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Means, Intent, Lethality, Behaviors, and Psychiatric Diagnosis in Latina Adolescent Suicide Attempters

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Abstract

This article describes the means, intent, lethality, behavioral profile, and psychiatric diagnosis of adolescent Latina suicide attempters. From a large mixed-methods project studying the sociocultural processes of Latina suicide attempts, we selected 76 subjects for this report. In addition to quantitative research data, medical records were available for all 76 subjects and qualitative data from in-depth interviews for 34 of them. Using the qualitative and quantitative research data, we explored the intent and behavioral profile of the suicidal adolescents. Medical records provided additional information about the means the adolescents used in their attempts and about their psychiatric diagnosis. The lethality of suicide attempts was coded using the LSARS and the LSARS-II. Findings showed that Latina adolescent suicide attempts are of low lethality. Consistent with the literature, most adolescents reported that they attempted by using means available in their homes (cutting and overdosing with medications were the predominant methods). Interesting discrepancies emerged when comparing adolescents' self-reported behavioral profiles with clinicians' psychiatric diagnoses. This report has implications for diagnosis and treatment approaches for both inpatient and outpatient service providers.

Keywords

Latina adolescent; suicide attempt; intent; lethality; means; behavioral profile; psychiatric diagnosis

Latino adolescents, which account for 41.1% of the United States youth (Pew Hispanic Center, 2009), are at great risk for behavioral and psychiatric disorders (Centers for Disease

Control and Prevention, 2010). More specifically, Latina teens are at high risk for suicidal behaviors (Garcia, Skay, Sieving, Naughton, & Bearinger, 2008; CDC, 2010), and are almost twice as likely as non-Hispanic females to make suicide attempts that require medical attention (CDC, 2010).

Several studies have discussed the reasons behind this phenomenon (Turner, Kaplan, Zayas, & Ross, 2002; Zayas, Lester, Cabassa, & Fortuna, 2005), the characteristics of Latina suicidal attempts (Zayas, Gulbas, Fedoravicius, & Cabassa, 2010), and the challenges encountered when providing professional care to these patients (Spirito & Overholser, 2003). In this report, we analyze the means, lethality and intent of the girls' actions, and compare the adolescents' psychiatric diagnoses to the girls' own description of their behavioral profiles.

Results

Demographics

The 76 girls whose data inform this paper were on average 15.5 years old ($SD = 1.8$) and in ninth grade. The majority of the participants were born in the US (76.3%), and were of Puerto Rican (42.1%), Dominican (31.6%) or Mexican (18.4%) descent (see Table 2).

Means

The most common methods for attempting suicide were cutting using an array of objects, such as knives, pieces of glass, and nail files (42.1%); and overdosing with over-the-counter or prescribed medications (36.8%). Some attempters combined these two methods (9.2%). It is important to note that mental health professionals labeled the self-cutting of all the adolescents in this report as *suicidal*. Less common attempting methods were jumping off buildings (7.9%), suffocating by placing plastic bags over their heads, and trying to hang themselves (3.9%).

Lethality

Lethality scores ranged from 0 (6.7%), in which "death is an impossible result of the 'suicidal' behavior," to 5 (2.7%), in which "the chosen method has an equivocal outcome" (10 being the highest point of the scale). The majority of participants had low lethality scores, or below 3.5 (84%). Twelve participants, however, had lethality scores higher than 3.5 (16%), which can be labeled as *serious* (Range & Knott, 1997). The majority of the low-lethality attempters had a score of 1 (61.3%), for which a lethal outcome is "very highly improbable." They were followed by those scoring 2 (16%), for whom "death is improbable as an outcome of the act." In the higher lethality group, the suicidal actions of 10 participants scored 3.5 (13.1%), meaning that "death is improbable so long as first aid is administered by the victim or other agent." Finally, only two participants were coded with a lethality score of 5(2.7%).

Psychiatric Diagnoses

Axis I—Psychiatric diagnoses given by mental health professionals to the Latina adolescents following their latest suicide attempt report were collapsed into four categories: mood, adjustment, anxiety, and impulse control disorders. The majority of the adolescents were given one Axis I diagnosis (64%), about a quarter received two (26.5%), and only a tenth of the sample received three or more Axis I diagnoses (9.5%). Following their suicide attempts, almost two thirds of the adolescents were given a mood disorder diagnosis (62.7%). The most prevalent mood disorder diagnosis was depressive disorder (48%), followed by other mood disorders (i.e., mood disorder NOS) (13.3%), and dysthymia (8%). One third of the adolescents were diagnosed with an adjustment disorder (30.7%). Adjustment disorder with depressed mood was the most common label used among this diagnosis category (21.1%). Clinicians diagnosed 11 suicide attempters with anxiety disorders (14.7%). Post-traumatic stress disorder was the most common anxiety disorder diagnosis given to the teens (9.3%). Only a small group of adolescents was given an impulse control disorder (4%) or oppositional defiant disorder (4%) diagnosis.

Axis II—Clinicians diagnosed only a small number of girls with personality disorders (4%). These youngsters were labeled as having *borderline personality traits*.

Axis III—The majority of records (57.9%) did not report any medical conditions for the adolescents included in this study. The most prevalent physical problem was asthma (18.4%).

Axis IV—The majority of adolescents was given an Axis IV diagnosis (77.6%). The most prevalent diagnoses were related to family relationship stressors (58%), followed by a history of abuse (17%). Among those participants with a history of abuse, the majority had been the victims of sexual abuse (60%) while some were physically abused (40%).

Axis V scores were collapsed into suggested 10-point ranges (21–30, 31–40, 41–50, 51–60). The average GAF score was 52.5 ($SD=5.8$), and ranged from 30 to 60. The majority of adolescents were ranked between GAFs of 50 and 60 (83.9%), with a GAF of 55 being given to 22 adolescents (19%).