. Latinas, ages 11-19, from Brooklyn, the Bronx, and Manhattan in New York City who had attempted suicide and were cleared by their therapists to participate in the study.</p> <p>The participants were recruited from social service and mental health agencies as well as from psychiatric outpatient, inpatient, and emergency</p>	<ul style="list-style-type: none"> • Participants completed questionnaires that asked about the nature of their suicide attempts. • Questionnaires also asked about meanings, motivations, causes, and internal experiences of the attempts. • Latina adolescents were also asked about the social, emotional, physical, and psychological experiences prior, during, and subsequent to the suicide attempt. • Interviews conducted covered areas such as relationship with parents and siblings, discipline, and conflict; life outside the family was also explored 	Mixed Methods	<p>1. Results of the study revealed three kinds of intent:</p> <ul style="list-style-type: none"> a. Death (the experience of emotional despair and death as the only option) b. Management of emotions (although there was no intent of killing themselves, Latinas used the suicide attempt as a way to manage very overwhelming emotions such as anger, frustration, sadness, and confusion). c. Ambivalence (Latinas were confused regarding why they attempted suicide).

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		services from different hospitals.	such as school activities, social network, and boyfriend/girlfriends. • Interviews also covered the suicidal intent portion which explored things such as what was happening on the day of the intent, what method was used, what her thoughts and feelings were at the time of the intent, and triggers.		2. Findings also revealed that escalating tensions and triggers among some these adolescent Latinas included, a sense of loss following a disruption in the family such as divorce, migration, or death; conflicts with parents which was usually centered on the Latina adolescent's failure to uphold household rules and responsibilities as Latinas exhibited an increase in their desire for autonomy and their parents were inflexible regarding their traditional values coupled with the emotional and verbal abuse by their parents, usually the mother. They were often called "stupid," "worthless," or "whore" repeatedly which made the adolescent feel degraded and thus unloved and angry; being physically and sexually abused was also a trigger.
Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide?	Researchers present a conceptual model to help guide research phenomenon of Latina adolescent suicide attempts.	N/A	N/A	Theoretical discussion	1. Family conflict around the adolescent's behaviors (familism vs. autonomy) coupled with the adolescent's emotional vulnerability and

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A conceptual model for research. <i>American Journal of Orthopsychiatry</i> , 75(2), 275-287. doi: 10.1037/0002-9432.75.2.275					<p>heightened sensitivity to threatening family order appears to be a risk factor for suicide attempt.</p> <p>2. Suicide attempt represents a major developmental struggle between the adolescent's need for autonomy (identity and sexuality) and her deep regard for family unity.</p> <p>3. Faced with less acculturated parents, that emphasize familism, the adolescent views the conflict as a major breach in her family's integrity.</p>
Zayas, L. H., & Pilat, A. M. (2008). Suicidal behavior in Latinas: Explanatory factors and implications for intervention. <i>Suicide and Life Threatening Behavior</i> , 38(3), 334-342. doi: 10.1521/suli.2008.38.3.334	Given the extant literature, the authors hypothesized that the high rates of suicidal behaviors among adolescent Latinas can be better understood as a cultural phenomenon and that treatment interventions for this population must take family and culture into consideration.	N/A	N/A	Literature review	<p>1. The high rates of Latina suicidal behavior can be best understood within a cultural framework (e. g., familism, culture-bound syndrome).</p> <p>2. When treating the adolescent Latina, mental health professionals should treat the young Latina within the context of her family.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Céspedes, Y. M., & Huey, S. J. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. <i>Cultural Diversity and Ethnic Minority Psychology, 14</i> (2), 168-172. doi: 10.1037/1099-9809.14.2.168	<ul style="list-style-type: none"> The authors hypothesized that cultural discrepancy may indirectly contribute to depressive symptomatology among children of Latino immigrants by disrupting family functioning. Given that acculturating Latinas may have a particularly difficult time navigating the tension between the gender-typed expectations of their culture of origin and the broader roles accorded by the host American culture, the authors speculate that parent child discrepancy in this domain may have greater familial and mental health consequences for girls than for boys. 	<p><i>N</i> = 130 (13-18 years of age) Latino students enrolled in a Los Angeles high school</p> <ul style="list-style-type: none"> 70% of the sample was female. 96% of youth reported that both parents were immigrants to the U. S. 3% of youth reporting one parent immigrant <p>Ethnicity Central American 48% Mexican American 43% Both Central and Mexican American 7% Self-identified as "Other Latino 2%"</p>	<p>Questionnaire packet was administered to the participants in a group setting at the youth's high school.</p> <p>All information was administered the youth only including caregiver values and behaviors.</p> <p>Measures:</p> <ul style="list-style-type: none"> Acculturation status was evaluated through self-report on the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II) Gender role beliefs was assessed using the Attitudes Towards Women Scale (AWS) Cultural Discrepancy (method involves subtracting the standardized youth score from the standardized parent score reported by the youth) Family Functioning: Conflict subscale of the Family Environment Scale (FACES-III) Depression assessed using the Reynolds Adolescent Depression Scale-2 (RADS-2) 	<p>Cross-Sectional design</p>	<ol style="list-style-type: none"> Compared to boys, Latina adolescents reported greater differences in traditional gender role beliefs between themselves and their parents and higher levels of depression. Gender role discrepancy was associated with higher depression, with this relationship mediated by increases in family dysfunction. Moderator analysis suggested that gender role discrepancy effects may be most pronounced for Latina adolescents. Gender role discrepancy was associated with poorer family functioning for girls but not for boys.
Heacock, D. R. (1990). Suicidal behavior in Black and Hispanic youth. <i>Psychiatric Annals, 20</i> (3), 134-142.	In his article the author discusses the interpersonal, familial, cultural factors that have been suggested as explanations for the increase suicide rates among youth.	N/A	N/A	Article with case studies	1. Findings revealed that there is a link between marianismo and suicidal behaviors. That is, it appears that Latina female adolescents are constantly struggling between

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doi: 10.3928/0048-5713-19900301-08					<p>their desire to maintain closeness to the family and fulfill their role expectations and their striving for independence and autonomy.</p> <p>2. Heacock has suggested that suicide attempts among this population can be perceived as an “explosive act” with the intention of Latina youth fighting for their rights.</p>
Katragadda, C. P. & Tidwell, R. (1998). Rural Hispanic adolescents at risk for depressive symptoms. <i>Journal of Applied Social Psychology</i> , 28(20), 1916-1930. doi: 10.1111/j.1559-1816.1998.tb01353.x	<p>The purpose of the research study was to examine depressive symptomatology among rural Hispanic youth and to identify risk factors for depression.</p> <ul style="list-style-type: none"> • What is the relationship between family structure and level of depression? • What is the relationship between level of depression and acculturation, self-esteem, and perceived level of stress? • Are the differences related to gender and level of depression? 	<p><i>N</i> = 240 high school Hispanic adolescents (118 males; 122 females) in the San Joaquin Valley of California. Most parents of participants emigrated from different areas of Mexico.</p> <p>Ages 15-20 years</p> <p>Grade Level</p> <p><i>N</i> = 115 ninth graders <i>N</i> = 53 tenth graders <i>N</i> = 15 eleventh graders <i>N</i> = 57 twelfth graders</p>	<ul style="list-style-type: none"> • Center for Epidemiological Studies-Depression Scale (CES-D): 20-item self-report measure was used in the study to assess for depressive symptomatology. • Background Information Questionnaire was used to obtain demographic characteristics such as age, gender, grade level, birth order, and place of birth; it also assesses for family structure such as family size, number and gender of siblings, marital status of parents, educational level of parents, occupation of parents, and current work status of parents; and level of acculturation to American society: fluency in English and Spanish, place of birth, length of United States residence, and ethnic identification • Piers-Harris Children’s Self-concept Scale: this self-report 	Exploratory study	<p>1. Females reported greater levels stress and depression compared to male adolescents.</p> <p>2. Follow-up interviews with counselors, teacher’s aides, and parents revealed that adolescent girls unlike boys experienced pressures at home to take household responsibilities and caring for their younger siblings.</p> <p>3. Interviews also revealed that parents of these young women discouraged them from completing homework assignments or even completing their high school education.</p> <p>4. Adolescents who were living longer in the United States appeared better adjusted to the Anglo culture and thus reported less stress in</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>measure was used to assess of children's feelings behavior, intellectual and social status, physical appearance, popularity about themselves. The Piers-Harris scale measures children's evaluations of their behavior, intellectual and social status, physical appearance, anxiety, popularity, and satisfaction.</p> <p>• Hispanic Children Stress Inventory was used in the study to assess perceived stress among Mexican immigrant adolescents in social and family environments in the United States</p>		<p>school, at home, and their social environment.</p> <p>5. Low acculturation was related to higher stress which was related to higher levels of depression; however acculturation was not a significant predictor of depression.</p>
<p>Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts among adolescent Latinas. <i>Child Psychiatry and Human Development</i>, 41(4), 425-440. doi: 10.1007/s10578-010-0179-0</p>	<p>The aim of the study was to explore how family factors (parent adolescent conflict), cultural factors (familism), and individual factors to protect or potentiate suicidal behavior among adolescent Latinas.</p> <p>More specifically, the following were the research questions posed by the authors:</p> <ol style="list-style-type: none"> 1. What is the link between parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts in Latina youth? 2. What role does familism play in building self-esteem and protecting against parent-adolescent conflict, 	<p>The authors recruited 121 adolescent Latina suicide attempters and 105 non-attempters ages 11-19 from New York social services agencies, psychiatric hospitals, and primary health care clinics. 105 parents of suicide attempters (86 mothers, 19 fathers) and 95 parents of non-</p>	<p>For purposes the present study, the authors categorized Latina girls into the four largest group represented, these included Puerto Rico, Dominican, Mexican, and Columbian. Another group was created "Other Hispanic Culture" to include girls with smaller representation and who identified themselves with more than one subgroup.</p> <p>Parent's level of education was assessed by asking the parent directly to indicate their highest of education.</p> <p>• Rosenberg Self-Esteem Scale: Consists of a 10 items</p>	<p>Cross Sectional Survey study</p>	<ol style="list-style-type: none"> 1. Familism was a protective factor against parent-adolescent conflict. In sum, parent-adolescent conflict was associated with higher levels of internalizing behaviors and lower self-esteem. 2. Results of the study also revealed that both internalizing behaviors and self-esteem was related to suicide attempts. They also revealed higher levels of internalizing behaviors predicted suicide attempts; while higher levels of self-esteem protected against suicide attempts. 3. Findings also revealed that familism was found not to be

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	internalizing behaviors, and suicide attempts?	<p>attempters (78 mothers, 17fathers) participated in the study.</p> <p>72% of the adolescent Latinas were U.S.-born; however most girls identified with a Hispanic group or culture: 79</p> <p>Ethnicity</p> <p>Puerto Rican = 79 Dominican = 64 Mexican = 27 Colombian = 23 Ecuadorian = 10 Guatemalan = 3 Salvadorian = 2 Cuban = 1 Honduran = 1 Peruvian = 1 Venezuelan = 1</p> <p>Eleven girls identified themselves as "other." Mexican American = 3 Puerto Rican—</p>	<p>assessing an adolescent's level of global self-esteem. Scores range from 10 to 40 with higher scores indicating higher levels of self-esteem.</p> <ul style="list-style-type: none"> • Internalizing behaviors was measured using items from the Youth Self Report Measure. Scores range from 0 to 48, with higher scores indicating higher levels of internalizing behaviors. • Conflict Behavior Questionnaire was utilized to measure parent-adolescent conflict. It consists of 15 dichotomous yes or no items. Scores range from 0 to 15 with higher scores indicating increased levels of perceived conflict and negative communication between the parent and adolescent dyad. • Familism was measured using an attitudinal that taps on familial support, interconnectedness, family honor, and subjugation of the self to family. • Suicide attempts was coded as "1" for adolescent Latinas who have attempted suicide and "0" for Latina adolescent who have never had a suicide attempt. 		<p>a cultural protective factor against internalizing behaviors among adolescent Latinas in a restrictive family system.</p> <p>4. Findings also revealed that as Latino adolescent's familistic attitudes increased, they demonstrated lower levels of conflict with the parent, however demonstrated higher levels of internalizing behaviors. Of note, Latina youth with a history of suicide attempts did not differ from those who did not have a history of suicide attempts.</p> <p>5. Results also point to the fact that Latina youth who perceive more conflict with their parents also reported higher levels of internalizing behaviors as well as lower levels of self-esteem.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Dominican = 3 Dominican American = 1 Dominican Cuban = 1 Ecuadorian American = 1 Peruvian Puerto Rican = 1 Black Puerto Rican = 1 Of note, three adolescents identified as “American” but were classified as Hispanic based on their mothers’ Hispanic origin			
Romero, A. J. & Roberts, R. E. (2003). Stress Within a Bicultural Context for Adolescents of Mexican Descent. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 9(2), 171-184. doi: 10.1037/1099-98 09.9.2.171	<ul style="list-style-type: none"> • The purpose of the study was to develop a measure of stressors within a cultural context relevant to the bicultural context of Latino youth. They also wanted to assess its relationship to depressive symptoms. • The authors also assessed differences between immigrant and US born adolescents in regards to stress type and stress level. They also assessed the relationship between stressors and depressive symptoms. 	Rural Middle school students of Mexican descent, grades 6th to 8th <i>N</i> = 994 954 English surveys and 40 Spanish surveys	<ul style="list-style-type: none"> • Demographics: students provided information regarding age, gender, grade level, generational level (U.S. born vs. other born), and ethnic group. • Language Use: participants included their preference for language use at home, school, and with media. Three languages based on language preference were obtained: English only, bilingual preference and Spanish only. • Perceived socio-economic status was assessed by asking each participant what best 	Cross Sectional Survey study	1. No significant results were found regarding gender differences in bicultural stressors; however, it was determined that U.S. born adolescents reported experiencing fewer total number of stressors (family, discrimination, monolingual, and peer) compared to immigrant adolescents. 2. U.S. born adolescents reported experiencing more stress because they needed to speak better Spanish and they felt like they could not be like

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			describes their family's standard of living. The Likert-type responses included, poor, nearly poor, just getting by, living comfortably, and very well off. • Self Esteem: Rosenberg's scale was used to measure self-esteem • Depressive Symptoms were measured using the Diagnostic Interview Schedule for Children, Version 2.1 • Bicultural Stressors was assessed using Cuellar and Roberts (1997) adult stress scale; 14 of the items from this measure were revised with an adolescent focus on school, family, and peers. A few of the items were developed based on previous scales such as the SAFE, HIS, and the Minority Stressors scale and modified for adolescents.		Americans children. 3. Immigrant adolescents reported more stress because they needed better English in school, family obligations, and discrimination. 4. The perception of stressors for both immigrant and U.S. youth was associated with depressive symptoms.
Zayas, L. H. & Gulbas, L. E. (2012). Are suicide attempts by young Latinas a cultural idiom of distress? <i>Transcultural Psychiatry</i> , 49(5), 718-734. doi: 10.1177/1363461512463262	• The goal was to review the research on Latina suicide attempts and their characteristics. The authors then applied a conceptual and empirical criteria found in the literature about cultural idioms of distress to the suicide attempts of adolescent Latinas. • Another goal was for the authors to contrast the suicide attempts of Latinas to "ataques de nervios."	N/A	N/A	Literature review	1. In their literature review, the authors found that suicide attempts among Latina adolescents are sudden, unplanned, and are carried out through non-lethal methods (i.e. ingestion of pills). Research revealed that the suicide attempt is rarely to kill oneself but rather a desire to escape emotional pain. They also found that because suicide attempts often occur

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	<ul style="list-style-type: none"> The authors propose that suicide attempts of Latinas may reflect a developmental or cultural variant of the ataque de nervios. 				<p>alongside “ataques de nervios,” which may infer that suicide attempts and “ataques” may be linked.</p> <p>2. Phenomenological similarities exist between ataques and suicide attempts. Some of these similarities include feelings of anger, hopelessness, sadness, trembling, shaking, and aggressive behavior.</p> <p>3. In terms of social context, ataques and suicide attempts are present in Latin America; however ataques are most commonly seen in adult women; suicide attempts are most commonly seen in adolescents, with higher rates in the U.S.</p> <p>4. Similarities in social history are also seen in both phenomenon; in both ataques de nervios and suicide attempts there is a disruption in familial or social network and interpersonal trauma</p> <p>5. In terms of their relationship to psychiatric disorders, ataques commonly overlap with panic disorder and dissociative disorders not otherwise specified; suicide attempts commonly overlap with depressive and anxiety disorders.</p>

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Zayas, L. H. & Pilat, A. M. (2008). Suicidal behavior in Latinas: Explanatory cultural factors and implications for intervention. <i>Suicide and Life Threatening Behavior</i> , 38(3), 334-342. doi: 10.1521/suli.2008.38.3.334	Given the extant literature, the authors hypothesized that the high rates of suicidal behaviors among adolescent Latinas can be better understood as a cultural phenomenon and that treatment interventions for this population must take family and culture into consideration.	N/A	N/A	Literature review	<p>1. The high rates of Latina suicidal behavior can be best understood within a cultural framework (e.g., familism, culture-bound syndrome).</p> <p>2. When treating the adolescent Latina, mental health professionals should treat the young Latina within the context of her family.</p>

The effects of the generational gap among parent adolescent relationships

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Birman, D. (1998). Biculturalism and perceived competence of Latino immigrant adolescents. <i>American Journal of Community Psychology</i> , 26(3), 335-352. doi: 10.1023/ a:1022101219563	The aim of the study was to investigate acculturation to the Hispanic and the American cultures and self-perceptions of competence. An analogous scale to assess for family competence	<i>N</i> = 123 Latino immigrant adolescents	• Harter's (1988) Self Perceptions of Competence Profile for Adolescents was used to assess for the life spheres of school, both their Latino and non- Latino peers, and global self-worth.	Survey study	1. Findings revealed that acculturation to the American culture predicted positive self- perceptions of competence with American peers, while acculturation to the Latino culture predicted positive self- perceptions to the Latino peers. 2. They also found that perceived family competence was predicted by acculturation to the American culture rather than by the Latino culture. 3. Adolescents were more likely than their parents to adopt to the American culture. 4. Their results in regards to biculturalism are tentative; biculturalism was related to positive self- perceptions of global

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					self-worth.
Céspedes, Y. M., & Huey, S. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. <i>Cultural Diversity and Ethnic Minority Psychology, 14</i> (2), 168-172. doi: 10.1037/1099-9809.14.2.168	<ul style="list-style-type: none"> • The authors hypothesized that cultural discrepancy may indirectly contribute to depressive symptomatology among children of Latino immigrants by disrupting family functioning. • Given that acculturating Latinas may have a particularly difficult time navigating the tension between the gender-typed expectations of their culture of origin and the broader roles accorded by the host American culture, the authors speculate that parent child discrepancy in this domain may have greater familial and mental health consequences for girls than for boys. 	<p><i>N</i> = 130 (13-18 years of age) Latino students enrolled in a Los Angeles high school</p> <ul style="list-style-type: none"> • 70% of the sample was female. • 96% of youth reported that both parents were immigrants to the U.S. • 3% of youth reporting one parent immigrant <p>Ethnicity Central American 48% Mexican American 43% Both Central and Mexican American 7% Self-identified as "Other Latino 2%"</p>	<p>Questionnaire packet was administered to the participants in a group setting at the youth's high school.</p> <p>All information was administered the youth only including caregiver values and behaviors.</p> <p>Measures:</p> <ul style="list-style-type: none"> • Acculturation status was evaluated through self-report on the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II) • Gender role beliefs was assessed using the Attitudes Towards Women Scale (AWS) • Cultural Discrepancy (method involves subtracting the standardized youth score from the standardized parent score reported by the youth) • Family Functioning: Conflict subscale of the Family Environment Scale (FACES-III) • Depression assessed using the Reynolds Adolescent Depression Scale-2 (RADS-2) 	Cross Sectional design	<p>1. Compared to boys, Latina adolescents reported greater differences in traditional gender role beliefs between themselves and their parents and higher levels of depression.</p> <p>2. Gender role discrepancy was associated with higher depression, with this relationship mediated by increases in family dysfunction.</p> <p>3. Moderator analysis suggested that gender role discrepancy effects may be most pronounced for Latina adolescents.</p> <p>4. Gender role discrepancy was associated with poorer family functioning for girls but not for boys.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Dempsey, B. (2007). Latinas in need. <i>Library Journal</i> , 132(19), 36-39. Retrieved from http://lj.libraryjournal.com/2007/11/lj-series-patronspeak-latinas-in-need/	N/A	N/A	N/A	Journal article	<p>1. The author highlights that Latina adolescents (ages 12-17) are a high risk group; it has been documented that Latinas are more likely than female adolescents from other ethnic groups to attempt suicide.</p> <p>2. It is estimated that 25% of the Latino population lives in poverty; more than 40% of the entire population was born outside of the United States. For this reason, Latinas who learn English as a second language, serve as cultural liaisons for their parents, translators, caring for younger siblings, and some even caring for children of their own.</p> <p>3. The article also points that acculturation is a risk factor among Latino youth that attempt suicide.</p> <p>4. Schools, churches,</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					and free community clinics are identified as places for community outreach.
					5. The public libraries have also been identified as a place to reach Latino adults, particularly the parents of at risk Latino youth.
Garcia, C., Skay, C., Sieving, R., Naughton, S. & Bearinger, L. H. (2008). Family and racial factors associated with suicide and emotional distress among Latino students. <i>Journal of School Health</i> , 78(9), 487-495. doi: 10.1111/j.1746-1561.2008.00334.x	The aims of the secondary analysis was to describe the mental health status of a statewide sample of Latino/a students in the 9th-12th grade and to explore the relationships of family protective factors (communication, caring, and family connectedness) with suicidal ideation, suicidal attempts, and emotional distress.	N = 3,178 students that indicated that they were Mexican American or Chicana/o or Puerto-Rican or from other Latin American	<ul style="list-style-type: none"> • Suicidal ideation and attempts were measured within the past year; an individual Minnesota Student survey item was used to create a dichotomous variable to distinguish students who had thoughts about killing themselves in the past year and those who had not. The same was done for suicide attempts. • Emotional distress was measured within the past 30 days: this outcome was created by computing a score for each participant on a six-item scale of feelings and mood. Example of items included, "During the past 30 days, how has your mood been?" and "During the past 30 days have you felt so 	Secondary Analysis of 2004 Minnesota Student Survey (a population-based survey of nearly all 6th, 9th, and 12th graders in Minnesota school district)	<p>1. The authors found that approximately one in five Latino high school students have suicidal thoughts in the past year.</p> <p>2. Past year suicide attempts ranged from 6% to 18.5% across grade and gender subgroups.</p> <p>3. 30-40% of Latinas reported suicidal thoughts and 14-19% reported suicide attempts.</p> <p>4. Findings revealed that students with high perceived parental caring and family connectedness demonstrated lower</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			discouraged or hopeless that you wondered if anything was worthwhile?" Participants with scores greater than one standard deviation were categorized as having high levels of emotional distress. • Father and mother communication variables were created with single items assessing the extent to which participants reported being able to talk with each parent about their youth's problems. Participants were then divided into one of three categories, students who reported being able to talk to their parents "most of the time or some of the time;" students who reported being able to talk with the parent "not very often and not at all;" and students who reported that their parent was not around. • Parental care: this was a dichotomous variable that categorizes participants who reported that their parents care about them "quite a bit" to those who reported lower levels of parental care. • Family connectedness		levels of emotional distress including suicidal ideation and attempts. 5. Results also highlight that Latina/os who did not have open and supportive communication with their parents, particularly about their problems, were 10 times more likely to attempt suicide.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Gil, A. G., Vega, W. A., & Dimas, J. M. (1994). Acculturative stress and personal adjustment among Hispanic adolescent boys. <i>Journal of Community Psychology</i> , 22(1), 43-54. doi: 10.1002/1520-6629(199401)22:1<43::aid-jcop2290220106>3.0.co;2-t	The authors examined differences in levels of exposure to acculturative stress among U.S. born and foreign born adolescent boys, differences in acculturative strain among these two groups and the role of family pride as a mediation of the acculturative strain self-esteem relationships among these groups.	N = 6,670 Middle school boys in Dade County Florida Ethnicity Cuban Americans = 1,745 Nicaraguans = 576 Other Hispanics = 1,975 African-Americans = 946 White non-Hispanics = 899 Haitians = 196 Caribbean Blacks = 186 Others = 237	was determined by computing a score for each participant on a five-item scale of perceived family caring, respect, and understanding. Items on this scale included “How much do you feel other adult relatives care about you?” and “How much do you think that your family understands you?” • Family Pride was assessed using a scale from Olson and colleagues; this scale consists of seven items. • Acculturation levels was assessed using a two-item scale which include preferred language as well as preference of language used with friends. • Acculturative Stress: Five measures were used: o Language conflict which included items such as “How often has it been hard to get along with others because you don’t speak English well.” “How often has it been hard to get good grades because of problems understanding English?” o Acculturation conflicts included items such as, “How often have you had	Secondary Analysis of a Longitudinal study	1. Results revealed that low acculturation adolescent boys who are born in the U.S. have problems with acculturation strain compared to their foreign born counterparts. 2. U.S. born adolescent boys were more likely than foreign born adolescents to report low family pride if they were low in acculturation or bicultural. 3. Adolescents were more likely than their parents to adjust better to the American culture. 4. Findings also revealed that bicultural adolescent

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>problems with your family because you prefer American customs?" "How often do you feel that you would rather be more American if you had a choice?"</p> <p>o Perceived discrimination was assessed using questions such as "How often do you feel people dislike you because you are Latina/o?" "How often do people dislike you because you are Latina/o?" "How often are you treated unfairly because they are Latina/o?"</p> <p>o Perceptions of Closed Society: "I have the same chance of doing well in life as everyone else?" For this question participants indicated the level of agreement to this statement.</p> <p>o An indicator for the perceived acculturation gap between the adolescent and the parent based on the self-report by adolescent and self-report by the parents.</p>		<p>boys born in the U.S. appear to be better well-adjusted.</p>
Leidy, M. S., Guerra, N. G. & Toro, R. I. (2010). Positive parenting, family cohesion, and child social competence among immigrant Latino	<ul style="list-style-type: none"> The aims of the study was to determine whether positive parenting styles were linked to child competence for pre- 	282 parents (263 mothers; 19 fathers) each with one focal child (144	<ul style="list-style-type: none"> Positive parenting was assessed using a seven-item scale that included limit setting and communication skills. 	Mixed Methods	1. Results of the study revealed that family cohesion predicted improvements in child social problem solving

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
families. <i>Journal of Family Psychology</i> , 24(3), 252-260. doi: 10.1037/a0019407	adolescent children in a sample of low income immigrant Latino families. • They also looked at possible barriers to positive parenting that may be unique to Latino families	females and 138 males) Each participant was either placed in the intervention (140 parents) or the control (142) control group over a three year period. 99% of the parents were born outside of the U.S. with 96% reporting that they came from Mexico, 67% of the child participants were born in the U.S.; 32% were born outside of the U.S. Average years living in the U.S. for parents was 12 years 64% of the families lived in households	Parents were asked to rate each question using a 3-point Likert scale. Some of the questions included, “in the past month were you able to communicate calmly and clearly with your child when there were disagreements or problems?” • Family Cohesion: nine-item measure that was rated by parents regarding the extent of emotional closeness and dependability, support, and clear communication among family members. An example of a question in this measure included, “Family members feel very close to each other.” • Stephenson Multi-group Acculturation Scale (SMAS): an adapted version of this scale was given to parents to control for different levels of acculturation. For purposes of this study the dominant society immersion subscale was used. Some examples include, “I speak English at home” and “I attend social functions with Anglo American people.” • Child competence was		and social self-efficacy as well as better mental health outcomes or psychological well-being. 2. Findings also revealed that positive parenting predicted improvements in child social self-efficacy. 3. Results of the focus group revealed four major themes that impacted family cohesion and parenting. These included: acculturation differences between child and parent and the resulting power imbalance, difficulty getting involved in their child’s education, loss of extended family, and discrimination against immigrants and legal status.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		with five to seven members 16% lived with eight or more members Average age for the parent in the study was 34 years (ranging from 19-60) Household income: 73% of parents reported a total household income of \$15,000 in the past year. 83% of the parents were either married or living with a partner 17% were single parents, divorced, or separated Focus group study: parents who did not participate in the survey or in the intervention were included	assessed with specific scales that measure positive sense of self, self-control, and social problem solving skills. • Rosenberg Self Esteem scale was used to assess self-esteem. Children were asked questions like, "I feel I am just as good as other kids." Higher scores on this scales indicate a higher self-image. • Social self-efficacy was measured by a six-item scale where children were asked to rate how good they were at various social situations such as making friends with other kids and getting other kids to stop bothering or bullying you. • State-Trait Anger Expression Inventory: items on this scale were used to assess emotional regulation and anger management (i.e., "I can stop myself from losing my anger") • Impulse control was assessed using Bosthworth and Espelage (1995). Questions in this scale included, "I have a hard time finishing what I start." • Social Problem solving skills used a seven-item		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		in the focus group. Two group were formed, total of 12 mothers; six mothers in each group. All of the participants in the focus group had immigrated to the U.S. in the past 10 years	scale where children rated themselves on questions such as, "When I have an argument or fight with my friends I try to think of different ways to solve it." Focus Study • For the focus group, the authors conducted semi-structured interviews; open-ended questions that generated discussions about challenges to positive parenting and positive avenues of family support that could be provided by community agencies. Questions also covered specific challenges and barriers to positive parenting, differences in parenting practices and customs between Mexico and the U.S. particularly types of family support, parent training, and interventions that would be useful.		
Smokowski, P. R. & Bacallao, M. L. (2007). Acculturation, internalizing mental health symptoms, and self-esteem: Cultural experiences of Latino adolescents in North Carolina. <i>Child Psychiatry and Human Development</i> , 37(3), 273-292. doi: 10.1007/s10578-006-0035-4	The aim of the study is to examine the relationships among acculturation risk factors and cultural assets and internalizing symptoms and self-esteem. The authors also examined the relationships among assimilation, enculturation, and biculturalism and	<i>N</i> = 323 Latino adolescents, ages 11-19 51% of the sample was females Ethnicity 97% of the participants	Independent variables: • Gender: dichotomous variable; 1 was coded for female; 2 was coded for male • Age: measured in years • Bicultural Involvement Questionnaire (BIQ) was used to measure involvement in Latino and	Cross Sectional Survey study	1. Results of the study revealed that parent-adolescent conflict was the most prominent risk factor for internalizing behaviors and low self-esteem. 2. Findings also demonstrated that

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	<p>internalizing symptoms and self-esteem.</p> <p>The authors hypothesized that:</p> <p>1. Assimilation and enculturation stressors such as discrimination and parent-adolescent conflict would predict internalizing behaviors and would decrease self-esteem.</p> <p>2. Enculturation, biculturalism, and pro-social behaviors would decrease internalizing behavior and increase self-esteem.</p>	<p>were born outside of the U.S.</p> <p>Mexico = 66% Central America = 13% South America = 21%</p> <p>Average length in the U.S. 4.77 years with a range of 1 month to 17 years.</p> <p>Grade 96% of the sample was in school with 9th</p> <p>Housing arrangements 2/3 of the sample lived in a two parent household 24% lived in a single parent household</p> <p>Household income Ranged from \$19,000-\$90,000 Median income</p>	<p>non-Latino cultures. This measure is comprised of 33 items that measures, food, language, recreational activities, and media use. This measure separates Latino and non-Latino categories. Two subscales of this measure assess for involvement in Latino culture and the other one measures involvement in the American culture.</p> <ul style="list-style-type: none"> • For purposes of the study, biculturalism was determined by the total cultural involvement score obtained from the two subscales form the BIQ. • Perceived discrimination was measured using a three-item scale that ranged from “not at all” to “frequently.” • Familism was measured using six items that assessed feelings of trust, confidence, loyalty, pride, and expression of emotions in the family. • Parent-adolescent conflict was measured using the Conflict Behavior Questionnaire 20 which provides a measure of negative communication among the parent-adolescent dyad. 		<p>adolescents who are highly involved with the Latino culture and less involved with the Americanized culture are at higher risk for the development of internalizing behaviors.</p> <p>3. The author also found that perceived discrimination was also associated with increased levels of internalizing behaviors and lower self-esteem.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>was \$22,446</p> <p>Parent Education 67% of participant parents did not graduate high school and 45% of the participants' parents had less than a 7th grade education.</p>	<p>• Prosocial Friends scale is part of a School Success Profile that is used to measure risk and protective factors in middle and high school. The scores range from 0-10 with higher scores indicating relationships with more friends.</p> <p>Dependent Variables</p> <p>• Internalizing problems was assessed using the Youth Self Report (YSR). This measure consists of three subscales: Anxious/depressed (13 items); withdrawn/depressed (eight items); and Somatic complaints (three items). Scores were added within the three scales; total score was used to determine internalizing behaviors. Higher scores indicated greater severity of internalizing behaviors.</p> <p>• Rosenberg Self-Esteem scale (SES): For purposes of the study, the authors retained seven out of the 10 items in this measure. They deleted the items, "I wish I could have more respect for myself," "At times I think that I'm not good at all," and "I am able</p>		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			to do things as well as most other people.” They chose to drop these because the when they conducted factor analyses there were no significant factor loadings as well as reliability was enhanced. These items also did not have direct translations from English to Spanish. They also believed that these items were problematic for disadvantaged immigrants who experienced daily discrimination as it was unclear whether these items measured low self-esteem vs. low status in U.S. society.		
Turner, S. G., Kaplan, C. P., Zayas, L., & Ross, R. E. (2002). Suicide attempts by adolescent Latinas: An exploratory study of individual and family correlates. <i>Child and Adolescent Social Work Journal</i> , 19(5), 357-374. doi: 10.1023/a:1020270430436	Hypothesis: • Differences in the quality of relationships between mothers and daughters, and the daughter’s repertoire of coping skills, would distinguish Latinas who attempted suicide from those that did not attempt suicide.	<i>N</i> = 31 adolescent Hispanic females, ages 12-20, who were receiving mental health services, located in poor or working class communities. Suicide attempters in the previous five years = 14	• Background Demographic Information Questionnaire • Beck Depression Inventory • Rosenberg Self Esteem Scale • The KID COPE (measures coping abilities) • FACES II (family environmental scale that measures the adolescent’s perception of family environment) • Short Acculturation Scale • Mutual Psychological Development	Exploratory study	1. Significant relationship between suicide attempt and mother/daughter mutuality. 2. Girls who feel that their mothers are interested and involved in their lives, and they are also interested in their mother’s life, are less likely to commit a suicide attempt. 3. The relationships of

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Never attempted suicide = 17			adolescent Hispanic girls and their mothers, as well as the adolescent's ability to use coping skills, greatly influence not making a suicide attempt.
Zayas, L. H. (2011). <i>Latinas attempting suicide: When cultures, families, and daughters collide</i> . New York, NY: Oxford University Press.	<ul style="list-style-type: none"> • In his book, Zayas examines why Latina adolescents attempt suicide at much higher rates than females from other ethnic groups. • Using case studies throughout his book he describes their experiences before, during, and after the attempts. He also discusses possible risk and protective factors among this population. 	N/A	N/A	Book	<p>1. The book focuses on adolescent Latinas and their families within the context of immigration and acculturation. The author highlights how adolescent Latinas are “caught between two worlds.” That is, they are trying to overcome their inner city poverty, the trauma and loss of immigration and the constant struggle of preserving their cultural beliefs with that of mainstream America.</p> <p>2. Throughout his career in working with Latina youth coupled with the different research studies he and in conjunction with other researchers, Zayas has found that</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>the high rates of suicide attempts among Latinas are not restricted to low-income, working class Latinas but rather it is seen throughout the different social classes.</p> <p>3. High rates of suicide attempts and suicidal behaviors have been reported among a wide range of Hispanics groups and not only a specific sub group.</p> <p>4. Zayas found that suicide attempts are greater among U.S. born Latinas or second generation Latinas than those who were born outside of the U.S.</p> <p>5. Through his research, Zayas found that in addition to three prominent risk factors (i.e., young, adolescent, and being Latina), cultural traditions such as language, behavioral and value preferences</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					played a key role in the suicide attempt.
					6. In his book, Zayas also highlights how the Latina's suicide attempt have dissociative qualities within a framework of cultural idiom of distress. He further states that the suicide attempt embodies a relational disruption of familism as the adolescent tries to incorporate the Western ideas and beliefs of individualism (which are at odds with the Latino culture).
					7. Zayas research demonstrates that approximately 75% of the suicide attempts made by the adolescent girls are triggered by fights with their mothers and boyfriends regarding dating and sexuality.
					8. An interesting finding in his research highlights that when the mothers of suicide

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>attempters were asked about their relationship with their daughters they usually responded as being attuned to the needs of their of daughters (although the daughters disagree); he also noted that the mothers of the non-suicide attempters also reported to be attuned to their daughters and their daughters agreed.</p>
<p>Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & González-Ramos, G. (2000). Understanding suicide attempts by adolescent Hispanic females. <i>Social Work</i>, 45(1), 53-63.doi: 10.1093/sw/45.1.53</p>	<ul style="list-style-type: none"> • Presents an integrative model to aid clinicians in understanding suicide attempts by Hispanic adolescent females. • Integrative Model for Understanding Suicide Attempts: <ul style="list-style-type: none"> o Sociocultural domain: acculturation generational status, and cultural factors o Family domain: dysfunctional family cohesiveness (low cohesiveness, familial and marital conflict/violence low parental support, parental-adolescent conflict) o Developmental Factors: Desire for autonomy and independence threatens 	N/A	N/A	Theoretical discussion	<p>1. The Integrative Model of suicide attempts by adolescents Hispanic females is intended to deepen understanding on adolescent Hispanic female suicide attempts and to better inform clinical practice.</p> <p>2. The five Domains include:</p> <ul style="list-style-type: none"> a. Sociocultural domain <ul style="list-style-type: none"> i. Acculturation status and Hispanic cultural factors are crucial elements in understanding Hispanic adolescent female's suicide

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	cultural and family ties o Psychological domain: Depression, lack of proper problem solving skills, anger				attempt. ii. Disparities between adolescent's acculturation and parent's acculturation are evident in suicidal attempts in Hispanic females. iii. Socioeconomic conditions influence incidents of suicide b. Family Domain i. Dysfunctional family environments ii. Authoritarian parenting iii. Absence of fathers iv. Mother and daughter relationship c. Developmental factors i. Greater autonomy and sexual awareness d. Psychological Domain i. Anger ii. Depression
Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. <i>American Journal of Orthopsychiatry</i> , 75(2), 275- 287. doi: 10.1037/0002- 9432.75.2.275	Researchers present a conceptual model to help guide research phenomenon of Latina adolescent suicide attempts.	N/A	N/A	Theoretical discussion	1. Family conflict around the adolescent's behaviors (familism vs. autonomy) coupled with the adolescent's emotional vulnerability and heightened sensitivity to threatening family

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					<p>order appears to be a risk factor for suicide attempt.</p> <p>2. Suicide attempt represents a major developmental struggle between the adolescent's need for autonomy (identity and sexuality) and her deep regard for family unity.</p> <p>3. Faced with less acculturated parents, that emphasize familism, the adolescent views the conflict as a major breach in her family's integrity.</p>
Zayas, L. H. & Pilat, A. M. (2008). Suicidal behavior in Latinas: Explanatory cultural factors and implications for intervention. <i>Suicide and Life-Threatening Behavior</i> , 38(3), 334-342. doi:10.1521/suli.2008.38.3.334	Given the extant literature, the authors hypothesized that the high rates of suicidal behaviors among adolescent Latinas can be better understood as a cultural phenomenon and that treatment interventions for this population must take family and culture into consideration.	N/A	N/A	Literature review	<p>1. The high rates of Latina suicidal behavior can be best understood within a cultural framework (e.g., familism, culture-bound syndrome). That is, suicide behaviors among Latina/o youth particularly females, is a cry for help</p> <p>2. When treating the</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					adolescent Latina, mental health professionals should treat the young Latina within the context of her family.

Acculturation

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Effects of time in the United States and Indian ethnicity on DSM-III-R psychiatric disorders among Mexican Americans in California. <i>The Journal of Nervous and Mental Disease</i> , 188(2), 90-100. doi: 10.1097/00005053-200002000-00005	The purpose of the study was to examine the effects of time in the United States and Indian ethnicity and the prevalence of psychiatric disorders among Mexican Americans in California. • The authors hypothesized that immigrant Indians from Mexico are at higher risk of psychiatric disorders compared with non-Indian immigrants.	<i>N</i> = 3,012 participants of Mexican origin in Fresno County Ages 18-59 Mexican origin was established by asking potential respondents if they or at least one parent or grandparent were born in Mexico. Indian ethnicity was obtained by asking participants, their parents, or grandparents if they could speak a Native language (e.g., Mixteco, Zapoteco, Nahuatl). Urban respondents (<i>N</i> = 1,006 persons) were selected from the Fresno-Clovis urbanized	• Modified version of the Composite International Diagnostic Interview (CIDI): The CIDI, is a structured clinical interview to assess for psychiatric disorders (for lifetime, 12-month, 6-month, and 1-month prevalence). Diagnoses established for this study included: mood disorders such as major depressive disorder, manic episode, dysthymia; substance abuse disorders such as alcohol abuse and dependence as well as drug abuse and dependence; anxiety disorders such as panic disorder, agoraphobia, and simple phobia; and antisocial personality disorder. • Questionnaire was used which included questions regarding sociodemographics, employment, migration history, gen-der roles, family dynamics, instrumental and emotional social support, self-rated physical and mental health status, and physical health problems.	Cross Sectional Survey study	1. Results of the study revealed that lifetime prevalence of any psychiatric disorder was 46.4% for Indians and 32.9% for non-Indians. 2. The authors also found that alcohol dependence was the most prevalent disorder. That is 17.4% of Indians and 10.7% of non-Indians had alcohol dependence. 3. Findings also revealed that Indians had significantly higher risk of affective disorders and drug abuse/dependence compared with non-Indian participants. 4. Time in the United States was associated with higher risk of lifetime affective disorders and drug abuse/dependence.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Birman, D. (1998). Biculturalism and perceived competence of Latino immigrant adolescents. <i>American Journal of Community Psychology</i> , 26(3), 335- 354. doi: 10.1023/a: 1022101219563	The aim of the study was to investigate acculturation to the Hispanic and the American cultures and self-perceptions of competence. An analogous scale to assess for family competence	area. Town respondents (<i>N</i> = 1,006) were drawn from residential areas outside the Fresno-Clovis. The rural sample (<i>N</i> = 1,000) was drawn from the remaining area of the county. <i>N</i> = 123 Latino immigrant adolescents	• Harter's (1988) Self Perceptions of Competence Profile for Adolescents was used to assess for the life spheres of school, both their Latino and non-Latino peers, and global self-worth.	Survey study	1. Findings revealed that acculturation to the American culture predicted positive self- perceptions of competence with American peers, while acculturation to the Latino culture predicted positive self-perceptions to the Latino peers. 2. They also found that perceived family competence was predicted by acculturation to the American culture rather than by the Latino culture. 3. Adolescents were more likely than their parents to adopt to the American culture. 4. Their results in regards to biculturalism are

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					tentative; biculturalism was related to positive self-perceptions of global self-worth.
Carvajal, S. C., Hanson, C. E., Romero, A. J., & Coyle, K. K. (2002). Behavioral risk factors and protective factors in adolescents: A comparison of Latinos and non-Latino Whites. <i>Ethnicity and Health</i> , 7(3), 181-193. doi: 10.1080/1355785022000042015	To compare behavioral risk factors, protective health behaviors, and mental health indicators in Latino and non-Latino Whites.	<p><i>N</i> = 1,119 Latino and non-Latino Whites adolescents in middle school</p> <p>Latinos = 705; non-Latinos = 414</p> <p>Median age was 12.</p> <p>The sample was obtained from large urban Northern California school district in 1999.</p>	<ul style="list-style-type: none"> • Self-report measure questionnaires in English and Spanish. • Acculturation: seven-item measures of cultural orientation were used to measure using the Bi-dimensional Acculturation scale; some items however were obtained from the revised Acculturation Rating Scale for Mexican Americans. One scale measured Latino orientation; the other scale measured degree of Other group orientation. • Health Risk Behaviors: three risk behaviors were assessed, Healthy Eating, Physical Activity and Sunscreen • Mental Health Indicators: Both negative and positive were assessed. • Depressive Symptoms were assessed using an eight item shortened version of the CES-D. The four major symptom domains were assessed within the past seven days: negative affect, 	Survey study	<p>1. Latinos relative to non-Latino Whites showed lower academic orientation, were less physically active, and use sunscreen less often.</p> <p>2. Relative to other acculturation group, Latinos with less attachment and adaptations to Latino and host culture showed more depressive symptoms than the bicultural groups.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Céspedes, Y. M., & Huey, S. J. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 14(2), 168-172. doi: 10.1037/1099-9809.14.2.168	<ul style="list-style-type: none"> • The authors hypothesized that cultural discrepancy may indirectly contribute to depressive symptomatology among children of Latino immigrants by disrupting family functioning. • Given that acculturating Latinas may have a particularly difficult time navigating the tension between the gender-typed expectations of their culture of origin and the broader roles accorded by the host American culture, the authors speculate that parent child discrepancy in this domain may have greater familial and mental health consequences for girls than for boys. 	<p><i>N</i> = 130 (13-18 years of age) Latino students enrolled in a Los Angeles high school</p> <ul style="list-style-type: none"> • 70% of the sample was female. • 96% of youth reported that both parents were immigrants to the U.S. • 3% of youth reporting one parent immigrant <p>Ethnicity Central American 48% Mexican American 43% Both Central and Mexican American 7% Self-identified as "Other Latino 2%"</p>	<p>positive affect, somatic complaints, and interpersonal problems. Positive mental health was measured by optimism, using an eight-item positive global expectancy measure.</p> <p>Questionnaire packet was administered to the participants in a group setting at the youth's high school. All information was administered the youth only including caregiver values and behaviors.</p> <p>Measures:</p> <ul style="list-style-type: none"> • Acculturation status was evaluated through self-report on the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II) • Gender role beliefs was assessed using the Attitudes Towards Women Scale (AWS) • Cultural Discrepancy (method involves subtracting the standardized youth score from the standardized parent score reported by the youth) • Family Functioning: Conflict subscale of the Family Environment Scale (FACES-III) • Depression assessed using the Reynolds Adolescent Depression Scale-2 (RADS-2) 	Cross-Sectional design	<p>1. Compared to boys, Latina adolescents reported greater differences in traditional gender role beliefs between themselves and their parents and higher levels of depression.</p> <p>2. Gender role discrepancy was associated with higher depression, with this relationship mediated by increases in family dysfunction.</p> <p>3. Moderator analysis suggested that gender role discrepancy effects may be most pronounced for Latina adolescents.</p> <p>4. Gender role discrepancy was associated with poorer family functioning for girls but not for boys.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Fortuna, L. R., Perez, D. J., Canino, G., Sribney, W., & Alegria, M. (2007). Prevalence and correlates of lifetime suicide attempts among Latino subgroups in the United States. <i>Journal of Clinical Psychiatry</i> , 68(4), 572-581. doi: 10.4088/jc.p.v68n0413	The aim of the article is to compare the prevalence rates of lifetime suicide ideation and attempts among Latino subgroups. They also identify psychosocial factors associated with suicidal behaviors among these subgroups.	<p>The National Latino and Asian American Study-English and Spanish speaking Mexicans, Puerto Ricans, Cubans, and other Latinos</p> <p>$N = 2,554$</p> <p>Interviews were conducted between May 2002 and November 2003</p>	<ul style="list-style-type: none"> • World Mental Health Survey Initiative version of the World Health Organization-Composite International Diagnostic Interview (WMH-CIDI) was utilized to assess for lifetime psychiatric disorders and suicidal behaviors. This is a structured instrument administered by trained lay interviewers. Diagnoses on this measure are based on the criteria of the DSM-IV and International Statistical Classification of Diseases 10th Revision (ICD-10). • Suicidal ideation and attempts were taken from the suicidal section of the WMH-CIDI. The specific questions that were used included, "Have you ever seriously thought about committing suicide?" If the participant had previous suicidal thought then they were asked, "Have you ever had a suicide attempt?" If they responded yes to this question then they were asked about intention and age of attempt(s). • Latino ethnicity: this was based on self-report. • Sociocultural and acculturation variables: sociocultural variables from scales in the National Latino 	Qualitative study	<p>1. The authors did not find variation across the various Latino ethnic subgroups in suicidal ideation.</p> <p>2. Most suicide attempts reported by Latinos were reported under the age of 18.</p> <p>3. Latino adolescents with a DSM-IV diagnosis including a dual diagnosis were associated with an increased risk of lifetime suicide attempts and suicide ideation.</p> <p>4. Findings revealed that aspects of acculturation such as English proficiency, language spoken as a child, and parental U.S. nativity may be a risk factor among Latinos for suicidal behaviors.</p> <p>5. Results also demonstrated that higher levels of family support were associated with lower levels of lifetime suicidality. Higher family conflict was associated with an increased risk of lifetime suicide ideation</p>

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			<p>and Asian American Study were utilized in order for the authors to measure nativity and language; church attendance; and family and social support.</p> <ul style="list-style-type: none"> • Language: to assess for English language proficiency the authors used a scale from the Cultural Identity Scales for Latino Adolescents. Questions in this scale included, “How well do you speak English?” “How well do you read English?” Response categories ranged from poor to excellent. Additionally, the authors also included items regarding whether the participant spoke English as a child vs. Spanish language as a child vs. bilingual. • Nativity: was a dichotomous variable: U.S. born vs. foreign born; to measure nativity the authors also inquired age of immigration for foreign born participants and birthplace of parents for those participants who were U.S. born; this was included in the study in order to differentiate level of personal and family exposure to the U.S. culture. • Family Cultural Conflict scale: this five-item scale is a 		<p>and suicide attempts.</p> <p>6. In general, the female gender, being born in the U.S. and speaking English were correlated with suicide attempts among Latinos.</p>

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			<p>subscale from the Hispanic Stress Inventory</p> <ul style="list-style-type: none"> • Family Support Scale: this scale is composed of three questions that assess level of support. Questions in this scale included, “How often do you talk on the phone or get together with family or relatives that do not live with you?” “How much can you rely on relatives/family members who do not live with you for help if you have a serious problem?” “How much can you open up with relatives who do not live with you if you need to talk about your worries?” • Church Attendance was measured in order to assess for social support in a faith-based context and religious values. 		
<p>Gil, A. G., Vega, W. A., & Dimas, J. M. (1994). Acculturative stress and personal adjustment among Hispanic adolescent boys. <i>Journal of Community Psychology</i>, 22(1), 43-54. doi: 10/1002/1520-6629(199401)22:1<43::aid-jcop2290220106>3.0.co;2-t</p>	<p>The authors examined differences in levels of exposure to acculturative stress among U.S. born and foreign born adolescent boys, differences in acculturative strain among these two groups and the role of family pride as a mediation of the acculturative strain self-esteem relationships among these groups.</p>	<p><i>N</i> = 6,670 Middle school boys in Dade County Florida</p> <p>Ethnicity Cuban Americans = 1,745 Nicaraguans = 576 Other Hispanics = 1,975 African-Americans = 946</p>	<ul style="list-style-type: none"> • Family Pride was assessed using a scale from Olson and colleagues; this scale consists of seven items. • Acculturation levels was assessed using a two-item scale which include preferred language as well as preference of language used with friends. • Acculturative Stress: Five measures were used: <ul style="list-style-type: none"> o Language conflict which included items such as “How 	<p>Secondary Analysis of Longitudinal study</p>	<p>1. Results revealed that low acculturation adolescent boys who are born in the U.S. have problems with acculturation strain compared to their foreign born counterparts.</p> <p>2. U.S. born adolescent boys were more likely than foreign born adolescents to report low family pride if they were</p>

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		White non-Hispanics = 899 Haitians = 196 Caribbean Blacks = 186 Others = 237	often has it been hard to get along with others because you don't speak English well." "How often has it been hard to get good grades because of problems understanding English?" o Acculturation conflicts included items such as, "How often have you had problems with your family because you prefer American customs?" "How often do you feel that you would rather be more American if you had a choice?" o Perceived discrimination was assessed using questions such as "How often do you feel people dislike you because you are Latina/o?" "How often do people dislike you because you are Latin?" "How often are you treated unfairly because they are Latina/o?" o Perceptions of Closed Society: "I have the same chance of doing well in life as everyone else?" For this question participants indicated the level of agreement to this statement. o An indicator for the perceived acculturation gap between the adolescent and the parent based on the self-		low in acculturation or bicultural. 3. Findings also revealed that Bicultural adolescent boys born in the U.S. appear to be better well-adjusted.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			report by adolescent and self-report by the parents.		
Heacock, D. R. (1990). Suicidal behavior in Black and Hispanic youth. <i>Psychiatric Annals</i> , 20(3), 134-142. doi: 10.3928/0048-5713-19900301-08	In his article the author discusses the interpersonal, familial, cultural factors that have been suggested as explanations for the increase suicide rates among youth.	N/A	N/A	Article with case studies	<p>1. Findings revealed that there is a link between marianismo and suicidal behaviors. That is, it appears that Latina female adolescents are constantly struggling between their desire to maintain closeness to the family and fulfill their role expectations and their striving for independence and autonomy.</p> <p>2. Heacock has suggested that suicide attempts among this population can be perceived as an “explosive act” with the intention of Latina youth fighting for their rights.</p>
Hovey, J. D. & King, C. A. (1996). Acculturative stress, depression, and suicidal ideation among immigrant and second-generation Latino adolescents. <i>Journal of the American Academic of Child & Adolescent Psychiatry</i> , 35(9), 1183-1192. doi: 10.1097/00004583-199609000-00016	<ul style="list-style-type: none"> • What is the relationship between suicidal ideation, depression, and acculturative stress among acculturating Latino adolescents? • They also wanted to investigate the best predictors of higher levels of acculturative stress. • The variables that they utilized for this study 	<ul style="list-style-type: none"> • Forty females and 30 males from a bilingual program in Southern California • Age: 14-20 • Level of family SES: according to Wasser (1991) ranged from 5 to 48. • 75% of the sample revealed 	<ul style="list-style-type: none"> • A demographic form was used to assess family SES, family intactness, generational status, age at immigration, and ethnicity. • Short Acculturation Scale for Hispanics was used to measure level of acculturation. • Acculturative Stress was measured using the short version of the SAFE scale. The SAFE scale measures acculturative stress in social, 	Cross-Sectional Survey study	<p>1. About one fourth of the Latino adolescents in the study experienced critical levels of suicidal ideation and 23% of them experienced critical levels of depression.</p> <p>2. Latino adolescents who experienced high levels of acculturative stress also reported higher levels of depressive symptoms and suicide ideation.</p> <p>3. Low levels of family</p>

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	<p>included, family cohesiveness, SES, individual expectancies and attitudes concerning the future, generational status, age at immigration, and level of acculturation. The authors hypothesized that</p> <ul style="list-style-type: none"> • Low family functioning and expectancies about the future would predict high levels of depressive symptoms and suicidal ideation. • Higher levels of acculturative stress would be positively correlated to higher depressive symptoms and suicidal ideation. 	<p>SES values of 21 or less, indicating low levels of SES</p> <ul style="list-style-type: none"> • Of the sample: Mexican = 61 Central American = 4 South American = 3 Spanish = 2 • Participants were categorized into three groups: early immigrants (first generation, immigrating before the age of 12), late immigrants (first generation immigrating after the age of 12), and second generation. 	<p>attitudinal, familial in environmental contexts.</p> <ul style="list-style-type: none"> • Perceived discrimination was also assessed using this measure. • Reynolds Adolescent Depression scale: 30-item scale used to measure depressive symptomatology using a 4-point scale. • The Suicidal Ideation Questionnaire-Junior (SIQ-JR): 15-item self-report measure that assess the nature and frequency of suicidal ideation in the past month. • The General Functioning subscale of the Family Assessment device (FAD): a self-report measure that consists of statements that participants endorse on how well these statements describe their family. • To assess for individual attitudes and experiences regarding the future; participants were asked open ended questions such as, "What do you think the future will be like for you and your family?" • Perception of religiosity, religion influence, and church attendance <p>participants were asked the following three questions:</p>		<p>functioning is linked with greater acculturative stress and that emotional closeness is more important than physical closeness.</p> <p>4. Positive expectations about the future also act as a buffer against acculturative stress.</p> <p>Generational status was not a significant predictor of acculturative stress.</p>
Hovey, J. D. (2000b). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. <i>Cultural</i>	<ul style="list-style-type: none"> • Expanding on the research of Hovey and King (1996), the purpose of the study was to examine the 	<p>N = 114 Mexican immigrants (76 females; 38 males) from an ESL class in Los</p>	<p>participants were asked the following three questions:</p>	Cross Sectional study	<p>1. Results of the study revealed that individuals who experienced heightened levels of acculturative stress due to</p>

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<i>Diversity and Ethnic Minority Psychology</i> , 6(2), 134-151. doi: 10.1037/1099- 9809.6.2.134	relationship among acculturative stress, depression, and suicidal ideation in Mexican immigrants. • The author hypothesized that high levels of acculturative stress would predict high levels of depression and suicidal ideation. • He also explored variables such as family functioning, expectations for the future, family intactness, social support, religion, and reasons for migration and their contribution to depression and suicidal ideation among this sample. .	Angeles Ages 17-77; of the sample 66.4% were between the ages of 17-35; 22.1% were ages 36-55; and 11.5% were ages 55-77 Marital Status 30.1% = married 46% = single 15.1% = separated or divorced 3.5% = widowed 5.3% = common law marriage Religion Catholic = 83.2% Protestant = 4.4% Other = 6.2% No religious affiliation = 6.2% Number of Years in the U.S. 1-4 years = 51.8% 5-10 years = 18.8% 11+ years = 29.4%	“How religious are you?” “How much influence does religion have upon your life?” and “How often do you attend church?” • Perception of control and decision to migrate the following questions were asked: “If you were born in another country, did you contribute to the decision to move to the U.S.?” and “If you were born in another country, did you agree with the decision to move to the U.S.?” • Short Acculturation Scale for Hispanics was used in the study to assess for acculturation. • General Functioning Scale of the Family Assessment Device: this self-report measure was used to assess for family functioning. Some of the questions in the measure include, “In times of crisis we can turn to each other for support” and “We avoid discussing our fears and concerns.” • Personal Resource Questionnaire Part 2 was used in the study to measure perceived effectiveness of social support. Examples include, “I belong to a group in which I feel important”		lower levels of social support, lower levels of religious affiliation, and increased levels of hopelessness were at risk for developing depressive symptomatology and critical levels of suicide ideation which may result in suicide. 2. The study revealed that women had higher level of depression than men. 3. Family dysfunction was linked to greater depression. 4. Protective factors among this sample of Mexican immigrants included, emotional closeness within the family, social support, and religion.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Katragadda, C. P. & Tidwell, R. (1998). Rural Hispanic adolescents at risk for depressive symptoms. <i>Journal of Applied Social Psychology</i> , 28(20), 1916-1930. doi: 10.1111/j.1559- 1816.1998.tb01353.x	<p>The purpose of the research study was to examine depressive symptomatology among rural Hispanic youth and to identify risk factors for depression.</p> <ul style="list-style-type: none"> • What is the relationship between family structure and level of depression? • What is the 	<p>$N = 240$ high school Hispanic adolescents (118 males; 122 females) in the San Joaquin Valley of California. Most parents of participants emigrated from different areas of Mexico.</p>	<p>and “I can’t count on my friends to help me with problems.”</p> <ul style="list-style-type: none"> • SAFE scale was used to measure acculturative stress in attitudinal, familial, and environmental contexts. It also assesses for perceived discrimination toward immigrant populations. • CES-D was used to assess for depression and depressive symptomatology • Adult Suicide Ideation Questionnaire is a self-report measure that assesses nature and frequency of suicidal ideation. • Expectations for the future was assessed using a questionnaire that asked an open-ended question “What do you think the future will be like for you and your family?” • Center for Epidemiological Studies-Depression Scale (CES-D): 20-item self-report measure was used in the study to assess for depressive symptomatology. • Background Information Questionnaire was used to obtain demographic characteristics such as age, gender, grade level, birth order, and place of birth; it also assesses for family 	Exploratory study	<p>1. Females reported greater levels stress and depression compared to male adolescents.</p> <p>2. Follow-up interviews with counselors, teacher’s aides, and parents revealed that adolescent girls unlike boys experienced pressures at home to take household responsibilities and caring</p>

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	relationship between level of depression and acculturation, self-esteem, and perceived level of stress? • Are the differences related to gender and level of depression?	Ages 15-20 years Grade Level <i>N</i> = 115 ninth graders <i>N</i> = 53 tenth graders <i>N</i> = 15 eleventh graders <i>N</i> = 57 twelfth graders	structure such as family size, number and gender of siblings, marital status of parents, educational level of parents, occupation of parents, and current work status of parents; and level of acculturation to American society: fluency in English and Spanish, place of birth, length of United States residence, and ethnic identification • Piers-Harris Children's Self-concept Scale: this self-report measure was used to assess of children's feelings behavior, intellectual and social status, physical appearance, popularity about themselves. The Piers-Harris scale measures children's evaluations of their behavior, intellectual and social status, physical appearance, anxiety, popularity, and satisfaction. • Hispanic Children Stress Inventory was used in the study to assess perceived stress among Mexican immigrant adolescents in social and family environments in the United States.		for their younger siblings. 3. Interviews also revealed that parents of these young women discouraged them from completing homework assignments or even completing their high school education. 4. Adolescents who were living longer in the United States appeared better adjusted to the Anglo culture and thus reported less stress in school, at home, and their social environment. 5. Low acculturation was related to higher stress which was related to higher levels of depression; however acculturation was not a significant predictor of depression.
Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-	The aim of the study was to explore how family factors (parent-adolescent conflict),	The authors recruited 121 adolescent Latina suicide attempters	For purposes the present study, the authors categorized Latina girls into the four largest group represented,	Cross Sectional design	1. Familism was a protective factor against parent-adolescent conflict. In sum, parent-adolescent

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esteem, internalizing behaviors, and suicide attempts among adolescent Latinas. <i>Child Psychiatry and Human Development</i> , 41(4), 425-440. doi: 10.1007/s10578-010-0179-0	<p>cultural factors (familism), and individual factors to protect or potentiate suicidal behavior among adolescent Latinas.</p> <p>More specifically, the following were the research questions posed by the authors:</p> <ol style="list-style-type: none"> 1. What is the link between parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts in Latina youth? 2. What role does familism play in building self-esteem and protecting against parent-adolescent conflict, internalizing behaviors, and suicide attempts? 	<p>and 105 non-attempters ages 11-19 from New York social services agencies, psychiatric hospitals, and primary health care clinics.</p> <p>105 parents of suicide attempters (86 mothers, 19 fathers) and 95 parents of non-attempters (78 mothers, 17 fathers) participated in the study.</p> <p>72% of the adolescent Latinas were U.S.-born; however most girls identified with a Hispanic group or culture: 79</p> <p>Ethnicity</p> <p>Puerto Rican = 79 Dominican = 64 Mexican = 27 Colombian = 23 Ecuadorian = 10 Guatemalan = 3 Salvadorian = 2</p>	<p>these included Puerto Rico, Dominican, Mexican, and Columbian. Another group was created "Other Hispanic Culture" to include girls with smaller representation and who identified themselves with more than one subgroup.</p> <p>Parent's level of education was assessed by asking the parent directly to indicate their highest of education.</p> <ul style="list-style-type: none"> • Rosenberg Self-Esteem Scale: Consists of 10 items assessing an adolescent's level of global self-esteem. Scores range from 10 to 40 with higher scores indicating higher levels of self-esteem. • Internalizing behaviors was measured using items from the Youth Self Report Measure. Scores range from 0 to 48, with higher scores indicating higher levels of internalizing behaviors. • Conflict Behavior Questionnaire was utilized to measure parent-adolescent conflict. It consists of 15 dichotomous yes or no items. Scores range from 0 to 15 with higher scores indicating increased levels of perceived conflict and negative 		<p>conflict was associated with higher levels of internalizing behaviors and lower self-esteem.</p> <p>2. Results of the study also revealed that both internalizing behaviors and self-esteem was related to suicide attempts. They also revealed higher levels of internalizing behaviors predicted suicide attempts; while higher levels of self-esteem protected against suicide attempts.</p> <p>3. Findings also revealed that familism was found not to be a cultural protective factor against internalizing behaviors among adolescent Latinas in a restrictive family system.</p> <p>4. Findings also revealed that as Latino adolescent's familistic attitudes increased, they demonstrated lower levels of conflict with the parent, however demonstrated higher levels of internalizing behaviors. Of note, Latina youth with a history of suicide attempts did not differ from those</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Cuban = 1 Honduran = 1 Peruvian = 1 Venezuelan = 1 Eleven girls identified themselves as “other.” Mexican American = 3 Puerto Rican Dominican = 3 Dominican– American = 1 Dominican Cuban = 1 Ecuadorian American = 1 Peruvian Puerto Rican = 1 Black Puerto Rican = 1 Of note, three adolescents identified as “American” but were classified as Hispanic based on their mothers’ Hispanic origin	communication between the parent and adolescent dyad. • Familism was measured using an attitudinal that taps on familial support, interconnectedness, family honor, and subjugation of the self to family. • Suicide attempts was coded as “1” for adolescent Latinas who have attempted suicide and “0” for Latina adolescent who have never had a suicide attempt.		who did not have a history of suicide attempts. 5. Results also point to the fact that Latina youth who perceive more conflict with their parents also reported higher levels of internalizing behaviors as well as lower levels of self-esteem.
Langhinrichsen-Rohling, J., Friend, J., & Powell, A. (2009). Adolescent suicide, gender, and	The purpose of the literature review was to provide a current qualitative research	N/A	N/A	Literature review	1. Despite the different overall levels of suicidal behaviors among the four ethnic groups, in all

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
culture: A rate and risk factor analysis. <i>Aggression and Violent Behavior</i> , 14(5), 402-414. doi:10.1016/j.avb.2009.06.010	review on gender differences on adolescent suicide behavior among four of the largest ethnic groups in the U.S.: African Americans, Asian Americans, Native Americans, and Latino Americans.				<p>groups, the authors found that although females attempt suicide more often than males, males have more lethal ways of attempting suicide and thus complete suicide more often than females.</p> <p>2. Results of the literature review also reveal that if clinicians rely heavily on identifying at risk youth for suicide based on nonfatal suicide attempts, they will fail at properly identifying at risk males as they tend not to verbalize or express their suicidal tendencies.</p> <p>3. Gender disparity in suicide completion was found to vary significantly among the four ethnic groups; African Americans had the largest gender ratio; this is due to factors such as effects of deindustrialization, racial discrimination, limited support and available resources, and stigma of vulnerability.</p> <p>4. Asian American had the lowest rates in suicide</p>

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					completion as well as the lowest rate in terms of gender disparities.
					5. Latina adolescents were found to be at an increased risk for suicide attempt compared to females from other ethnic groups. Research identifies factors such as family role expectations and vulnerability to mental health disorders such as depression.
					6. Native American females have an elevated risk for suicide completion compared to other ethnic groups. Factors such as vulnerability to depression, stress, and physical abuse contribute to this elevated risk.
					7. The authors highlight the importance of utilizing indirect broad measures to assess proneness to suicide as opposed to more traditional direct measures.
Locke, T. F., & Newcomb, M. D. (2005). Psychosocial predictors and correlates of	Hypothesis: 1. Childhood maltreatment, parental	Data from a larger project funded by the California	• Questionnaires (available in English and Spanish) • Measures:	Secondary analysis of the California Well	1. The strongest predictor of more suicidality was the external microsystem

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suicidality in teenage Latino males. <i>Hispanic Journal of Behavioral Sciences</i> , 27(3), 319-336. doi: 10.1177/0739986305276745	alcohol related problems, and polysubstance problems are risk factors that predict higher levels of suicidality. 2. Self-efficacy, social conformity, and family bonding are protective factors that predict lower levels of suicidality.	Wellness Foundation Young males from the Los Angeles County community sample who identified themselves as Latino $N = 349$ U.S born Latinos 79% Mexico 17% Other Latinos (Guatemala, El Salvador) 3% Education level: 7th grade to 3 years in college	o Outcome Domain: behavioral, attitudinal, and cognitive components related to suicidality o External Microsystems: Five five-item subscales related to childhood experiences of abuse and neglect were assessed with the 25-item Childhood Trauma Questionnaire: Sexual, emotional, and physical abuse; Emotional and physical neglect. o Children of Alcoholics Screening Test: assess parent's alcohol problems o Relations with Family/ Parents o Internal Microsystems: self efficacy was assessed (assertiveness, a sense of competence/effectiveness, and confidence in problem solving) o Mesosystems: Social conformity and religion commitment.	Foundation project	of emotional abuse. 2. This highlights the negative impact of emotionally abusive experiences for male Latino teens. 3. The next strongest predictor of suicidality was hard drug use (internal microsystem) and sexual abuse (external microsystem). 4. Having a mother with alcohol related problems also a predictor of suicidality. 5. Protective Factors: problem solving confidence (internal microsystem), and a good relationship with parents (external microsystem).
Martínez, R. O. & Dukes, R. L. (1997). The effects of ethnic identity, ethnicity, and gender on adolescent well-being. <i>Journal of Youth and Adolescence</i> , 26(5), 503-516. doi: 10.1023/a:1024525821078	The authors predicted that a stronger ethnic identity results in an increase in social-psychological well-being.	$N = 12,386$ adolescents in junior and high school from six school districts in Pikes Peak region in Colorado. White, Native Americans,	• Two questionnaires, that were composed of 66 core items that obtained information such as demographics, self-esteem (measured by the 10-item Rosenberg scale) and ethnic identity (six items were taken from the Self Concept of Academic Ability Scale), and	Survey study	1. White and Native Americans had the lowest ethnic identity; Blacks and Hispanics had the highest ethnic identity; Asian adolescents and those of mixed ancestry had intermediate levels of ethnic identity.

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		Asians, Black, and Hispanic.	purpose of life (five items were used from the Purpose in Life scale (Crumbaugh 1968) which measured psychosocial health based on Frankl's concept of Meaning), plus additional items from either Option A or Option B. o Option A: 21 additional questions that included items on self-confidence, extracurricular activities, and work. o Option B: 37 additional questions that included items on family, purpose in life, and fear of physical harm.		2. Results revealed that the greater level of ethnic identity, the higher the self-esteem, purpose in life, and self-confidence.
McDonald, E. J., McCabe, K., Yeh, M., Lau, A., Garland, A., & Hough, R. L. (2005). Cultural affiliation and self-esteem as predictors of internalizing symptoms among Mexican American adolescents. <i>Journal of Clinical Child and Adolescent Psychology</i> 34(1), 163-171. doi: 10.1207/s15374424jccp3401_15	<ul style="list-style-type: none"> Study is based on Allen's et al. (1996) study. Study employs a two year longitudinal method that examines the relationship between cultural affiliation and self-esteem among at risk Mexican American adolescents at baseline (T1) and changes that occur over a two period of time in regards to internalizing behaviors. The authors hypothesized, that at baseline, affiliation with the Mexican culture would be negatively related to internalizing 	<p>Subsample ($N = 94$) of high risk Mexican American adolescents from the Patterns of Youth Mental Health Care in Public Service System.</p> <p>Ages: 11-16 at the time of the first interview; 13 to 18 at the time of the second interview.</p> <p>Of this youth, 2.1% had received</p>	<ul style="list-style-type: none"> Youth Self-Report (YSR): widely used with English and Spanish sample youth, self-report measure that assesses social competencies and emotional and behavior symptoms of adolescents 11-18 years old. Child Health Questionnaire-Child Form 87 (CHQ-CF87): youth self-report instrument with 12 subscales that measure psychosocial well-being of children 10 years and older. For purposes of this study, only the self-esteem subscale was used. This subscale targeted youth's satisfaction with school/athletic abilities, 	Longitudinal study	<p>1. Internalizing symptoms among at risk Mexican American adolescents did not increase with increasing acculturation.</p> <p>2. Low self-esteem was a risk factor for internalizing symptoms only among girls minimally affiliated with the Mexican culture.</p>

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	symptoms, controlling for baseline internalizing symptoms.	alcohol or drug treatment; 29.8% were from child welfare; 14.9% were from the juvenile justice system; 61.7% were from mental health; 23.4% were from school services for youth with severe emotional disturbances in the fiscal year 1996-1997; 27.7% received services from more than one sector of care.	appearance, family/peer relationships, and life. • Pan Acculturation Scale (PAN): self report instrument designed for youth and adults. It assesses affiliation with the dominant culture or alternative or native culture.		
Ng, B. (1996). Characteristics of 61 Mexican Americans who attempted suicide. <i>Hispanic Journal of Behavioral Sciences</i> , 18(1), 3-12. doi: 10.1177/07399863960181001	To examine Mexican American adolescents who were hospitalized in an inpatient psychiatric unit after a suicide attempt.	$N = 61$ Mexican Americans (both males ($n = 21$) and females ($n = 40$) under the age of 18 who were admitted consecutively to an inpatient psychiatric unit in Texas after a suicide attempt within the past 18 months	• Structured questionnaire to obtain demographic information such as age, gender, marital status, occupation, number of years in Texas, etc. The questionnaire also inquired about personal information such as history of sexual abuse, substance abuse, suicide attempts including number of attempts and if they were intoxicated while they attempted suicide. It also inquired about family history: how long they have lived with their biological parents, and inquired whether	Survey study	1. Findings of the study revealed that Latino adolescents in the high intent group had significantly more suicide attempts, lived with biological parents for a longer time, had at least one of the parent at home at the time of the suicide attempt, and were less acculturated to the U.S.

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Olvera, R. L. (2001). Suicidal ideation in Hispanic and mixed- ancestry adolescents. <i>Suicide and Life- Threatening Behavior</i> , 31(4), 416-427. doi: 10.1521/suli.31.4.4 16.22049	<ul style="list-style-type: none"> • To find increased rates of suicidal ideation in Hispanics and mixed-ancestry adolescents compared to Anglo peers. • To see higher levels of psychological stress (i.e. depression, family problems) in adolescents with suicidal ideation. • To find coping strategies that avoid the problem (disengagement and denial) would be associated with increased suicidal ideation. 	<p>$N = 158$ students in grades 6-8 in a local middle school</p> <p>Males $n = 73$; Females $n = 85$</p> <p>Ethnicity</p> <p>56% Hispanic (predominantly Mexican-Americans)</p> <p>21% Non-Hispanic White</p> <p>14% Mixed Ancestry</p> <p>1% African American</p>	<p>any parent was at the home during their suicide attempt</p> <ul style="list-style-type: none"> • Suicide Intent Scale (SIS): it assesses the degree of the suicide attempt (low, medium, and high), lethality of the attempt, their desire to die, and the precautions taken to being rescued from attempt o Each participant was placed into one of three groups low, moderate, and high based on the degree of the attempt <ul style="list-style-type: none"> • Subscales from the Teen Life Changes Survey (measures factors such as depression, suicidality, gender, perceived SES, and coping strategies) • Depression and suicidal ideation was measured using the DSD (self-administered checklist) • COPE (measures coping skills) • Perceived SES was based on the student's perception of status compared to their peers (much better off vs. much worse off) • Ethnicity was measured by self-report 	Descriptive study	<p>1. Hispanics (92% of Mexican ancestry) displayed significantly greater suicidal ideation. Fatalism, acculturation stress, sociocultural stress, minority status, and increased depressive symptoms may be related to increased suicidality in Mexican Americans adolescents.</p> <p>2. Study found higher reported suicidal ideation for mixed ancestry adolescents compared to Anglo adolescents.</p> <p>3. Depression may account for the increased suicidality rate.</p> <p>4. Closer inspection of the</p>

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					<p>mixed-ancestry group revealed that adolescents were part Mexican ancestry, Hispanic or Latino, and part Anglo or White.</p> <p>5. The hypothesis that coping strategies would help explain the differences in depression and suicidality in different ethnic groups was partially supported.</p> <p>6. Denial and disengagement were associated with increased suicidal ideation (as they do not address the problem).</p> <p>7. Social support and religion was associated with suicidal ideation (hypothesis was not supported).</p>
Peña, J. B., Wyman, P. A., Brown, C. H., Matthieu, M. M., Olivares, T. E., Hartel, D., ... Zayas, L. H. (2008).	<ul style="list-style-type: none"> Using the Latino subset of the National Longitudinal Study of Adolescent Health, the aim of the study was to examine the relationship between suicide attempts and immigrant generation. The authors also explored whether 	<i>N</i> = 3,135 participants who were Hispanic or Latino origin, had at least one residential parent; and reported parental birthplace.	<ul style="list-style-type: none"> Immigrant Generation Status: participants were placed in one of three immigrant generation categories based upon the adolescent's report of the location of birth and the birthplace of the parents. Problematic Alcohol Use Problematic alcohol was measured using the following 	Secondary Analysis of a Longitudinal study	<p>1. Results of the study revealed that immigrant generation status was a determinant for suicide attempts, problematic alcohol use, repeated marijuana use, and repeated other drug use for Latino adolescents.</p> <p>2. U.S.-born Latinos with</p>

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in the USA. <i>Prevention Science</i> , 9(4), 299-310. doi: 10.1007/s11121-008-0105-x	generation status predicted risk factors associated with elevated suicide behaviors, particularly illicit substance use, problematic alcohol use, and depressive symptoms.	Ethnicity Mexican = 59% Puerto Rican = 13% Cuban = 6% Descendants of other Hispanic countries = 22% Generation Status 26% = first- generation 35% = second- generation 40% later generations	questions indicating recurring impairment in functioning due to alcohol use. These included "Over the past 12 months, how many times has each of the following things happened: got into trouble with parents because you had been drinking; had problems at school or with school work because you had been drinking; had problems with friends because you had been drinking; had problems with someone you were dating because you had been drinking; did something you later regretted because you had been drinking; got into a sexual situation that you later regretted because you had been drinking; or got into a physical fight because you had been drinking?" • Repeated Marijuana Use was measured by the following item, "During your life, how many times have you used marijuana?" • Repeated Other Drug Use was measured using the following items: "During your life, how many times have you used cocaine, inhalants, or illegal drugs such as LSD, PCP, ecstasy, mushrooms, speed, ice, and heroin, or pills without a		immigrant parents were three times more likely to attempt suicide, two times more likely to engage in problematic alcohol use, three times more likely to engage in repeated marijuana use, and two times more likely to engage in repeated other drug use than were foreign-born youth. 3. Later-generations of U.S.-born Latino youth with U.S.-born parents were four times more likely to attempt suicide, three times more likely to engage in problematic alcohol use, four times more likely to engage in repeated marijuana use, and three times more likely to engage in repeated other drug use than were first-generation youth.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Romero, A. J. & Roberts, R. E. (2003). Stress within a bicultural context for adolescents of Mexican descent. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 9(2), 171-184. doi: 10.1037/1099-9809.9.2.171	<ul style="list-style-type: none"> • The purpose of the study was to develop a measure of stressors within a cultural context relevant to the bicultural context of Latino youth. • They also wanted to assess its relationship to depressive symptoms. • The authors also assessed differences between immigrant and U.S. born adolescents in regards to stress type and stress level. • They also assessed the relationship between stressors and depressive symptoms. 	Rural Middle school students of Mexican descent, grades 6th to 8th. <i>N</i> = 994; 954 English surveys and 40 Spanish surveys	<p>doctor's prescription?"</p> <ul style="list-style-type: none"> • Center for Epidemiologic Studies Depressive Symptoms Scale (CES-D) was used to assess for depressive symptoms. • Suicide Attempts in the past 12 months was assessed by the question, "During the past 12 months, how many times did you actually attempt suicide?" • Demographics: students provided information regarding age, gender, grade level, generational level (U.S. born vs. other born), and ethnic group. • Language Use: participants included their preference for language use at home, school, and with media. Three languages based on language preference were obtained: English only, bilingual preference and Spanish only. • Perceived socio-economic status was assessed by asking each participant what best describes their family's standard of living. The Likert-type responses included, poor, nearly poor, just getting by, living comfortably, and very well off. • Self Esteem: Rosenberg's 	Cross Sectional Survey study	<p>1. No significant results were found regarding gender differences in bicultural stressors; however, it was determined that U.S. born adolescents reported experiencing fewer total number of stressors (family, discrimination, monolingual, and peer) compared to immigrant adolescents.</p> <p>2. U.S. born adolescents reported experiencing more stress because they needed to speak better Spanish and they felt like they could not be like Americans children.</p> <p>3. Immigrant adolescents reported more stress because they needed better English in school,</p>

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			scale was used to measure self-esteem • Depressive Symptoms were measured using the Diagnostic Interview Schedule for Children, Version 2.1 • Bicultural Stressors was assessed using Cuellar and Roberts (1997) adult stress scale; 14 of the items from this measure were revised with an adolescent focus on school, family, and peers. A few of the items were developed based on previous scales such as the SAFE, HIS, and the Minority Stressors scale and modified for adolescents.		family obligations, and discrimination. 4. The perception of stressors for both immigrant and U.S. youth was associated with depressive symptoms.
Smokowski, P. R. & Bacallao, M. L. (2007). Acculturation, internalizing mental health symptoms, and self-esteem: Cultural experiences of Latino adolescents in North Carolina. <i>Child Psychiatry and Human Development</i> , 37(3), 273-292. doi: 10.1007/s10578-006-0035-4	The aim of the study is to examine the relationships among acculturation risk factors and cultural assets and internalizing symptoms and self-esteem. The authors also examined the relationships among assimilation, enculturation, and biculturalism and internalizing symptoms and self-esteem. The authors hypothesized that:	<i>N</i> = 323 Latino adolescents, ages 11-19 51% of the sample was females Ethnicity 97% of the participants were born outside of the U.S. Mexico = 66% Central America = 13% South America = 21%	Independent variables: • Gender: dichotomous variable; 1 was coded for female; 2 was coded for male • Age: measured in years • Bicultural Involvement Questionnaire (BIQ) was used to measure involvement in Latino and non-Latino cultures. This measure is comprised of 33 items that measures, food, language, recreational activities, and media use. This measure separates Latino and non-Latino categories. Two subscales of	Cross Sectional Survey study	1. Results of the study revealed that parent-adolescent conflict was the most prominent risk factor for internalizing behaviors and low self-esteem. 2. Findings also demonstrated that adolescents who are highly involved with the Latino culture and less involved with the Americanized culture are at higher risk for the development of

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	<p>1. Assimilation and enculturation stressors such as discrimination and parent-adolescent conflict would predict internalizing behaviors and would decrease self-esteem.</p> <p>2. Enculturation, biculturalism, and pro-social behaviors would decrease internalizing behavior and increase self-esteem.</p>	<p>Average length in the U.S. 4.77 years with a range of one month to 17 years.</p> <p>Grade 96% of the sample was in school with 9th</p> <p>Housing arrangements 2/3 of the sample lived in a two parent household 24% lived in a single parent household</p> <p>Household income Ranged from \$19,000-\$90,000 Median income was \$22,446</p> <p>Parent Education 67% of participant parents did not graduate high school and 45% of the participants' parents had less</p>	<p>this measure assess for involvement in Latino culture and the other one measures involvement in the American culture.</p> <ul style="list-style-type: none"> • For purposes of the study, biculturalism was determined by the total cultural involvement score obtained from the two subscales form the BIQ. • Perceived discrimination was measured using a three-item scale that ranged from “not at all” to “frequently.” • Familism was measured using six-items that assessed feelings of trust, confidence, loyalty, pride, and expression of emotions in the family. • Parent-adolescent conflict was measured using the Conflict Behavior Questionnaire-20 which provides a measure of negative communication among the parent-adolescent dyad. • Prosocial Friends scale is part of a School Success Profile that is used to measure risk and protective factors in middle and high school. The scores range from 0-10 with higher scores indicating relationships with more friends. 		<p>internalizing behaviors.</p> <p>3. The author also found that perceived discrimination was also associated with increased levels of internalizing behaviors and lower self-esteem</p>

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		than a 7th grade education	<p>Dependent Variables</p> <ul style="list-style-type: none"> • Internalizing problems was assessed using the Youth Self Report (YSR). This measure consists of three subscales: Anxious /depressed (13 items); withdrawn/depressed (eight items); and Somatic complaints (three items). Scores were added within the three scales; total score was used to determine internalizing behaviors. Higher scores indicated greater severity of internalizing behaviors. • Rosenberg Self-Esteem scale (SES): For purposes of the study, the authors retained seven out of the 10 items in this measure. They deleted the items, “I wish I could have more respect for myself,” “At times I think that I’m not good at all,” and “I am able to do things as well as most other people.” They chose to drop these because the when they conducted factor analyses there were no significant factor loadings as well as reliability was enhanced. These items also did not have direct translations from English to Spanish. They also believed that these items were problematic for 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Smokowski, P. R., David-Ferdon, C., & Stroupe, N. (2009). Acculturation and violence in minority adolescents: A review of the empirical research. <i>Journal of Primary Prevention</i> , 30(3-4), 215-263. doi: 10.1007/s10935-009-0173-0	The aim of the literature review was to investigate how acculturation influences adolescent interpersonal and self-directed violence among three ethnic groups: Latino, Asian/Pacific Islander, and American Indian Alaskan Native.	N/A	disadvantaged immigrants who experienced daily discrimination as it was unclear whether these items measured low self-esteem vs. low status in U.S. society. N/A	Literature review	1. Findings of the literature review indicate that higher levels of adolescent assimilation was a risk factor for youth self-directed violence such as suicide, suicide ideation and attempts. 2. The review also highlights that culture of origin involvement appear to be cultural assets against youth violence.
Smokowski, P. R., Rose, R. A., & Bacallao, M. (2010). Influence of risk factors and cultural assets on Latino adolescents' trajectories of self-esteem and internalizing symptoms. <i>Child Psychiatry and Human Development</i> , 41(2), 133-155. doi: 10.1007/s10578-009-0157-6	The purpose of the study was to examine the longitudinal trajectories of acculturation, internalizing symptoms, and self-esteem in Latino adolescents. The authors hypothesized that adolescent internalizing symptoms will increase or remain stable and self-esteem will deteriorate with time spent in the U.S. They also predicted that	This study was part of the Latino Acculturation and Health Project a longitudinal investigation of acculturation in Latino families living in either North Carolina or Arizona. N = 349 Latino adolescents	Independent Variables • Adolescent demographics: o Gender (females = 1, males = 0) o Age o Time living in the U.S. was measured in years since immigration for foreign-born adolescents or since birth for native-born adolescents o Parent education level o Annual income • Bicultural Involvement Questionnaire (BIQ) was	Longitudinal study	1. Results of the study indicated that over time, Latino adolescents' internalizing problems decreased and their self-esteem increased which is in contrast to studies that indicated that foreign-born and second-generation immigrant adolescents had greater sense of well-being than native Latino adolescents whose families had been in the U.S. for a longer

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	acculturation stressors will be stronger predictors of internalizing symptoms and self-esteem than cultural involvement. Furthermore, they hypothesized that family variables will play key roles influencing adolescent internalizing symptoms and self-esteem.		<p>used to determine the adolescent's culture-of-origin involvement as well as U.S. cultural involvement. Each subscale had 20 items. The culture of origin questions assessed for use of native language, food, recreation, and media whereas the U.S. cultural involvement assessed for English language use, non-Latino U.S. food, recreation, and media.</p> <ul style="list-style-type: none"> • Biculturalism: to determine biculturalism, the adolescent's culture-of-origin involvement and U.S. culture involvement were summed to measure the participant's total cultural involvement or biculturalism score. • Conflict Behavior Questionnaire-20 (CBQ-20): this measure uses a 20 yes–no items to assess positive and negative interactions that occurred in both non-conflictual and argumentative exchanges. • Acculturation Conflicts: Both adolescents' and parents' perceptions of acculturation conflicts were measured with a four-item scale. The four items included, "How often have you had problems with your family because you prefer 		<p>period.</p> <p>2. Adolescents who were more involved in the U.S. host culture had lower internalizing symptoms compared to those adolescents who reported low U.S. cultural involvement.</p> <p>3. Bicultural adolescents with high culture-of-origin involvement reported higher self-esteem.</p> <p>4. Parent–adolescent conflict consistently displayed a stronger risk relationship with both internalizing symptoms and low self-esteem.</p>

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			<p>American customs;" "How often do you think that you would rather be more American if you had a chance;" "How often do you get upset at your parents because they don't know American ways" and "How often do you feel uncomfortable having to choose between non-Latin and Latin ways of doing things?"</p> <ul style="list-style-type: none"> • Adolescents' and parents' perceptions of perceived discrimination was assessed using three items which asked how often they believed that they were disliked because they were Latino as well as two other items that asked about unfair treatment of themselves or their friends because they were Latino. • Familism was assessed using seven items. Participants had to agree or disagree if they believed that (a) family members respect one another; (b) if they believed that they share similar values and beliefs as the family; (c) if things work out well for them as a family; (d) whether they really trusted and confided in each other, (e) if family members 		

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			<p>feel loyal to the family;(f) if they are proud of the their family, and (g) if they can express their feelings with their family.</p> <p>Dependent Variables</p> <ul style="list-style-type: none"> • Child Behavior Check List (CBCL/4-18) and the Youth Self-Report (YSR) were used to assess for adolescent's internalizing symptoms. • The Rosenberg Self-Esteem scale was used to assess adolescent self-esteem. Some of the items in this scale included "I feel positive about myself" and "I'm a valuable person, at least equal to others," and "I feel useless at times." 		
Turner, S. G., Kaplan, C. P., Zayas, L., & Ross, R. E. (2002). Suicide attempts by adolescent Latinas: An exploratory study of individual and family correlates. <i>Child and Adolescent Social Work Journal</i> , 19(5), 357-374. doi: 10.1023/a:1020270430436	<p>Hypothesis:</p> <ul style="list-style-type: none"> • Differences in the quality of relationships between mothers and daughters, and the daughter's repertoire of coping skills, would distinguish Latinas who attempted suicide from those that did not attempt suicide. 	<p><i>N</i> = 31 adolescent Hispanic females, ages 12-20, who were receiving mental health services, located in poor or working class communities.</p> <p>Suicide attempters in the previous five years = 14 Never attempted suicide = 17</p>	<ul style="list-style-type: none"> • Background Demographic Information Questionnaire • Beck Depression Inventory • Rosenberg Self Esteem Scale • The KID COPE (measures coping abilities) • FACES II (family environmental scale that measures the adolescent's perception of family environment) • Short Acculturation Scale • Mutual Psychological Development 	Exploratory study	<p>1. Significant relationship between suicide attempt and mother/daughter mutuality.</p> <p>2. Girls who feel that their mothers are interested and involved in their lives, and they are also interested in their mother's life, are less likely to commit a suicide attempt.</p> <p>3. The relationships of adolescent Hispanic girls</p>

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Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. <i>Archives of General Psychiatry</i> , 55(9), 771-778. doi:10.1001/archpsyc.55.9.771	The purpose of the study was to compare the psychiatric morbidity for immigrant and native born adults of Mexican origin with rates for the U.S. national population from the NCS and from Mexico City, Mexico survey.	<i>N</i> = 3,012 Mexican participants from Fresno County Mexican origin was established by asking respondents if they or at least one parent or grandparent were born in Mexico.	• The modified version of the Composite International Diagnostic Interview (CIDI): The CIDI, is a structured clinical interview to assess for psychiatric disorders (for lifetime, 12-month, 6-month, and 1-month prevalence). Diagnoses established for this study included: mood disorders such as major depressive disorder, manic episode, dysthymia; substance abuse disorders such as alcohol abuse and dependence as well as drug abuse and dependence; anxiety disorders such as panic disorder, agoraphobia, and simple phobia; and antisocial personality disorder N/A	Survey study	and their mothers, as well as the adolescent's ability to use coping skills, greatly influence not making a suicide attempt. 1. Results of the study revealed that more acculturated Mexicans have a higher risk for lifetime prevalence of psychiatric disorders than do recent Mexican immigrants.
Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & González-Ramos, G. (2000). Understanding suicide attempts by adolescent Hispanic females. <i>Social Work</i> , 45(1), 53-63. doi: 10.1093/sw/45.1.53	• Presents an integrative model to aid clinicians in understanding suicide attempts by Hispanic adolescent females. • Integrative Model for Understanding Suicide Attempts: o Sociocultural domain: acculturation generational status, and	N/A		Theoretical discussion	1. The Integrative Model of suicide attempts by adolescents Hispanic females is intended to deepen understanding on adolescent Hispanic female suicide attempts and to better inform clinical practice. 2. The five Domains include:

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	cultural factors o Family domain: dysfunctional family cohesiveness (low cohesiveness, familial and marital conflict/violence low parental support, parental-adolescent conflict) o Developmental Factors: Desire for autonomy and independence threatens cultural and family ties o Psychological domain: Depression, lack of proper problem solving skills, anger				a. Sociocultural domain i. Acculturation status and Hispanic cultural factors are crucial elements in understanding Hispanic adolescent female's suicide attempt. ii. Disparities between adolescent's acculturation and parent's acculturation are evident in suicidal attempts in Hispanic females. iii. Socioeconomic conditions influence incidents of suicide b. Family Domain i. Dysfunctional family environments ii. Authoritarian parenting iii. Absence of fathers iv. Mother and daughter relationship c. Developmental factors i. Greater autonomy and sexual awareness d. Psychological Domain i. Anger ii. Depression
Zayas, L. H., Lester, R. J., Cabassa, L. J., & Fortuna, L. R. (2005). Why do so many Latina teens attempt suicide? A conceptual model for research. <i>American Journal of Orthopsychiatry</i> , 75(2), 275-287.	Researchers present a conceptual model to help guide research phenomenon of Latina adolescent suicide attempts.	N/A	N/A	Theoretical discussion	1. Family conflict around the adolescent's behaviors (familism vs. autonomy) coupled with the adolescent's emotional vulnerability and heightened sensitivity to threatening family order appears to be a risk factor

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doi: 10.1037/0002-9432.75.2.275					<p>for suicide attempt.</p> <p>2. Suicide attempt represents a major developmental struggle between the adolescent's need for autonomy (identity and sexuality) and her deep regard for family unity.</p> <p>3. Faced with less acculturated parents, that emphasize familism, the adolescent views the conflict as a major breach in her family's integrity.</p>
Zayas, L. H. & Pilat, A. M. (2008). Suicidal behavior in Latinas: Explanatory cultural factors and implications for intervention. <i>Suicide and Life Threatening Behavior</i> , 38(3), 334-342. doi: 10.1521/suli.2008.38.3.334	Given the extant literature, the authors hypothesized that the high rates of suicidal behaviors among adolescent Latinas can be better understood as a cultural phenomenon and that treatment interventions for this population must take family and culture into consideration.	N/A	N/A	Literature review	<p>1. The high rates of Latina suicidal behavior can be best understood within a cultural framework (e.g., familism, culture-bound syndrome). That is, suicide behaviors among Latina/o youth particularly females, is a cry for help</p> <p>2. When treating the adolescent Latina, mental health professionals should treat the young Latina within the context of her family.</p>

Immigration

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Borges, G., Breslau, J., Su, M., Miller, M., Medina-Mora, M. E., & Aguilar-Gaxiola, S. (2009). Immigration and suicidal behavior among Mexicans and Mexican Americans. <i>American Journal of Public Health</i> , 99(4), 728-733. doi: 10.2105/ajph.2008.135160	The purpose of the study was to examine migration to the U.S. as a risk factor for suicidal behavior among people of Mexican origin.	The authors pooled data from two nationally representative samples: (1) The Mexican National Comorbidity Survey (MNCS): this survey was conducted in 2001-2002 as part of the World Health Organization's World Mental Health Initiative. a. A sample (5,782) of household residents from Mexico ages 18-65 and, (2) The U.S.: Collaborative Psychiatric Epidemiology Surveys (CPES; 2001-2003;1,284); sample of English speaking household residents of the continental U.S., (3) Data on the Mexican American population came from two components surveys of the CPES: The National Comorbidity Survey Replication (NCSR) conducted from 2001-	<ul style="list-style-type: none"> Both the MNCS and the CPES used the same structured interview to assess for suicide outcomes, psychiatric disorders, and their correlates. Suicide Related Measures: the WMH-CIDI was utilized to assess three suicide outcomes: suicide ideation, suicide plans, and suicide attempts. If participants indicated that they had attempted suicide a follow up question inquiring age of onset was asked. Migration experience: participants were asked questions regarding their migration experience to the U.S. Questions inquired about (1) motivation for migration and (2) whether they had family members living permanently or temporarily in the U.S. The answers to these questions were used to define three population categories, (1) those individuals who had stayed in the U.S. for at least three months and gave work as a reason for visiting the U.S., (2) relatives of migrants (those who had immediate family members in the U.S.), and (3) those with no migration background. The authors divided immigrants into two categories: those participants who arrived as children (at least 	Survey study	<p>1. Findings revealed that among Mexicans with a family member in the U.S., Mexican born immigrants who arrived to the U.S. at the age of 12 years or younger, and U.S. Mexican Americans there was an increased risk for suicide ideation.</p> <p>2. Risk for suicide attempts was highest among Mexicans with a family member in the U.S. and U.S. born Americans.</p>

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		2003 and the National Latino and Asian American Survey (NLAAS) conducted from 2002-2003; for this survey both English and Spanish speaking households were interviewed.	12 years of age or younger) and immigrants who arrived at 13 years of age or older • Psychiatric Disorders: The World Mental Health version of the Composite International Diagnostic Interview (WMH-CIDI) assesses for a wide range of mental health disorders based on the DSM-IV. All disorders that were obtained in the surveys were examined as potential risk factors for suicidality. Mood disorders, anxiety disorders, substance abuse disorders, impulse control disorders were the most common mental health disorder found in the study.		
Escobar, J. I., Nervi, C. H. & Gara, M. A. (2000). Immigration and mental health: Mexican Americans in the United States. <i>Harvard Review Psychiatry</i> , 8(2), 64-72. doi: 10.1080/hrp_8.2.64	The aim was to critically review five recent large scale studies literature regarding the relationship between immigration and psychopathology among Mexican born immigrants and U.S. born Mexican Americans living in the United States.	N/A	N/A	Literature review	1. Results of the literature review indicate that Mexican born immigrants despite socioeconomic disadvantages have lower prevalence of mental health disorders than U.S. born Mexican Americans.
Gee, G. C., Ryan, A., Laflamme, D. J., & Holt, J. (2006). Self-reported discrimination and mental health status	• The authors hypothesized that self-reported discrimination was negatively associated with mental health status.	Data for the study was obtained from New Hampshire Racial and Ethnic Approaches to Community Health 2010.	• Mental Component Summary (MCS12) subscale from the Medical Outcomes Study Short Form 12: this form assesses health related quality of life in both clinical and population based studies. Questions from	Secondary Analysis of a community intervention program conducted in 2002 and 2003 in New Hampshire Racial and Ethnic	1. Results revealed that discrimination was related to lower ratings for mental health. 2. The association between discrimination

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among African descendants, Mexican Americans, and other Latinos in New Hampshire REACH 2010 Initiative: The added dimension of immigration. <i>American Journal of Public Health</i> , 96(10), 1821-1828. doi: 10.2105/ajph.2005.080085	<ul style="list-style-type: none"> • They also hypothesized that this association was stronger for African American than for Latinos. 	Blacks and Latinos in New Hampshire; more than half of the participants lived in Hillsborough county.	<p>this subscale focused on vitality, social and role functioning, mental health, general health, physical functioning, and bodily pain. Higher scores on this measure indicate better mental health.</p> <ul style="list-style-type: none"> • Three indicators for discrimination were utilized in the study: goals discrimination, discomfort/anger; health care discrimination. <ul style="list-style-type: none"> o For the goals discrimination measure the following question was asked: “Do you feel that racial discrimination diminishes your ability to fulfill your goals fully?” o For anger/discomfort: “How often do you feel anger or discomfort by the way others treat you in your everyday life because of your race?” o Health care questions: “Do you feel that you have been receiving less than the best health care because of your race?” 	Approaches to Community Health 2010 which surveyed African American Mexican American and other Latinos.	<p>and mental health appeared stronger for Blacks than for Mexican Americans or other Latinos.</p> <p>3. Findings also demonstrated that the association between discrimination and mental health may be stronger for immigrants who have lived in the U.S. longer for more recent arrivals.</p>
Hovey, J. D. (2000a). Acculturative stress, depression, and suicidal ideation among Central American immigrants. <i>Suicide and Life Threatening</i>	The purpose of the study was to examine the relationship among acculturative stress, depression, and suicidal ideation in Central American immigrants.	<p>$N = 78$ Central American immigrants (64 females; 14 males) from an ESL class in Los Angeles</p> <p>Age: 17-75; of the sample 48% were between the ages of 17-35; 34% were ages 36-55; and 18% were</p>	<ul style="list-style-type: none"> • Perception of religiosity, religion influence, and church attendance participants were asked the following three questions: “How religious are you?” “How much influence does religion have upon your life?” and “How often do you attend church?” • Perception of control and decision to migrate the following 	Cross Sectional Survey study	1. Results of the study revealed that Central Americans who experienced elevated levels of acculturative stress were at an increased risk for the development of depressive symptoms including suicide ideation.

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<i>Behavior</i> , 30(2), 125-139. doi: 10.2466/pr0. 83.5.249-250		ages 56-77 Marital Status 22% = married 43% = single 21% = separated or divorced 6.5% = widowed 7.8% = common law marriage Religion Catholic = 80% Protestant = 3% Jewish = 1% Other = 9% No religious affiliation = 6.7% Ethnicity El Salvador = 71% Guatemala = 17% Honduras = 9% Nicaragua = 3% Number of Years in the U.S. 1-4 years = 48% 5-10 years = 25% 11+ years = 28%	questions were asked: "If you were born in another country, did you contribute to the decision to move to the U.S.?" and "If you were born in another country, did you agree with the decision to move to the U.S.?" • Short Acculturation Scale for Hispanics was used in the study to assess for acculturation. • General Functioning Scale of the Family Assessment Device: this self-report measure was used to assess for family functioning. Some of the questions in the measure include, "In times of crisis we can turn to each other for support" and "We avoid discussing our fears and concerns." • Personal Resource Questionnaire Part II was used in the study to measure perceived effectiveness of social support. Examples include, "I belong to a group in which I feel important" and "I can't count on my friends to help me with problems." • SAFE scale was used to measure acculturative stress in attitudinal, familial, and environmental contexts. It also assesses for perceived discrimination toward immigrant populations. • CES-D was used to assess for depression and depressive symptomatology		2. Findings also revealed that family dysfunction, ineffective social support, non- positive expectations for the future, low levels of religiosity, lack of agreement to migrate were related to high levels of depression.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Hovey, J. D. & King, C.A (1996). Acculturative stress, depression, and suicidal ideation among immigrant and second-generation Latino adolescents. <i>Journal of American Child and Adolescent Psychiatry</i> , 35(9), 1183-1192. doi: 10.1097/00004583-199609000-00016	<ul style="list-style-type: none"> The purpose of the study was to determine the relationship between suicidal ideation, depression, and acculturative stress among Latino adolescents. The authors hypothesized that Latino adolescents with higher levels of acculturative stress was associated with higher levels of depressive symptoms and suicide ideation. The authors also aimed at trying to determine the best predictors of acculturative stress. They looked at the following variables: family cohesiveness, family SES, individual 	<p><i>N</i> = 114 Mexican immigrants (76 females; 38 males) from an ESL class in Los Angeles</p> <p>Ages 17-77; of the sample 66.4% were between the ages of 17-35; 22.1% were ages 36-55; and 11.5% were ages 55-77</p> <p>Marital Status</p> <p>30.1% = married 46% = single 15.1% = separated or divorced 3.5% = widowed 5.3% = common law marriage</p> <p>Religion</p> <p>Catholic = 83.2% Protestant = 4.4% Other = 6.2%</p>	<ul style="list-style-type: none"> Adult Suicide Ideation Questionnaire is a self-report measure that assesses nature and frequency of suicidal ideation. Expectations for the future was assessed using a questionnaire that asked an open-ended question "What do you think the future will be like for you and your family?" A demographic form was utilized to assess for family SES, country in which most of the family lives, generational status, age at immigration, and ethnicity. Self-report Questionnaires were utilized in the study Short Acculturation Scale for Hispanics: used to measure acculturation; scores ranged from 5 (low) to 25 (high). Short version of the SAFE scale: used to measure acculturative stress in social, attitudinal, familial, and environmental context. It also measures perceived discrimination toward immigrant populations. Scores ranged from 0-120. Some examples of the items in this scale include, "People think that I am unsociable when in fact I have trouble communicating in English" and "Because of my ethnic background, I feel that 	Cross-Sectional Survey study	<p>1. Results of the study revealed critical levels of depression and suicidal ideation among first and second generation Latino American adolescents.</p> <p>2. The authors also found that one quarter of the adolescents in the study reported high levels of suicidal ideation which has been linked to an increased risk for suicidal behavior.</p> <p>3. Findings also revealed that about 23% of the Latino-American adolescents experienced high levels of depressive symptomatology.</p> <p>4. The authors also found that perceived</p>

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	<p>expectancies and attitudes towards the future, generational status, age at immigration, and level of acculturation. The authors predicted that low levels of family functioning and expectancies about the future would predict high levels of depressive symptomatology and suicide ideation.</p>	<p>No religious affiliation = 6.2%</p> <p>Number of Years in the U.S.</p> <p>1-4 years = 51.8%</p> <p>5-10 years = 18.8%</p> <p>11+ years = 29.4%</p>	<p>others exclude me from participating in their activities.”</p> <ul style="list-style-type: none"> • The Reynolds Adolescent Depression Scale (RADS) is a self-report measure consisting of 30 items which measures depressive symptomatology. • The Suicidal Ideation Questionnaire-Junior (SIQ-J) consists of 15 items that measures the nature and frequency of suicidal ideation within the past month. This measure is the shorter version of the SIQ-SR. • General Functioning subscale of the Family Assessment device consists of 12 items measuring family functioning. For this measure participants endorse how well each statement describes their family. Items are based on a 4-point Likert scale, from “strongly agree” to “strongly disagree.” Some examples of these items include, “In times of crisis we can turn to each other for support and “there are lots of bad feelings in the family.” • Open-ended questions were used to measure attitudes and expectancies concerning the future. Some of these questions included: “What do you think the future will be like for you and your family?” Each response was coded either positive, neutral or non-positive. 		<p>family dysfunction and non-positive expectations for the future were significantly predictors of acculturative stress and depression.</p>

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Ortega, A. N., Rosenheck, R., Alegría, M., & Desai, R. A. (2000). Acculturation and the lifetime risk of psychiatric and substance use disorders among Hispanics. <i>Journal of Nervous and Mental Disease</i> , 188(11), 728-735. doi: 10.1097/0000 5053-200011000- 00002	The aim of the study was to examine the lifetime risk of mental health disorders including substance use disorders among U.S. Hispanic subgroups. They also wanted to explore the specific role of nativity, parental nativity, language preferences, and other socio- demographic characteristics for these disorders.	The study used the National Comorbidity Survey (NCS), a national probability sample of $N = 8,098$ U.S. adults aged 15 to 54	<ul style="list-style-type: none"> • Race and ethnicity were determined based on participant self-report. Two questions were asked regarding race and ethnicity. The first question inquired whether the participant was Hispanic. If the response was “Yes” then he/she had to indicate their nationality: Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, and other Spanish. The second asked about race (white, black, American-Indian, Asian, other). Five categories were constructed: non-Hispanic white ($N = 6,098$); non-Hispanic black ($N = 930$); Mexican-American (includes all those who answered affirmatively to Mexican, Mexican-American, or Chicano; $N = 484$); Puerto Rican ($N = 86$); "other" Hispanic (including Cubans and those who indicated yes to other Spanish; $N = 149$); and other race or ethnicity ($N = 286$). • For this study diagnosis were based on DSM-III-R criteria. A version of the Composite International Diagnostic Interview (CIDI) was used to obtain diagnosis. The diagnosis that were included in this study were major depression, dysthymia, panic disorder, agoraphobia, social phobia, simple phobia, GAD, alcohol abuse and 	Cross Sectional Survey study	<p>1. When compared with non-Hispanic whites, Mexican-Americans were less likely to have any psychiatric disorder.</p> <p>2. Results also indicated that acculturation items predicted greater risk of having any DSM-III-R disorders for Mexican-Americans and "other" Hispanics and greater risk of having a substance abuse disorder for Puerto Ricans, among other significant relationships.</p>

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Peña, J. B., Matthieu, M. M., Zayas L. H., Masyn, K. E. & Caine, E. D. (2012). Co-occurring risk behaviors among White, Black, and Hispanic US high school adolescents with suicide attempts requiring medical attention, 1999-2007: Implications for future prevention initiatives. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 47(1), 29-42. doi: 10.1007/s00 127-010-0322-z	The aim of the study was to identify subtypes of adolescent suicide attempters by examining risk factors related to substance use, violent behavior, and depressive symptoms. The authors also wanted to examine the relationship between these subtypes and having had two or more suicide attempts during the past year. Furthermore, they also wanted to explore race and gender differences across the subtypes of suicide attempters.	The study combines data from five national survey administrations of the Youth Risk Behavior Surveillance Systems N = 1,395 adolescents Ethnicity Hispanic, White, and Black youth who self- identified as having received medical attention for a suicide attempt during the past year across five national survey administrations (1999, 2001, 2003, 2005, 2007) Of note the authors were unable to include Asians, American Indians, multi-racial youth, or other racial groups in their study due to inadequate sample sizes.	dependence, drug abuse, PTSD, and ASPD. • Ethnicity: Two questions were used to classify youth into ethnic and racial categories, “Are you Hispanic or Latino?” and “What is your race?” • Categorical variables were created for gender, for each grade level, and for each survey administration year. • Suicide ideation during the previous year was measured by the question: “During the past 12 months, did you ever seriously consider attempting suicide?” • To assess for the presence of depressive symptoms the following question was used: “During the past 12 months, did you ever feel so sad or hopeless almost every day, for two weeks or more in a row that you stopped doing some usual activities?” • The substance use variables included the amount of binge drinking (five or more drinks in a row) during past month, the amount of lifetime marijuana use, and the amount of lifetime other drug use. The “other drug use” variable was created using four questions regarding the amount of lifetime use of (1) heroin; (2) methamphetamines; (3) inhalants; or (4) cocaine (powder, crack, and freebase use). • The violent behavior variables	Secondary Analysis of five national survey administrations of the Youth Risk Behavior Surveillance Systems	1. Findings revealed three classes of youth who attempted suicide, which were distinguishable by their levels of substance use and violent behaviors: (1) low substance use and violent behaviors, (2) high substance use and violent behaviors, and (3) extreme substance use and violent behaviors. 2. All three classes of youth had a high propensity for endorsing depressive symptoms. 3. Results revealed that adolescents with two or more suicide attempts during the past year increased across subgroup of attempters with higher levels of substance use and violent behaviors. 4. Finding as also unveiled racial and gender differences across subtypes of suicide attempters

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			<p>were measured using the amount of physical fights during past year and the amount of weapon carrying (e.g., gun, knife, or club) during past month.</p> <ul style="list-style-type: none"> • Repeat attempter during past year was measured by the question “During the past 12 months, how many times did you actually attempt suicide?” From this question, the authors created a binary categorical variable: attempted suicide two or more times versus a single time. 		
Peña, J. B., Wyman, P. A., Brown, C. H., Matthieu, M. M., Olivares, T. E., Hartel, D., ... Zayas, L. H. (2008). Immigration generation status and its association with suicide attempts, substance abuse, and depressive symptoms among Latino adolescents in USA. <i>Prevention Science</i> , 9(4), 299-310. doi: 10.1007/s11121-008-0105-x	<ul style="list-style-type: none"> • The authors examined the relationship between first, second, and later generation status and suicide attempts, problematic alcohol use, marijuana use, other drug abuse, and depressive symptoms. • They also examined problematic alcohol use, marijuana use, and other drug use and depressive symptoms as factors that mediate the relationship between immigrant generation status and suicide attempts. 	Data was gathered utilizing the National Longitudinal Study of Adolescent Health (Add Health). This is a prospective cohort study that followed students in grades 7th-12th grade from various public and private schools in the U.S.; these students were followed into adulthood. The present study was based on an analysis of data from Wave I in home interviews administered from April 1995 to December 1995. The study sample included $N = 3,135$ of Hispanic or Latino	<p>Demographic Variables were obtained from adolescent self-report.</p> <ul style="list-style-type: none"> • Immigrant Generation Status was assigned to each participant based on the participant’s location of birth and birthplace of their parents. The categories included, first generation or born outside the U.S., second generation (born in the U.S. with at least one parent born outside the U.S., and later generation (born in the U.S. with parents born in the U.S.). • Problematic alcohol use was assessed by seven questions that inquired recurring impairment in functioning which could be attributed to alcohol use. Some of the questions included, “Over the past 12 months how many times have each of the following things happened...?” (1) “...got into 	Secondary Analysis of the ADD Health Longitudinal Study	<p>1. Immigrant generation status was significantly related to suicide attempts, problematic alcohol use, repeated marijuana use, and repeated other drug use.</p> <p>2. First generation Latinos were less likely than second and later generation to attempt suicide.</p> <p>3. There were no significant findings between depression and generation status among the Latino youth. Repeated drug use mediated the effect of generation status on the propensity to a</p>

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		<p>origin who had at least one U.S. residential parent. Of the sample, 58.6% were Mexican; 13.1% were Puerto Rican; 6.4% were Cuban; 22.2% of other Hispanic countries; and 1.1% of two or more Hispanic countries.</p> <p>Of the participants, 25.6% were first generation with a mean age of 16.0 years; 34.8% were second generation with mean age of 15.4 years; and 39.5% were later generation with mean age of 15.3 years.</p>	<p>trouble with parents because of drinking,” (2) “...had problems at school or work because of drinking”, (3) “...had problems with friends because of drinking,” (4) “...problems with someone you were dating because of your drinking,” (5) “...did something that you later regretted because of drinking,” (6) “...got into a sexual situation because of drinking,” (7) “...got into a physical fight because of drinking.”</p> <ul style="list-style-type: none"> • Repeated marijuana use was measured utilizing the following question, “During your lifetime how many times have you used marijuana?” Participants who answered twice to this question was considered engaging in repeated marijuana use. • Repeated other drug use was assessed using the following question, “During your life, how many times have you used cocaine, inhalants, illegal drugs such as LSD, PCP, ecstasy, mushrooms, speed, ice, and heroin, or pills without a doctor’s prescription?” Participants who answered twice or more were coded as engaging in repeated other drug use. • Depressive symptoms were assessed using an abbreviated version of the Center for Epidemiologic Studies 		suicide attempt.

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Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., &Caraveo- Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. <i>Archives of General Psychiatry</i> , 55(9), 771-778. doi: 10.1001/arch psyc.55.9.771	The purpose of the study was to compare the psychiatric morbidity for immigrant and native born adults of Mexican origin with rates for the U.S. national population from the NCS and from Mexico City, Mexico survey.	<i>N</i> = 3,012 Mexican participants from Fresno County Mexican origin was established by asking potential respondents if they or at least one parent or grandparent were born in Mexico.	Depressive Symptoms Scale (CES-D). • Suicide attempts was assessed by the question, "During the past 12 months, how many times did you actually attempt suicide?" • The modified version of the Composite International Diagnostic Interview (CIDI) is a structured clinical interview to assess for psychiatric disorders (for lifetime, 12-month, 6-month, and 1-month prevalence). Diagnoses established for this study included: mood disorders such as major depressive disorder, manic episode, dysthymia; substance abuse disorders such as alcohol abuse and dependence as well as drug abuse and dependence; anxiety disorders such as panic disorder, agoraphobia, and simple phobia; and antisocial personality disorder.	Survey study	1. Results of the study revealed that more acculturated Mexicans have a higher risk for lifetime prevalence of psychiatric disorders than do recent Mexican immigrants.

Migration experience

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Escobar, J. I., Nervi, C. H. & Gara M. A. (2000). Immigration and mental health: Mexican Americans in the United States. <i>Harvard Review Psychiatry</i> , 8(2), 64-72. doi: 10.1080/hrp_8.2.64	The aim was to critically review five recent large scale studies literature regarding the relationship between immigration and psychopathology among Mexican born immigrants and U.S. born Mexican Americans living in the United States.	N/A	N/A	Literature review	1. Results of the literature review indicate that Mexican born immigrants despite socioeconomic disadvantages have lower prevalence of mental health disorders than U.S. born Mexican Americans.
Hovey, J. D. (2000a). Acculturative stress, depression, and suicidal ideation among Central American immigrants. <i>Suicide and Life Threatening Behavior</i> , 30(2), 125-139. doi: 10.2466/pr0.83.5.249-250	The purpose of the study was to examine the relationship among acculturative stress, depression, and suicidal ideation in Central American immigrants.	<p><i>N</i> = 78 Central American immigrants (64 females; 14 males) from an ESL class in Los Angeles</p> <p>Age: 17-75; of the sample 48% were between the ages of 17-35; 34% were ages 36-55; and 18% were ages 56-77</p> <p>Marital Status:</p> <p>22% = married 43% = single 21% = separated or divorced 6.5% = widowed 7.8% = common law marriage</p>	<ul style="list-style-type: none"> • Perception of religiosity, religion influence, and church attendance participants were asked the following three questions: “How religious are you?” “How much influence does religion have upon your life?” and “How often do you attend church?” • Perception of control and decision to migrate the following questions were asked: “If you were born in another country, did you contribute to the decision to move to the U.S.?” and “If you were born in another country, did you agree with the decision to move to the U.S.?” • Short Acculturation Scale for Hispanics was 	Cross sectional study	<p>1. Results of the study revealed that Central Americans who experienced elevated levels of acculturative stress were at an increased risk for the development of depressive symptoms including suicide ideation.</p> <p>2. Findings also revealed that family dysfunction, ineffective social support, non-positive expectations for the future, low levels of religiosity, lack of agreement to migrate were related to high levels of depression.</p>

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		<p>Religion:</p> <p>Catholic = 80%</p> <p>Protestant = 3%</p> <p>Jewish = 1%</p> <p>Other = 9%</p> <p>No religious affiliation = 6.7%</p> <p>Ethnicity:</p> <p>El Salvador = 71%</p> <p>Guatemala = 17%</p> <p>Honduras = 9%</p> <p>Nicaragua = 3%</p> <p>Number of Years in the U.S.:</p> <p>1-4 years = 48%</p> <p>5-10 years = 25%</p> <p>11+ years = 28%</p>	<p>used in the study to assess for acculturation.</p> <ul style="list-style-type: none"> • General Functioning Scale of the Family Assessment Device: this self-report measure was used to assess for family functioning. Some of the questions in the measure include, “In times of crisis we can turn to each other for support” and “We avoid discussing our fears and concerns.” • Personal Resource Questionnaire Part II was used in the study to measure perceived effectiveness of social support. Examples include, “I belong to a group in which I feel important” and “I can’t count on my friends to help me with problems.” • SAFE scale was used to measure acculturative stress in attitudinal, familial, and environmental contexts. It also assesses for perceived discrimination toward immigrant populations. • CES-D was used to assess for depression and depressive symptomatology 		

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Hovey, J. D. (2000b). Acculturative stress, depression, and suicidal ideation among Mexican immigrants. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 6(2), 134-151. doi: 10.1037/1099- 9809.6.2.134	To determine the relationship among acculturative stress and depressive symptoms in a sample of Mexican immigrants, to determine the best predictors of depression and suicidal ideation. The authors hypothesized that elevated levels of acculturative stress will predict high levels of depression and suicidal ideation	<i>N</i> = 114 Mexican immigrants (76 females; 38 males) from an ESL class in Los Angeles Ages 17-77; of the sample 66.4% were between the ages of 17-35; 22.1% were ages 36-55; and 11.5% were ages 55-77 Marital Status 30.1% = married 46% = single 15.1% = separated or divorced 3.5% = widowed 5.3% = common	<ul style="list-style-type: none"> • Adult Suicide Ideation Questionnaire is a self-report measure that assesses nature and frequency of suicidal ideation. • Expectations for the future was assessed using a questionnaire that asked an open-ended question "What do you think the future will be like for you and your family?" Perception of religiosity, religion influence, and church attendance participants were asked the following three questions: "How religious are you?" "How much influence does religion have upon your life?" and "How often do you attend church?" <ul style="list-style-type: none"> • Perception of control and decision to migrate the following questions were asked: "If you were born in another country, did you contribute to the decision to move to the U.S.?" and "If you were born in another country, did you agree with the decision to move to the U.S.?" • Short Acculturation Scale for Hispanics was 	Cross Sectional Survey study	1. Results of the study revealed that individuals who experienced heightened levels of acculturative stress due to lower levels of social support, lower levels of religious affiliation, and increased levels of hopelessness were at risk for developing depressive symptomatology and critical levels of suicide ideation which may result in suicide. 2. The study revealed that women had higher level of depression than men. 3. Family dysfunction was linked to greater depression. 4. Protective factors among this sample of Mexican immigrants included, emotional closeness within

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		law marriage	used in the study to assess for acculturation.		the family, social support, and religion.
		Religion	• General Functioning Scale of the Family		
		Catholic = 83.2%	Assessment Device: this		
		Protestant = 4.4%	self-report measure was used to assess for family		
		Other = 6.2%	functioning. Some of the		
		No religious affiliation = 6.2%	questions in the measure include, “In times of crisis we can turn to each other		
		Number of Years in the U.S.	for support” and “We avoid discussing our fears and concerns.”		
		1-4 years = 51.8%	• Personal Resource Questionnaire Part II was		
		5-10 years = 18.8%	used in the study to measure perceived		
		11+ years = 29.4%	effectiveness of social support. Examples include, “I belong to a group in which I feel important” and “I can’t count on my friends to help me with problems.”		
			• SAFE scale was used to measure acculturative stress in attitudinal, familial, and environmental contexts. It also assesses for perceived discrimination toward immigrant populations.		
			• CES-D was used to assess for depression and depressive symptomatology		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<ul style="list-style-type: none"> • Adult Suicide Ideation Questionnaire is a self-report measure that assesses nature and frequency of suicidal ideation. • Expectations for the future was assessed using a questionnaire that asked an open-ended question “What do you think the future will be like for you and your family?” 		
Wadsworth, T. & Kubrin, C. E. (2007). Hispanic suicide in US metropolitan areas: Examining the effects of immigration, assimilation, affluence, and disadvantage. <i>American Journal of Sociology</i> , 112(6), 1848-1885. doi: 10.1086/512711	The purpose of the study was to examine the structural correlates of suicide among Hispanics and to assess the influence of immigration and cultural assimilation on ethnic specific suicide.	<p>Data from the Mortality Cause-of Death Records which was provided by the Centers for Disease Control and Prevention, National Center for Health Statistics</p> <p>For purposes of the study only those suicides where the deceased were identified as Hispanic (i.e., Mexican, Puerto Rican, Cuban, Central and South American,</p>	<p>Dependent Variable</p> <p>Suicide, which was measured by using data from the Mortality Cause-of-Death Records</p> <p>Independent Variables</p> <ul style="list-style-type: none"> • Cultural Assimilation index: represents Hispanic immigration and the degree to which foreign and native born Hispanics have assimilated into the U.S. • Hispanic disadvantage index: measures Hispanic median family income and Hispanic poverty • Hispanic affluence index: represents the degree to which there is a sizeable Hispanic 	Correlational study	<p>1. Findings of the study revealed that while immigrants have higher rates of suicide than native born this difference was relative to the size of the Hispanic immigrant community in which they lived. That is, if the Hispanic immigrant lives in a small immigrant community, they were at higher risk of suicide than were native born Hispanics.</p> <p>2. The authors also found that ethnic and cultural integration and identity help lessen the alienation, isolation, and community disorganization that prevent high suicide rates.</p> <p>3. Results also unveiled that</p>

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		and other Hispanic origin)	community that has achieved significant economic and educational success. • Hispanic White inequality: this index includes indicators of Hispanic-white differences in income, unemployment, joblessness, and poverty. • Hispanic black-index: indicators of Hispanic- black differences in income, unemployment, joblessness, and poverty.		Hispanics who were less culturally similar to whites had lower suicide rates. That is, cultural assimilation may contribute to suicide by lessening ethnic specific protective factors, they may let go of shared belief systems, rituals and social networks. 4. They also found that Hispanics who were economically well off had lower suicide rates as they tend to experience less frustration and alienation as well as have the ability to access broader support networks that address emotional and psychological needs.

Fear of deportation

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Brabeck, K. & Xu, Q. (2010). The impact of detention and deportation on Latino immigrant children and families: A quantitative exploration. <i>Hispanic Journal of Behavioral Sciences</i> , 32(3), 341-361. doi: 10.1177/0739986310374053	<p>The aim of the study was to explore the impact of deportation and detention on Latino parents and their children.</p> <p>The authors hypothesized that:</p> <ol style="list-style-type: none"> 1. Parent's legal vulnerability would predict the impact of detention and/or deportation on parent's perception of emotional well-being, perceived ability to provide financially, and parent-child relationship. 2. Parent's legal vulnerability would predict the impact of detention and/or deportation on parent's perception of their child's emotional well-being and academic performance. 3. Parent's legal vulnerability and the impact of family environment would 	<p><i>N</i> = 132 Latino immigrants</p> <p>Participants were recruited from Latino immigrant community organizations in Metro areas in the northeast region in the U.S.</p> <p>Criteria for participation in this study included:</p> <ul style="list-style-type: none"> being an immigrant from a Latin American country; being at least 18 years old; being a parent of at least one child less than the age of 18 years living currently in the U.S.; if the parent had more than one child, for purposes of the study were asked to consider only one child when answering questions in the study. 	<p>The survey used in the study was informed by analysis of previous qualitative research conducted by PDHRP and PAR project. It was also based on a review of other relevant research literature and consultation with the Latino immigrant community organization leaders.</p> <p>Measures included:</p> <ul style="list-style-type: none"> • Parent legal vulnerability was assessed using a series of true and false questions regarding whether the participant was undocumented, had a current deportation order, had been detained by immigration authorities in the past, was previously deported, had a family member in detention, had a family member that had been deported, is a U.S. citizen and whether the participant was a legal U.S. citizen. 	<p>Survey study conducted between March and May 2009 as part of a larger community university project. The findings in this study represent a quantitative description of themes that were part of a participatory action research project of the Post-Deportation Human Rights Project.</p>	<ol style="list-style-type: none"> 1. Results of the study revealed that 6.8% of Latinos in this study had a current deportation order, 13.6% were previously detained; and 4.5% were previously deported. 60% of undocumented and 37% documented participants experienced the detention and or the deportation of a family member. 2. More than half of the sample stated that policies and practices affect their ability to provide financially for their family as well as how their children feel and perform academically. 3. Results revealed that the greater the parent's legal vulnerability the more of an impact on family environment, on child's well-being and on their academic performance.

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	predict the impact of detention and deportation on child well-being.		<ul style="list-style-type: none"> • Impact of deportation on family environment: self report on areas such as parents' emotional well-being in the context of deportation, parents' perceived ability to provide financially for their children in the context of deportation and the parents' perception of parent-child relationship in the context of deportation. • Impact of deportation on child-well-being (psychological, cognitive, academic, and physical development): children's well-being was composed of two elements, parents' perception of child's emotional well-being in the context of deportation and the parents' perceptions of child's academic performance in the context of deportation. This was measured using a 3-point Likert scale, 1= yes, 2= somewhat, 3= no; higher numbers indicated lower levels 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Capps, R., Castañeda, R. M., Chaundry, A., & Santos, R. (2007). <i>Paying the price: The impact of immigration raids on America's children.</i> Washington DC: National Council of La Raza.	A collaborative effort between the Urban Institute and the National Council of La Raza (NCLR); this report examines how many children are potentially at risk of having a parent deported and/or detained as a result of worksite enforcement actions. They also aim at better understanding how these children are affected by these actions.	N/A	of agreement to the statements. N/A	Research report	<p>1. The report highlights that approximately 500 children were affected by worksite raids in the three study sites (Greeley, Colorado; Grand Island, Nebraska; and New Bedford, Massachusetts).</p> <p>2. Results indicated that a large majority of the children affected were U.S. citizen infants, toddlers, and preschoolers. That is, in two of the sites, between 80-90% of children were ages ten and younger. In one site, more than half of the children were ages five and younger.</p> <p>3. Long term impact of these immigration raids included children and other family members of the detainee experiencing significant financial hardship, difficulty coping, heightened psychological stress caused by the arrest and the uncertainty of not knowing when or if the arrested parent would be released.</p> <p>4. Results also indicated that after the arrest or disappearance of their parents, children experienced feelings of abandonment and showed symptoms of emotional trauma, psychological duress, and mental health problems.</p> <p>5. Findings also revealed that the combination of fear, isolation, and</p>

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					<p>economic hardship induced mental health problems such as depression, separation anxiety disorder, post-traumatic stress disorder, and suicidal thoughts in these children.</p> <p>6. The authors also highlighted that due to the stigma attached to mental health, fear of possible consequences in asking for assistance, and barriers to accessing services, few of these affected immigrants sought mental health care for themselves or for their children.</p> <p>1. The authors highlight the scarcity of studies focusing on the consequences of deportation and the threat of deportation for children.</p> <p>2. Highlights that the children of parents who were deported presented with behavioral changes including sleep and eating disturbances, excessive crying, and increased fear. In older children presented with aggressive and withdrawn behavior.</p> <p>3. The article presents factors associated with parent's undocumented status such as poverty, discrimination, acculturation difficulties, parental stress, and unreported domestic violence increase the risk for the development of psychiatric disorders among children of immigrants.</p>
Henderson, S. W. & Baily C. D. R. (2013). Parental deportation, families, and mental health. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 52(5), 451-453. doi:10.1016/j.jaac.2013.01.007	The aim is to discuss the effects of deportation and detention among children of immigrants.	N/A	N/A	Clinical perspective article	

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Lopez, M. H. & Minushkin, S. (2008). 2008 National Survey of Latinos: Hispanics see their situation in the U.S. deteriorating: Oppose key immigration enforcement measures. Washington, D.C.: Pew Hispanic Center. Retrieved from http://www.pewhispanic.org/files/reports/93.pdf .	For purposes of this literature review, I only focused on the “Worries about Deportation” section	Nationally representative sample of $N = 2,015$ Hispanics ages 18 and older; 892 were U.S. citizens Interviews were conducted from June 9 to July 13, 2008	In the National Survey of Latinos 2008, two variants of the deportation anxiety question were asked. Half of the randomly selected sample, was asked: • “Regardless of your own immigration or citizenship status, how much do you worry that you, a family member or a close friend could be deported?” “Would you say that you worry a lot, some, not much or not at all?” • The second half of the sample was asked, “Regardless of your own immigration or citizenship status, how much, if at all, do you worry that you, a family member or a close friend could be deported?” “Would you say that you worry a	Research/Survey study	4. Findings of revealed that traumatic experiences such as deportation, immigration raids and parental detention heightened the risk for children to develop disorder such as depression, anxiety, and post-traumatic stress disorder. This is true for voluntary deportation. 1. Findings revealed that approximately 40% of Latinos worry a lot about deportation and an additional 17% state they worry some about a family member or close friend being deported. 2. Results of the survey found that deportation anxiety is more common among younger Latinos than it is among Latinos ages 55 and older. They also found that Hispanics with lower educational levels are also more concerned about deportation than those with higher educational levels

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<p>Passel, J. S. & Cohn, D. <i>Portrait of unauthorized immigrants living in the United States</i>. Washington, D. C.: PEW Hispanic Center. Retrieved from http://www.pewhispanic.org/files/reports/107.pdf.</p>	<p>To provide demographics on unauthorized immigrants living on the U.S.</p>	<p>N/A</p>	<p>lot, some, not much or not at all?" N/A</p>	<p>Research report</p>	<p>1. The PEW, is a nonpartisan research organization that seeks to heightened knowledge and understanding regarding the diversity among Hispanics in the United States and their growing impact on the nation a. It reports that there is an estimate of 5.5 million children in the U.S. whose parents are illegal immigrants, and among these children about 73% are American citizens. b. Approximately 76% of the unauthorized immigrant population are Hispanics. Fifty-nine percent of undocumented immigrants are from Mexico. Others include, Asia (11%), Central America (11%), South America (7%), the Caribbean (4%) and the Middle East (less than 2%).</p>
<p>Suarez-Orozco, C., Bang, H. J., & Kim, H. Y. (2011). I felt like my heart was staying behind: Psychological implications of family separations and reunifications for immigrant youth. <i>Journal of Adolescent Research</i>, 26(2), 222-257. doi: 10.1177/07</p>	<ul style="list-style-type: none"> • The aim of the article was to report on the prevalence of family separations from people in China, Central America, the Dominican Republic, Haiti, and Mexico. • They also examined from who they are separated and the length of separations. • The authors then examined the relationships between these separations and mental health 	<p>The authors used a five year longitudinal study, the Longitudinal Immigrant Student Adaptation (LISA). From the longitudinal study, the authors utilized both quantitative (e.g., structured interviews from students at one year and five years of the study) and qualitative data (e.g., through semi-</p>	<p>Quantitative Measures:</p> <ul style="list-style-type: none"> • Year One: parents were asked open-ended questions about patterns of migration and length of separation between adolescents and parent. • Separation from parents and length of separation: the authors examined the length of separation from each of the parental figures. Length of separation was categorized as 	<p>Secondary Analysis of a five year longitudinal study, the Longitudinal Immigrant Student Adaptation (LISA)</p>	<p>1. Three quarters of the participants in the study were separated from one or both of the parents during the migration process. 2. 88% of Central Americans were separated from either or both of their parents during the course of migration. 3. In Year One, results revealed that adolescents who were separated from their mothers for four years or longer had significantly higher levels of depression and anxiety. 4. Results also revealed that in Year One, adolescents who experienced no separation or short term separation from their fathers reported lower levels of depression and anxiety than</p>

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43558410376830	symptoms such as depression and anxiety. This was done at two points, after migration and five years later.	<p>structured interviews data was gathered from adolescents, parents, and school personnel).</p> <p>Of note, the interviews were translated into Spanish, Haitian Creole, Mandarin, and Cantonese.</p> <p><i>N</i> = 282 recently immigrated adolescents from China, Central America, the Dominican Republic, Haiti, and Mexico were used in this secondary analysis. Total number of participants in the LISA study however was <i>N</i> = 407. Only 282 participants were include in the secondary analysis as it was for these participants that there was available data on anxiety and depression for both year one and five. The participants</p>	<p>follows: 0= no separation; 1= less than 2 years; 2= 2 to 4 years of separation; 3= 4 years or longer.</p> <ul style="list-style-type: none"> • Psychological Symptom Scale: a 26-item scale informed by the DSM-IV and the SCL-90 questionnaire developed by the cross cultural and interdisciplinary team. This scale was comprised of five scales: Depression, Anxiety, Cognitive Functioning, Interpersonal Sensitivity, and Hostility. This measure was administered to participants in Years One and 5 Year Five. Scores on this scales ranged from 1 to 4 for each item. Higher scores on this measure indicated higher levels of psychological symptoms. • Socioeconomic Factors: this information was obtained from parent interview. 		<p>those who experienced medium term or long term separations.</p> <p>5. Adolescents who were separated medium or long term separations from both parents reported higher levels of depression and anxiety than those who experienced no separations or short term separation.</p> <p>6. Year Five: Findings revealed that length of separation from mother, father, or both parents revealed no significant results. That is, that there were no significant effects of mental health symptoms. These results suggest that adolescent's initial mental health symptoms subsided over time.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>from the study were recruited from 50 schools in Boston and San Francisco metro area that are highly populated by immigrant people.</p> <p>Ages of the participants in the study ranged from 9 to 14 years.</p> <p>All participants of the study resided in the U.S. no more than 1.93 years. On average, mothers of students in the study had 9 years of education.</p> <p>66% of the population had a working parent</p> <p>Of the sample, 54% of the participants were separated from the mother and 81% were separated from the father. Length of separation from the mother was 1.20 years; length of</p>	<p>Qualitative Data Sources:</p> <ul style="list-style-type: none"> • Open-ended questions: In Year One, parents were asked questions regarding their relationship with their adolescent. <p>Through these open-ended questions, the authors found that parents were also discussing their family separations and reunifications. Examples, of questions in the interview included: “What kind of relationship did you have with your child before you came to the United States?” How has your relationship changed since you came to the U.S.?” “If things have changed, what might be some of the reasons for these changes?”</p> <ul style="list-style-type: none"> • Follow-up separation interviews: The authors indicated that during the second year of the project, 12 participants that had gone through separations were 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		separation from the father was 1.87.	<p>selected to focus on their experiences on the separation as well as the reunification phase. These interviews lasted 1.5 to 2 hours.</p> <p>• School personnel insights were obtained in the span of years. Teachers and administrators were interviewed.</p>		
U.S. Department of Homeland Security. (2009). <i>Removals involving illegal alien parents of United States citizen children</i> . Retrieved from http://www.oig.dhs.gov/assets/Mgmt/OIG_09-15_Jan09.pdf .	To report the removals of illegal alien parents of U.S. citizen children	N/A	N/A	Research report	1. The report indicates that the United States conducted 2,199,138 alien removals between 1998-2007. Of these, 108,434 were alien parents of U.S. citizen children. Alien parents were removed because of immigration violations, such as being present without authorization or committing criminal violations that affect immigration status.

Psychiatric disorders

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Borges, G., Wilcox, H. C., Medina-Mora, M., Zambrano, J., Blanco, J. & Walters, E. (2005). Suicidal behavior in the Mexican national comorbidity survey (M-NCS): Lifetime and 12-month prevalence, psychiatric factors and service utilization. <i>Salud Mental</i> , 28(2), 40-47. doi: 10.1017/s0033291705005672	The purpose of the study was to assess lifetime and 12 month prevalence of onset of suicidality as well as psychiatric disorders among a sample of Mexican adolescents.	Survey was carried out in 2002-2003 $N = 5,782$ Mexican adults 18-65	<ul style="list-style-type: none"> • DSM-IV psychiatric disorders were assessed using the WHO Composite International Diagnostic Instrument (CIDI), Spanish version: the disorders explored for the study included three categories: mood, anxiety, and substance disorders • To assess for suicide ideation, plan, and attempts, participants were asked the following questions in the second part of the interview: "Have you ever seriously thought about committing suicide?" "Have you ever made a plan for committing suicide?" and "Have you ever attempted suicide?" o Age of onset and recency were asked, if applicable. 	Secondary analysis of the Mexican National Comorbidity Survey (M-NCS)	<p>1. Suicidal behaviors were more prevalent in early adolescence and early adulthood and lessened in mid-thirties, with the exception of suicidal ideation which continues into older age.</p> <p>2. Results also revealed that meeting criteria for one or more psychiatric disorders was common among participants who reported suicide ideation, plan, and attempts.</p> <p>3. The authors also found that drug dependence was mostly associated with suicide ideation, dysthymia with suicide plan, and behaviors problems with suicide attempts among Mexican adolescents.</p>
Carvajal, S. C., Hanson, C. E., Romero, A. J., & Coyle, K. K. (2002). Behavioral risk factors and protective factors in adolescents: A comparison of Latinos and non-Latino Whites. <i>Ethnicity and Health</i> , 7(3), 181-193. doi: 10.1080/1355785022000042015	To compare behavioral risk factors, protective health behaviors, and mental health indicators in Latino and non-Latino Whites.	$N = 1,119$ Latino and non-Latino Whites adolescents in middle school Latinos = 705; non-Latinos = 414	<p>Self-report measure questionnaires in English and Spanish.</p> <ul style="list-style-type: none"> • Acculturation: seven-item measures of cultural orientation were used to measure using the Bi-dimensional Acculturation scale; some items however were obtained from the revised 	Survey study	<p>1. Latinos relative to non-Latino Whites showed lower academic orientation, were less physically active, and use sunscreen less often.</p> <p>2. Relative to other acculturation group, Latinos with less</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Median age was 12. The sample was obtained from large urban Northern California school district in 1999.	Acculturation Rating Scale for Mexican Americans. One scale measured Latino orientation; the other scale measured degree of other group orientation. • Health Risk Behaviors: three risk behaviors were assessed, Healthy Eating, Physical Activity and Sunscreen • Mental Health Indicators: Both negative and positive were assessed. • Depressive Symptoms were assessed using an eight-item shortened version of the CES-D. The four major symptom domains were assessed within the past seven days: negative affect, positive affect, somatic complaints, and interpersonal problems. Positive mental health was measured by optimism, using an eight-item positive global expectancy measure.		attachment and adaptations to Latino and host culture showed more depressive symptoms than the bicultural groups.
Céspedes, Y. M., & Huey, S. J. (2008). Depression in Latino adolescents: A cultural discrepancy perspective. <i>Cultural Diversity and Ethnic Minority Psychology, 14</i> (2), 168-172.doi: 10.1037/1099-9809.14.2.168	• Cultural discrepancy may indirectly contribute to depressive symptomatology among children of Latino immigrants by disrupting family functioning. • Given that acculturating Latinas may have a particularly	<i>N</i> = 130 (13-18 years of age) Latino students enrolled in a Los Angeles high school. 70% of the sample was female	Questionnaire packet was administered to the participants in a group setting at the youth's high school. All information was administered the youth only including caregiver values and behaviors. Measures: • Acculturation status was evaluated through self-report	Cross-Sectional design	1. Compared to boys, Latina adolescents reported greater differences in traditional gender role beliefs between themselves and their parents and higher levels of depression. 2. Gender role discrepancy was

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	difficult time navigating the tension between the gender-typed expectations of their culture of origin and the broader roles accorded by the host American culture, the authors speculate that parent child discrepancy in this domain may have greater familial and mental health consequences for girls than for boys.	<p>Ethnicity</p> <p>48% = Central American 43% Mexican American 7% as both Central and Mexican American 2% self-identified as "Other Latino"</p> <p>96% of youth reported that both parents were immigrants to the U.S. 3% of youth reporting one parent immigrant.</p>	<p>on the Acculturation Rating Scale for Mexican Americans-II (ARSMA-II)</p> <ul style="list-style-type: none"> • Gender role beliefs was assessed using the Attitudes Towards Women Scale (AWS) • Cultural Discrepancy (method involves subtracting the standardized youth score from the standardized parent score reported by the youth) • Family Functioning: Conflict subscale of the Family Environment Scale (FACES-III) • Depression assessed using the Reynolds Adolescent Depression Scale-2 (RAD-2) 		<p>associated with higher depression, with this relationship mediated by increases in family dysfunction.</p> <p>3. Moderator analysis suggested that gender role discrepancy effects may be most pronounced for Latina adolescents.</p> <p>4. Gender role discrepancy was associated with poorer family functioning for girls but not for boys.</p>
Cuellar, J. & Curry T. R. (2007). The prevalence and comorbidity between delinquency, drug abuse, suicide attempts, physical and sexual abuse, and self-mutilation among delinquent Hispanic females. <i>Hispanic Journal of Behavioral Sciences</i> , 29(1), 68-82. doi: 10.1177/0739986306295796	The aim of the study was to assess the prevalence of drug abuse, delinquency, suicide attempts, physical and sexual abuse, and self-mutilation as well as the comorbidity of these problems among Hispanic females with a history of delinquency.	<p><i>N</i> = 141 Hispanic females, ages 12-17, that were sentenced to probation</p> <p>Residency 89% were U.S. citizens; 2% were resident aliens; 9% undocumented</p>	<ul style="list-style-type: none"> • The Pre-Disposition Report (PDR) is completed by each offender by a specially trained court appointed officials. The PDR extensively documents the background of the offender which includes a thorough evaluation taken from court records of the current and prior adjudications. Information is also taken from a face to face interview between the offender and the court officials. 	<p>Secondary Analysis using data from a pre-sentence investigation from the Pre-Disposition Report (PDR) and the Strategies for Juvenile Supervision (SJS) which are</p>	<p>1. Results revealed that poly-substance abuse and violent delinquency emerges an as exceptional problem among Hispanic females ages 12-17.</p> <p>2. Self-injurious behaviors is positively associated with substance abuse (i.e., alcohol abuse, cocaine, and inhalants); results also revealed that girls who</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		aliens Living Arrangements 60% of the participants lived with their mother only; 16% lived with both parents; 6% lived with the father only; 11% lived either with a step-parent or a biological parent; 5% with relatives; and 2% other. 53% of the participants indicated that they had a history of having a parent on welfare Age of first arrest 42% of the females were age 13 or 14 at the time of their first arrest 39% were 15 or 16 years old; and 19% were	Information obtained includes frequency of drug use and gang membership. • For purposes of the analysis, drug use refers to the frequency use of the following drugs: alcohol, marijuana, cocaine, inhalants, heroin, stimulants, and hallucinogens. The PDR applied the following categories to record frequency of drug use: never used in lifetime, used only once in lifetime, less than monthly to two times monthly; three to six times monthly, seven or more times monthly, or daily use. • According to the PDR, participants were adjudicated to 52 different types of offenses which for purposes of the analysis were divided into five offense categories: violent, drug, burglary/theft, minor property, and public order • The Strategies for Juvenile Supervision (SJS) is a semi-structure interview schedule administered in a face-to-face setting with the offenders which consists of a series of probing questions to assess suicidal behaviors and sexual and physical abuse. • Physical and sexual abuse: assessed by questions in SJS such as “Were you ever abused by your parents?” “Did they	completed each year by specialty trained court-appointed officials.	had attempted suicide were also abusing marijuana and inhalants. 3. Correlation results also demonstrate strong associations between suicidal behaviors and parental and non-parental abuse. That is, Hispanic adolescents who experienced abuse by their parents were more likely to have attempted suicide while girls who experienced abuse form others were more likely to engage in self-mutilation behaviors.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		age 12 or younger at the time of their first arrest.	<p>ever go overboard with their punishment?" Or questions like "Were you ever sexually abused?"</p> <ul style="list-style-type: none"> • Suicide attempts: Questions assessing for suicidal behaviors included, "Have you ever thought seriously about killing yourself?" If the answer was "yes" a follow up question was "Have you ever tried it?" Participants who had answered yes to both questions were coded as having a suicide attempt. • Self-mutilation: this was assessed by asking questions like, "Have you ever tattooed or cut on yourself?" Tattoos that were professionally done were excluded. Those who answered yes to this question were coded as having engaged in self-mutilation. 		
<p>Gil, A. G., Wagner, E. F. & Vega, W. A. (2000). Acculturation, familism, and alcohol use among Latino adolescent males: Longitudinal relations. <i>Journal of Community Psychology</i>, 28(4), 443-458. doi: 10.1002/1520-6629(200007)28:4<443::aid-jcop6>3.3.co;2-1</p>	<p>The aim of the study was to focus on examining the effects of acculturation and acculturative stress on the intensity of alcohol involvement in middle school Latino males.</p>	<p>$n = 1,051$ immigrant and $n = 968$ U.S. born Latino males attending middle school in South Florida.</p> <p>$n = 48$ middle schools in Miami-Dade Public School district</p>	<p>1. Alcohol Involvement was measured using several self-report measures. The lifetime and past month use of alcohol was measured annually. Other information that was obtained by each of the participants included frequency of intoxication, grade at first use of alcohol, number of drinks last time alcohol was consumed. A frequency involvement scale was also utilized; this was based on the</p>	<p>Secondary Analysis of a Longitudinal Study; Exploratory study</p>	<p>1. Results of the study revealed that acculturation and acculturative stress influence the use of alcohol among Latino males through the deterioration of Latino family values.</p> <p>2. U.S. born Latino males show higher levels of alcohol use than Latino immigrants. Some explanations for these</p>

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		participated	frequency and quantity of alcohol use, frequency of being intoxicated, age of first use, and problems experienced as a result of alcohol use.		findings include (1) drugs are more readily available in U.S. society which results in greater exposure and access to drugs and (2) the traditional values, cohesion, and social control of immigrant Latinos deteriorate over time in the U.S. which may further erode among families with second generation U.S. born children and adolescents.
		Ethnic background included adolescent and their families from Central America; South America; Caribbean Basin. Largest group was Cubans (40%) and Nicaraguans (13%)	2. Acculturation: Acculturation levels was measured in two ways, (1) length of time lived in the U.S. and (2) reliance on either English or Spanish across a variety of communication context (school, friends, family).		
		Beginning when students were in middle school (6th and 7th grade), data was collected annually for three years.	3. Acculturation strain was measured in three ways (1) conflicts associated with the use of English, (2) perceived discrimination, (3) acculturation conflicts within the family and outside the family.		
		Parents of these students also took part in this study via telephone	4. Familism was measured using items that measured propensity to reside in close proximity to the family and the use of the family sources of emotional social support. Some of these items included, "We share similar values and beliefs," things work out well for us as a family," and "family members feel loyal to the family."		
			5. Disposition to Deviance was		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Jones, J., Ramírez, R. R., Davies, M., Canino, G., & Goodwin, R. D. (2008). Suicidal behaviors among adolescents in Puerto Rico: Rates and correlates in clinical and community samples. <i>Journal of Clinical Child and Adolescent Psychology</i> , 37(2), 448-455. doi: 10.1080/15374410801955789	The purpose of the study was to examine rates and correlates of suicidal behaviors among Puerto Rican adolescents.	Community and clinical samples of Puerto Rican adolescents, between the ages of 12-17 years. Gender Community sample: 44.8% females and 46.8% males Clinical sample: 34.9% females and 73.5% males	used to measure involvement in delinquent activities and drug use. Some of the items included, "Is it ok to go to sneak into a movie or ball game without paying?" "Is it important to try to follow rule and obey the law?" and "I don't care about other people's feelings." • Spanish version of the National Institute of Mental Health Diagnostic Interview Schedule for Children, 4th ed. (DISC-IV) was used to assess for psychiatric disorders, suicidal ideation and suicide attempts during the last year o Suicidal ideation was assessed with the question, "In the last year did you ever think seriously about killing yourself?" o Suicide attempt was assessed using the question, "Have you ever, in your whole life, tried to kill yourself or made a suicide attempt?" • Perfectionism was assessed using the anxiety disorder module of the DISC-IV. • Aggressive behavior was assessed using the conduct disorder module of the DISC-IV. This scale assessed whether the child ever engaged in physical fighting and whether as a result of the fight	Quantitative study	1. Results of the study revealed that in community and clinical samples meeting criteria for an Axis I psychiatric disorder was significantly associated with an increase likelihood of suicidal behaviors. Specifically, they found that among the community sample of Puerto Rican youth, those with problem drug use and drinking within the last year and using drugs and alcohol six or more times in the past year demonstrated the strongest association with suicidal behaviors. 2. In the clinical sample, the authors found that a diagnosis of Conduct disorder was the strongest predictor of suicidal behaviors.

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			<p>someone was hurt or could have been hurt.</p> <ul style="list-style-type: none"> • Runaway behavior was assessed using the conduct disorder module of the DISC-IV that inquired if the <p>adolescent had ever ran away from home overnight.</p> <ul style="list-style-type: none"> • Sexual behavior, including sexual intercourse, birth control, pregnancy, and STDs were assessed using items from the Youth Risk Behavior survey. • Problem drug use was considered positive if the adolescent endorsed at least one criterion for a diagnosis of abuse or dependence in the substance use modules of the DISC-IV. • Problem drinking use was considered positive if the adolescent endorsed at least one criterion for a diagnosis of alcohol abuse or dependence in the substance use modules of the DISC-IV. • The Family Psychiatric History Screen for Epidemiologic Studies was used to obtain history of psychiatric illness and psychiatric service use in primary caretakers. • Perception of poverty was assessed using a scale designed 		

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Katragadda, C. P. & Tidwell, R. (1998). Rural Hispanic adolescents at risk for depressive symptoms. <i>Journal of Applied Social Psychology</i> , 28(20), 1916- 1930. doi: 10.1111/j.15 59-1816.1998.tb01353.x	What is the relationship between family structure and level of depression? What is the relationship between level of depression and acculturation, self- esteem, and perceived level of stress? Are the differences related to gender and level of depression?	<i>N</i> = 240 high school Hispanic adolescents (118 males; 122 females) in the San Joaquin Valley of California. Most parents of participants emigrated from different areas of Mexico. Ages 15-20 years Grade Level <i>N</i> = 115 ninth graders <i>N</i> = 53 tenth graders <i>N</i> = 15 eleventh graders <i>N</i> = 57 twelfth graders	to assess an individual's appraisal of his or her level of poverty. • Center for Epidemiological Studies-Depression Scale (CES-D): 20-item self-report measure was used in the study to assess for depressive symptomatology. • Background Information Questionnaire was used to obtain demographic characteristics such as age, gender, grade level, birth order, and place of birth; it also assesses for family structure such as family size, number and gender of siblings, marital status of parents, educational level of parents, occupation of parents, and current work status of parents; and level of acculturation to American society: fluency in English and Spanish, place of birth, length of United States residence, and ethnic identification • Piers-Harris Children's Self- concept Scale: this self-report measure was used to assess of children's feelings behavior, intellectual and social status, physical appearance, popularity about themselves. The Piers-Harris scale measures children's evaluations of their behavior, intellectual and social status,	Exploratory study	1. Females reported greater levels stress and depression compared to male adolescents. 2. Follow-up interviews with counselors, teacher's aides, and parents revealed that adolescent girls unlike boys experienced pressures at home to take household responsibilities and caring for their younger siblings. 3. Interviews also revealed that parents of these young women discouraged them from completing homework assignments or even completing their high school education. 4. Adolescents who were living longer in the United States appeared better adjusted to the Anglo culture and thus reported less stress in school, at home, and their social environment. 5. Low acculturation was related to higher stress which was related to

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Luncheon, C., Bae, S., González, A., Lurie, S., & Singh, K. P. (2008). Hispanic female adolescents' use of illicit drugs and the risk of suicidal thoughts. <i>American Journal of Health Behaviors</i> , 32(1), 52-59. doi: 10.5993/aj hb.32.1.5	<p>The aim was to examine the association between Hispanic female adolescents in high school who use drugs and seriously consider attempting suicide.</p> <p>The authors hypothesized that Hispanic female adolescents who used illicit drugs were more likely to have thoughts about suicide than were their non-Hispanic female peers.</p>	<p>The Youth Risk Behavioral Surveillance System (YRBSS), is a cross sectional survey designed by the CDC to present epidemiological data about health related behaviors among adolescents.</p> <p>Sample included <i>N</i> = 7,544 female participants in grades 9-12. Due to a small sample size only those participants who classified themselves as black,</p>	<p>physical appearance, anxiety, popularity, and satisfaction. • Hispanic Children Stress Inventory was used in the study to assess perceived stress among Mexican immigrant adolescents in social and family environments in the United States • The following drug variables were used: o “During your life how many times have you used marijuana?” o “During your life how many times have you used cocaine?” o “During your life how many times have you sniffed glue, breathed the contents of aerosol cans, or inhaled any paints to get high?” o “During your life how many times have you used heroin?” o “During your life how many times have you used methamphetamines?” o “During your life how many times have you used ecstasy?” o “During your life how many times have you taken steroid pills or shots without a doctor’s prescription?” o “During your life how many times have you used a needle to inject any of illegal drug into your body?” • Control variables included race/ethnicity, school grade,</p>	<p>Secondary analysis of a Cross-Sectional Survey study (YRBSS)</p>	<p>higher levels of depression; however acculturation was not a significant predictor of depression.</p> <p>6. Females reported higher levels of depression than male adolescents.</p> <p>1. The results of the analysis revealed that youth who seriously attempted suicide was associated with being Hispanic, suburban youth, and the use of marijuana, inhalants, methamphetamines, and steroids without a doctor’s prescription.</p>

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		Hispanic, or white were included in the study.	geographic region, and metropolitan status		
McDonald, E. J., McCabe, K., Yeh, M., Lau, A., Garland, A., & Hough, R. L. (2005). Cultural affiliation and self-esteem as predictors of internalizing symptoms among Mexican American adolescents. <i>Journal of Clinical Child and Adolescent Psychology</i> , 34(1), 163-171. doi: 10.1207/s15374424jccp3401_15	<p>Study is based on Allen's et al. (1996) study. Study employs a two year longitudinal method that examines the relationship between cultural affiliation and self-esteem among at risk Mexican American adolescents at baseline (T1) and changes that occur over a two period of time in regards to internalizing behaviors.</p> <ul style="list-style-type: none"> • The authors hypothesized, that at baseline, affiliation with the Mexican culture would be negatively related to internalizing symptoms, controlling for baseline internalizing symptoms. • They also hypothesized that at baseline self-esteem would be negatively related to T2 internalizing 	<p>Subsample (N=94) of high risk Mexican American adolescents from the Patterns of Youth Mental Health Care in Public Service System.</p> <p>Ages: 11-16 at the time of the first interview; 13 to 18 at the time of the second interview.</p> <p>Of this youth, 2.1% had received alcohol or drug treatment; 29.8% were from child welfare; 14.9% were from the juvenile justice system; 61.7% were from mental health;</p>	<ul style="list-style-type: none"> • Youth Self-Report (YSR): widely used with English and Spanish sample youth, self-report measure that assesses social competencies and emotional and behavior symptoms of adolescents 11-18 years old. • Child Health Questionnaire-Child Form 87 (CHQ-CF87): youth self-report instrument with 12 subscales that measure psychosocial well-being of children 10 years and older. For purposes of this study, only the self-esteem subscale was used. This subscale targeted youth's satisfaction with school/athletic abilities, appearance, family/peer relationships, and life. • Pan Acculturation Scale (PAN): self report instrument designed for youth and adults. It assesses affiliation with the dominant culture or alternative or native culture. 	Longitudinal study	<p>1. Internalizing symptoms among at risk Mexican American adolescents did not increase with increasing acculturation.</p> <p>2. Low self-esteem was a risk factor for internalizing symptoms only among girls minimally affiliated with the Mexican culture.</p>

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	<p>symptoms, controlling for baseline internalizing symptoms.</p> <ul style="list-style-type: none"> • They also predicted that low self-esteem would be a risk factor for internalizing symptoms only among youth who had minimal affiliation with the Mexican culture. 	<p>23.4% were from school services for youth with severe emotional disturbances in the fiscal year 1996-1997; 27.7% received services from more than one sector of care.</p>			
<p>Peña, J. B., Wyman, P. A., Brown, C. H., Matthieu, M. M., Olivares, T. E., Hartel, D., ... Zayas, L. H. (2008). Immigration generation status and its association with suicide attempts, substance abuse, and depressive symptoms among Latino adolescents in USA. <i>Prevention Science</i>, 9(4), 299-310. doi: 10.1007/s11121-008-0105-x</p>	<ul style="list-style-type: none"> • The authors examined the relationship between first, second, and later generation status and suicide attempts, problematic alcohol use, marijuana use, other drug abuse, and depressive symptoms. • They also examined problematic alcohol use, marijuana use, and other drug use and depressive symptoms as factors that mediate the relationship between immigrant generation status and suicide attempts. 	<p>Data was gathered utilizing the National Longitudinal Study of Adolescent Health (Add Health). This is a prospective cohort study that followed students in grades 7th-12th grade from various public and private schools in the U.S.; these students were followed into adulthood. The present study was based on an analysis of</p>	<ul style="list-style-type: none"> • Demographic Variables were obtained from adolescent self-report. • Immigrant Generation Status was assigned to each participant based on the participant's location of birth and birthplace of their parents. The categories included, first generation or born outside the U.S., second generation (born in the U.S. with at least one parent born outside the U.S., and later generation (born in the U.S. with parents born in the U.S.). • Problematic alcohol use was assessed by seven questions that inquired recurring impairment in functioning which could be attributed to alcohol use. Some of the questions included, "over the past 12 months how many times have each of the 	<p>Secondary Analysis of the ADD Health Longitudinal study</p>	<ol style="list-style-type: none"> 1. Immigrant generation status was significantly related to suicide attempts, problematic alcohol use, repeated marijuana use, and repeated other drug use. 2. First generation Latinos were less likely than second and later generation to attempt suicide. 3. There were no significant findings between depression and generation status among the Latino youth. Repeated drug use mediated the effect of generation status on the propensity to a suicide attempt.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>data from Wave I in home interviews administered from April 1995 to December 1995.</p> <p>The study sample included $N = 3,135$ of Hispanic or Latino origin who had at least one U.S. residential parent. Of the sample, 58.6% were Mexican; 13.1% were Puerto Rican; 6.4% were Cuban; 22.2% of other Hispanic countries; and 1.1% of two or more Hispanic countries.</p> <p>Of the participants, 25.6% were first generation with a mean age of 16.0</p>	<p>following things happened...?"</p> <p>(1) "...got into trouble with parents because of drinking,"</p> <p>(2) "...had problems at school or work because of drinking,"</p> <p>(3) "...had problems with friends because of drinking,"</p> <p>(4) "...problems with someone you were dating because of your drinking," (5) "...did something that you later regretted because of drinking,"</p> <p>(6) "...got into a sexual situation because of drinking,"</p> <p>(7) "...got into a physical fight because of drinking."</p> <p>• Repeated marijuana use was measured utilizing the following question, "During your lifetime how many times have you used marijuana?"</p> <p>Participants who answered twice to this question was considered engaging in repeated marijuana use.</p> <p>• Repeated other drug use was assessed using the following question, "During your life, how many times have you used cocaine, inhalants, illegal drugs such as LSD, PCP, ecstasy, mushrooms, speed, ice, and heroin, or pills without a doctor's prescription?"</p> <p>Participants who answered twice or more were coded as engaging in repeated other drug use.</p>		

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		years; 34.8% were second generation with mean age of 15.4 years; and 39.5% were later generation with mean age of 15.3 years.	<ul style="list-style-type: none"> • Depressive symptoms were assessed using an abbreviated version of the Center for Epidemiologic Studies Depressive Symptoms Scale (CES-D). • Suicide attempts was assessed by the question, "During the past 12 months, how many times did you actually attempt suicide?" 		
Ramírez, J. R., Crano, W. D., Quist, R., Burgoon, M., Alvaro, E. M. & Grandpre, J. (2004). Acculturation, familism, parental monitoring, and knowledge as predictors of marijuana and inhalant use in adolescents. <i>Psychology of Addictive Behaviors</i> , 18(1), 3-11. doi: 10.1037/0893-164x.18.1.3	The purpose of the study was to examine drug use in Hispanic American adolescents by looking at the roles that familism, acculturation, and parental monitoring play in marijuana and inhalant use among this population.	<p><i>N</i> = 1,094 fourth- through 12th-grade school children from Arizona</p> <p>Ethnic background</p> <p>Anglo American <i>N</i> = 72 Hispanic American <i>N</i> = 322</p> <p>Gender <i>N</i> = 567 males <i>N</i> = 527 females</p> <p>Grade level 36% elementary 31% middle school</p>	<ul style="list-style-type: none"> • Acculturation Rating Scale for Mexican Americans used four question to assess level of acculturation. Questions included, "What language do you speak at home?" "What type of music do you listen to?" "What language do you read best?" and "What type of TV do you watch?" Responses ranged from 1 "Only Spanish" to 5 "Only English." • Familism: a seven-item scale concerned with the importance of parents, other relatives, and elders. Questions in this scale included, "I think about what is good for my family before thinking about what is good for me," "I expect my relatives to help me when I need them," "I owe it to my parents to do well in life," "My best guide to behavior is my parents' teachings," "Aging parents should live with their 	Cross-Sectional design	<p>1. Findings revealed that Hispanic Americans demonstrated higher usage across all measures. Additionally, among Hispanic Americans high acculturation was associated with low marijuana, but high inhalant use.</p> <p>2. Results also unveiled that across all participants, positive family relations and parental monitoring were strongly associated with lower levels of marijuana use but only among those most knowledgeable about drugs.</p> <p>3. The authors also found that familism and monitoring were not associated with</p>

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		33% high school	<p>relatives,” “All adults should be respected,” “Relatives are more important than friends.” Responses ranged from 1 “strongly disagree” to 5 “strongly agree.” Higher scores on this indicate higher familistic attitudes.</p> <ul style="list-style-type: none"> • Parental Monitoring was assessed using a three-item scale which measured the degree to which parents were aware of their children’s daily activities. Items on this scale included “When I am not at home, my parents know: where I am; who I am with; what I am doing.” Responses ranged from 1 “strongly agree” to 5 “strongly disagree. • Drug Use: participants reported marijuana and inhalant use by answering the questions “Have you ever used inhalants/marijuana in your life?” and “During the past 30days, have you used inhalants/marijuana even once?” o Marijuana knowledge was measured on a true–false questionnaire composed of the following items: “Smoking marijuana may: lead to more frequent chest colds; impair short-term memory; increase the risk of developing cancer; lead to lung disease; lead to 		diminished usage among participants less knowledgeable about drugs. For inhalants, monitoring combined with high knowledge or high familism was associated with diminished usage among participants.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			addiction; make it hard to concentrate.” o Inhalant knowledge was measured on a true–false survey that included the following items: “Using inhalants even one time can lead to sudden death,” “Using inhalants can lead to an irregular heartbeat,” “Using inhalants can result in liver damage,” “Using inhalants even one time may result in hearing loss,” and “Using inhalants for a long time may result in brain damage.”		
Reyes, J. C., Robles, R. R., Colón, H. M., Negrón, J. L., Matos, T. D., & Calderón, J. M. (2011). Polydrug use and attempted suicide among Hispanic adolescents in Puerto Rico. <i>Archives of Suicide Research</i> , 15(2), 151-159. doi: 10.1080/13811118.2011.565274	The purpose of the study was to examine the relationship between suicidal attempts, poly-drug use, and depression in Puerto Rican adolescents.	N = 691 Puerto Rican adolescents, ages 12 -15 and their co-residing parents, 656 mothers and 249 fathers	o Spanish version of the Composite International Diagnostic Interview (CIDI) was used to assess depression and substance abuse and dependence. Diagnoses were upon criteria of the American Psychiatric Association’s DSM-IV. o Parental and adolescent drug use was corroborated through saliva tests to detect the presence of cocaine, amphetamines, opiates, PCP, and THC. o Alcohol use was assessed by asking participants if they had consumed alcohol during the last 12 months. o Adolescents who used one or	Mixed Methods	1. Findings revealed that adolescents who met the criteria for depression and those who used alcohol were significantly more likely to be suicidal attempters. 2. The authors also found that poly-drug users were significantly more likely to attempt suicide. 3. Results also unveiled that adolescents with mothers who met the criteria for depression were more likely to report suicide attempts.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Twenge, J. M. & Nolen-Hoeksema, S. (2002). Age, gender, race, socioeconomic status, and birth cohort differences on the children's depressive inventory: A meta-analysis. <i>Journal of Abnormal Psychology</i> , 111(4), 578-588. doi: 10.1037//0021-843x.111.4.578	Using a meta-analysis approach, the authors examined age, gender, SES, and birth cohort differences among Children on the Children's Depression Inventory.	Sample of 310 children, ages 8-16;	<p>more drugs such as marijuana, cocaine, heroin, and amphetamines in addition to using alcohol were classified as poly-drug users.</p> <p>o Suicide attempts was assessed with the question: "During the past 12 months, did you attempt to commit suicide?"</p> <p>A within-scale meta-analysis</p> <ul style="list-style-type: none"> • Children Depression Inventory was used to assess depressive symptomatology among children 	Meta-Analysis	<p>1. Results of the meta-analysis revealed that female's CDI scores remained stable from ages 8 to 11; between the ages of 12 and 16 there was an increase in depression scores. For males, depression scores remained stable from ages 8-16, except for high CDI scores at the age of 12.</p> <p>2. Findings also revealed that there were no differences between White and Black children and adolescents. Hispanics however scored significantly higher on the CDI compared to the other ethnic groups.</p>

Fatalistic worldview

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Canino, G., & Roberts, R. E. (2001). Suicidal behavior among Latino youth. <i>Suicide and Life- Threatening Behavior</i> , 31, 122- 131. doi: 10.1521 /suli.31.1.5.122.24218	Review of the scientific literature related to suicidal behavior among Latino youth	N/A	N/A	Literature review	<p>1. Prevalence of suicide in Latino youth: Studies show that the suicide rate for Latinos (9.0 per 100,000) was less than that of Anglos (19.2 per 100,000). This discrepancy was less for adolescents ages 15-19, as the suicide rate for Latinos was 9.0 compared to 11.9 per 100,000.</p> <p>2. Suicide rates occurred at a younger age for Latinos (32.9 per 100,000) than for Anglos (17.3 per 100,000).</p> <p>3. Prevalence of Non-Fatal Suicidal Behavior: In some studies, Latino students mostly of Puerto Rican origin had higher scores on both depression and suicidal ideation than did African American students. Nicaraguans and other Latinos had the highest levels of lifetime suicide attempts. Mexican Americans had rates of ideation almost twice as high as those of European American counterparts. Latino youth also report a high percentage (16.3%) of lifetime suicide attempts.</p> <p>4. Culture and Acculturative stress as possible etiologic factors: Persons of Mexican origin have been found to have a greater tendency toward fatalism and</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Jamieson, P. E., & Romer, D. (2008). Unrealistic fatalism in U.S. youth ages 14 to 22: Prevalence and characteristics. <i>Journal of Adolescent Health</i> , 42(2), 154- 160. doi: 10.1016/ j.jadohealth.2007.07 .010	To estimate the proportions of U.S. youth that exhibits fatalism about its future (not to live past 30 years of age).Examine risk factors for fatalistic expectation.	Adolescent population; 14-22 years of age N = 4,201 National Annenberg Risk Survey of Youth (NARSY): four waves from 2002- 2005 of a nationally representative survey of a nationally representative survey of 14-22 year olds designed by the Annenberg Public Policy Center at the University of Pennsylvania.	<ul style="list-style-type: none"> • Telephone survey that included the following: <ul style="list-style-type: none"> o To identify fatalists, researchers asked participants whether they agreed with the following statement, “I do not expect to live past the age of 30.” o Suicide acceptance was assessed with a measure based on the mean agreement with two items: “I think it’s ok to end your life if you are tired of living” and “I think it’s ok to end your life if you don’t see any reason to keep living.” o Impulsivity was measured using the shortened form of Zuckerman’s impulsivity sensation-seeking scale. o To assess recent experiences of hopelessness, depressive symptoms, and suicidal ideation, researchers 	Descriptive study	<p>passive coping, which is related to depression and consequently suicide behavior. There is evidence that rates of psychopathology and suicidal behavior seem to be related to acculturative stress in Latino youth.</p> <ol style="list-style-type: none"> 1. Findings revealed that 1 out of 15 youth interviewed responded that they would not live past age 30. 2. Compared to other youth, fatalists were significantly more likely to be older, male, identified as Hispanic. 3. Recent experience of hopelessness was a strong predictor of fatalism. 4. Fatalistic youth engaged in more suicidal planning, had more accepting attitudes toward suicide, were less attached to Religion, and were impulsive.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Joe, S., Romer, D., & Jamieson, P. E. (2007). Suicide acceptability is related to suicide planning in U.S. adolescents and young adults. <i>Suicide and Life-Threatening Behavior</i> , 37(2), 165-178. doi: 10.1521/suli.2007.37.2.165	<ul style="list-style-type: none"> • Purpose of this study was to investigate racial and gender differences in attitudes towards suicide in nationally representative sample of American young people. • Examine the extent to which attitudes toward suicide are related to suicidal planning. <p>Hypotheses:</p> <ul style="list-style-type: none"> o Researchers hypothesized that there would be no difference in attitudes toward suicide between 	Adolescents 14-22 years old NARSY data collected in the Spring and Summer of 2002 ($n = 900$), 2003 ($n = 900$), and 2004 ($n = 1,501$)	<p>asked questions such as, “During the past 12 months, did you ever feel so sad and hopeless for two weeks or more in a row that you stopped doing your usual activities?” “During the past 12 months did you consider attempting suicide?” and “During the past 12 months, did you make a plan about how you would attempt suicide?”</p> <p>For this study, researchers used NARSY data collected in the Spring and Summer of 2002, 2003 and 2004.</p> <ul style="list-style-type: none"> • National Annenberg Risk Survey of Youth (NARSY): a nationally representative survey of 14-22 year olds designed by the Anenberg Public Policy Center at the University of Pennsylvania. <p>Measures in survey:</p> <ul style="list-style-type: none"> • Youth Risk Behavior Survey: used to identify youth who had engaged in suicidal ideation during the past 12 months. • General Social Survey (GSS): used to assess suicide acceptability 	Descriptive study	<ol style="list-style-type: none"> 1. Results demonstrate the important role of adolescent and young adult attitudes toward suicide in the risk for serious suicidal ideation. 2. Researchers show for the first time in a nationally representative sample that acceptance of anomic suicide is strongly related to suicide planning in young people. 3. Young people who believe that it is okay to end your life are more than 14 times more likely to think about killing themselves. 4. Youth endorsing the acceptability of suicide and reporting previous experiences of hopelessness and sensation seeking should be considered at higher risk for suicidality.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	White and African American adolescents. o Researchers expected that suicide acceptability would be related to planning suicide among youth across all ethnic groups (Latino, Asian, White, African American and other racial groups).		<ul style="list-style-type: none"> • Religious participation was assessed by asking youth their religious affiliation and frequency of attending religious activity. • Brief Sensation Seeking Scale assesses tendencies to act impulsively. 		<p>5. Lack of religious participation, living in an urban area, and being male were positively correlated with suicide acceptance.</p> <p>6. There were no differences in suicidal approval among the largest racial-ethnic categories, although other racial groups such as American Indians and Pacific Islanders were more likely to report acceptance of suicide for anomic reasons.</p>
Olvera, R. L. (2001). Suicidal ideation in Hispanic and mixed-ancestry adolescents. <i>Suicide and Life-Threatening Behavior</i> , 31(4), 416-427. doi: 10.1521/suli.31.4.416.22049	<ul style="list-style-type: none"> • To find increased rates of suicidal ideation in Hispanics and mixed-ancestry adolescents compared to Anglo peers. • To see higher levels of psychological stress (i.e. depression, family problems) in adolescents with suicidal ideation. • To find coping strategies that avoid the problem (disengagement and denial) would be associated with increased suicidal ideation. 	<p>N = 158 students in grades 6-8 in a local middle school</p> <p>Males = 73 Females = 85</p> <p>Ethnicity Hispanic (predominantly Mexican-Americans) 56% Non-Hispanic White 21% Mixed Ancestry 14% African American 1%</p>	<ul style="list-style-type: none"> • Subscales from the Teen Life Changes Survey (measures factors such as depression, suicidality, gender, perceived SES, and coping strategies) • Depression and suicidal ideation was measured using the DSD (self-administered checklist) • COPE (measures coping skills) Perceived SES was based on the student's perception of status compared to their peers (much better off vs. much worse off) • Ethnicity was measured by self-report 	Descriptive study	<p>1. Hispanics (92% of Mexican ancestry) displayed significantly greater suicidal ideation.</p> <p>2. Fatalism, acculturation stress, sociocultural stress, minority status, and increased depressive symptoms may be related to increased suicidality in Mexican Americans adolescents.</p> <p>3. Study found higher reported suicidal ideation for mixed ancestry adolescents compared to Anglo adolescents.</p> <p>4. Depression may account for the increased suicidality rate. Closer inspection of the mixed-ancestry group revealed that adolescents were part Mexican ancestry, Hispanic or Latino, and part Anglo or White.</p>

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					<p>5. The hypothesis that coping strategies would help explain the differences in depression and suicidality in different ethnic groups was partially supported.</p> <p>6. Denial and disengagement were associated with increased suicidal ideation (as they do not address the problem).</p> <p>7. Social support and religion was associated with suicidal ideation (hypothesis was not supported).</p>

Other contextual factors

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Alegría, M., Shrout, P. E., Woo, M., Guarnaccia, P., Sribney, W., Vila, D., ... Canino, G. (2007). Understanding differences in past year psychiatric disorders for Latinos living in the US. <i>Social Science and Medicine</i> , 65(2), 214-230. doi: 10.1016/j.socscimed.2007.03.026	The purpose of the study was to identify risk factors for psychiatric disorders that demonstrate differences in nativity effects among Latinos. The authors hypothesize that psychiatric disorders among Latinos will be associated with differences in factors such as acculturation and enculturation processes, family stressors and supports, contextual factors, and social status factors.	The sample for the study was obtained from the NLAAS which is a nationally representative survey of English- and Spanish-speaking residents ages 18 and older in the U.S. <i>N</i> = 2,546 Latinos subgroups Puerto Rican = 494 Cuban = 576 Mexican = 863 Other Latinos = 613 Of the sample, 55% of the Puerto Rican, 14% of the Cuban, 43% of the Mexican, and 38% of the other Latino participants were U.S. born. Of the sample, 10% of the Puerto Rican, 9% of the Cuban, 5% of the Mexican, and 8% of the other Latino participants were immigrants, arrival age to the U.S.	<ul style="list-style-type: none"> English language proficiency scale: his scale assesses participants' ability to speak, read, and write in English. Higher scores on this scale indicate higher-level proficiency. Ethnic identity scale: measures the construct of enculturation. It determines participants' identification with, closeness of ideas about things, and shared time with members of their -own ethnic group. Higher scores on this scale indicates higher Latino ethnic identity. The Spanish language proficiency scale: assesses participants' ability to speak, read, and write in Spanish. Higher scores indicate higher-level proficiency. Family support scale: this three-item scale assesses participants' ability to rely on relatives by asking how often they talk on the telephone and how much they can open up to relatives Family burden scale: this two-item measure captures frequency of demands and arguments with relatives or children The family cultural conflict 	Cross Sectional Survey study	<p>1. Results of the study revealed that after adjusting for age and gender, "later arrival immigrant" Mexicans and "In U.S. as a child" Cubans reported significantly lower prevalence of depressive disorders than "in U.S. as a child" Mexicans.</p> <p>2. Findings also revealed that after adjusting for age and gender, the risk for anxiety disorders appeared no different for "later arrival immigrants" compared to "In U.S. as a child" Latinos.</p> <p>3. The authors also found that family burden and family cultural conflict, perceived low neighborhood safety, exposure to discrimination, disrupted marital status, being out of the labor force, and perceived low social standing all to varying degrees figure as risk factors for 12-month depressive, anxiety, and substance use disorders.</p>

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		0-6 years Of the sample, 35% of the Puerto Rican, 77% of the Cuban, 52% of the Mexican, and 53% of the other Latino participants were immigrants, arrival age to the U.S. greater or equal to seven years.	scale: it is a five-item scale that measures participants' frequency of cultural and intergenerational conflict with families (e.g., arguments with family members due to different belief systems. • Religious attendance measured frequency of attendance at religious services • The neighborhood safety scale: it is a three-item scale that measures participants' perceived level of neighborhood safety and lack of violence. Higher scores on this scale indicate a greater degree of perceived safety. • Exposure to discrimination: a nine-item scale which measures the frequency of routine experiences of unfair treatment (e.g., being treated with less respect than other people). • Social status variables included in the study were: o marital status (married; divorced, separated, and widowed; never married) o level of education (no high school (<9); some high school (9-11); high school graduate (12); some college (13-15); college degree or greater o annual household income for the prior year (\$0-14,999; \$15,000-34,999; \$35,000-74,999; >\$75,000)		4. They also found that elevated family cultural conflict and family burden are associated with increased risk for depressive and anxiety disorders.

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			<ul style="list-style-type: none"> o employment status (employed; unemployed; out of workforce) o Perceived social status was assessed by asking participants to identify their social status relative to others in their U.S. community, based on money, education, and job respect. Higher scores on this scale indicate higher levels of perceived social status. o The World Mental Health Survey Initiative version of the World Health Organization Composite International Diagnostic Interview (WMH-CIDI) is a structured diagnostic interview based on the criteria of the DSM-IV which measures the last twelve-month prevalence of psychiatric disorders. 		
Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. <i>Journal of Community Psychology</i> , 38(6), 742-756. doi: 10.1002/jco.p.20392	The overall hypothesis is that discrimination and familismo will have direct but opposite effects on internalizing symptoms among Latino families. The secondary hypothesis is that there is an interaction effect between discrimination and familismo on	<p><i>N</i> = 150 Latino parent-child dyads who were immigrants or U.S. born.</p> <p>Latino families were recruited from ESL classes, community centers, local churches, and community fairs from a large metropolitan area.</p> <p>Inclusion criteria:</p>	<ul style="list-style-type: none"> • Youth self-report measure (YSR): 112 items that assesses adolescent's emotional and behavioral problems such as academic problems, social competency, family and peer relationships, and mental health symptoms among U.S. born and immigrant Latino adolescents and parents. • Center for Epidemiologic Studies Depression Scale (CES-D) for parents 	<p>Secondary Analysis using data from the Southwest subsample of the Latino Acculturation and Health Project</p>	<p>1. It was found that perceived discrimination was associated internalizing symptoms among youth.</p> <p>2. Although many parents reported high levels of discrimination, the effects of discrimination were not related to their depressive symptomatology.</p> <p>3. Familismo was found to protect adolescents and</p>

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	internalizing symptoms on Latinos such that high levels of familismo will reduce the harmful effects of discrimination.	<ul style="list-style-type: none"> Identifying as Latino/a, agreeing to participate in paper and pencil questionnaires every six months for a span of 2.5 years. Being a parent of an adolescent between the ages of 14-18. <p>Most of the families were of Mexican descent with the exception of five who were from Central America.</p>			<p>parents against negative mental health outcomes.</p> <p>4. The second hypothesis was not supported; although familismo was an indicator of improved mental health, it did not protect against the effects of discrimination.</p>
Gamst, G., Dana, R. H., Der-Karabetian, A., Aragón, M., Arellano, L. M., & Kramer, T. (2002). Effects of Latino acculturation and ethnic identity on mental health outcomes. <i>Hispanic Journal of Behavioral Sciences</i> , 24(4), 479-504. doi:10.1177/0739986302238216	The aim of the study was to examine the relationship among client-therapist ethnic match, client age group, client acculturation, ethnic identity, and generation level and their effect on client global level of functioning, total mental health visits, and costs.	<p><i>N</i> = 204 Latino American outpatient clients or parents/caregivers of patients who were receiving outpatient services in Tri-City Mental Health from March-May 2000.</p> <p>Most common ethnic backgrounds included: Mexican-American; Mexican, South American, Central American, and Cuban.</p>	<p>Client-therapist ethnic background was determined based on self-report</p> <p>Questionnaires used:</p> <ul style="list-style-type: none"> Basic demographic data and descriptive items about the participant. Ethnic match was determined by matching the therapist who made the initial evaluation of functioning with the client's ethnicity. To determine generation status, participants were asked what category best described them: First generation = being born outside of the United States; Second generation = 	Survey study	<p>1. Findings of the study revealed that GAF outcomes declined for Latino American clients who reported low ethnic identity.</p> <p>2. Mexican oriented parents/caregivers and adult clients showed a strong interest for a therapist of the same culture; Latino Americans were ambivalent about this issue. The same was true for language preference.</p> <p>3. Results also revealed that less acculturated</p>

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		<p>Of the 204 participants 52.8% were adult clients; 47.2% were surrogate child clients who were the parent/caregivers of Latino American children clients, ages 16-18, who were receiving mental health services at Tri-City Mental Health. The authors included these surrogates to determine the children's home-acculturative environment during the time they were receiving services.</p> <p>Since most of the participants were treated by a multidisciplinary team (e.g., psychiatrist, psychologist, MFT, LCSW), for purposes of the study they used the term "modal therapist" to refer to the service provider who has the most contact with the participant.</p>	<p>being born in the U.S. with either parent being born outside the U.S.; third generation = both participant and parents being born in the United States and all grandparents were born outside the U.S.; fourth generation = clients and parents born in U.S. and one grandparent were born in the U.S.; fifth generation = participants had both grandparents born in the U.S.</p> <ul style="list-style-type: none"> • ARSMA-II: a liner measure of acculturation with level one representing participants with more Mexican orientation and level five anchoring the more American orientation of the scale. • Ethic Identity was examined by the 12-item scale of the MEIM; this variable was further decomposed into two subscales: Ethnic Identity Search (five items) and the Affirmation, Belonging, and Commitment (seven items). • Global Assessment of functioning was determined using the DSM-IV Axis V rating; scores ranges from 1 (severe impairment) to 100 (good general functioning). The GAF was completed at intake, at termination, and a difference score (GAF-difference) examined all phases 		<p>individuals, particularly when coupled with low socioeconomic status and education have higher levels of psychopathology.</p>

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		<p>Therapist ethnic background included: 38.2% White American; 43.1% Latino American; 9.3% African American; 9.4% Asian American</p> <p>Degree Status of therapists included: Master's degree = 49.1%; Medical degree = 21.1%; Bachelor's degree = 19.3%; less than Bachelor's degree = 3.5%</p> <p>Therapist average years of experience: $M = 9.58$. Therapist primary language: 49.5% English; 42.2% Spanish; 8.3% other languages</p>	<p>of the treatment process.</p> <ul style="list-style-type: none"> • Visitation was evaluated by counting the total number of visits for each client. • Total Costs: a total monetary costs was developed for each client that totaled the cost of all mental health services received. 		
Gee, G. C., Ryan, A., Laflamme, D. J., & Holt, J. (2006). Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in New Hampshire	The authors hypothesized that self-reported discrimination was negatively associated with mental health status. They also hypothesized that this association was stronger for African	<p>Data for the study was obtained from New Hampshire Racial and Ethnic Approaches to Community Health 2010</p> <p>Blacks and Latinos in New Hampshire; more than half of the</p>	<ul style="list-style-type: none"> • Mental Component Summary (MCS12) subscale from the Medical Outcomes Study Short Form 12: this form assesses health related quality of life in both clinical and population based studies. Questions from this subscale focused on vitality, social and role functioning, mental health, general health, physical 	Secondary Analysis of a community intervention program conducted in 2002 and 2003 in New Hampshire Racial and Ethnic Approaches to Community Health 2010 which surveyed African	<p>1. Results revealed that discrimination was related to lower ratings for mental health.</p> <p>2. The association between discrimination and mental health appeared stronger for Blacks than for Mexican Americans or other Latinos.</p>

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REACH 2010 Initiative: The added dimension of immigration. <i>American Journal of Public Health</i> , 96(10), 1821-1828. doi: 10.2105/ajph. 2005.080085	American than for Latinos.	participants lived in Hillsborough county.	functioning, and bodily pain. Higher scores on this measure indicate better mental health. • Three indicators for discrimination were utilized in the study: goals discrimination, discomfort/anger; health care discrimination. o For the goals discrimination measure the following question was asked: “Do you feel that racial discrimination diminishes your ability to fulfill your goals fully?” o For anger/discomfort: “How often do you feel anger or discomfort by the way others treat you in your everyday life because of your race?” o Health care questions: “Do you feel that you have been receiving less than the best health care because of your race?”	American Mexican American and other Latinos.	3. Findings also demonstrated that the association between discrimination and mental health may be stronger for immigrants who have lived in the U.S. longer for more recent arrivals.
Szalacha, L. A., Erkut, S., Coll, C. G., Alarcon, O., Fields, J. P., & Ceder, I. (2003). Discrimination and Puerto Rican children’s and adolescents' mental health. <i>Culture Diversity and Ethnic Minority Psychology</i> , 9(2), 141-155.	The purpose of the article was to utilize two studies of Puerto Rican youths’ development on the U.S. mainland which examined the consequences of perceived racial/ethnic discrimination on mental health. The authors hypothesized that perceiving	Study 1: The Health and Growth of Puerto Rican Children Study (CHILD) <i>N</i> = 291 (145 males and 146 females) Mean age = 8.37 years Grade level <i>N</i> = 96, Grade 1	Study 1 • Ethnic identity. Children were asked to identify their ethnicity. Questions included, “Are you Puerto Rican?” “Are you Hispanic?” and “Are you American?” • Discrimination: Children were asked whether another child or an adult had discriminated against her or him. For example, children who answered that they were Puerto Rican were asked “Has any kid	Secondary Analysis of the Health and Growth of Puerto Rican Children Study (CHILD) and the Puerto Rican Adolescent study (PRAS)	Study 1 1. Study revealed that only 12% of the children in the study reported perceived discrimination. These children had identified themselves as either Puerto Rican or Puerto Rican Hispanic and or American. These children attributed their discriminatory experiences to their ethnic background.

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doi: 10.1037/1099-9809.9.2.141	discrimination will be associated with negative mental health consequences for adolescents.	<p><i>N</i> = 80, Grade 2 <i>N</i> = 105, Grade 3 <i>N</i> = 5, Grade 4</p> <p>70.2% of the sample was born in the U.S. whereas the majority of their mothers (80.4%) and fathers (79.7%) were born in Puerto Rico.</p> <p>55.6% of the participants lived in a two-parent home; 42.4% with one parent, and 3% with both parents and another relative.</p> <p>Income The income level of more than half of the families in the study was of \$19,999 or less.</p> <p>Study 2: Puerto Rican Adolescent Study (PRAS)</p> <p><i>N</i> = 248 Puerto Rican adolescents ages 13 and 14 years (128 females and 120 males) living in Boston</p>	<p>treated you badly because you are Puerto Rican?” and “Has any adult treated you badly because you are Puerto Rican?”</p> <p>The same is true for those children who answered “Yes” to being Hispanic and those who identified as being American.</p> <p>• The School Situation Survey: a 34-item instrument that was utilized to assess school-related sources of stress in areas such as academic self-concept, academic stress, peer interactions, and teacher interactions. This survey also assesses three ways in which school-related stress may be manifested. That is, emotional, behavioral, and/or physical.</p> <p>• Puerto Rican Children’s Self-Esteem Scale (was developed by Szalacha, 1997, 1999) for this study. It is a 32-item scale assesses academic, physical skill, friendship, character, responsibility, and behavior domains.</p> <p>• The Reynolds’ Child Depression Scale is a 30-item self-report measure which assesses for depression in children ages 8-12.</p> <p>• The children’s behavioral adjustment was measured using the short version (48 items) of Conners’ Parent Rating Scale.</p>		<p>2. Findings revealed that on average the children in the sample were in good mental health with high self-esteem scores, low depression, low self-reports of stress, and low parental reports of behavioral disorders.</p> <p>3. Of note, those 12% who reported perceived discrimination had significantly higher depression scores and teacher interaction stress. However, there were no significant differences in general self-esteem, academic self-concept, or academic stress associated with perceived discrimination.</p> <p>Study 2</p> <p>1. Findings of the study revealed that 49% of the adolescents reported perceiving racial discrimination directed against them in at least one situation, and 47% indicated that they were worried about being discriminated against in at least one situation.</p>

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		<p>Grades 6-9 51% of the sample was headed by a single parent</p> <p>72% of the sample was living in poverty</p> <p>On average, the adolescents were 14 years old, and over half (58.9%) were born in the U.S.</p>	<p>This measure was administered to the child's primary caregiver. This instrument measures 24 different categories such as problems of sleep, learning, and sociability, which yields scores for six problem areas: Conduct Problems, Learning Problems, Psycho-somatization, Impulsive Hyperactivity, Anxiety, and Hyperactivity.</p> <p>Study 2</p> <ul style="list-style-type: none"> • Perceived discrimination was measured by an index of nine possible situations in which discrimination might occur. This instrument that was created for this study. The variable was coded first as a dichotomous variable, indicating whether the participant was discriminated against or not, and second as a continuous index indicating the number of situations in which he/she perceived discrimination. • Discrimination anxiety was measured by a nine-item index of the same nine possible situations used to assess perceived discrimination. The lead questions for the nine possible situations included, "Sometimes people don't want to do things because they think 		<p>2. Results also revealed that adolescents that both perceived and worried about discrimination are risk factors for lower global self-worth and positively associated with depression and stress.</p> <p>3. The authors also highlighted that adolescents were aware of negative stereotypes about Puerto Ricans, and nearly half of them related discriminatory instances.</p>

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			<p>that they will be discriminated against or treated badly or differently. Do you worry about being discriminated against because of your race, ethnicity, color, or language?"</p> <p>Participants were asked to indicate whether they worried about discrimination in the same list of situations used to elicit perceptions of discrimination. The adolescents were also asked what they believed the reasons for any discrimination were. The participants were asked, "When you feel like you are being discriminated against, why do you think it happens?"</p> <ul style="list-style-type: none"> • Self-Perception Profile for Children: this instrument was used to assess for self-esteem. The subscales in this measure included, Scholastic Competence, Social Acceptance, Athletic Competence, Physical Appearance, Behavioral Conduct, and Global Self-Worth. • Phinney's (1992) Multi-group Ethnic Identity Measure was adapted for use with a Puerto Rican sample. Our version contained 13 ethnic identity items such as "I am happy that I am Puerto Rican" and "I have tried to learn about Puerto 		

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			Rican history, traditions, and customs.” • Psychological acculturation: this is a 10-item measure developed to explore competence and identity in two cultures (Latino and American). • Self-image and stereotypes: to assess for self-image and stereotypes, adolescents were asked several open-ended questions examining if they believed that Americans had stereotypes of Puerto Ricans and what those might be; whether they had ever tried to hide their Puerto Rican heritage; and the impact they believed being discriminated against had on their lives. N/A		
Zayas, L. H., Kaplan, C., Turner, S., Romano, K., & González-Ramos, G. (2000). Understanding suicide attempts by adolescent Hispanic females. <i>Social Work</i> , 45(1), 53-63. doi: 10.1093/sw/45.1.53	Presents an integrative model to aid clinicians in understanding suicide attempts by Hispanic adolescent females. Integrative Model for Understanding Suicide Attempts: 1. Sociocultural domain: acculturation generational status, and cultural factors 2. Family domain: dysfunctional family cohesiveness (low	N/A		Theoretical discussion	1. The Integrative Model of suicide attempts by adolescents Hispanic females is intended to deepen understanding on adolescent Hispanic female suicide attempts and to better inform clinical practice. 2. The five Domains include: a. Sociocultural domain i. Acculturation status and Hispanic cultural factors are crucial elements in understanding Hispanic adolescent female's suicide attempt.

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	cohesiveness, familial and marital conflict/violence low parental support, parental-adolescent conflict) 3. Developmental Factors: Desire for autonomy and independence threatens cultural and family ties 4. Psychological domain: Depression, lack of proper problem solving skills, and anger.				ii. Disparities between adolescent's acculturation and parent's acculturation are evident in suicidal attempts in Hispanic females. iii. Socioeconomic conditions influence incidents of suicide b. Family Domain i. Dysfunctional family environments ii. Authoritarian parenting iii. Absence of fathers iv. Mother and daughter relationship c. Developmental factors i. Greater autonomy and sexual awareness d. Psychological Domain i. Anger ii. Depression

Protective Factors Specific Latina/o Adolescents

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Ayón, C., Marsiglia, F. F., & Bermudez-Parsai, M. (2010). Latino family mental health: Exploring the role of discrimination and familismo. <i>Journal of Community Psychology</i> , 38(6), 742-756. doi: 10.1002/jcop.20392	The overall hypothesis is that discrimination and familismo will have direct but opposite effects on internalizing symptoms among Latino families. The secondary hypothesis is that there is an interaction effect between discrimination and familismo on internalizing symptoms on Latinos such that high levels of familismo will reduce the harmful effects of discrimination.	<p>$N = 150$</p> <p>Latino parent-child dyads who were immigrants or U.S. born. Latino families were recruited from ESL classes, community centers, local churches, and community fairs from a large metropolitan area.</p> <p>Most of the families were of Mexican descent with the exception of five who were from Central America.</p> <p>Inclusion criteria:</p> <p>• Identifying as Latino/a, agreeing to</p>	<p>• Youth self-report measure (YSR): 112 items that assesses adolescent's emotional and behavioral problems such as academic problems, social competency, family and peer relationships, and mental health symptoms among U.S. born and immigrant Latino adolescents and parents.</p> <p>• Center for Epidemiologic Studies Depression Scale (CES-D) for parents</p>	<p>Secondary Analysis using data from the Southwest subsample of the Latino Acculturation and Health Project</p>	<p>1. It was found that perceived discrimination was associated internalizing symptoms among youth.</p> <p>2. Although many parents reported high levels of discrimination, the effects of discrimination were not related to their depressive symptomatology.</p> <p>3. Familismo was found to protect adolescents and parents against negative mental health outcomes.</p> <p>4. The second hypothesis was not supported; although familismo was an indicator of improved mental health, it did not protect against the effects of discrimination.</p>

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		participate in paper and pencil questionnaires every six months for a span of 2.5 years. • Being a parent of an adolescent between the ages of 14-18.			
Baumann, A. A., Kuhlberg, J. A., & Zayas, L. H. (2010). Familism, mother-daughter mutuality, and suicide attempts of adolescent Latinas. <i>Journal of Family Psychology</i> , 24(5), 616-624. doi: 10.1037/a0020584	<ul style="list-style-type: none"> • The authors hypothesized that the larger the difference between daughter and mother regarding familism, the lower level of daughter–mother mutuality, and the more adolescent internalizing and externalizing behaviors. • They also hypothesized that the lower the level of daughter’s mutuality with their mother, the more adolescent’s internalizing and externalizing behaviors which 	<p><i>N</i> = 232 Adolescent Latinas; <i>n</i> = 122 attempters and <i>n</i> = 110 non-attempters from a Latino communities in Northeastern metropolis Authors only selected Latina adolescents whose mothers participated in the study, <i>n</i> = 169 In total there were 86 mother-</p>	<p>1. Lugo Steidel and Contreras (2003) scale measuring behavioral familism which includes items measuring support, honor, subjugation of self before family, and interconnectedness. 2. Mutual Psychological Development Questionnaire (MPDQ) was used to measure Mutuality, or the attunement between adolescents and mothers (and vice versa). This instrument contains 22 items that combines an individual’s perception of self and others on six dimensions which includes empathy, engagement, authenticity,</p>	Survey study	<p>1. Results of the study partially supported the first hypothesis. That is, larger gaps on familism, where mothers reported having higher familism value than their daughters, were related to lower levels of mutuality and higher levels of externalizing behaviors.</p> <p>2. Results of the study fully supported the second hypothesis. Specifically, lower levels of adolescents’ mutuality with their mothers, resulted in more adolescents’ internalizing and externalizing behaviors and thus, the greater the likelihood that adolescents will attempt suicide.</p> <p>3. The third hypothesis was</p>

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	would increase the likelihood that the adolescent would attempt suicide. • The more externalizing and internalizing behaviors shown by adolescent Latinas, the more likely they are at attempting suicide.	daughter pairs of Latina with a suicide attempt and 83 mother-daughter pairs without a history of suicide attempts. Ethnicity <i>n</i> = 53 Puerto Ricans <i>n</i> = 47 Dominican <i>n</i> = 25 Mexican <i>n</i> = 19 Colombian <i>n</i> = 9 Ecuadoran <i>n</i> = 1 Salvadoran <i>n</i> = 1 Peruvian <i>n</i> = 1 Venezuelan <i>n</i> = 1 Honduran	diversity, empowerment and zest. 3. Youth Self-Report (1991) was used to measure internalizing and externalizing behaviors. The internalizing behaviors scale includes items that measure withdrawn depressive symptoms, anxious depressive behaviors, and somatic problems. The externalizing behavior items measure rule breaking and aggressive behaviors. 4. The Bidirectional Acculturation Scale (BAS) measures both Hispanic and U.S. cultural involvement in two subscales. 5. The adolescent's identification as a suicide attempter was coded as "1" for those girls who have attempted suicide and "0" for those who have never attempted suicide.		also fully supported. Findings revealed that the more externalizing and internalizing behaviors adolescents engage in, the more likely they are to attempt suicide. 4. The authors also found that familism could serve as a protective factor from the adolescents' perspective, but the same was not true from the mothers' perspective. It appears that mothers differ significantly from their daughters in terms of family values. It may be that there is an acculturation gap, or differences between adolescent and parents' level of involvement in the culture of origin compared to involvement in the host culture which would increase the gap in familism values between the adolescents and their mothers.
Birman, D. (1998). Biculturalism and perceived competence of Latino immigrant adolescents. <i>American Journal of Community Psychology</i> , 26(3), 335-354.	The aim of the study was to investigate acculturation to the Hispanic and the American cultures and self-perceptions of competence.	<i>N</i> = 123 Latino immigrant adolescents	• Harter's (1988) Self Perceptions of Competence Profile for Adolescents was used to assess for the life spheres of school, both their Latino and non-Latino	Survey study	1. Findings revealed that acculturation to the American culture predicted positive self-perceptions of competence with American peers, while acculturation to the Latino culture predicted positive self-

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doi: 10.1023/a:1022101219 563	An analogous scale to assess for family competence.		peers, and global self-worth.		<p>perceptions to the Latino peers.</p> <p>2. They also found that perceived family competence was predicted by acculturation to the American culture rather than by the Latino culture.</p> <p>3. Their results in regards to biculturalism are tentative; biculturalism was related to positive self-perceptions of global self-worth.</p>
<p>Borowsky, I. W., Ireland, M., & Resnick, M. D. (2001). Adolescent suicide attempts: Risks and protectors. <i>Pediatrics</i>, 107(3), 485-493. doi: 10.1542/peds.107.3.485</p>	Purpose of the study was to identify risk and protective factors for suicide attempts among non-Hispanic Black, Hispanic, and non-Hispanic White male and female adolescents.	Data from the National Longitudinal Study of Adolescent Health conducted in 1995 and 1996 that included non- Hispanic Black, Hispanic and non-Hispanic White in grades 7-12. <i>N</i> = 13,110	<p>Time I: an in-home 90 minute interview was conducted for each participant between April 1995-December 1995; questions in the interview consisted of health status, family dynamics, attitudes, and health risk behaviors (i.e. suicidal behaviors, drug and alcohol use and criminal behavior)</p> <p>Time II: in-home interview conducted between April 1996-August 1996; outcome variable was assessed with the question, "During the past 12 months did you actually attempt suicide?"</p>	<p>Secondary Analysis of the National Longitudinal Study of Adolescent Health</p>	<p>• Protective Factors:</p> <ul style="list-style-type: none"> o Perceived parent and family connectedness was a protective factor among Blacks, Hispanics, and white adolescents. o For girls, emotional well-being was also a protective factor for all of the ethnic groups. o High grade point average and religiosity was a protective factor for boys. <p>• Risk Factors</p> <ul style="list-style-type: none"> o Previous suicide attempt, violence victimization, violence perpetration, alcohol/marijuana use, school problems, somatic symptoms, friend suicide attempt or contemplation, other illicit drug use, and a history of mental health treatment predicted suicide attempts among Blacks, Hispanic, and White males.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Dew, R. E., Daniel, S. S., Armstrong, T. D., Goldston, D. B., Triplett, M. F., & Koenig, H. G. (2008). Religion/spirituality and adolescent psychiatric symptoms: A review. <i>Child Psychiatry and Human Development</i> , 39(4), 381-398. doi: 10.1007/s10578- 007-0093-2	The purpose of the article is to review the literature on religion and spirituality and its relationship to adolescent psychiatric symptoms. Specifically, they examined the relationship between religion and variables such as adolescent substance use, delinquency, depression, suicidality, and anxiety.	N/A	N/A	Literature review	<p>o Weapon carrying at school and same sex relationships were also risk factors for boys of all ethnic groups.</p> <ul style="list-style-type: none"> • Factors revealed that the presence of three or more protective factors reduced the risk of suicide attempt by 70% to 85% for both genders of all ethnic groups. <p>1. The results revealed that adolescents with greater religious involvement had lower levels of substance use, delinquency, depression, and anxiety.</p> <p>2. However, the authors highlighted that in twenty articles that assessed the relationship between religion and suicidal ideation, beliefs, or attempts results were inconsistent. That is, some research studies found religion as a protective factor against suicidality while others found mixed positive and non- significant results on the association or no correlations between religion and suicide.</p>
Gil, A. G., Wagner, E. F. & Vega, W. A. (2000). Acculturation, familism, and alcohol use among Latino adolescent males: Longitudinal relations. <i>Journal of Community Psychology</i> , 28(4), 443-458. doi: 10.1002/1520-66	The aim of the study was to focus on examining the effects of acculturation and acculturative stress on the intensity of alcohol involvement	N = 1,051 immigrant and 968 U.S. born Latino males attending middle school in South Florida.	1. Alcohol Involvement was measured using several self-report measures. The lifetime and past month use of alcohol was measured annually. Other information that was	Secondary Analysis of a Longitudinal Study; Exploratory study	1. Results of the study revealed that acculturation and acculturative stress influence the use of alcohol among Latino males through the deterioration of Latino family values.

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29(200007)28:4<443 ::aid-jcop6>3.3.co;2-1	in middle school Latino males.	48 middle schools in Miami-Dade Public School district participated Ethnic background included adolescent and their families from Central America; South America; Caribbean Basin. Largest group was Cubans (40%) and Nicaraguans (13%) Beginning when students were in middle school (6th and 7th grade), data was collected annually for three years. Parents of these students also took part	obtained by each of the participants included frequency of intoxication, grade at first use of alcohol, number of drinks last time alcohol was consumed. A frequency involvement scale was also utilized; this was based on the frequency and quantity of alcohol use, frequency of being intoxicated, age of first use, and problems experienced as a result of alcohol use. 2. Acculturation: Acculturation levels was measured in two ways, (1) length of time lived in the U.S. and (2) reliance on either English or Spanish across a variety of communication context (school, friends, family). 3. Acculturation strain was measured in three ways (1) conflicts associated with the use of English, (2) perceived discrimination, (3) acculturation conflicts within the family and outside the family. 4. Familism was measured		2. U.S. born Latino males show higher levels of alcohol use than Latino immigrants. Some explanations for these findings include (1) drugs are more readily available in U.S. society which results in greater exposure and access to drugs and (2) the traditional values, cohesion, and social control of immigrant Latinos deteriorate over time in the U.S. which may further erode among families with second generation U.S. born children and adolescents.

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		in this study via telephone.	using items that measured propensity to reside in close proximity to the family and the use of the family sources of emotional social support. Some of these items included, “We share similar values and beliefs,” “Things work out well for us as a family,” and “Family members feel loyal to the family.”		
			5. Disposition to Deviance was used to measure involvement in delinquent activities and drug use. Some of the items included, “Is it ok to go to sneak into a movie or ball game without paying?” “Is it important to try to follow rule and obey the law?” and “I don’t care about other people’s feelings.”		
Hovey, J. D. (2000b). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. <i>Cultural Diversity and Ethnic Minority Psychology</i> , 6(2), 134-151. doi: 10.1037/1099- 9809.6.2.134	Purposes: (1) To determine the relationship among acculturative stress and depressive symptoms in a sample of Mexican immigrants, (2) to determine the best predictors of depression and	<i>N</i> = 114 Mexican immigrants (76 females; 38 males) from an ESL class in Los Angeles Ages 17-77; of the sample 66.4% were	• Perception of religiosity, religion influence, and church attendance participants were asked the following three questions: “How religious are you?” “How much influence does religion have upon your life?” and “How often do you attend church?”	Cross Sectional Survey study	1. Results of the study revealed that individuals who experienced heightened levels of acculturative stress due to lower levels of social support, lower levels of religious affiliation, and increased levels of hopelessness were at risk for developing depressive symptomatology and critical levels of suicide ideation which

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	suicidal ideation. The authors hypothesized that elevated levels of acculturative stress will predict high levels of depression and suicidal ideation.	<p>between the ages of 17-35; 22.1% were ages 36-55; and 11.5% were ages 55-77</p> <p>Marital Status</p> <p>30.1% = married 46% = single 15.1% = separated or divorced 3.5% = widowed 5.3% = common law marriage</p> <p>Religion</p> <p>Catholic = 83.2% Protestant = 4.4% Other = 6.2% No religious affiliation = 6.2%</p> <p>Number of Years in the U.S.</p> <p>1-4 years =</p>	<p>• Perception of control and decision to migrate the following questions were asked: "If you were born in another country, did you contribute to the decision to move to the U.S.?" and "If you were born in another country, did you agree with the decision to move to the U.S.?"</p> <p>• Short Acculturation Scale for Hispanics was used in the study to assess for acculturation.</p> <p>• General Functioning Scale of the Family Assessment Device: this self-report measure was used to assess for family functioning. Some of the questions in the measure include, "In times of crisis we can turn to each other for support" and "We avoid discussing our fears and concerns."</p> <p>• Personal Resource Questionnaire Part II was used in the study to measure perceived effectiveness of social support. Examples include, "I belong to a group in which I feel important" and "I can't count on my friends to</p>		<p>may result in suicide.</p> <p>2. The study revealed that women had higher level of depression than men.</p> <p>3. Family dysfunction was linked to greater depression.</p> <p>4. Protective factors among this sample of Mexican immigrants included, emotional closeness within the family, social support, and religion.</p>

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		51.8% 5-10 years = 18.8% 11+ years = 29.4%	help me with problems.” • SAFE scale was used to measure acculturative stress in attitudinal, familial, and environmental contexts. It also assesses for perceived discrimination toward immigrant populations. • CES-D was used to assess for depression and depressive symptomatology • Adult Suicide Ideation Questionnaire is a self-report measure that assesses nature and frequency of suicidal ideation. • Expectations for the future was assessed using a questionnaire that asked an open-ended question “What do you think the future will be like for you and your family?”		
Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts among adolescent Latinas. <i>Child Psychiatry and Human Development</i> , 41(4), 425-440. doi: 10.1007/s105	The aim of the study was to explore how family factors (parent adolescent conflict), cultural factors (familism), and individual factors to protect or potentiate suicidal behavior among adolescent	The authors recruited 121 adolescent Latina suicide attempters and 105 non-attempters ages 11-19 from New York social	For purposes the present study, the authors categorized Latina girls into the four largest group represented, these included Puerto Rico, Dominican, Mexican, and Columbian. Another group was created “Other Hispanic Culture” to	Cross Sectional Survey study	1. Familism was a protective factor against parent-adolescent conflict. In sum, parent-adolescent conflict was associated with higher levels of internalizing behaviors and lower self-esteem. 2. Results of the study also revealed that both internalizing behaviors and self-esteem was

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78-010-0179-0	<p>Latinas.</p> <p>More specifically, the following were the research questions posed by the authors:</p> <p>1. What is the link between parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts in Latina youth?</p> <p>2. What role does familism play in building self-esteem and protecting against parent-adolescent conflict, internalizing behaviors, and suicide attempts?</p>	<p>services agencies, psychiatric hospitals, and primary health care clinics.</p> <p>105 parents of suicide attempters (86 mothers, 19 fathers) and 95 parents of non-attempters (78 mothers, 17fathers) participated in the study.</p> <p>72% of the adolescent Latinas were U.S.-born; however most girls identified with a Hispanic group or culture: 79</p> <p>Ethnicity</p> <p>Puerto Rican = 79</p> <p>Dominican = 64</p> <p>Mexican = 27</p> <p>Colombian = 23</p> <p>Ecuadorian =</p>	<p>include girls with smaller representation and who identified themselves with more than one subgroup. Parent's level of education was assessed by asking the parent directly to indicate their highest of education.</p> <p>• Rosenberg Self-Esteem Scale: Consists of a 10 items assessing an adolescent's level of global self-esteem. Scores range from 10 to 40 with higher scores indicating higher levels of self-esteem.</p> <p>• Internalizing behaviors was measured using items from the Youth Self Report Measure. Scores range from 0 to 48, with higher scores indicating higher levels of internalizing behaviors.</p> <p>• Conflict Behavior Questionnaire was utilized to measure parent-adolescent conflict. It consists of 15 dichotomous yes or no items. Scores range from 0 to 15 with higher scores indicating increased levels of perceived conflict and negative communication between the parent and</p>		<p>related to suicide attempts. They also revealed higher levels of internalizing behaviors predicted suicide attempts; while higher levels of self-esteem protected against suicide attempts.</p> <p>3. Findings also revealed that familism was found not to be a cultural protective factor against internalizing behaviors among adolescent Latinas in a restrictive family system.</p> <p>4. Findings also revealed that as Latino adolescent's familistic attitudes increased, they demonstrated lower levels of conflict with the parent, however demonstrated higher levels of internalizing behaviors. Of note, Latina youth with a history of suicide attempts did not differ from those who did not have a history of suicide attempts.</p> <p>5. Results also point to the fact that Latina youth who perceive more conflict with their parents also reported higher levels of internalizing behaviors as well as lower levels of self-esteem.</p>

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		10 Guatemalan = 3 Salvadorian = 2 Cuban = 1 Honduran = 1 Peruvian = 1 Venezuelan = 1 Eleven girls identified themselves as “other.” Mexican American = 3 Puerto Rican Dominican = 3 Dominican– American = 1 Dominican– Cuban = 1 Ecuadorian American = 1 Peruvian Puerto Rican = 1 Black Puerto Rican = 1 Of note, three adolescents identified as “American” but were classified as Hispanic based	adolescent dyad. • Familism was measured using an attitudinal that taps on familial support, interconnectedness, family honor, and subjugation of the self to family. • Suicide attempts was coded as “1” for adolescent Latinas who have attempted suicide and “0” for Latina adolescent who have never had a suicide attempt.		

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		on their mothers' Hispanic origin.			
Leidy, M. S., Guerra, N. G., & Toro, R. I. (2010). Positive parenting, family cohesion, and child social competence among immigrant Latino families. <i>Journal of Family Psychology</i> , 24(3), 252-260. doi: 10.1037/a0019407	The aims of the study was to determine whether positive parenting styles were linked to child competence for pre-adolescent children in a sample of low income immigrant Latino families. They also looked at possible barriers to positive parenting that may be unique to Latino families.	<p><i>N</i> = 282 parents (263 mothers; 19 fathers) each with one focal child (144 females and 138 males)</p> <p>Each participant was either placed in the intervention (140 parents) or the control (142) control group over a 3 year period.</p> <p>99% of the parents were born outside of the U.S. with 96% reporting that they came from Mexico, 67% of the child participants were born in the U.S.; 32% were born</p>	<p>• Positive parenting was assessed using a seven-item scale that included limit setting and communication skills. Parents were asked to rate each question using a 3-point Likert scale. Some of the questions included, "In the past month were you able to communicate calmly and clearly with your child when there were disagreements or problems?"</p> <p>• Family Cohesion: nine-item measure that was rated by parents regarding the extent of emotional closeness and dependability, support, and clear communication among family members. An example of a question in this measure included, "Family members feel very close to each other."</p> <p>• Stephenson Multi-group Acculturation Scale (SMAS): an adapted version of this scale was given to parents to control for different levels of</p>	Mixed Methods	<p>1. Results of the study revealed that family cohesion predicted improvements in child social problem solving and social self-efficacy as well as better mental health outcomes or psychological well-being.</p> <p>2. Findings also revealed that positive parenting predicted improvements in child social self-efficacy.</p> <p>3. Results of the focus group revealed four major themes that impacted family cohesion and parenting. These included: acculturation differences between child and parent and the resulting power imbalance, difficulty getting involved in their child's education, loss of extended family, and discrimination against immigrants and legal status.</p>

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		outside of the U.S.	acculturation. For purposes of this study the dominant society		
		Average years living in the U.S. for parents was 12 years	immersion subscale was used. Some examples include, "I speak English at home" and "I attend social functions with Anglo American people."		
		64% of the families lived in households with 5-7 members	• Child competence was assessed with specific scales that measure positive sense of self, self-control, and social		
		16% lived with 8 or more members	problem solving skills.		
		Average age for the parent in the study was 34 years (ranging from 19-60)	• Rosenberg Self Esteem scale was used to assess self-esteem. Children were asked questions like, "I feel I am just as good as other kids." Higher scores on this scales indicate a higher self-image.		
		Household income: 73% of parents reported a total household income of \$15,000 in the past year.	• Social self-efficacy was measured by a six-item scale where children were asked to rate how good they were at various social situations such as making friends with other kids and getting other kids to stop bothering or bullying you.		
		83% of the parents were either married or living with a	• State-Trait Anger Expression Inventory: items on this scale were used to assess emotional regulation and anger management (i.e., "I can		

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		<p>partner 17% were single parents, divorced, or separated</p> <p>Focus group study: parents who did not participate in the survey or in the intervention were included in the focus group.</p> <p>Two group were formed, total of 12 mothers; six mothers in each group. All of the participants in the focus group had immigrated to the U.S. in the past 10 years</p>	<p>stop myself from losing my anger”)</p> <ul style="list-style-type: none"> • Impulse control was assessed using Bosthworth and Espelage (1995). Questions in this scale included, “I have a hard time finishing what I start.” • Social Problem solving skills: used a seven-item scale where children rated themselves on questions such as, “When I have an argument or fight with my friends I try to think of different ways to solve it.” <p>Focus Study</p> <ul style="list-style-type: none"> • For the focus group, the authors conducted semi- structured interviews; open-ended questions that generated discussions about challenges to positive parenting and positive avenues of family support that could be provided by community agencies. Questions also covered specific challenges and barriers to positive parenting, differences in parenting practices and customs between Mexico and the U.S. particularly types of family support, parent training, and interventions 		

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			that would be useful.		
Locke, T. F., & Newcomb, M. D. (2005). Psychosocial predictors and correlates of suicidality in teenage Latino males. <i>Hispanic Journal of Behavioral Sciences</i> , 27(3), 319-336.doi: 10.1177/0739986305276745	Hypothesis: 1. Childhood maltreatment, parental alcohol related problems, and polysubstance problems are risk factors that predict higher levels of suicidality. 2. Self-efficacy, social conformity, and family bonding are protective factors that predict lower levels of suicidality.	Data from a larger project funded by the California Wellness Foundation. Young males from the Los Angeles County community sample who identified themselves as Latino. <i>N</i> = 349 U.S. born Latinos 79% Mexico 17% Other Latinos (Guatemala, El Salvador) 3% Education level: 7th grade to three years in college	Questionnaires (available in English and Spanish) Measures: 1. Outcome Domain: behavioral, attitudinal, and cognitive components related to suicidality 2. External Microsystems- Five 5-item subscales related to childhood experiences of abuse and neglect were assessed with the 25-item Childhood Trauma Questionnaire. a. Sexual, emotional, and physical abuse; Emotional and physical neglect. b. Children of Alcoholics Screening Test: assess parent's alcohol problems c. Relations with Family/ Parents 3. Internal Microsystems: self efficacy was assessed (assertiveness, a sense of competence/effectiveness, and confidence in problem solving). 4. Mesosystems: Social conformity and religion commitment.	Secondary Analysis of the California Wellness Foundation Project	1. The strongest predictor of more suicidality was the external microsystem of emotional abuse. a. This highlights the negative impact of emotionally abusive experiences for male Latino teens. 2. The next strongest predictor of suicidality was hard drug use (internal microsystem) and sexual abuse (external microsystem). 3. Having a mother with alcohol related problems also a predictor of suicidality. 4. Protective Factors: problem solving confidence (internal microsystem), and a good relationship with parents (external microsystem).

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McDonald, E. J., McCabe, K., Yeh, M., Lau, A., Garland, A., & Hough, R. L. (2005). Cultural affiliation and self-esteem as predictors of internalizing symptoms among Mexican American adolescents. <i>Journal of Clinical Child and Adolescent Psychology</i> 34(1), 163-171. doi: 10.1207/s15374424jccp3401_15	<p>Study is based on Allen's et al. (1996) study. Study employs a two year longitudinal method that examines the relationship between cultural affiliation and self-esteem among at risk Mexican American adolescents at baseline (T1) and changes that occur over a two year period of time in regards to internalizing behaviors.</p> <p>• The authors hypothesized, that at baseline, affiliation with the Mexican culture would be negatively related to internalizing symptoms, controlling for baseline internalizing symptoms.</p> <p>• They also hypothesized that at baseline self-esteem would be negatively related to T2 internalizing symptoms,</p>	<p>Subsample (N=94) of high risk Mexican American adolescents from the Patterns of Youth Mental Health Care in Public Service System.</p> <p>Ages: 11-16 at the time of the first interview; 13 to 18 at the time of the second interview.</p> <p>Of this youth, 2.1% had received alcohol or drug treatment; 29.8% were from child welfare; 14.9% were from the juvenile justice system; 61.7% were from mental health; 23.4% were from school services for youth with severe</p>	<p>• Youth Self-Report (YSR): widely used with English and Spanish sample youth, self-report measure that assesses social competencies and emotional and behavior symptoms of adolescents 11-18 years old.</p> <p>• Child Health Questionnaire-Child Form 87 (CHQ-CF87): youth self-report instrument with 12 subscales that measure psychosocial well-being of children 10 years and older. For purposes of this study, only the self-esteem subscale was used. This subscale targeted youth's satisfaction with school/athletic abilities, appearance, family/peer relationships, and life.</p> <p>• Pan Acculturation Scale (PAN): self report instrument designed for youth and adults. It assesses affiliation with the dominant culture or alternative or native culture.</p>	Longitudinal study	<p>1. Internalizing symptoms among at risk Mexican American adolescents did not increase with increasing acculturation.</p> <p>2. Low self-esteem was a risk factor for internalizing symptoms only among girls minimally affiliated with the Mexican culture</p>

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	controlling for baseline internalizing symptoms. • They also predicted that low self-esteem would be a risk factor for internalizing symptoms only among youth who had minimal affiliation with the Mexican culture.	emotional disturbances in the fiscal year 1996-1997; 27.7% received services from more than one sector of care.			
O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. <i>American Journal of Community Psychology</i> , 33(1-2), 37-49. doi: 10.1023/b:ajcp.0000014317.20704.0b	Examine the prevalence and predictors of suicidality among African American and Latino youth who participated in a survey study during their 11th grade year. The researchers also considered a range of risk and resiliency factors that may influence suicidality.	Reach for Health Study (RFH) that sampled three middle schools in Brooklyn, New York. Adolescent from economically disadvantaged neighborhoods in Brooklyn, New York where statistics reveal a high prevalence of teen pregnancy, HIV/STD infection, violence related injuries, low	• Five items to assess for suicide included: "In the past year, have you ever consider killing yourself?"; "Did you ever tell anyone that you have thought about killing yourself?"; "Did you think that killing yourself would be a solution to your problems?"; "Did you make a plan?"; "How many times did you attempt suicide?" • Sociodemographic characteristics were assessed by asking questions pertaining to gender, ethnicity, number of years in the neighborhood, single or two parent household, educational level, and same sex gender. o Six-item scale to assess	Secondary analysis of a Survey study	1. Risk factors related to suicide attempts include being female, being Hispanic, and being depressed. 2. Family closeness and religiosity (although only marginally significant) were protective factors against suicide attempts.

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		high school graduation rates, below grade level academic performance.	if the adolescents basic needs were met: food, clothes, a safe place to live, etc. • Family closeness (eight items to assess family closeness)		
		Ethnicity African American = 69% Latino = 16% Mixed or other ethnicity = 15%	• Peer support: nine items were used to assess their attitudes about peer relationships • Religiosity (five items assessing their religious beliefs) • School attachment (17 items that assessed attitudes about school, school achievements, and school attendance)		
		Suicidality In past 12 months: Suicide ideation = 15% Suicide attempt = 13% One suicide attempt = 11% Multiple suicide attempts = 4%	• Ethnic identity (nine items on a 5-point Likert scale, were used from Phinney's original scale) formation • John Henry coping scale to assess for hard work, self-efficacy, and achieving goals • Children's Depression Inventory to assess for depressive symptomatology		
Smokowski, P. R. & Bacallao, M. L. (2007). Acculturation, internalizing mental health symptoms, and self-esteem: Cultural experiences of Latino adolescents in North Carolina.	The aim of the study is to examine the relationships among acculturation risk factors and cultural assets and	N = 323 Latino adolescents, ages 11-19 51% of the sample was	Independent variables: • Gender: dichotomous variable; 1 was coded for female; 2 was coded for male • Age: measured in years	Cross Sectional Survey study	1. Results of the study revealed that parent-adolescent conflict was the most prominent risk factor for internalizing behaviors and low self-esteem.

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<i>Child Psychiatry and Human Development</i> , 37(3), 273-292. doi: 10.1007/s10578-006-0035-4	<p>internalizing symptoms and self-esteem. The authors also examined the relationships among assimilation, enculturation, and biculturalism and internalizing symptoms and self-esteem.</p> <p>The authors hypothesized that:</p> <p>1. Assimilation and enculturation stressors such as discrimination and parent-adolescent conflict would predict internalizing behaviors and would decrease self-esteem.</p> <p>2. Enculturation, biculturalism, and pro-social behaviors would decrease internalizing behavior and increase self-esteem.</p>	<p>females</p> <p>Ethnicity: 97% of the participants were born outside of the U.S. Mexico = 66% Central America = 13% South America = 21%</p> <p>Average length in the U.S.: 4.77 years with a range of one month to 17 years.</p> <p>Grade: 96% of the sample was in school with 9th</p> <p>Housing arrangements: 2/3 of the sample lived in a two parent household 24% lived in a single parent</p>	<ul style="list-style-type: none"> • Bicultural Involvement Questionnaire (BIQ) was used to measure involvement in Latino and non-Latino cultures. This measure is comprised of 33 items that measures, food, language, recreational activities, and media use. This measure separates Latino and non-Latino categories. Two subscales of this measure assess for involvement in Latino culture and the other one measures involvement in the American culture. • For purposes of the study, biculturalism was determined by the total cultural involvement score obtained from the two subscales from the BIQ. • Perceived discrimination was measured using a three-item scale that ranged from “not at all” to “frequently.” • Familism was measured using six items that assessed feelings of trust, confidence, loyalty, pride, and expression of emotions in the family. • Parent-adolescent conflict was measured using the Conflict 		<p>2. Findings also demonstrated that adolescents who are highly involved with the Latino culture and less involved with the Americanized culture are at higher risk for the development of internalizing behaviors.</p> <p>3. The author also found that perceived discrimination was also associated with increased levels of internalizing behaviors and lower self-esteem.</p>

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		household	Behavior Questionnaire-20 which provides a measure of negative communication among the parent-adolescent dyad.		
		Household income:			
		Ranged from \$19,000-\$90,000	• Prosocial Friends scale is part of a School Success Profile that is used to measure risk and protective factors in middle and high school. The scores range from 0-10 with higher scores indicating relationships with more friends.		
		Median income was \$22,446			
		Parent Education:			
		67% of participant parents did not graduate high school and 45% of the participants' parents had less than a 7th grade education	Dependent Variables • Internalizing problems was assessed using the Youth Self Report (YSR). This measure consists of three subscales: Anxious/depressed (13 items); withdrawn/depressed (eight items); and Somatic complaints (three items). Scores were added within the three scales; total score was used to determine internalizing behaviors. Higher scores indicated greater severity of internalizing behaviors. • Rosenberg Self-Esteem scale (SES): For purposes of the study, the authors retained seven out of the 10 items in this measure.		

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			They deleted the items, “I wish I could have more respect for myself,” “At times I think that I’m not good at all,” and “I am able to do things as well as most other people.” They chose to drop these because the when they conducted factor analyses there were no significant factor loadings as well as reliability was enhanced. These items also did not have direct translations from English to Spanish. They also believed that these items were problematic for disadvantaged immigrants who experienced daily discrimination as it was unclear whether these items measured low self-esteem vs. low status in U.S. society.		
Smokowski, P. R., Rose, R. A., & Bacallao, M. (2010). Influence of risk factors and cultural assets on Latino adolescents' trajectories of self-esteem and internalizing symptoms. <i>Child Psychiatry and Human Development</i> , 41(2), 133-155.	The purpose of the study was to examine the longitudinal trajectories of acculturation, internalizing symptoms, and self-esteem in Latino adolescents. The	This study was part of the Latino Acculturation and Health Project a longitudinal investigation of	Independent Variables: • Adolescent demographics: o Gender: females = 1 males = 0 o Age o Time living in the U.S. was measured in years	Longitudinal study	1. Results of the study indicated that over time, Latino adolescents' internalizing problems decreased and their self-esteem increased which is in contrast to studies that indicated that foreign-born and second-generation immigrant adolescents had greater sense of

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doi: 10.1007/s10578-009-0157-6	authors hypothesized that adolescent internalizing symptoms will increase or remain stable and self-esteem will deteriorate with time spent in the U.S. They also predicted that acculturation stressors will be stronger predictors of internalizing symptoms and self-esteem than cultural involvement. Furthermore, they hypothesized that family variables will play key roles influencing adolescent internalizing symptoms and self-esteem.	acculturation in Latino families living in either North Carolina or Arizona. <i>N</i> = 349 Latino adolescents	since immigration for foreign-born adolescents or since birth for native-born adolescents <ul style="list-style-type: none"> o Parent education level o Annual income • Bicultural Involvement Questionnaire (BIQ) was used to determine the adolescent's culture-of-origin involvement as well as U.S. cultural involvement. Each subscale had 20 items. The culture of origin questions assessed for use of native language, food, recreation, and media whereas the U.S. cultural involvement assessed for English language use, non-Latino U.S. food, recreation, and media. • Biculturalism: to determine biculturalism, the adolescent's culture-of-origin involvement and U.S. culture involvement were summed to measure the participant's total cultural involvement or biculturalism score. • Conflict Behavior Questionnaire-20 (CBQ-20): this measure uses a 20 yes–no items to assess positive and negative interactions that occurred 		well-being than native Latino adolescents whose families had been in the U.S. for a longer period. 2. Adolescents who were more involved in the U.S. host culture had lower internalizing symptoms compared to those adolescents who reported low U.S. cultural involvement. 3. Bicultural adolescents with high culture-of-origin involvement reported higher self-esteem. 4. Parent–adolescent conflict consistently displayed a stronger risk relationship with both internalizing symptoms and low self-esteem.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>in both non-conflictual and argumentative exchanges.</p> <ul style="list-style-type: none"> • Acculturation Conflicts: Both adolescents' and parents' perceptions of acculturation conflicts were measured with a four-item scale. The four items included, "How often have you had problems with your family because you prefer American customs?" "How often do you think that you would rather be more American if you had a chance?" "How often do you get upset at your parents because they don't know American ways?" and "How often do you feel uncomfortable having to choose between non-Latin and Latin ways of doing things?" • Adolescents' and parents' perceptions of perceived discrimination was assessed using three items which asked how often they believed that they were disliked because they were Latino as well as two other items that asked about unfair treatment of themselves or their friends because they 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>were Latino.</p> <ul style="list-style-type: none"> • Familism was assessed using seven items. Participants had to agree or disagree if they believed that (a) family members respect one another; (b) if they believed that they share similar values and beliefs as the family; (c) if things work out well for them as a family; (d) whether they really trusted and confided in each other, (e) if family members feel loyal to the family;(f) if they are proud of the their family, and (g) if they can express their feelings with their family. <p>Dependent Variables:</p> <ul style="list-style-type: none"> • Child Behavior Check List (CBCL/4-18) and the Youth Self-Report (YSR) were used to assess for adolescent's internalizing symptoms. • The Rosenberg Self-Esteem scale was used to assess adolescent self-esteem. Some of the items in this scale included "I feel positive about myself" and "I'm a valuable person, at least equal to others," and "I feel useless at times." 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Zayas, L. H. & Pilat, A. M. (2008). Suicidal behavior in Latinas: Explanatory factors and implications for intervention. <i>Suicide and Life Threatening Behavior</i> , 38(3), 334-342. doi:10.1521/suli.2008.38.3.334	Given the extant literature, the authors hypothesized that the high rates of suicidal behaviors among adolescent Latinas can be better understood as a cultural phenomenon and that treatment interventions for this population must take family and culture into consideration.	N/A	N/A	Literature review	1. The high rates of Latina suicidal behavior can be best understood within a cultural framework (e.g., familism, culture-bound syndrome). 2. When treating the adolescent Latina, mental health professionals should treat the young Latina within the context of her family.

Resiliency: “Si Se Puede” (Yes We Can)

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Joe, S., Romer, D., & Jamieson, P. E. (2007). Suicide acceptability is related to suicide planning in U.S. adolescents and young adults. <i>Suicide and Life-Threatening Behavior</i> , 37(2), 165-178. doi: 10.1521/suli.2007.37.2.165	<ul style="list-style-type: none"> • Purpose of this study was to investigate racial and gender differences in attitudes towards suicide in nationally representative sample of American young people. • Examine the extent to which attitudes toward suicide are related to suicidal planning. <p>Hypotheses:</p> <ul style="list-style-type: none"> o Researchers hypothesized that there would be no difference in attitudes toward suicide between White and African American adolescents. o Researchers expected that suicide acceptability would be related to planning suicide among youth across all ethnic groups (Latino, Asian, White, African American and other racial groups). 	Adolescents 14-22 years old NARSY data collected in the Spring and Summer of 2002 (<i>n</i> = 900), 2003 (<i>n</i> = 900), and 2004 (<i>n</i> = 1,501)	<p>For this study, researchers used NARSY data collected in the Spring and Summer of 2002, 2003 and 2004.</p> <ul style="list-style-type: none"> • National Annenberg Risk Survey of Youth (NARSY): a nationally representative survey of 14-22 year olds designed by the Anenberg Public Policy Center at the University of Pennsylvania. <p>Measures in survey:</p> <ul style="list-style-type: none"> • Youth Risk Behavior Survey: used to identify youth who had engaged in suicidal ideation during the past 12 months. • General Social Survey (GSS): used to assess suicide acceptability • Religious participation was assessed by asking youth their religious affiliation and frequency of attending religious activity. • Brief Sensation Seeking Scale: assesses tendencies to act impulsively. 	Descriptive study	<p>1. Results demonstrate the important role of adolescent and young adult attitudes toward suicide in the risk for serious suicidal ideation.</p> <p>2. Researchers show for the first time in a nationally representative sample that acceptance of anomic suicide is strongly related to suicide planning in young people.</p> <p>3. Young people who believe that it is okay to end your life are more than 14 times more likely to think about killing themselves.</p> <p>4. Youth endorsing the acceptability of suicide and reporting previous experiences of hopelessness and sensation seeking should be considered at higher risk for suicidality.</p> <p>5. Lack of religious participation, living in an urban area, and being male were positively</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					correlated with suicide acceptance.
					6. There were no differences in suicidal approval among the largest racial-ethnic categories, although other racial groups such as American Indians and Pacific Islanders were more likely to report acceptance of suicide for anomic reasons.
Liu, D. W., Fairweather-Schmidt, A. K., Roberts, R. M., Burns, R., & Anstey, K. J. (2014). Does resiliency predict suicidality? A lifespan analysis. <i>Archives of Suicide Research, 18</i> (4), 453-464. doi: 10.1080/13811118.2013.833881	The purpose of the study was to examine the association between suicidality and resiliency across the life span using three cohorts aged 28-32; 48-52; and 68-74.	<ul style="list-style-type: none"> • Participants were taken from the Personality and Total Health (PATH) Through Life Project from Australia. • The PATH sample consists of three cohorts 28-32; 48-52; and 68-74 at baseline • Cohort 28-32 years of age was comprised of 2,404 participants (46.5% men); cohort 48-52 years of age was comprised of 2,530 participants (47.5% men); and cohort 68-74 years of age was comprised of 2,551 participants (51.7%). 	<ul style="list-style-type: none"> • All measures in the study were self-report measures • Demographics included: partnered status; employment; medical health; education • Alcohol use Disorders Identification Test (AUDIT) scale was used to assess for frequency of alcohol use. • A variety of psychological variables were assessed including mastery, rumination, positive and negative affect and life satisfaction. • Brief Life Events questionnaire was used to assess life stressors • Mental health symptoms were assessed by using measures such as Goldberg Anxiety and Depression scales • The Lubben Social Network Scale assessed social network size • Schuster Social Support scale assessed for quality of social interactions of family, friends, and 	Cross Sectional study	1. The findings of the study revealed that across the life span individuals with low resiliency was associated with increased risk for suicidality.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>partner.</p> <ul style="list-style-type: none"> • Conner-Davidson Resilience Scale was used to assess for resiliency • Psychiatric Symptom Frequency Scale was used to assess for suicidality. Items inquired whether life was worth living and asked participants whether they would rather be dead; serious suicidality was assessed by asking questions like “In the last year have you ever thought of taking your life?” This question was followed by “In the last year have you ever thought that taking your life was the only way out of your problems?” 		
<p>O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. <i>American Journal of Community Psychology</i>, 33(1-2), 37-49. doi:10.1023/b:ajcp.0000014317.20704.0b</p>	<p>Examine the prevalence and predictors of suicidality among African American and Latino youth who participated in a survey study during their 11th grade year. The researchers also considered a range of risk and resiliency factors that may influence suicidality.</p>	<p>Reach for Health Study (RFH) that sampled three middle schools in Brooklyn, New York. Adolescent from economically disadvantaged neighborhoods in Brooklyn, New York where statistics reveal a high prevalence of teen pregnancy, HIV/STD infection, violence related injuries, low high school graduation rates, below grade level academic performance.</p>	<ul style="list-style-type: none"> • Five items to assess for suicide: “In the past year, have you ever consider killing yourself?”; “Did you ever tell anyone that you have thought about killing yourself?”; “Did you think that killing yourself would be a solution to your problems?”; “Did you make a plan?”; “How many times did you attempt suicide?” • Sociodemographic characteristics were assessed by asking questions pertaining to gender, ethnicity, number of years in the neighborhood, single or two parent household, educational level, and same sex gender. • Six-item scale to assess if the adolescents basic needs were met: 	<p>Secondary analysis of the Reach for Health Survey study</p>	<p>1. Results of the study revealed that risk factors related to suicide attempts include being female, being Hispanic, engaging in same gender sex, and being depressed. 2. The authors also found that family closeness and religiosity (although only marginally significant) were protective factors against suicide attempts.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		Ethnicity African American = 69% Latino = 16% Mixed or other ethnicity = 15% Suicidal Behavior In past 12 months, suicide ideation = 15% ; suicide attempt = 13%; One suicide attempt = 11%; multiple suicide attempts = 4%	food, clothes, a safe place to live, etc. • Family closeness (eight items to assess family closeness) • Peer support: nine items were used to assess their attitudes about peer relationships • Religiosity (five items assessing their religious beliefs) • School attachment (17 items that assessed attitudes about school, school achievements, and school attendance) • Ethnic identity formation (nine items on a 5-point Likert scale, were used from Phinney's original scale) • John Henry coping scale to assess for hard work, self-efficacy, and achieving goals • Children's Depression Inventory		
Reyes, J. A. & Elías M. J. (2011). Fostering social-emotional resilience among Latino youth. <i>Psychology in the Schools</i> , 48(7), 723-737. doi: 10.1002/pit	The purpose of the article was to discuss conceptual issues related to resilience, culture, and Latino risk and protective factors. The authors emphasize that resilience is an ecological construct that requires long term	N/A	N/A	Article discussion	• The authors emphasize that the Latino community is a fast growing population that requires close clinical attention as they are exposed to risk factors such as poverty, ethnic and racial discrimination, and acculturative stress.

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s.20580	social resources and identify schools as a social system that can promote resiliency.				<p>These risk factors place Latinos at risk for negative physical and mental health outcomes.</p> <ul style="list-style-type: none"> • They also report on various factors that have been found to shield Latinos from negative mental health outcomes and promote resiliency. • They highlight the importance of child base resources such as social- emotional competencies (self-awareness, social awareness, responsibility decision making, self- management, and relationships skills), a caring school environment, and social system resources to promote resiliency among children.

Gender role socialization

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Ojeda, L. & Piña-Watson, B. (2014). Caballerismo may protect against the role of machismo on Mexican day laborers' self-esteem. <i>Psychology of Men and Masculinity</i> , 15(3), 288-295. doi: 10.1037/a0033450	The purpose of this study is to examine the role that socio-demographic factors such as educational background, immigration status, and income as well as positive and negative aspects of Latino Masculinity (traditional machismo and caballerismo) has on self-esteem of Mexican day laborers.	<i>N</i> = 70 Mexican Immigrant men ages, 18-67, who worked as day laborers in Texas Income ranged from \$0 to \$2,500 per month Of the participants, 65% of men were reported undocumented status Educational level 0-12 years with a median educational level of six years	<ul style="list-style-type: none"> • Demographics: a questionnaire was given to determine immigrant status, income, number of years in school completed, and age. Participants were also asked to indicate their country of origin. For purposes of the study only participants who indicated that they emigrated from Mexico were selected to participate in the study. • Latino Masculinity: 20-item (4-point Likert scale, "1" indicating strongly disagree to "4" indicating strongly agree) Machismo Scale composed of two subscales: Traditional Machismo and Caballerismo. Higher scores on either subscale indicate higher endorsement of the given masculinity ideology. On the machismo subscale some questions included, "Men are superior to women" and "It is necessary to fight when challenged." Some of the items on the caballerismo subscale included, "Men should respect their elders" and "Men want their children to have better lives than themselves." • Self-Esteem: To assess for self-esteem the Rosenberg Self-Esteem Scale was used. This 10-item scale assesses self-esteem on a 4-point Likert scale with "1" indicating 	Survey study	<ul style="list-style-type: none"> • The results of the study revealed that immigration status proved to be a significant negative predictor of self-esteem among Mexican day laborers. • The authors also found that income and educational attainment did not have a significant effect on self-esteem for Mexican day laborers. • The authors unveiled that caballerismo demonstrated a significant positive effect on self-esteem among this sample and served as a protective factor against the role of machismo on self-esteem. • Furthermore, findings of the study also revealed that participants who endorsed low levels of machismo and low levels of caballerismo reported higher self-esteem. That is, Mexican day laborers felt better about themselves when they endorsed both positive (caballerismo) and negative (machismo) components of Latino masculinity.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			strongly disagree to “4” indicating strongly agree. Higher scores on the scale indicated higher levels of self-esteem. Some sample items included, “I am able to do things as well as most other people” and “I take positive attitude toward myself.”		
Piña-Watson, B., Castillo, L. G., Jung, E., Ojeda, L., & Castillo-Reyes, R. (2014). The Marianismo Belief Scale: Validation with Mexican American adolescent girls and boys. <i>Journal of Latina/o Psychology</i> , 2(2), 113-130. doi:10.1037/lat0000 017	The aim of the present study was to explore gender differences in the Marianismo Beliefs Scale (MBS) with both Mexican American adolescent males and females.	N = 524 Mexican American adolescents in Texas 47% male 53% Female	Marianismo: • The 24-item MBS measures if an adolescent agrees or disagrees that a Latina should incorporate and sustain the value systems learned from the construct of marianismo. This measure is composed of five subscales: Family Pillar (five items), Virtuous and Chaste (five items), Subordinate to Others (five items), Self-Silencing to Maintain Harmony (six items), and Spiritual Pillar (three items). Behavioral acculturation and enculturation • The Acculturation Rating Scale for Mexican Americans (ARSMA- II) is a 12-item scale that measures behavioral acculturation and enculturation; it contains two subscales: a six-item Mexican Oriented Scale (MOS; to measure the behavioral enculturation) and a six-item Anglo Oriented Scale (AOS; to measure of behavioral acculturation). • The Familism Scale: 18 items measure to assess for attitudinal	Survey study	• Findings revealed that the Marianismo Beliefs Scale- Adolescent Version indicated that females endorsed higher levels of family pillar and spiritual pillar beliefs, whereas the males scored significantly higher on beliefs that Latinas should be subordinate to others and self-silence to maintain harmony in the family.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>familism. This scale includes four dimensions related to beliefs about familial support, familial interconnectedness, familial honor, and subjugation of self for family. The adolescents selected a response based on a scale ranging from strongly disagree to strongly agree.</p> <ul style="list-style-type: none"> • Demographics: A questionnaire was used to gather demographic information about age, gender, grade level, generation level, and ethnic background. 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Lopez, M. H. (2009). <i>Latinos and education: Explaining the attainment gap.</i> Washington D.C.: PEW Hispanic Center. Retrieved from http://www.pewhispanic.org/files/reports/115.pdf .	The purpose of the survey was to explain the educational attainment gap among Hispanics.	Nationally representative sample of 2,012 Hispanics ages 16 and older, with 1,240 of the sample being young Hispanics ages 16 to 25 Interviews were conducted from August 5 to September 16, 2009	The 2009 National Survey of Latinos asked about their educational goals, experiences with high schools and colleges, and their opinions about educational institutions. The survey was conducted in both English and Spanish.	Telephone Survey study	<ul style="list-style-type: none"> • Findings of the telephone survey reveal that approximately nine in ten Hispanics agree that a college degree is important for getting ahead in life. • They also found that young Hispanics were more likely than older Hispanics 25+ to agree that a college degree is important for getting ahead in life. • The survey also revealed that only 11% of the adolescents reported that their parents think getting a full-time job after high school is the most important thing to do. • Findings also revealed that following as to why Latinos are not pursuing higher education <ul style="list-style-type: none"> o Nearly three-quarters (74%) say they need to help support their family. o Half (49%) say their English skills are limited. o More than four-in-ten (42%) say they didn't like school. o Four-in-ten (40%) say they cannot afford to go to school. o Almost four-in-ten (39%) say they don't need more education for the career they want. o More than two-in-ten (21%) say their grades were not high enough.

Latina lesbians

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Cochran, S. D., Mays, V. M., Alegría, M., Ortega, A. N., & Takeuchi, D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. <i>Journal of Consulting and Clinical Psychology</i> , 75(5), 785-794. doi: 10.1037/0022-006x.75.5.785	The purpose of the study was to examine evidence for lifetime and 1-year prevalence of psychiatric morbidity and suicidal behaviors and attempts among Latino and Asian American populations.	The National Latino and Asian American Survey (NLAAS): a national psychiatric survey of 4,649 Latino and Asian American adults (ages 18 and over) conducted in 2002-2003 <i>n</i> = 91 identified as gay, lesbian or bisexual <i>n</i> = 154 reported that their sexual experiences in the past year were with same-sex partners <i>n</i> = 4,253 reported that all of their sexual experiences were with opposite sex partners.	<ul style="list-style-type: none"> • Psychiatric morbidity: measures lifetime and 1-year prevalence of major depression, dysthymia; anxiety disorders (GAD, agoraphobia without panic; panic disorder, social phobia; and post-traumatic stress disorder); substance abuse disorders; and eating disorders • Suicide symptoms: assessed lifetime and past year prevalence of suicide ideation, plans, and attempts. 	Secondary Analysis of the NLAAS	<ul style="list-style-type: none"> • Findings revealed that bisexual and gay men were more likely than heterosexual men to report a recent suicide attempt. Among women, they found that bisexual and lesbian women were likely to report 1-year or lifetime prevalence of depressive disorders.

Machismo

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G (2008). Towards a fuller conception of machismo: Development of a traditional machismo and caballerismo scale. <i>Journal of Counseling Psychology</i> , 55, 19-33. doi: 10.1037/0022- 0167.55.1.19	The purpose of the study was to create a measure that better illustrates the construct of machismo. The study includes both the positive and negative elements of machismo as a way to represent a less biased definition of machismo. The negative aspects of machismo focus on hypermasculinity whereas the positive aspects, known as caballerismo, emphasize the connection to family and chivalry.	<ul style="list-style-type: none"> • Study 1: 154 men, ages 18-74 from various socioeconomic and educational backgrounds who self-identified as having a Mexican Heritage • Study 2: 477 men from various educational and socioeconomic backgrounds who self-identified as being of Latino origin ($n = 403$ Mexican American, $n = 74$ Latino Non-Mexican American) 	<p>Study 1</p> <ul style="list-style-type: none"> • The Machismo Measure: consist of statements designed to assess behavioral or cognitive aspects of machismo; 71 items were recorded using a 7-point Likert scale • Emotional Connectedness: was assessed using one item “I feel emotionally connected to many people.” • Antisocial behavior: 7-point frequency scale to record behaviors such as arrests, fighting, and alcohol consumption. • Masculine-Feminine Personality Trait Scale: self-report measure of 60 items on a 5-point scale (0=not at all like me to 5=extremely like me) that consisted of four scales: Assertive Masculine (AsM), Affective Feminine (AF), Aggressive Masculine (AgM), and Submissive Feminine (SF). Each scale captured positive and negative dimensions of the two gender roles. • Battery of Interpersonal Capabilities Short Version (BIC): the BIC is a 16-item self-report measure used to assess the extent to which an individual generally acted in an interpersonally dominant and 	Factor Analysis	<ul style="list-style-type: none"> • The results of the factor analysis revealed that Traditional Machismo was related to aggression and antisocial behavior, greater level of alexithymia, and more wishful thinking as a coping mechanism. • The authors also found that caballerismo was positively associated with affiliation, ethnic identity, and problem-solving • Results also revealed that Traditional Machismo is associated with less education whereas caballerismo shows no differences across education level.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>affiliative manner.</p> <ul style="list-style-type: none"> • Satisfaction with Life Scale (SWL): the SWL scale assesses the satisfaction component of subjective well-being. A sample question in this scale included, "I am satisfied with my life." The scale uses a 7-point Likert-type scale with "1" meaning strongly disagree and "7" meaning strongly agree" <p>Study 2</p> <ul style="list-style-type: none"> • The Machismo Measure: consist of statements designed to assess behavioral or cognitive aspects of machismo. For study 2, the scale was reduced to 20-items. • Antisocial behavior: 7-point frequency scale to record behaviors such as arrests, fighting, and alcohol consumption. • Satisfaction with Life Scale (SWL): the SWL scale assesses the satisfaction component of subjective well-being. A sample question in this scale included, "I am satisfied with my life." The scale uses a 7-point Likert-type scale with "1" meaning strongly disagree and "7" meaning strongly agree" • Multi-group Ethnic Identity Measure: is a 20-item measure that incorporates two subscales: Ethnic Identity (14 items); a 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>sample item included, “I have a clear sense of my ethnic background and what it means for me and others;” the other was the Group Orientation (six items) subscale; a sample item included: “I like meeting and getting to know people from ethnic groups other than my own.” Items were rated in a 5-point scale with 1 being “strongly disagree” and 5 meaning “strongly agree.” Depending on the subscale, high scores indicated a greater ethnic identity or other group orientation.</p> <ul style="list-style-type: none"> • Short ways of coping questionnaire: is a questionnaire that consists of 14 items assessing coping responses to stress. The questionnaire uses a 4-point frequency scale, with “1” meaning not used and “4” indicating used a great deal. Items are averaged to yield two subscale scores of seven items each: Practical Problem Solving (problem-focused coping) and Wishful Thinking (emotion-focused coping). • Toronto Alexithymia Scale is a 20-item scale assessing the extent to which an individual is aware and responsive to self and others’ affect. An item included in this scale was “I am often 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Estrada, F., Rigali-Oiler, M., Arciniega, M., & Tracey, T. J. G. (2011). Machismo and Mexican American men: An empirical understanding using a gay sample. <i>Journal of Counseling Psychology</i> , 58(3), 358-367. doi: 10.1037/a0023122	The purpose of the study was to gain a deeper understanding of machismo using a sample of Mexican American gay men. The authors were interested in (1) finding out whether Arciniega, 2008 model of machismo (who found two independent factors that together comprised machismo, traditional machismo (hyper masculine traits such as dominance) and caballerismo (gentlemen)) which was validated with heterosexual Mexican American men also applied to Mexican American gay men, (2) wanted to know if there existed a	<i>n</i> = 153 self-identified gay Mexican American men Ages 18-54 68% were college educated Monthly income was between \$1000-\$4000 93% of the men reported sexual relationships purely with men over the past two years Sexual attraction: 81% of the men were purely attracted to men; 18% reported being attracted mostly to men. 78% reported no STD (including HIV) status	confused about what emotion I am feeling.” Items in the scale are responded to on a 5-point scale with “1” indicating strongly disagree to “5” indicating strongly agree). High scores on the scale indicate an individual being less aware of feelings and/or not understanding them. • Demographics: the survey collected information in regards to age, gender, ethnicity, sexual orientation, education, and income. • In terms of sex role preference, there was an item asking about anal sex preference: “When engaging in penetrative anal sex intercourse you are...” “purely top/insertor,” “mostly top/insertor,” “versatile,” “mostly bottom/receiver,” or “purely bottom/receiver?” • Another item asked about oral sex preference, “When engaging in oral sex with others you are...” “purely the receiver,” “mostly the receiver,” “no preference” “mostly the giver,” or “purely the giver?” • Machismo: The Machismo scale is a 20-item Likert scale that assess for two independent constructs, machismo and caballerismo. Each construct contains 10 items. Participants are asked questions such as	Survey study	<ul style="list-style-type: none"> • Results of the study revealed that participants with higher education scored lower on traditional machismo. • It also revealed that traditional machismo was positively associated with internalized homophobia. • The study did not support the author’s hypothesis that participants that preferred the top role in sexual encounters would also identify more with traditional machismo. • The study also did not support that traditional machismo would predict risky sexual behavior. • The study also did not support the hypothesis that caballerismo would be associated with lower scores on homophobia.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	relation between machismo and various indicators of sexual risk, (3) if machismo exhibited a relation with internalized homophobia.		<p>“Men are superior to women” (machismo) and “Men should respect their elders” (caballerismo) and are asked to rate statements on a scale from 1-7 (1 being strongly disagree to 7 strongly agree). The average of each subscale indicates the amount of endorsement of traditional machismo and caballerismo; the higher the scores the higher the endorsement.</p> <ul style="list-style-type: none"> • Internalized phobia: The Internalized Homonegativity Inventory is a 23-item Likert scale that assess for the level of internalized homonegativity among gay individuals along three dimensions: Personal Homonegativity (11 items with questions such as, “I feel ashamed of my homosexuality”); Gay affirmation (seven items with items such as “I see homosexuality as a gist”) and Morality Homosexuality (five items with questions such as “I believe it is morally wrong for me to be attracted to each other”) • Sexual risk: Sexual risk was assessed by asking questions regarding number of nonmonogamous sexual partners in the past 30 days; perceived level of knowledge on STD/HIV transmission issues with 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			categorical responses such as “not at all informed” “somewhat informed” and “very much informed”; sexual risk was assessed by participating answering 10 items that assessed for participation in situations found to lead to risky sexual behavior; for example, “in the past 12 months, how often have you been in a sexual situation where you or your partner was drink on alcohol?” Each item was rated with answers such as “many times” “a few times” “once, or twice, or never.”		
Ojeda, L. & Piña-Watson, B. (2014). Caballerismo may protect against the role of machismo on Mexican day laborers’ self-esteem. <i>Psychology of Men and Masculinity</i> , 15(3), 288-295. doi: 10.1037/a0033450	The purpose of this study is to examine the role that socio-demographic factors such as educational background, immigration status, and income as well as positive and negative aspects of Latino Masculinity (traditional machismo and caballerismo) has on self-esteem of Mexican day laborers.	N = 70 Mexican Immigrant men ages, 18-67, who worked as day laborers in Texas Income ranged from \$0 to \$2,500 per month Of the participants, 65% of men were reported undocumented status Educational level 0-12 years with a median educational level of six years	<ul style="list-style-type: none"> • Demographics: a questionnaire was given to determine immigrant status, income, number of years in school completed, and age. Participants were also asked to indicate their country of origin. For purposes of the study only participants who indicated that they emigrated from Mexico were selected to participate in the study. • Latino Masculinity: 20-item (4-point Likert scale, “1” indicating strongly disagree to “4” indicating strongly agree) Machismo Scale composed of two subscales: Traditional Machismo and Caballerismo. Higher scores on either subscale 	Survey study	<ul style="list-style-type: none"> • The results of the study revealed that immigration status proved to be a significant negative predictor of self-esteem among Mexican day laborers. • The authors also found that income and educational attainment did not have a significant effect on self-esteem for Mexican day laborers. • The authors unveiled that caballerismo demonstrated a significant positive effect on self-esteem among this sample and served as a protective factor against the role of machismo on self-esteem. • Furthermore, findings of the study also revealed that

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
			<p>indicate higher endorsement of the given masculinity ideology. On the machismo subscale some questions included, “Men are superior to women” and “It is necessary to fight when challenged.” Some of the items on the caballerismo subscale included, “Men should respect their elders” and “Men want their children to have better lives than themselves.”</p> <p>• Self-Esteem: To assess for self-esteem the Rosenberg Self-Esteem Scale was used. This 10-item scale assesses self-esteem on a 4-point Likert scale with “1” indicating strongly disagree to “4” indicating strongly agree. Higher scores on the scale indicated higher levels of self-esteem. Some sample items included, “I am able to do things as well as most other people” and “I take positive attitude toward myself.”</p>		<p>participants who endorsed low levels of machismo and low levels of caballerismo reported higher self-esteem. That is, Mexican day laborers felt better about themselves when they endorsed both positive (caballerismo) and negative (machismo) components of Latino masculinity.</p>

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Estrada, F., Rigali-Oiler, M., Arciniega, M., & Tracey, T. J. G. (2011). Machismo and Mexican American men: An empirical understanding using a gay sample. <i>Journal of Counseling Psychology</i> , 58(3), 358-367. doi: 10.1037/a 0023122	The purpose of the study was to gain a deeper understanding of machismo using a sample of Mexican American gay men. The authors were interested in (1) finding out whether Arciniega, 2008 model of machismo (who found two independent factors that together comprised machismo, traditional machismo (hyper masculine traits such as dominance) and caballerismo (gentlemen)) which was validated with heterosexual Mexican American men also applied to Mexican American gay men, (2) wanted to know if there existed a relation between machismo and various indicators of sexual risk, (3) if machismo exhibited a relation	<i>n</i> = 153 self- identified gay Mexican American men Ages 18-54 68% were college educated Monthly income was between \$1000-\$4000 93% of the men reported sexual relationships purely with men over the past two years Sexual attraction: 81% of the men were purely attracted to men; 18% reported being attracted mostly to men. 78% reported no STD (including HIV) status	<ul style="list-style-type: none"> • Demographics: the survey collected information in regards to age, gender, ethnicity, sexual orientation, education, and income. • In terms of sex role preference, there was an item asking about anal sex preference: "When engaging in penetrative anal sex intercourse you are... "purely top/insertor," "mostly top/insertor," "versatile," "mostly bottom/receiver, or e) purely bottom/receiver?" • Another item asked about oral sex preference, "When engaging in oral sex with others you are... "purely the receiver," "mostly the receiver," "no preference" "mostly the giver," or "purely the giver?" • Machismo: The Machismo scale is a 20-item Likert scale that assess for two independent constructs, machismo and caballerismo. Each construct contains 10 items. Participants are asked questions such as "Men are superior to women" (machismo) and "Men should respect their elders" (caballerismo) and are asked to rate statements on a scale from 1-7 (1 being strongly disagree to 7 strongly agree). The average of each subscale indicates the amount of endorsement of traditional machismo and caballerismo; the higher the scores the higher the endorsement. • Internalized phobia: The Internalized Homonegativity Inventory is a 23-item Likert scale that assess for the level of internalized homonegativity among gay individuals along three dimensions: Personal Homonegativity (11 items with 	Survey study	<ul style="list-style-type: none"> • Results of the study revealed that participants with higher education scored lower on traditional machismo. • It also revealed that traditional machismo was positively associated with internalized homophobia. • The study did not support the author's hypothesis that participants that preferred the top role in sexual encounters would also identify more with traditional machismo. • The study also did not support that traditional machismo would predict risky sexual behavior. • The study also did not support the hypothesis that caballerismo would be associated with lower scores on homophobia.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	with internalized homophobia.		<p>questions such as “I feel ashamed of my homosexuality”); Gay affirmation (seven items with items such as “I see homosexuality as a gist”) and Morality Homosexuality (five items with questions such as “I believe it is morally wrong for me to be attracted to each other”)</p> <ul style="list-style-type: none"> • Sexual risk: Sexual risk was assessed by asking questions regarding number of nonmonogamous sexual partners in the past 30 days; perceived level of knowledge on STD/HIV transmission issues with categorical responses such as “not at all informed” “somewhat informed” and “very much informed”; sexual risk was assessed by participating answering 10 items that assessed for participation in situations found to lead to risky sexual behavior; for example, “in the past 12 months , how often have you been in a sexual situation where you or your partner was drink on alcohol?” Each item was rated with answers such as “many times” “a few times” “once, or twice, or never.” 		

Birth order and suicidal behavior among Latina/o youth

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Horner, P. S., Andrade, F., Delva, J., Grogan-Kaylor, A., & Castillo, M. (2012). The relationship of birth order and gender with academic standing and substance use among youth in Latin America. <i>Journal of Individual Psychology</i> , 68(1), 19-37. Retrieved from http://utpress. utexas.edu/index.php/ journals/journal-of- individual- psychology	The aimed at testing Adler's birth order theory using data from a cross-sectional survey of 946 Chilean youths. Using three research models (Expedient Research, Adler's Birth Order Position, and Family Size theoretical model) they examined how birth order and gender are associated with drug use and educational outcomes.	$N = 946$ youth with a mean age of 14, 50% male from mid to low socioeconomic status	Dependent Variables Dependent Measurements: Substance use latent factor is composed of three indicators of substance use—whether the respondent had ever used alcohol, cigarettes, and marijuana. The academic standing latent factor is composed of an adolescents' self- report on their academic standing of four subjects (language arts, history, mathematics, and science) compared to their classmates. On a 4-point scale, they indicate, “1” for failing, “2” for below average, “3” for average, and “4” for above average. Independent Measures Birth order was composed four categories: first-born, only child, middle children, and youngest including the second of two.	Secondary Analysis of the Santiago Longitudinal Study with Chilean youth and their families	<ul style="list-style-type: none"> Findings revealed for all models tested (Research Expedient, Adler's Birth Order Position, and Family Size), being the first-born male and females was a protective factor against substance use. The authors also found that using Research Expedient and Family Size models for educational outcomes, birth order showed no significance. However, using Adler's Birth Order Position model, being the first-born did have an effect on better academic standing compared only to the youngest child.

The Migration Experience

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Johnson, M. (2015). <i>Responding to the unmet trauma and mental health needs of unaccompanied immigrant children in Texas</i> . Retrieved from the University of Texas website: http://www.hogg.utexas.edu/uploads/documents/Johnson%20issue%20Brief.pdf .	The purpose of the article was to emphasize the need for trauma mental health treatment for unaccompanied immigrant children (from Central America and Mexico) residing in Texas.	N/A	N/A	Article Discussion	The article revealed that there are many immigrant children who travel to the U.S. by foot or via the Bestia (The Beast; train) who are escaping the violence and abuse in their country of origin. The author highlights that many of these children endure a lot of trauma on their journey to the U.S. are many are faced with violence, extortion by gang members, rape, sexual assault, kidnapping, and trafficking; others witness these acts as well as witness people falling off the train and getting killed by the train itself. The author also makes us aware that the trauma continues for many of these children upon arrival to the U.S. (as many are detained, deported, placed in foster care). Furthermore, it is emphasized that comprehensive mental health services (e.g., trauma focused cognitive behavioral therapy, bilingual clinicians, case management and legal services) in the community are warranted for these children.
Shapiro, A. & Stark, B. (2014). <i>Unaccompanied immigrant children: Building resiliency</i> . Retrieved from http://www.cdfny.org/research-library/publications/2014/ashapiro-presentation_chn_11.pdf .	The purpose of the presentation was to highlight the surge of unaccompanied Immigrant children migrating to the U.S. Most of these children are escaping violence (e.g., family abuse, domestic violence, war, gangs), and escaping poverty.	N/A	N/A	Article Discussion	The presentation reveals that most of the children are immigrating to the U.S. via train (La Bestia), on foot, crossing the border via a smuggler or self-crossing. They also highlight the traumatic effects of immigrating to the U.S.: rape, trafficking, kidnapping, etc. The presenters also focus on the negative experiences these children face while detained in the U.S. (Office of Refugee Resettlement, Unaccompanied Children Alien Program). They report on the Terra Firme: Immigrant Youth Clinic and how their services (mental, medical, legal, case management, and educational) may help these unaccompanied immigrant children have better mental health and adjustment.
Villegas, R. D. (2014). Central American	The purpose of this article is to discuss the	N/A	N/A	Article discussion	The article highlights that these immigrants mostly men (although more children and women are travelling

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
migrants and “la bestia.” The route, dangers, and government responses. <i>Online Journal of the Migration Policy Institute</i> . Retrieved from http://migrationpolicy.org/article/central-american-migrants-and-la-bestia-route-dangers-and-government-responses	dangers that Mexican and Central Americans face via their journey to the United States on board La Bestia (train named the Beast).				on these trains too) experience a variety of traumatic experiences such as rape, violence (from Mexican gangs, Los Zetas, etc.), kidnapping, and extortion. They also discuss how Mexico is working with the U.S. to establish security measures (e.g., raids in hotels used by immigrants awaiting the Bestia; police and military are targeting the train and detaining immigrants) to avoid immigrants using the trains as a means to migrate to the U.S.

Evidenced-Based Treatment and Latina/os

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
American Psychological Association. (2005). <i>Policy statement on evidenced-based practice in Psychology</i> . Washington D.C.: Author.	The purpose was to discuss the policy statement of evidence- based practice in Psychology	N/A	N/A	Policy Statement from the American Psychological Association approved in August 2005	The APA defines Evidenced Based Practice as the “integration of the best research evidence that takes into context a patient’s distinct characteristics, culture and preference. It is suggested that interventions should be tailored to meet the needs of a patient’s culture. The therapist should make clinical decisions in collaboration with the patient based on the clinically relevant evidence. The policy also suggests that patient characteristics to take into consideration when building rapport/trust with a patient and implementing certain interventions should include, variations in the presenting problems or mental illness, chronological age, developmental status, life stage, sociocultural and familial factors, environmental context, personal stressors, and personal preferences,

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
					values, and beliefs.
Torres, L. R. (2012). <i>Evidence-based psychosocial interventions for Hispanics: Research and policy implications</i> . Retrieved from the National Alliance for Hispanic Families website: http://hispanicfamily.org/wp-content/uploads/2012/04/EvidenceBased.pdf	The purpose of the article was to discuss the need for evidence based treatment interventions for Hispanics.	N/A	N/A	Article discussion	The article defines evidence-based practice as the best available research and clinical practice that takes into consideration patient values. It highlights the importance for evidence based practices to incorporate interventions that are sensitive to patients from diverse cultural backgrounds. The author discusses how most evidence based treatments are not developed with or for the Hispanic population. It highlights the that mismatch between evidence based treatment interventions and the needs of Hispanics contributes to underutilization of services and premature termination among Hispanics.

Individual Psychotherapies

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Courtney, D. B., & Flament, M. F. (2015). Adapted dialectical behavior therapy for adolescents with self-injurious thoughts and behaviors. <i>The Journal of Nervous and Mental Disease</i> , 203(7), 537-544. doi: 10.1097/nmd.0000000000000324	The purpose of the study was to assess clinical changes during a 5-year period (2007-2012) before and after treatment observed in adolescents admitted to a treatment program using DBT for adolescents (A-DBT-A). The study also wanted to investigate whether there would be decrease in the proportion of adolescents engaging in self-harming behavior, decreases in symptoms of Borderline Personality Disorder and drug use. They also wanted to see if there would be an increase in resiliency. Furthermore, the study aimed at exploring potential predictors of treatment response and treatment attrition.	<ul style="list-style-type: none"> • Youth Program of the Royal Ottawa Mental Health Center in Ottawa, Ontario, Canada between 2007 and 2012. • Adolescents were referred to the Youth Program by family doctors, pediatricians, or psychiatrists • All adolescents were assessed by a psychiatrist at intake who provided a DSM-IV admission diagnosis. Referrals were made to A-DBT-A if the following inclusion and exclusion criteria were met: adolescent presented with features of borderline personality disorder and self-injurious thoughts and behaviors; exclusion criteria were psychosis and developmental delayed. 	<ul style="list-style-type: none"> • Treatment program was based on DBT for adolescents (DBT-A) which consisted of 15 weekly group sessions and incorporated modules on mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness. In addition, adolescents attended weekly individual sessions over 14 weeks, where they discussed application of skills learned in the group to their daily lives. • Additionally, parents were included in four group sessions (one without youth present). The treatment program also provided telephone consultation service during regular office hours (Monday to Friday 8:30 a.m.-4:30 p.m.); note, original DBT-A involves 24-hour patient consultation availability. • The A-DBT-A therapists comprised four social workers, a psychologist, a psychological associate, a psychiatric nurse, and an addictions counselor. • Suicidal Ideas Questionnaire (SIQ): The SIQ is a 30-item self-report scale used to assess adolescents with suicidal ideation. They rate the frequency of suicidal thoughts and behaviors on a 7-point Likert scale from 0 (never had this thought) to 6 (almost every day). The total score indicates severity of suicidal ideation. • Self-harm: Self-harm was measured using chart review. It was defined as behaviors that result in intentional 	Naturalistic study	<ul style="list-style-type: none"> • Findings if the study revealed significant within-group decrease in self-reported suicidal ideation from baseline to completion using the DBT-A treatment.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Emslie, G., Kratochvil, C., & Vitiello, B. (2006). Treatment of	The aim of this study is to compare how different treatment modalities such as	<i>N</i> = 439 adolescents, ages 12 to 17 years who were outpatients,	<p>physical harm to the self. Some of these behaviors included, cutting or carving the skin, burning the skin, strangulation, self-poisoning or overdosing. For each adolescent, the occurrence of self-harm was recorded during three time intervals: the four months before starting DBT, the four months during DBT, and the four months post-completion of DBT.</p> <ul style="list-style-type: none"> • Life Problems Inventory (LPI)-assessed core aspects of borderline personality disorder using the following four subscales: confusion about the self; interpersonal difficulties; emotional dysregulation; and impulsivity. There are 15 items per subscale; each item is rated on a 5-point Likert scale from 1, “not at all like me” to 5 “extremely like me.” • Resiliency Scales for Children and Adolescents (RSCA) is self-report measure which consists of three scales designed to evaluate three constructs: sense of mastery, sense of relatedness, and emotional reactivity. Each scale consists of 20 to 24 questions about things that happen to people or things that people think, feel, or do; each item is rated on a 5-point Likert scale from 0 (never) to 4 (almost always). • Adolescent Alcohol and Drug Involvement Scale (AADIS) is a 14-item scale that assess for substance use. <p>Safety Assessments</p> <ul style="list-style-type: none"> • Spontaneous AE Reporting. At each treatment visit, the adolescent and parent or caregiver were asked how the 	Mixed-Methods	<ul style="list-style-type: none"> • Their results revealed that adolescents reported a decreased in suicide ideation and depression

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Adolescents with Depression Study (TADS): Safety results. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 45(12), 1440-1455. doi: 10.1097/01.chi.0000240840.63737.1d	Cognitive-Behavior Therapy (CBT), Combination treatment (CBT and FLX), Fluoxetine alone (FLX), or placebo (PBO) affect adolescents with MDD in terms of rates of physical, psychiatric, and suicide-related events.	with a primary DSM- IV diagnosis of Major Depressive Disorder. Adolescents were randomly assigned to receive one of four possible treatment conditions: Fluoxetine, $n = 109$, Cognitive Behavior Therapy, $n = 111$, Combination group, $n = 107$, or Placebo, $n = 112$. The trial was double blind for the FLX and PBO conditions, and single blind for the CBT and COMB conditions.	adolescent was doing. If the adolescent had experienced any problems or events these were assessed further. An adverse event was considered significant if it met any of the following criteria: (1) adverse event was accompanied by interference in daily functioning or (2) required medical attention. • Systematic Assessment. Additional information regarding the adolescent's physical and psychiatric symptoms was obtained using two rating scales, the Physical Symptoms Checklist and the Adolescent Depression Scale (ADS), which were developed specifically for TADS. • Physical Symptoms Checklist (PSC): The PSC is a 47-item symptoms checklist that assesses for somatic and CNS signs and symptoms. This checklist was used at baseline and weeks 6 and 12. ADS • The ADS is a 31-item Likert-style inventory that assessed depressive symptoms, suicidality, symptoms associated with mania, and family, peer, and school functioning for each participant. Adolescents were asked to answer yes or no whether each symptom and functional problem was present the previous week. Thereafter the clinician would assess the severity of each symptom endorsed using a mild, moderate, or severe rating. Suicidal Behavior Assessment • Spontaneous reports of suicide-		when taking medication and receiving CBT. • Additionally, they indicated that TADS was shown to be an acceptable and tolerable treatment as there was a compliance (12 week sessions) of more than 80%.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Hetrick, S., Yuen, H. P., Cox, G., Bendall, S., Yung, A., Pirkis, J., ... Robinson, J. (2014). Does cognitive behavioral therapy have a role in improving problem solving and coping in adolescents with suicidal ideation? <i>Journal of the Cognitive Behaviour Therapist</i> , 7(13), 1-15. doi: 10.1017/s1754470x14000129	The purpose of the study is to determine whether Cognitive Behavior Therapy (CBT) leads to increase problem solving and coping skills in adolescents with depression, suicide ideation, and hopelessness. The authors also aimed at understanding what aspects of the CBT intervention was most effective with the adolescent population. That is, they wanted to learn whether the intervention helps improve problem solving and coping skills deficits in adolescents with suicide ideation.	Eleven Middle school participated from Northwestern suburbs of Melbourne and Barwon area. 21 adolescents between the ages of 14-18 years who had reported suicidal ideation in the past month completed the intervention. Exclusion criteria included, adolescents who has an intellectual disability, presented with psychotic symptoms and/or were unable to speak English.	related behaviors were captured through standard adverse events reporting methods. The authors utilized a CBT intervention that consisted of eight modules: engagement and agenda setting; recognizing emotions and distress tolerance; identifying and modifying negative thinking; behavioral activation (including relaxation); problem solving with special emphasis on decreasing suicide ideation, with a specific focus on managing suicidal ideation.	Pre-test-Post-test design	<ul style="list-style-type: none"> • Results of the study revealed that over the course of the CBT intervention, adolescent's negative problem solving improved and they were less dependent on emotion focused coping strategies. • Findings also unveiled that adolescents found the problem-solving and cognitive restructuring modules as the most helpful aspects of the CBT intervention.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
James, A. C., Taylor, A., Winmill, L. Alfoadari, K. (2008). A preliminary community study of dialectical behavior therapy (DBT) with adolescent females demonstrating persistent, deliberate self harm (DSH). <i>Child and Adolescent Mental Health</i> , 13(3), 148-153. doi: 10.1111/j.1475-3588 .2007.00470.x	The objective of the study was to examine the effectiveness of Dialectal Behavior Therapy in adolescents with persistent and deliberate self- injurious behaviors and suicidal ideation.	<ul style="list-style-type: none"> • Sixteen female participants with an average age of 16.4 years with a history of persistent and severe deliberate self-harm and suicide ideation • Inclusion criteria: participants with a history of more than six months of severe and persistent deliberate self-harm. • Exclusion criteria included a diagnosis of schizophrenia, bipolar disorder, autism, autistic spectrum disorder and those with moderate and severe mental impairment. 	<ul style="list-style-type: none"> • DBT Treatment: DBT was delivered in the community. The treatment consisted of a once-weekly skills training group (to help the adolescent develop skills such as emotional regulation, distress tolerance, interpersonal effectiveness, and problem solving skills), a once weekly hour-long individual session and telephone support. • The Structured Clinical Interview for DSM-IV 11 (SCID-II): the SCID-II was used to assess and quantify borderline personality traits. • Other assessment instruments included the Beck Depression Inventory (BDI); The Beck Hopelessness Scale (BHS); and the DSM-IV Global Assessment of Functioning (GAF). Additionally, the number of deliberate self-harm injuries per week was determined by clinical interview. 	Non-experimental treatment design	Results show that DBT was effective in reducing self- reported depression, hopelessness, and episodes of self- harm in adolescents.
Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). <i>Dialectical behavior therapy with suicidal adolescents</i> . New York, NY: Guilford Press.	The aim of the book is to adapt the techniques of dialectical behavior therapy (DBT) an evidenced based treatment to treat adolescents with	N/A	N/A	Book	<ul style="list-style-type: none"> • The initial part of the book, describes risk factors for suicidal behavior in youths such as psychiatric disorders

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
	multi-problems and who are at highest risk for suicidal behavior and self-injurious behaviors.				including substance use and abuse, sexual orientation, and bullying. • The authors also present an overview of DBT and how it has been adapted for adolescents especially those who view the world around them as invalidating and have difficulties with emotional regulation. • DBT for adolescents has been demonstrated to decrease suicidal behaviors among this population.
Stanely, B., Brown, G., Brent, D., Wells, K., Poling, K. Curry, J., ... Hughes, J. (2009). Cognitive-behavioral therapy for suicide prevention (CBT-SP): Treatment model, feasibility, and acceptability. <i>Journal of American Academic of Child and Adolescent</i>	The study aims to describe elements of a manual-based cognitive therapy for suicide prevention. It is focused on developing an adolescent's cognitive, behavioral, and interactional skills that will shield the adolescent from	$N = 110$ adolescents with a recent suicide attempt, ages 13-19 from different cultural backgrounds (White $n = 72$, Black $n = 17$, Hispanic $n = 15$ and Other $n = 6$)	Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP) was developed using a risk reduction and relapse prevention approach. CBT-SP uses principles of cognitive-behavioral therapy and dialectical behavior therapy for adolescents who meet criteria for Major Depressive Disorder and are suicidal. CBT-SP consist of 12 sessions of both acute and continuation phases and includes a chain analysis of the suicidal event, safety planning, skill	Mixed-Methods	• Results showed that CBT-SP is a feasible treatment to deliver and was effective in helping adolescents develop skills to reduce the risk of re-attempting suicide.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
<i>Psychiatry</i> , 48(10), 1005-1013. doi: 10.1097/chi.0b013e3181b5dbfe	further suicidal behavior. CBT-SP was also developed to help adolescents use more effective means of coping when faced with problems that trigger suicidal crises. Family sessions are also incorporated in the treatment to address issues such as dysfunctional family beliefs and high family expectations.	The sample was primarily female $n = 84$ Inclusion criteria were a recent suicide attempt (within the past 90 days) and clinically diagnosed depression significant to warrant treatment.	building modules for the adolescent (e.g., distress tolerance, emotional regulation, problems solving) and the family (e.g., family behavioral activation, family communication, family cognitive restructuring), psychoeducation, and relapse prevention.		
Woodbury, K. A., & Popenoe, E. J. (2008). Implementing dialectical behavior therapy with adolescents and their families in a community outpatient clinic. <i>Cognitive and Behavioral Practice</i> , 15(3), 277-286. doi: 10.1016/j.cbpra.2007.08.004	To implement DBT with adolescent and their families and to demonstrate the effectiveness of DBT to reduce deliberate self-harm, suicide ideation, and depressive symptoms. The authors hypothesized that DBT for adolescents and their families will reveal significant reduction in suicidal ideation and self-injury in adolescents. They also hypothesized that parents would experience a reduction in their own depressive symptoms.	<ul style="list-style-type: none"> • Forty-six adolescents and Parents • Age: 13-18 years of age • Adolescents with a history of suicide attempts, self-injury or difficulties managing intense emotions and unstable relationships. In order to be included they had to commit to a 15 week DBT treatment. 	<ul style="list-style-type: none"> • The Reynolds' Depression Scale (RADS): a 30-item self-report measure to assess depressive symptoms in adolescents. • The Behavior and Symptom Identification Scale (BASIS): a 32-item self-report measure of psychiatric symptoms and functional abilities for the previous week. • The Adult Attachment Scale: an 18-item self-report measure developed from adult attachment styles. • The Trauma Symptom Checklist for children: a 54-item self-report measure to identify frequency of anxiety, depression, post-traumatic stress, dissociation, and sexual concerns. • Diary cards where adolescents reported incidents of suicidal ideation. • The Child Behavior Checklist: a 112-items used to evaluate child and adolescent functioning. 	Quasi-experimental design (non-equivalent group design)	<ul style="list-style-type: none"> • Results revealed that Dialectical Behavior Therapy helped in reducing suicide ideation, self-harm, and depressive symptoms in adolescents • Findings also revealed that parents also reported decreased depressive symptoms (in adolescent and self).

Family Centered Therapies

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Danzer, G. (2014). Multidimensional family therapy in theory and in practice. <i>Child and Youth Services</i> , 35(1), 16-34. doi: 10.1080/014593 5x.2014.893742	The aim of the study is to assess the effectiveness of Multidimensional Family Therapy (MDFT) on an adolescent (Johnny and his family) with a history of suicide ideation, depressive symptoms and substance abuse problems.	Case study of adolescent male Johnny and his family. Johnny has a history of depressive symptoms including suicide ideation and a substance abuse.	Multidimensional Family Therapy targets four domains: the adolescent (skill building to teach the adolescent healthy ways to cope rather than using substances); parent (teaching effective parenting skills); family interaction (strengthening family attachments and increasing skills such as problem solving and communication); and extra- familial (involves working with the adolescent's school and juvenile justice).	Case study	<ul style="list-style-type: none"> Findings revealed MDFT can be very effective in treating adolescents struggling with suicide ideation. MDFT was effective in reducing family conflict and improve the adolescent's conduct problems and improve his academic performance.
Hogue, A., Dauber, S., Samuolis, J., Liddle, H. (2006). Treatment techniques and outcomes in multidimensional family therapy for adolescent behavior problems. <i>Journal of Family Psychology</i> , 20(4), 535-543. doi: 10.1037/0893- 3200.20.4.535	The purpose of the study was to examine an evidence based family treatment (Multidimensional Family Therapy) for adolescent drug abuse.	<ul style="list-style-type: none"> Sixty-three adolescents, ages 13-17, with a history of abusing substances Inclusion criteria: adolescents who participated in MDFT and completed a pretreatment assessment, one follow-up assessment (6 to 12 months) and at least one videotaped therapy session. Exclusion criteria included a history of mental disability or organic disorder, the need for inpatient detoxification, and suicidal ideation. The 63 cases selected for inclusion in the current study were those MDFT cases that had 	<ul style="list-style-type: none"> Timeline Follow-Back Interview. It measures quantity and frequency of daily consumption of drugs using a calendar and other memory aids to gather retrospective estimates. The study measured the number of days the adolescent smoked marijuana in the past 30 days. Child Behavior Checklist (CBCL) and Youth Self-Report Externalizing and Internalizing dimensions was used to assess children's behavioral problems and social 	Mixed Methods	<ul style="list-style-type: none"> Results indicated that utilizing in-session family-focused techniques predicted a reduction of internalizing symptoms and improved family cohesion. The authors also unveiled that family and adolescent focused techniques reduced externalizing symptoms and reduce family conflict.

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
		<p>completed a pretreatment assessment, at least one follow-up assessment (6- or 12-month), and at least one videotaped therapy session.</p> <ul style="list-style-type: none"> • Ethnicity: 71% were African American, 19% were European American, and 10% were Hispanic American. • 15% of the adolescents were living in single-parent households, 25% were living with both biological parents, and 22% had various other family compositions. • In the past year, 60% of the participants had been arrested or had some other trouble with the law and 14% had received alcohol or drug use treatment in the past. • Psychiatric diagnosis: 94% had at least one psychiatric diagnosis, 83% had at least two diagnoses, and 51% had at least three diagnoses • Substance use: 21% met criteria for alcohol dependence, 73% met criteria for marijuana dependence, 13% met criteria for marijuana abuse, and 21% met criteria for dependence on other substances. • Conduct disorder/Oppositional defiant disorder: 79% of the adolescents; 60% were diagnosed with an internalizing disorder. 	<p>competencies. It contains groupings of Externalizing behaviors such as delinquency and aggression and Internalizing symptoms such as being withdrawn, anxious/depressed, and somatic symptoms.</p> <ul style="list-style-type: none"> • Family Environment Scale Cohesion and Conflict subscale: self-report measure consisting of 90 true-or-false items about family home life. This measure was completed separately by the adolescent and the parent(s). 		

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Szapocznik, J., Schwartz, S. J., Muir, J. A., & Brown, C. (2012). Brief strategic family therapy: An intervention to reduce adolescent risk behavior. <i>Couple and Family Psychology: Research and Practice</i> , 1(2), 134- 145. doi: 10.1037/ a0029002	The purpose of the article is to review Brief Strategic Family Therapy (BSFT) and its effectiveness among Latina/o drug abusers.	N/A	N/A	Article discussion	<ul style="list-style-type: none"> • BSFT is an evidenced based Family therapy that helps in reducing or eliminating an adolescent's problem and risk taking behaviors (i. e., drug use) and to change the family interactions that are associated with the adolescent's problem behaviors. • Research studies have revealed that BSFT has been shown to be effective in reducing an adolescent's substance abuse and other risky behavior problems as it implements problem focused and family interventions that changes the way family interacts with each other and helps in changing the adolescent's maladaptive behaviors.

Barriers to Mental Health Treatment among Latina/os

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Cademil, E., Adams, S. T., Calista, J. L., Connell, J., Encarnación, J., Esparza, N. K., ... Wang, E. (2007). The Latino Mental Health Project: A local mental health needs assessment. <i>Administration and Policy in Mental Health and Mental Health Service</i> , 34(4), 331-341. doi: 10.1007/s10488-007-0113-3	The purpose of the article was to present the results of The Latino Mental Health (LMH) project. The LMH project was developed to help the Latino underserved population with regard to mental health treatment. This needs assessment reported on the mental health experiences, service needs, and barriers to treatment-seeking of the Latino population in Worcester, Massachusetts. The long term goal of the LMH project was to begin developing a collaborative action plan that could improve Latinos' access to culturally competent mental health services and programs in Worcester, Massachusetts.	N/A	N/A	Article discussion	<ul style="list-style-type: none"> Findings revealed that approximately 74% of the Latino sample reported significant symptoms of depression, 57% reported significant symptoms of anxiety; a significant numbers of Latinos in the study endorsed culture-bound syndromes (e.g., decaimiento, nervios, and agitamiento) and culture specific expressions of emotional distress. The LMH project also revealed that a good portion of Latinos used outpatient psychotherapy and pharmacotherapy though some endorsed seeking services from alternative mental health services (e.g., priests and other traditional indigenous healers). They also found that Latina women were more likely than men to seek mental health services for anxiety disorders. Though Latino men were significantly more likely than Latina women to report alcohol and substance use problems, they were not more likely to seek services. From the diverse Latino population, the LMH project found that individuals from Central and South American countries were less likely to report having sought mental health service than those from Puerto Rico or Latinos residing in the U.S. The LMH project also found that with regard to specific mental health barriers, few Latino participants indicated that family disapproval was a barrier. The results of the LMH project also indicated the follow as barriers to treatment: 50% reported managing their conditions with the help of friends and family, 46.6% reported praying, 46.3% reported hoping for the best; others reported ignoring symptoms (24.1%), exercising (16.7%), consulting the clergy (9.3%), and attending self-help groups (5.6%).

Author/ Year	Research Questions/Objectives	Sample	Instrumentation	Research Approach/Design	Major Findings
Kouyoumdjian, H., Zamboanga, B. L. & Hansen, D. J. (2003). Barriers to community mental health services for Latinos: Treatment considerations. <i>Clinical Psychology: Science and Practice</i> , 10(4). 394-422. doi: 10.1093/clips y.bpg041	The purpose of this research study was to discuss the mental health risk factors among Latina/os and service utilization trends. This article also presents the socioeconomic, cultural, and psychotherapeutic barriers that prevent Latinos from receiving psychiatric/psychological services.	N/A	N/A	Article discussion	<p>The authors reveal that some of the potential risk factors linked to the mental health status of Latinos include socioeconomic background, acculturation, and acculturative stress.</p> <ul style="list-style-type: none"> • In terms of the socioeconomic status it was found that Latina/so who have low socioeconomic status also reported higher rates of depression, more hostility, and greater exposure to stress. • In terms of acculturation and acculturative stress, they found that due to many Latina/os maintaining a strong cultural identity, it may be a challenging and stressful process for them to integrate the cultural characteristics of the American culture and their traditional cultural beliefs and values; this may create a lot of personal and familial stain and thus may place these individuals at risk for developing mental health problems. • The authors found that some of the mental health barriers to mental health among the Latino community include, perceptions of mental illness (e. g., shame, “saving face”), fatalism (Latina/os belief that individuals have minimal control over their environment; therefore, Latinos who experience psychological distress/symptoms and believe in fatalism may be less likely to seek help for their mental health needs) spirituality, familism, and language proficiency.

APPENDIX B

IRB Exemption Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

November 4, 2015

Project Title: Suicide Among Latina/o Adolescents

Re: Research Study Not Subject to IRB Review

Dear Ms. Vega:

Thank you for submitting your application, *Suicide Among Latina/o Adolescents*, to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). After thorough review of your documents you have submitted, the GPS IRB has determined that your research is **not** subject to review because as you stated in your application your dissertation **research** study is a "critical review of the literature" and does not involve interaction with human subjects. If your dissertation research study is modified and thus involves interactions with human subjects it is at that time you will be required to submit an IRB application.

Should you have additional questions, please contact the Kevin Collins Manager of Institutional Review Board (IRB) at 310-568-2305 or via email at kevin.collins@pepperdine.edu or Dr. Judy Ho, Faculty Chair of GPS IRB at gpsirb@pepperdine.edu. On behalf of the GPS IRB, I wish you continued success in this scholarly pursuit.

Sincerely,



Judy Ho, Ph. D., ABPP, CFMHE
Chair, Graduate and Professional Schools IRB

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives
Mr. Brett Leach, Compliance Attorney
Dr. Miguel Gallardo, Faculty Advisor