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Counselors' Competency Development in Suicidal Ideation Assessments of Black American Adolescents

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This is to certify that the doctoral dissertation

by

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has been found to be complete and satisfactory in all respects,

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2025

Abstract

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MA, Grand Canyon University, 2019

BS, Mercer University, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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Abstract

Black American adolescents have increased rates of suicidal ideation above what is noted in the general U.S. youth and adolescent population. An in-depth literature supports the notion that many counselors and mental health clinicians, post-graduation from their training programs, feel ill-equipped to assess suicidal ideation in Black American adolescents. Counselors reported feeling less competent in completing suicidal assessments. The purpose of this qualitative, hermeneutic phenomenological study was to examine the lived experiences and competence of counselors who have clinical experience working with Black American adolescents who have suicidal ideation. Prior to the inception of this research, no other documented study addressed counselor competence with assessing suicidal ideation in Black American adolescents. The research questions attempted to capture the lived experiences of counselors and their perceptions of competency for accurate assessment of suicidal ideation among Black American adolescents. A hermeneutic approach was used to allow information sharing among participating counselors ($N = 10$), all of whom worked in the state of Georgia. The hermeneutic circle was used to enhance the researcher's own experiences with suicidal ideation and working with Black American adolescents. Eight participants engaged in semi structured interviews, and two participants completed a focus group. Coding and analysis of the interview data yielded four themes: safety planning/assessment, lack of preparation/training, building of skill sets, and need for education and support. The implications of this research for positive social change includes improved outcomes and experiences with competent counselors for Black American adolescents who are suicidal.

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Dedication

I dedicate this to all Black American adolescents who have had suicidal thoughts, behaviors, and attempts with no answers as to why or no next steps to get better. I also dedicate this study to my husband who has truly been there to hold space for me while I work. This is also dedicated to my father, who has given me his wisdom and motivated me to dream as a child. Dream of a better world, a better community, and a better life not just for me but for everyone whose life I have touched. This is also dedicated to my four children and my bonus son who I have advised and instructed to complete whatever you start no matter how difficult or how impossible it may seem. Last, but certainly not least, I dedicate this to the amazing women of my life, my mom, the late Glenda Ward McClelland, who spoke her mind and was never afraid to say what needed to be said. She did so in such a way not to offend but to inspire. My stepmom, Dr. Tracy McClelland, who keeps paving the way and showing me through her own struggles/successes that anything is possible and "You can do it". My "Bigma," the late Sallie B. Ward, who lived her life with prayer and gave me the gift of GOD, which has been the greatest gift of my life. Thank you for all your prayers, I am still covered.

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Chapter 1: Introduction to Study

Background

The concept of suicidal ideation has been around since the first recorded suicidal ideation occurred in Persia around 2000 BC, when Pyramus and Thisbe died (www.ncbi.nih.gov). Suicidal ideation is defined as an intentional killing of oneself that resulted from a combination of neurobiological, societal traumas, and based on cultural factors that an individual endures (Talley et al., 2022). Suicidality is defined as "suicidal, suicidal ideation plan, and suicidal ideation attempt," (Arshanapally et al., 2018, p 584). Suicidal ideation is defined as "thinking about, considering, or planning suicidal ideation" (Robinson et al., 2022 p. 361). A suicidal ideation attempt is a "nonfatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior" (Robinson et al., 2022 p. 361). Suicidal ideation completions are defined as "death caused by self-directed injurious behavior with intent to die as a result of the behavior" (Robinson et al., 2022 p. 361).

Research on suicidal ideation has shown its impact on many communities. As of 2018, suicidal ideation is the 10th leading cause of death in the United States. Suicidal ideation is still on the rise and has been increasing from 2010 through 2020 (Talley et al., 2022). Social identities including (Lesbian, Gay, Bi-sexual, Transgender, and Queer) LGBTQ or gender diverse populations, active military population and veterans, American Indians, African American or Black American, Alaskan Native youth have all seen higher rates of suicidal ideation than in the past years (Mirick et al., 2020).

Suicidal Ideation

Researchers began tracking suicidal ideation as far back as the 19th century. Suicidal ideation rates increased from 2001-2017 to over 68,000 by 2017; of those approximately 224 men died from their attempts (Price & Khubchandani, 2019). Each year, In the United States, approximately 45,000 people (about twice the seating capacity of Madison Square Garden) have died for every adult suicidal ideation there have been at least 25 or more non-fatal attempts (Mirick et al., 2020).

Potential Factors of Suicidal Ideation

There are several factors related to why individuals attempt and/or complete suicidal ideation. Psychological or emotional conditions that include mental health issues, stigmas, racial discrimination, alcohol dependence or drug abuse, traumatic experiences, and religion are just some of the varied reasons suicidal ideation occurs (Talley et al., 2022). Racial discrimination can be defined as "the unfavorable treatment towards an individual due to his/her race or personal characteristics that are associated with his/her race" (Arshanapally et al., 2018, p 584). Mental health issues include depression and anxiety that often go untreated for several years (Arshanapally et al., 2018). Traumatic experiences, such as sexual or physical abuse, can be difficult to discuss and process. It is not surprising that some individuals turn to suicidal ideation as a method of coping with any of these devastating experiences.

Traumatic experiences can also lead to collective trauma, the "recollection or psychological reactions to terrible events that happened to a group or society" (Tynes et

al., 2019 p 371). Traumatic experiences or collective traumas can cause stress and have a negative impact on mental health and well-being (Tynes et al., 2019).

Collective traumatic events have been linked to post traumatic stress disorder (PTSD) and depressive symptoms (Tynes et al., 2019). PTSD has been noted as a risk factor for suicidal ideation. When symptoms of PTSD are left untreated, it can become a precursor for suicidal ideation.

Another potential factor for suicidal ideation is "victim precipitated homicide," which means that an individual can force someone else to cause their death by being in a violent confrontation with someone who is extremely dangerous (Talley et al., 2022, p 64). Victim precipitated homicide can be a risk factor for suicidal ideations in most populations. In the Black Americans population, victim precipitated homicide puts youth at risk for suicidal ideation by dictating that people must be strong and not appear weak. It also adds pressure that youth behave in such a way it affects their mental health and overall well-being with this persona of appearing tough (Talley et al., 2022). Poverty and communities that lack resources are also at elevated risk for suicidal ideation (Robinson et al., 2021).

Other potential factors for suicidal ideation include economic decline, family stressors, social isolation, and undiagnosed mental health conditions (Ehlman et al., 2022). In December of 2019, these factors were all exacerbated by novel coronavirus (SARS-CoV-2) also known as COVID-19 (Halford et al., 2020). The Covid-19 pandemic may have increased suicidal ideation risk factors that will have long-term potential for suicidal ideation rates due to lifestyle changes and life stressors (Halford et al., 2020). The United States saw various changes due to Covid-19, including unemployment, added

loneliness, and the exacerbation of mental health (Holford et al., 2020). Also noted was a national increase in anxiety, grief, and stress. During the era of COVID-19.

Google searches increased for certain topics that raised concerns including “how to suicidal ideation,” “how to kill yourself,” and “painless suicidal ideation,” (Holford et al., 2020). These Google searches further support the narrative about traumatic experiences that can in some instances serve as precursors to suicidal ideation and/or actual suicidal ideation attempts.

Suicidal Ideation and Black Americans

The term *African Americans* in the United States refers to the descendants from slaves who were brought to Americas around the 17th century through 19th century (Robinson et al., 2022). The term Black Americans describe persons of African ancestral origins, and it encompasses both African Americans and persons who immigrated to the United States from Africa or the Caribbean around the 20th century through 21st century. African Americans comprise one population that has seen the largest rate of increase in suicidal ideation deaths, attempts, and suicidality since 2018 (Robinson et al., 2022).

Black American men and women have seen increases in the rates of suicidal ideation for several reasons. Many Black men have cited undiagnosed depression as the cause of their increased suicidal ideations (Talley et al., 2022). Black women reported reasons for suicidal ideation and/or attempts including childhood trauma, unprocessed grief, and depression as their top reasons for contemplating suicidal ideation. There has also been an increase in the rates of self-inflicted deaths among Black Americans based on poverty, unemployment, and sociocultural factors that have contributed to violence (Talley et al., 2022).

Research has also shown that the health care systems in the United States disproportionately underserve minorities and their families. Black Americans are less likely to utilize hospital services due to inadequate treatment that does not address their unique needs and concerns (Talley et al., 2022). According to Talley et al. (2022), suicidal norms are different for Black Americans "due to psychological stressors of discrimination and the cultural norms, beliefs, and attitudes around mental health" (p. 64). Black Americans report a higher rate of racial discrimination than any other race or group of people in the United States (Arshanapally et al., 2018). Research has shown a link between racial discrimination in Black Americans and poor mental and physical health outcomes. Police violence has also played a factor in Black and African American communities and should be treated as a public health issue due to uniquely high rates of police brutality (Tynes et al., 2019). Research suggested that the experiences of police violence have impacted mental health disparities. Research has shown that Black men are 2.5 times more likely than White men to be killed by police (Edwards et al., 2019). These alarming research results indicate that Black Americans are seeing significant increases in suicidal ideation for many reasons, such as racism.

Natural disasters, like Hurricane Katrina in August 2005 and Hurricane Gustav in August 2008 have contributed to PTSD in many marginalized Black and African American communities. Researchers have suggested that the repeated television coverage of these natural disasters being played constantly caused an increase in PTSD symptoms and traumatic events (Tynes et al., 2019).

Experiencing multiply layers of PTSD, vicarious racism, and multiply traumatic events can be a risk factor for suicidal ideation or suicidal attempts.

Suicidal Ideation and Black American Adolescents

The term *adolescence* refers to youth between the ages of 10 and 19 (World Health Organization (WHO), 2021). Suicidal ideation is a problem in the Black American adolescent community and may have a far greater impact than what is being reported which adds another level of urgency for preventive measures (Robinson et al., 2021). This phenomenon warrants serious attention because 20% of adolescents who have suicidal thoughts and non-suicidal self-injury will move on to make a suicidal ideation attempt by the time they reach adulthood (Robinson et al., 2021). For every adolescent death by suicidal ideation there are 50-100 attempts (Mirick et al., 2020). The answer as to why this is happening, remains unknown because the research on Black American adolescents and suicidality is limited (Lambert et al., 2022).

Youth suicidal ideation is on the rise as approximately 11 young people die every day by suicidal ideation in the United States ages 15-24 (American Association of Suicidology [AAS], 2006). For every completed suicidal ideation, there are 100-200 active attempts, making suicidal ideation the third leading cause of death for youth (Cigularov et al., 2008). According to the Web-Based Injury Statistics Query and Reporting System (WISQARS) databases from 2001-2017, Black American youth from ages 13-19 had higher rates of suicidal ideations than other demographic groups (Price & Khubchandani, 2019). In 2016, suicidal ideation was rated the third leading cause of death among Black American adolescents between the ages of 15 and 24 (Arshanapally et al., 2018).

Between 2015 and 2017, 10 U.S. states reported higher rates of suicidal ideation for Black American adolescents (Price & Khubchandani, 2019). These ten states included Georgia, Texas, Florida, North Carolina, New York, Ohio, Pennsylvania, Illinois, Michigan, and Missouri. In 2015, Black American children reported a suicidal ideation rate two times higher than White children (Price & Khubchandani, 2019). In a recent study it was reported that Black and African American youth were 1.4 times more likely than Whites to have their manner of death classified as undetermined, which is a major factor in suicidal ideation misclassification (Robinson et al., 2022). Suicidal ideation is said to "be preventable, yet it is one of the most devastating and irreversible health disparities for Black American adolescents," (Robinson et al., 2021 p 1283).

One thought about the reason for Black American adolescents' suicidal ideation increases is the rise in social media. Forty-five percent of Black American adolescents reported online activity "almost constantly," and the use of video sharing sites such as Instagram and YouTube (Tynes et al., 2019). Among these videos and posts is traumatic material that includes negative racial content that can be disturbing (Tynes et al., 2019). Repeated exposure to these traumatic events can lead to Black American adolescents experiencing both individual and vicarious traumas that in turn increased rates of depression and anxiety (Tynes et al., 2019). Another reason for increased risk among this population is low self-esteem, low self-worth, and self-perceived failures of Black American adolescents. Many Black adolescents do not feel that they are pretty enough, smart enough, or just enough, when compared to their White counterparts (Lambert et al., 2022).

In 1947, Dr. Kenneth Marks conducted what is known as the "doll test" to test the significance of how children of color perceived their skin color versus the skin color of others. During this doll test, each Black child chooses the prettiest doll; a White doll over the other Black dolls that looked like them (Thomas, 2023). Low self-esteem and low self-worth are among the many factors why adolescents are experiencing suicidal ideation and having increases in suicidal attempts. According to Goodwill, a major factor for Black American adolescents either attempting suicidal ideation, being suicidal, or self-harm is feelings of worthlessness (2020).

Research has also linked suicidal ideation among Black American adolescents to community violence (Lambert, Boyd, & Ialongo, 2022). Black American adolescents are exposed to community violence in alarming numbers including victimization and exposures to physical harm. Their exposure to community violence has been linked to post traumatic stress syndrome (PTSD), impulsiveness, conduct problems, aggression, and depressive symptoms (Lambert et al., 2022). Adolescents that have experienced community violence may also experience suicidal ideation due to trauma and PTSD that follows. When this violence involved family members or friends, Black American adolescents are left to deal with the aftermath of these loses. Many Black American adolescents that have completed suicidal ideation used firearms or the most lethal methods they could find to deal with trauma of violence (Price & Khubchandani, 2019).

Research has also pointed out a more recent phenomenon to explain suicidal ideation in the general population but more specifically in adolescents. In this "new normal" of the post COVID-19 pandemic era, many Black American adolescents experienced more isolation with less interaction with peers, lack of activities, less school

involvement, and increases in family conflict (Pearson, 2021). Many families have reported financial instabilities during this pandemic and a lack of necessities, which have led to youth facing more circumstances that lead to increased rates of depression and stress. With a reduction in mental health services, adolescents are dealing with these feelings on their own, which leads to an increase in suicidality. Black American adolescents have experienced homelessness and family conflicts along with arguments with family or feelings of rejection that have contributed to suicidality.

Gang activity represents another factor that may explain the increase in suicidal ideation among Black American adolescents. Fear of retaliation from rival gangs or even the fear of being shot and killed because of gang participation may lead Black American adolescents to take their own lives. Adolescents also fear prison or jail sentences and will attempt to end their lives when faced with these realities (Jones-Eversley et al., 2020).

Problem Statement

Black American adolescents have seen an increase in suicidal ideation, suicidal ideation attempts, and suicidal behaviors (Price & Khubchandani, 2019). The problem that existed for counselors is being capable of doing their job duties in a more competent way and identifying potential risk factors of suicidal ideation as they relate specifically to Black youth and adolescents. Furthermore, when clients are successful in suicidal ideation attempts, counselors may be left with feelings of depression, guilt, shame, and may subsequently question their career choice and trajectory (Becnel et al., 2021). A phenomenological, hermeneutic study was conducted to reveal the lived experiences of counselors in the field who assess Black American adolescents for suicidal ideation. The data gathered informs education and evaluates current suicidal ideation risk assessments

for their feasibility with this specific population. Understanding the lived experiences of these counselors helped to inform preparations for assessing this population and the unique risk factors that caused an increase in suicidal ideations, suicidal attempts, and suicidal behaviors.

Interviews with current counselors provided a deeper perspective into their lived experiences as they related to awareness and assessments of suicidal ideation risk in Black American adolescents. This phenomenological investigation is best for exploring and identifying the issues that counselors face when assessing Black American adolescents for suicidal ideations. Understanding the preparedness and effectiveness of counselors can help create consistency in counselor education and inform quality assessment tools for measuring if a client is suicidal and what the next steps should be. Quality assessment tools that are culturally driven are essential in evaluating suicidal ideation in Black American adolescents, and this study helped to create new quality assessment tools that are specific and diverse in nature. New assessment tools can replace outdated assessments and add new risk factors that have been overlooked. By highlighting the need for quality education for all counselors, this phenomenological study could also help to develop consistency throughout all counseling education programs.

Purpose Statement

The purpose of this hermeneutic qualitative phenomenological study is to illuminate the lived experiences of counselors who work with Black American adolescents who express suicidal ideation or are at risk for suicidal ideation completion. By interviewing counselors in the field throughout the state of Georgia, this study

described the phenomenon of the counselor's experiences when assessing suicidal Black American adolescents. As a result of this study, counselor educators can better train counselors on the risk factors in Black American adolescents to reduce deaths by suicidal ideation and inform practices for quality assessments.

Suicidal ideation is defined as an intentional killing of oneself that resulted from a combination of neurobiological, societal traumas, and based on cultural factors that an individual endures (Talley et al., 2022). Suicidality is defined as "suicidal, suicidal ideation plan, and suicidal ideation attempt," Arshanapally et al., 2018, p 584). Suicidal ideation is "thinking about, considering, or planning suicidal ideation" (Robinson et al., 2022 p. 361). A suicidal ideation attempt is a "nonfatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior." Suicidal ideation completions are defined as "death caused by self-directed injurious behavior with intent to die as a result of the behavior" (Robinson et al., 2022 p. 361).

Implications

In some ways, mental health professionals have contributed to the rates of suicidal ideation with Black American adolescents because of their lack of training and education in multicultural content which address the specific needs of this population (Talley et al., 2022). A bias exists among clinicians due to inaccurate or outdated information in textbooks that informs the best practices for diverse groups like this. Additionally, many mental health professionals do not view youth through a lens of oppression and mischaracterize Black American adolescents with less urgency than they would White counterparts (Talley et al., 2022). Often counselors are operating with implicit bias that make it harder to recognize help-seeking behaviors in Black American adolescents

(Talley et al., 2022). Research has shown that Black Americans remain underrepresented and their experiences with suicidal ideation are still understudied (Goodwill, 2020). Suicidal thoughts and behaviors may manifest differently in Black Americans adolescents which may make it more difficult to assess (Robinson et al., 2022). Many Black American adolescents may act out violently, use lethal means or engage in high-risk behaviors even having low levels of depression (Robinson et al., 2021). Currently suicidal ideations are being monitored more closely and documented more accurately, which also leads to increases in incidence and prevalence rates. Therefore, suicidal ideation should be of high concern for counselors because it can be a risk factor for moderate to severe stress, especially when the counselor is emotionally close to the client (Sherba et al., 2019). Counselors may experience high-impact stress when they have little to no support with clients who are suicidal which may in turn exacerbate their lack of awareness about the level of risk and concern that should be attributed to the client, specifically Black American adolescents. The implications of this research for positive social change includes improved outcomes and experiences with competent counselors for Black American adolescents who are suicidal.

Training for Counselors and Mental Health Professionals

School counselors are more likely than any other mental health professional to assess youth for suicidal ideation risks (Becnel et al., 2021). 80% of school counselors reported working with youth that had previously attempted suicidal ideation and almost 40% reported experiencing a student's death by suicidal ideation (Becnel et al., 2021). Many counselors/ therapists and mental health professionals openly admitted to the lack of training and crisis intervention strategies it takes to deal with student suicidal ideation

(Becnel et al., 2021). Self-efficacy is “the degree to which individuals believe that they can achieve self-determination goals, and individuals are more likely to be successful in achieving those goals simply by belief in their success” (p 328). Counselors and mental health professionals are working towards self-efficacy yet report not being prepared to deal with clients who are at substantial risk for suicidal ideation (Becnel et al., 2021). Many counselors and mental health professionals question their own self-efficacy after dealing with a student’s suicidal ideation (Becnel et al., 2021).

Research shows that accredited graduate programs in the United States for master social workers (MSW), are only required to have 4 hours of suicidal ideation training (Mirick et al., 2020). This study also found that only 15% of school counselors felt confident in completing a suicidal ideation assessment. The Council for Accreditation of Counseling and Related Educational Programs (CACREP), “describe knowledge and skills that counselors in-training must acquire”, part of these skills includes suicidal ideation prevention models, suicidal ideation strategies, and suicidal ideation risk assessments (Cureton et al., 2021 p. 2). According to Cureton et al. (2021), counselors receive training in pre-professional suicidal ideation training (PPST) or “preparation on suicidal ideation completed prior to offering professional services” (2021). The U.S. Department of Health and Human Services requires that graduate education in the field of health professions adopt a suicidal ideation training guideline (Cureton et al., 2021). Government agencies and nonprofits are requesting improvements in (PPST) because the program is lacking. The (PPST) programs are lacking in existence in some colleges and universities, lacking consistency, and a futuristic approach (Cureton et al., 2021). According to Cureton et al., the reason these (PPST) programs are lacking is due to

inconsistency and lack of knowledge among educators about how to improve this training.

There is a legal and ethical obligation for counselors and mental health professionals to incorporate risk assessments for youth at high risk for suicidal ideation (Cigularov et al., 2008). Safety planning is another aspect of suicidal ideation prevention. Counselors and mental health professionals must also have education and training in suicidal ideation prevention and knowledge of depression and find help for at-risk clients. Having effective assessments that give true measures of client's risk for suicidal ideation rather than asking yes or no questions about how they feel. One of the most used assessments is Columbia Suicidal ideation Severity Risk Assessment (CSSR), while this popular and widely used assessment is helpful in sounding an alarm, it does not ask questions specific to Black American adolescents or Black Americans' issues that may be at the root of suicidal feelings.

One third of counselors who have experienced a client's death by suicidal ideation, consider changing careers (Becnel et al., 2021). Many counselors/ therapists blame themselves when a client completes suicidal ideation, and these feelings can lead to depression and burnout for new counselors/ therapists (Becnel et al., 2021). Suicidal ideations have been studied in many different populations, from adults to children. Few studies are being done on suicidal ideation in African American populations.

Summary

Suicidal ideation has been around for a long time. Recently research has shown an increase in suicidal ideations and suicidal ideation attempts as it relates to the Black American populations. This population's risk factors may appear differently than other risk factors for other populations. It is imperative that counselors and mental health clinicians are aware of these risk factors and are doing their due diligence to uncover if they are underdiagnosing or over diagnosing clients based on how they present. The gap in research is Black American adolescents and the current risks for suicidal ideation that has gone undetected. This research will highlight that gap and create more quality assessments and effect training for counselors and mental health clinicians.

Chapter 2: Literature Review

Introduction

In the United States, suicidal ideation among Black American adolescents have increased, Black men increased 60% and 182% between 2001 and 2017 (Baiden et al., 2023). Black American adolescents have one of the highest rates of suicidal ideation attempts compared to all other racial and ethnic groups, yet Black American adolescents are the most underrepresented in research of suicidality and suicidal behaviors. It is imperative for clinicians and counselors to expand their knowledge on how to identify risk factors for suicidal ideations and suicidality in this group. In Black American adolescents, risk factors and protective factors may manifest differently than other populations (Baiden et al., 2023). Effective training and more quality assessments are necessary in understanding these differences and helping to develop more culturally responsive preventions, risk monitoring, and interventions for Black American adolescents. In this chapter, relevant literature will be discussed that is directly related to the study illuminating a gap in research of the lack of quality and effective competency of counselors when assessing suicidal ideation in Black American adolescents. Suicidal ideation is the second leading cause of death among adolescents ages 15-24 and represents a major public health crisis (Madubata et al., 2022). There are several potential factors for suicidal ideation among this population.

Literature Search Strategy

The search strategy used for my literature review began with suicidal ideation in the United States and what it means to be suicidal. The next component of my search was

to highlight why suicidal ideation and suicidal attempts are a problem and the reason I chose to do my research on these topics. To further specify my research, I began to look at suicidal ideation in a specific population, Black Americans. There was still a lot of information on causes and prevention strategies, but nothing really explained why. I shortened my research further into adolescents or specifically, Black American adolescents. I chose this population because there has been a significant increase in suicidal ideation among this population and because of the stigmas that Black Americans are not completing suicidal ideation. I wanted to focus more attention and gather more research on Black American adolescents to reduce the numbers before they reach adulthood.

Literature Review Related to Key Variables and/or Concepts

Potential Factors of Suicidal ideation

There are several factors related to why individuals complete suicidal ideation. An important factor to consider in Black Americans is if there has been a previous suicidal ideation attempt made. If a previous attempt has been made, then it is highly likely that another suicidal ideation attempt will follow (Price & Khubchandani, 2019). Other risk factors associated with Black Americans for suicidal ideation are psychological or emotional conditions that include stigmas, racial discrimination, alcohol dependence or drug abuse, traumatic experiences, and religion (Talley et al., 2022). Black Americans who are constantly exposed to violence, have access to firearms, are involved in delinquent behaviors, and job losses or experience a lack of job availability are all at increased risk for potential suicidal ideation (Price & Khubchandani, 2019). Factors for suicidal ideation that rank highest for Black American adolescents include traumatic

experiences and mental health issues that often go untreated, these issues include depression and anxiety (Arshanapally et al., 2018). Victim precipitated homicides, poverty in communities that lack resources, (Robinson et al., 2021), economic decline, family stressors, social isolation, and chronic illnesses are also contributing factors that contribute to suicidal ideations (Ehlman et al., 2022). In December of 2019, these potential factors for suicidal ideation were all exacerbated by novel coronavirus (SARS-CoV-2) also known as COVID-19 (Halford et al., 2020).

Racial Discrimination

Racial discrimination can be defined as "the unfavorable treatment towards an individual due to his/her race or personal characteristics that are associated with his/her race" (Arshanapally et al., 2018, p 584). Black American adolescents have experienced discrimination in the classroom from teachers in the form of underestimation of his/her skills and abilities (Jelsma et al., 2021). For these reasons, many Black American adolescents feel they must perform better and put forth more effort than their White classmates. High effort coping occurs when "students feel that because of their race they will always have to work harder than others in life to succeed due to discrimination". This is also known as John Henryism (Jelsma et al., 2021, p 694). John Henry was a Black American folklore hero who raced against a steam powered machine and won but died soon after due to extreme exhaustion. This story has been passed down through the Black community for generations further illustrates what Black American adolescents who engage in elevated levels of coping may face in terms of health issues such as stress, high blood pressure, and low self-worth. The effects of race and racism in the classroom can lead to a lack of confidence, social isolation, and depression (Jelsma et al., 2021).

According to Arshanapally et al., parents who have experienced racial discrimination or racial barriers can influence children's perception of racial discrimination which can lead to suicidal ideations (2018). The experiences of Emmett Till, George Floyd, Trayvon Martin, and many other Black Americans have led to traumatization of Black American adolescents (Robinson et al., 2021). Recently, more emphasis has been placed on how these experiences impact Black youth by making them perceive that their lives do not matter. These feelings give birth to innovative programs like, "Black Lives Matter ", to remind Black American adolescents that their lives are important (Clendinen & Kertes, 2022). Many Black American adolescents feel that their lives are less meaningful and less valuable than others (Goodwill, 2020). Groups like "Black Lives Matter" were created to uplift Black people, but too often it is not enough to outweigh all the negative media and experiences that youths have endured. This feeling dates to years of slavery and injustice against Black men. According to Arshanapally et al. (2018), parental experiences of discrimination shape youth's experiences and it leads to youth internalizing and externalizing racial discrimination.

The impact of racism has been heightened more than ever since the murder of George Floyd in 2020. The publicized murder of George Floyd, a Black American man killed by a police officer while in police custody, was a critical event that gave rise to protests and unrest among many (Howard et al., 2023). There has been increases in the number of police killings of unarmed Black Americans which has resulted in higher rates of poor mental health among Black Americans in the areas where these killings took place and all over the world (Howard et al., 2023). Prior to George Floyd, there was the death of Emmett Till in 1955, killed by two White men for whistling at a White woman.

Emmett's mother showed the world her son's beaten and battered body and received national exposure (Thornton, 2010). In 2012, Travyon Martin was shot and killed "Walking while Black," a phrase that has led to many Black Americans not feeling safe in their own neighborhoods. The Trayvon Martin case illustrates a teenage life violently cut short due to racial profiling and a legal system that accepted his death without consequence (Broden, 2023). Millions of people witnessed murders that led to large-scale public outcry of other Black Americans such as Eric Garner, Micheal Brown, Freddie Gray, Breonna Taylor, Tamir Rice, Philando Castile, Sandra Bland and George Floyd, just to name a few, who died from police brutality. These murders serve as examples of vicarious racism (Robinson et al., 2021). "Witnessing an event of excessive police force, commonly referred to as police brutality, can evoke historical trauma and induce a stress response that contributes to poorer downstream physical and mental health outcomes" (Howard et al., 2023, p 1174). Blacks and African Americans are also exposed to systemic institutionalized forms of racism, such as disparities in education and job opportunities (Robinson et al., 2021).

Racial discrimination can be internalized, where youth accept negative messages about their abilities and accept views of themselves as having low self-worth and low self-efficacy. Racial discrimination can also be personally mediated, which means "intentionally and unintentionally prejudice and discrimination" which we have witnessed in police brutality (Sosoo et al., 2022 p 2). Racial discrimination can also fall under the category of institutionalized racism, where there is a differential access to goods, services, and opportunities (Sosoo et al., 2022). Racism has made Black American

adolescents confront the reality of "otherness" and see their own societal limitations versus the ideas of being "Black and proud" as they were once taught (Ayodeji et al., 2021).

Ethnic discrimination can be defined as "unfair, negative, and differential treatment issues towards others motivated by prejudice" (Madubata et al., 2022, p 23). Experiences of discrimination can add stress and create additional health issues. Racial/ethnic discrimination has caused many Black American adolescents to think about death, dying, or causing harm to oneself (Madubata et al., 2022). There are two different forms of discrimination. Overt discrimination includes "blatant and overt acts of prejudice, victimization, slurs, or explicit disparities in access to resources based on race or ethnicity" (p 23). When confronted with overt discrimination, many adolescents experienced verbal or physical harassment. Moreover, subtle discrimination or microaggressions are defined as "unfriendly verbal and nonverbal communications that reflects prejudicial assumptions, inequities, and unjust behaviors towards members of a certain minority group (Madubata et al., 2022 p 23). Subtle discrimination can be a major factor for suicidal ideations because these are usually only witnessed by the victims and can be harder to prove. Research shows that because of these microaggressions, many Black American adolescents experience feelings of lesser intelligence, feelings of inferiority to White individuals, and an invalidation of the adolescent's experiences. Racial/ethnic discrimination can cause psychological harm to adolescents including suicidal ideations and suicidal attempts (Madubata et al., 2022).

Research suggested that discrimination and unfair treatment faced by Black American adolescents are persistent challenges especially with Black male adolescents. This can cause psychological stress over and above the day-to-day stressors that Black American adolescents are already faced with (Baiden et al., 2023). Studies have linked racial micro-stressors to behavior problems in adolescents and suicidal behaviors.

Traumatic Experiences

Research estimates that "68% of children experience a traumatizing event before reaching age 16, with 37% experiencing more than one traumatic event" (Kassing et al., 2021, p 352). Traumatic experiences, like sexual or physical abuse, can be difficult to discuss and many try to forget about these experiences. Traumatic experiences can also lead to collective trauma, the "recollection or psychological reactions to terrible events that happened to a group or society" (Tynes et al., 2019 p 371). Traumatic experiences or collective traumas can cause stress and have a negative impact on mental health and wellbeing. Collective traumatic events have been linked to post traumatic stress disorder (PTSD) and depressive symptoms (Tynes et al., 2019). There are also natural disasters like hurricanes, tornadoes, and fires that can cause trauma. Car accidents, indirectly or directly, can also be a major source of trauma and create traumatic experiences (Kassing et al., 2021).

Poly traumatization is defined as "the experience of multiple types of traumatic events" and can be the cause of an increase in depression, PTSD, and anxiety compared to a single event (Kassing et al., 2021 p 352). Poly traumatization occurs in minority communities where there is a prevalences of violence, low income, and drug abuse. Another form of trauma that many people face is bereavement. "Bereavement is one of

the most frequent reported traumatic events for children and adolescents and it is linked to adverse outcomes including substance abuse, conduct problems, poor academic achievement and an increase in suicidal ideation" (Kassing et al., 2021, p353-354). Racism has been documented as a traumatic experience and should be added to Adverse Childhood Experiences (ACE) as an increase in both physical and mental health. Researchers have found that because of racism many Black Americans experience psychological and physiological outcomes including high blood pressure, obesity, diabetes, and depression (Ayodeji et al., 2021). Clients with histories of childhood traumas find themselves facing suicidal ideations, suicidal behaviors, and suicidal attempts.

Untreated Mental Health Issues

There are many mental health issues that go untreated. Mental health issues like anxiety and depression are ranked highest for suicidal factors (N. M. Davis, 2005). For many Black American adolescents, if depression remain untreated, it can continue into adulthood. Depression has been defined as a mood disorder that can be considered a depressive disorder or bi-polar disorder. According to the American Psychiatric Association (APA), (MDD) Major Depressive Disorder, is defined as one or more, major depressive episodes that lasts up to 2 weeks with depressed mood or a loss of interest accompanied by four additional symptoms of depression (2002). Depressive disorders are considered (MDD) and Depressive Disorder (DD). Genetics also play a role in depression. Having a parent with depression increases the likelihood that a child may develop depression symptoms. Research shows that depressed children and adolescents

who are depressed will have cognitive distortions, feelings of hopelessness, and a tendency to maintain a depressed mood (N. M. Davis, 2005).

Depression can be increased in adolescents who encounter stressful life events, chronic medical conditions, family size, minority status, bullying, and physical or sexual abuse (N. M. Davis, 2005). Symptoms of depression can lead to poor functioning, adverse relationships with family and friends, less satisfaction in life, and smaller social networks. Treatment for depression includes psychotherapy treatment, medication, or a combination of both. Suicidal ideation is the most serious consequence of depression. According to research studies, male adolescents' complete suicide five and a half times more than females, but female adolescents attempt more often (N. M. Davis, 2023, p 314). Black boys have the highest rate of completed suicidal ideation at (7.7%) compared to Hispanic boys (6.1%) and White boys (3.7%). One third of suicidal ideation victims seek help from a licensed professional. Most seek help from a friend or family member with similar issues. Adolescents who suffer from depression view this as a social stigma and will not seek help due to shame or embarrassment. These adolescents may also face cruelty towards their classmates. Other depressed individuals who have a lack of health insurance will seek help but due to circumstances will not seek treatment. Black Americans are not to seek help but to rely on spirituality.

Police Violence

Police violence is listed as one of the leading causes of death for young men of color. Police officers are 3.5 times more likely to kill Black individuals than White individuals (Sosoo et al., 2022). Police violence towards unarmed young Black individuals has led to vicarious police violence and has resulted in more psychological,

stress, and mental health outcomes for many victims. Vicarious police violence has been defined as "witnessing or hearing about violence perpetrated by police officers via family, community, social networks, or media outlets (Sosoo et al., 2022, p. 2). Sandra Bland gained national attention after committing suicidal ideation in jail 3 days after she had been arrested and confronted by police (Dennison & Finkeldey, 2020). The population that has seen the most violence from police are Black American men. Unfair treatment by police can occur with unfair stops by police, being searched by police, and being questioned unfairly by police. Poor mental health can occur with indirect or vicarious exposure to police violence, which can lead to an increase in depression, psychological issues, or trauma responses (Salas-Hernandez, 2022).

The anticipation of future police violence can create poor mental health. In George Floyd's 20th interaction with police resulted in direct physical contact that turned fatal. This single incident was also psychological for George Floyd being thrown to the ground and then pinned down with a knee on his neck. The person that recorded the incident experienced police violence through vicarious physical police violence. Innocent onlookers who asked police to stop experienced direct psychological police violence. George Floyd's daughter experienced vicarious physical and psychological police violence seeing the death of her father at the hands of police (Salas-Hernandez et al., 2022). Instances of vicarious police violence includes the assault and shooting of Black individuals. Statements like "I can't breathe," said by George Floyd and Eric Garner prior to being murdered by police (Sosoo et al., 2022). This reminds Black individuals of trauma that police violence bring. The daughter of Eric Garner stated, "I'm struggling

right now from the stress of everything because the system, it beats you down," right before she succumbed to a heart attack at age 27 (Sosoo et al., 2022).

Intersectionality and poly victimization or "multiply forms of violence" has been used to explain how police violence affects mental health (Salas-Hernandez et al., 2022 p 656). Intersectionality includes race, gender, sexuality, nationality, socioeconomic status, and age of the victims of police violence. Many victims believe that these factors of intersectionality play a major part in how they are perceived by the police. Research shows that socioeconomic disadvantages, previous crimes, and disadvantaged neighborhoods all report unfair treatment by police officers. Many victims who have had past encounters with the police suffer mental health outcomes that include depression, anxiety, and post-traumatic stress that can potentially lead to suicidal ideation ideations (Dennison & Finkledey, 2020). When the encounters are made public, bystanders also suffer while wondering if there was something more that could have been done. For many bystanders, this is a traumatic experience that affects their mental wellbeing. With police violence occurring more in the Black communities, most of these encounters are witnessed by Black American adolescents (Dennison & Finkledey, 2020). The anticipation of a single encounter with police illicit fear in Black American adolescents and for those who have experienced a prior police interaction have a high prevalence of PTSD, anxiety, and depression (Sosoo et al., 2022).

Victim-Precipitated Homicide

"Victim precipitated homicide, means that an individual can force someone else to cause their death by being in a violent confrontation with someone who is extremely dangerous" (Talley et al., 2022, p 2). This can be orchestrated deliberately or

unconsciously, and an individual can play an intentional role in causing his or her own death. The pattern of victim's precipitated homicide or a victim's role in his/her own homicide, is six times higher for Black Americans than White Americans (Hannon, 2004). According to this study, the culture of Black Americans is to respond to minor incidents with lethal force to ensure one's reputation so that others know and respect his or her position and will avoid future confrontations. "Black American make up 13% of the population, yet Black Americans account for nearly 49% of those arrested for homicide" (Hannon, 2004, p 115). The reason for Black Americans high homicide rate can be due to legacy of slavery where Black American are still fighting for their right to be labeled as a whole person and any minor offenses that threatens that can be met with lethal force. Another reason is that Black Americans have a learned distrust of social institutions, particularly the criminal justice system, which has led Black Americans to handle issues themselves in violent and non-legal ways (Hannon, 2004). Victim precipitated homicide occurs more often in Black American populations where poverty and drug misuse exist. Most homicides that occur through victim precipitations are not classified as suicidal ideations, even though many youths had feelings of worthlessness, aggressive impulses, and suicidal behaviors prior to these incidents (Talley et al., 2022). Victim precipitated homicide can put Black American adolescents at risk for suicidal ideation by dictating that they be strong and not appear weak. It also adds pressure that adolescents behave in such a way as it affects their mental health and overall well-being (Talley et al., 2022).

Other violence-related factors like carrying a weapon, being involved in a physical fight that results in injury, and an unsafe school environment can be linked to

suicidal ideation attempts. Suicidal attempts took place for Black American adolescents who experienced sexual violence, teen dating violence and cyberbullying (Baiden et al., 2023). This is not to blame victims or create any additional victimizations, but rather it is noted to highlight suicidal factors for Black American adolescents to get the help needed by informing clinicians of factors to be aware of.

Mental Health Stigmas

Due to a history of discrimination, racism, and oppression felt by Black American adolescents, there is also disproportions issues with mental health care. The health care system in the United States has consistently underserved minorities in many ways (Talley et al., 2022). There is also a stigma in communities of color regarding mental health care, and it has been documented that Black Americans are pathologized by mental health care systems. It is also believed that Black Americans do not receive quality care when seeking mental health treatment. Mental health stigmas illustrate why Black Americans are discouraged from seeking help this explains why mental health concerns are untreated and, in most cases, exacerbated (Talley et al., 2022).

Sexual Identity

One important risk factor for Black American adolescents is sexual identity. This risk factor oftentimes gets overlooked and receives little to no research attention (Baiden et al., 2023). Black American adolescents that identity as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) are more likely to experience suicidal ideation or make a suicidal ideation attempt than adolescents who present as straight or heterosexual. The adolescent years are a critical stage of life for Black Americans because of the unique social factors which include social stress and social environments. Black

American adolescents who are gender diverse and lack family supports, have few social networks, experience stigmas, bullying, and internalized homophobia (Boyd et al., 2023). These experiences can lead to feelings of low self-esteem and low self-worth that create a higher risk for suicidal behaviors. “Gendered racism refers to the ways that racism impacts people of different gender identities, also referred to as misogynoir, specifically for black women” (Lee et al., 2023 p 501). The intersectionality of different marginalized identities adds to their feelings of hopelessness and worthlessness. Intersectional areas include race, gender, ethnicity, and sexual identity. Intersectionality increases psychological distress and can increase suicidal behaviors in Black American adolescents (Baiden et al., 2023). The challenge that many Black American adolescents face when deciding to “come out,” can be felt as rejection, shame, and a detachment from family norms. Many feel discrimination from their peers, community, and family members, and they experience additional stress that leads to depression and isolation. Research shows a higher amount of Black American adolescents who present as LGBTQ, have an increase in suicidal behaviors and suicidal attempts than White Americans who present as LGBTQ (Baiden et al., 2023).

Social Media

In 2022, an unarmed Black man was shot 60 times in the back by a police officer in Akron, Ohio. This incident of the shooting spread on social media, and it displayed the bodycam video of his murder for all viewers (Lee et al., 2023). Twitter, Tik Tok, Facebook, YouTube, and Snapchat are examples of social media outlets that transmit traumatic images of dehumanizing behaviors that can illicit adverse effects on Black American adolescents (Lee et al., 2023). These adverse effects have caused negative

physical and mental health outcomes that can lead to anger, depression, and untreated long-term depression may cause suicidal behaviors. Vicarious racism can occur when "a social media user views an act of racism enacted against members of their racial group" (p 492). Watching these acts of violence can impact Black American adolescents in unusual ways. Social media has also been shown to be a source of interpersonal conflict among people.

Cyberbullying has occurred through social media and caused additional stressors among Black American adolescents. Cyberbullying has been defined as "bullying that occurs through electronic media like Internet or Smartphones" (Kowalski et al., 2020 p 644). The widespread use of social media has caused cyberbullying to become more prevalent among adolescents. Cyberbullying victimization has been associated with higher instances of loneliness, depression, and suicide. With 85% of teens age 13-17 in the United States reported they spend time on Twitter, Tik Tok, Facebook, YouTube, and Snapchat. These teens also reported forms of cyberbullying as offensive name-calling, spreading of false rumors, receipt of unsolicited explicit images, constant monitoring or tracking from someone outside of the family, physical threats, and sexting (Kowalski et al., 2020). Black American adolescents are less likely to report cyberbullying victimization and are more likely to suffer elevated levels of anxiety, depression, low self-esteem, low academic performance, and suicidal ideations.

Substance and Alcohol Abuse Issues

Alcohol and drug abuse issues have been exacerbated by police violence and unfair treatment by police officers (Dennison & Finkledey, 2020). Substance use includes

"Cigarette smoking, binge drinking, marijuana use, misuse of prescription pain medication, and illicit drug use" (Baiden et al., 2023 p 322) and has increased suicidal ideation. Substance use is an example of a public health crisis, and it can begin as early as adolescent years with the introduction of alcohol abuse (Tian et al., 2023). Sixty-four percent of adolescents advised that they have abused alcohol, with 45% reporting marijuana usage, and 31% cigarette usage. Substance abuse is most likely to occur during the adolescent period because of psychological and physical changes along with health risk behaviors. Low social economic factors play a vital role in substance abuse among adolescents (Tian et al., 2023). Research has found that substance abuse can also be associated with cultural norms and beliefs, psychological issues, age, and gender. According to the World Health Organization (WHO), the age at which adolescents start abusing substances has been steadily decreasing. The consequences of substance abuse during adolescent years can lead to suicidal ideation, suicidal ideation attempts, suicidal behaviors, and psychological problems like depression and anxiety (Tian et al., 2023).

Covid-19 Pandemic

The Covid-19 pandemic may have increased suicidal ideation risk factors that can have long-term potential for suicidal ideation rates due to lifestyle changes and life stressors. The United States saw many changes due to Covid-19. Among those changes were unemployment, added loneliness, and pre-existing mental health growing worse (Holford et al., 2020). A national increase in anxiety, grief, and stress occurred during the era of COVID-19. Google searches increased for certain topics that raised concern like "how to suicidal ideation," "how to kill yourself," and "painless suicidal ideation," (Holford et al., 2020). The federal Centers for Disease Control (CDC) completed a study

that showed suicidal ideation among adolescents on the rise prior to March 2020, due to adversity already experienced before and during the pandemic (Knopf, 2023). During Covid-19 pandemic death rates showed 19.2% increase in suicidal ideation among Black Americans (Goodwill, 2023).

Community violence also increased during the Covid-19 pandemic. Several communities, populations, racial and ethnic groups were exposed to community violence related to structural racism, and microaggressions that were heightened due to this pandemic (Harper et al., 2021). Adverse Childhood Experiences (ACEs) is a way for CDC to measure if a child is thriving or in a safe environment. During the pandemic, ACE scores of four or more were indicators of poor mental health and suicidal behaviors (Knopf, 2023). Researchers found a link between hopelessness, depression, and suicidal ideation which is explained via the three-step theory of suicidal ideation (Goodwill, 2023). Step 1 includes the idea that suicidal ideation forms in the presence of pain. Step two of the theory posits that suicidal ideation is present when an individual feels a lack of connection within their environment and step three adds that suicidal ideation can move to suicidal attempt if there are means, and intent (Goodwill, 2023).

Covid-19 led to major disruptions in social and educational environments that led to more mental health and suicidal ideation crises due to a lack of understanding of what was happening in the world (Knopf, 2023). Many adolescents reported emotional abuse, physical abuse, parents, or caregiver losing a job, food insecurity, sexual violence by another perpetrator, dating violence, electronic bullying, suicidal behaviors including planning for suicidal ideation, and attempting suicidal ideation (Knopf, 2023). National data reported that Covid-19 hospitalization and deaths were higher for Black Americans

than any other race (Goodwill, 2023). The stressors for Black Americans increased during the Covid-19 pandemic because Black Americans were dying at higher rates and the pre-existing conditions like diabetes, high blood pressure, and obesities are common problems in Black Americans. The exposure to distressing new coverage that showed Black Americans dying at an alarming rate increased mental disorders and created Covid19 anxiety. Black Americans living through the era of Covid-19 pandemic caused vicarious trauma for many families (Ayodeji et al., 2021). Fear, hopelessness, and the lack of mental health treatment cause suicidal ideation ideations to increase among Black American adolescents and adults (Goodwill, 2023). Black Americans faced fears during the Covid-19 pandemic due to misinformation that was occurring and mistrust of the governmental officials.

Suicidal Ideation and Black Americans

The term African Americans in the United States refers to the descendants from slaves who were brought to Americas around the 17th century through 19th century (Robinson et al., 2022). The term Black Americans describe persons of African ancestral origins, and it encompasses both African Americans and persons who immigrated to the United States from Africa or the Caribbean around the 20th century through 21st century. African Americans is one of the populations that has seen the largest rate of increase in suicidal ideation deaths, attempts, and suicidality (Robinson et al., 2022). Black American men and women have seen increases in the rates of suicidal ideation for several reasons. Many Black men have cited undiagnosed depression as the cause of their increased suicidal ideations (Talley et al., 2022). While Black women reported reasons including childhood trauma, unprocessed grief, and depression as their top reasons for

contemplating suicidal ideation. There has also been an increase in the rates of self-inflicted deaths among Black Americans based on poverty, unemployment, and sociocultural factors that have contributed to violence (Talley et al., 2022).

Research has also shown that the health care systems in the United States disproportionately under-serve minorities and their families. Black Americans are less likely to utilize hospital services due to inadequate treatment that does not address their unique needs and concerns (Talley et al., 2022). According to Talley et al. (2022), suicidal norms are different for Black Americans "due to psychological stressors of discrimination and the cultural norms, beliefs, and attitudes around mental health" (p. 64). Black Americans report a higher rate of racial discrimination than any other race or group of people in the United States (Arshanapally et al., 2018). Research has shown a link between racial discrimination in Black American and poor mental and physical health. Police violence has also played a factor in Black and African American communities and should be treated as a public health issue due to uniquely high rates of police brutality (Tynes et al., 2019). Research suggests that the experiences of police violence have impacted mental health disparities. Research has shown that Black men are 2.5 times more likely than White men to be killed by police (Edwards et al., 2019). Black Americans are seeing significant increases in suicidal ideation for many reasons, like racism.

The impact of racism has been heightened more than ever since the murder of George Floyd in 2020. The publicized murder of George Floyd, a Black American man killed by a police officer while in police custody, was a critical event that gave rise to protests and unrest among many (Howard et al., 2023). There has been increases in the

number of police killings of unarmed Black Americans which has resulted in higher rates of poor mental health among Black Americans in the areas where these killings took place (Howard et al., 2023). Prior to George Floyd, there was the death of Emmett Till in 1955, killed by two White men for whistling at a White woman. Emmett's mother showed the world her son's beaten and battered body and received national exposure (Thornton, 2010). In 2012, Travyon Martin was shot and killed "walking while Black", this phrase has led to many Black Americans not feeling safe in their own neighborhoods. The Trayvon Martin case illustrates a teenage life violently cut short due to racial profiling and a legal system that accepted his death without consequence (Broden, 2023). Millions of people witnessed murders like Eric Garner, Micheal Brown, Freddie Gray, and George Floyd, who died from police brutality, this is an example of vicarious racism (Robinson et al., 2021).

"Witnessing an event of excessive police force, commonly referred to as police brutality, can evoke historical trauma and induce a stress response that contributes to poorer downstream physical and mental health outcomes" (Howard et al., 2023, p 1174). Blacks and African Americans are also exposed to systemic institutionalized forms of racism, such as disparities in education and job opportunities (Robinson et al., 2021). Natural disasters, like Hurricane Katrina in August 2005 and Hurricane Gustav in August 2008 have contributed to PTSD in many marginalized Black and African American communities. Research suggests that the repeated television coverage of these natural disasters being played constantly caused an increase in PTSD symptoms and traumatic events (Tynes et al., 2019). According to the CDC, suicidal ideation rates

among Black Americans tend to peak during the teenage years leading into young adulthood (CDC, 2021).

Suicidal Ideation and Black American Adolescents

The term adolescence refers to youth between the ages of 10 and 19 (World Health Organization (WHO), 2021). Suicidal ideation is a problem in the Black American adolescent community and may have a far greater impact than what is being reported which adds another level of urgency for preventive measures (Robinson et al., 2021). This phenomenon warrants serious attention because 20% of adolescents who have suicidal thoughts and non-suicidal self-injury will move on to make a suicidal ideation attempt by the time they reach adulthood (Robinson et al., 2021). For every adolescent death by suicidal ideation there are 50-100 attempts (Mirick et al., 2020). The answer as to why this is happening, remains unknown because the research on Black American adolescents and suicidality is limited (Lambert, Boyd, & Ialongo, 2022).

Youth suicidal ideation is on the rise as approximately 11 young people die every day by suicidal ideation in the United States ages 15-24 (American Association of Suicidology [AAS], 2006). For every completed suicidal ideation, there are 100-200 active attempts, making suicidal ideation the third leading cause of death for youth (Cigularov et al., 2008). According to the Web-Based Injury Statistics Query and Reporting System (WISQARS) databases from 2001-2017, Black American youth from ages 13-19 have higher rates of suicidal ideations than other demographic groups (Price & Khubchandani, 2019). In 2016, suicidal ideation was rated the third leading cause of death among Black American adolescents between the ages of 15 24 (Arshanapally et al., 2018).

Between 2015-2017, ten states reported higher rates of suicidal ideation for Black American adolescents (Price & Khubchandani, 2019). These ten states included Georgia, Texas, Florida, North Carolina, New York, Ohio, Pennsylvania, Illinois, Michigan, and Missouri. In 2015, Black American children reported a suicidal ideation rate two times higher than White children (Price & Khubchandani, 2019). In a recent study it was reported that Black and African American youth were 1.4 times more likely than Whites to have their manner of death classified as undetermined, which is a major factor in suicidal ideation misclassification (Robinson et al., 2022). Suicidal ideation is said to "be preventable, yet it is one of the most devastating and irreversible health disparities for Black American adolescents," (Robinson et al., 2021 p 1283). One thought about the reason for adolescent suicidal ideation increases is the rise in social media. Forty-five percent of Black American adolescent reported online activity "almost constantly," and the use of video sharing sites such as Instagram and YouTube (Tynes et al., 2019). Among these videos and posts is traumatic material that includes negative racial content that can be disturbing (Tynes et al., 2019). Repeated exposure to these traumatic events can lead to Black American adolescent experiencing both individual and vicarious traumas that in turn increase rates of depression and anxiety (Tynes et al., 2019).

Another reason for increased risk among this population is low self-esteem, low self-worth, and self-perceived failures of Black American adolescents who do not feel that they are pretty enough, smart enough, or just enough, when compared to their White counterparts (Lambert et al., 2022). In 1947, Dr. Kenneth Marks conducted a doll test to test the significance of how children of color perceive their skin color versus others' skin

color. During this doll test, each Black child chooses the prettiest doll; a White doll over the other Black dolls that looked like them (Thomas, 2023).

Another reason for the increase in suicidal ideation among Black American adolescents is community violence where adolescents are exposed to violence in alarming numbers including victimization and exposures to physical harm (Lambert, Boyd, & Ialongo, 2022). Black American adolescents' exposure to community violence has been linked to post traumatic stress syndrome (PTSD), impulsiveness, conduct problems, aggression, and depressive symptoms (Lambert et al., 2022). Many Black American adolescents that have completed suicidal ideation used firearms or the most lethal methods they could find (Price & Khubchandani, 2019). Exposure to community violence or witnessing community violence has led many Black American adolescents to carry guns or other weapons as a means of protection (Harper et al., 2021). These same weapons have been linked to suicidal ideation attempts or death by suicidal ideation resulting from discrimination, racism, poverty, high crime rates, and economic instabilities. Researchers found that Black American adolescents that carry guns are more likely to engage in substance use (Harper et al., 2021).

There are several reasons why this phenomenon has occurred with this population. In this "new normal" COVID-19 pandemic, many youths are seeing more isolation with less interaction with peers, lack of activities, less school involvement, and increases in family conflict (Pearson, 2021). Many families have reported financial instabilities during this pandemic and a lack of necessities, which have led to youth feeling more depressed and stressed. With a reduction in mental health services, youth are dealing with these feelings on their own, which leads to an increase in suicidality.

Black American adolescents have experienced homelessness and family conflicts often. Arguments with family or feelings of rejection have contributed to suicidality. According to Goodwill, a major factor for Black youth either attempting suicidal ideation, being suicidal, or self-harm is feelings of worthlessness (2020).

Suicidal ideation rates among Black American adolescents have increased due to fear of retaliation from rival gangs or even the fear of being shot and killed because of gang participation may lead to Black American adolescents taking their own lives. These youths also fear prison or jail sentences and will attempt to end their lives (Jones-Eversley et al., 2020).

Community violence has increased stress and anxiety among Black American adolescents and young adults. From 2019-2020, "firearm-related homicides increased by 39% for youths and young adults aged 10–14 years and rates of suicidal ideation by firearms increased by 15%" (Harper et al., 2021, p. 22). Community violence has been defined as "violence between unrelated persons who might or might not know each other and live outside of the home" (p 22). Witnessing community violence and carrying firearms has been linked to suicidal ideation risks and substance abuse among Black American adolescents. According to Arshanapally et al., parents who have experienced racial discrimination or racial barriers can influence children's perception of racial discrimination which can lead to suicidal ideations (2018). The experiences of Emmett Till, George Floyd, Trayvon Martin, and many other Blacks have led to traumatization of Black American adolescents (Robinson et al., 2021). Recently, more emphasis has been placed on how these experiences impact Black youth by making them perceive that their lives do not matter. These feelings give birth to recent programs like, "Black Lives

Matter, to remind youth that their lives are important (Clendinen & Kertes, 2022). Many Black American adolescents feel that their lives are less meaningful and less valuable than others (Goodwill, 2020). Groups like "Black Lives Matter" were created to uplift Black people, but too often it is not enough to outweigh all the negative media and experiences that youths have endured. This feeling dates to years of slavery and injustice against Black men. According to Arshanapally et al. (2018), parental experiences of discrimination shape youth's experiences and it leads to Black American adolescents internalizing and externalizing racial discrimination.

In some ways, mental health professionals have contributed to the rates of suicidal ideation with Black American adolescents because of their lack of training and education in multicultural content which address the specific needs of this population (Talley et al., 2022). A bias exists among clinicians due to inaccurate or outdated information in textbooks that inform the best practices for diverse groups like this. Additionally, many mental health professionals do not view youth through a lens of oppression and mischaracterize Black American adolescents with less urgency than they would White counterparts (Talley et al., 2022). Not all suicidal ideation attempts are fatal attempts and two-thirds of Black American adolescents did not intend to die.

Implications for Counselors

It is critical for counselors to expand their knowledge and training on suicidal ideation risks and protective factors for Black American adolescents. It is also critical that counselors understand culturally responsive prevention methods, risk monitoring strategies, and updated interventions for Black American adolescents. Black American

adolescents have the highest rates of suicidal ideation attempts among any other groups, yet this population has not been considered a high-risk group for suicidal behaviors (Baiden et al., 2023). Risks are defined as "likelihood of an individual experiencing an event" or suicidal risk factors are the "factors that increase an individual's likelihood of experiencing suicidal ideation or a suicidal ideation attempt." Protective factors are defined as factors that "mitigate an event or offer protection against an event" (Baiden et al., 2023 p 321). Having protective factors like a good support system can decrease the risk of suicidal ideation or a suicidal ideation attempt. Other protective factors include physical or social activities like sports and being motivated by academic performance can reduce thoughts of suicidal ideation.

Often counselors are operating with implicit bias that make it harder to recognize help-seeking behaviors in Black American adolescents (Talley et al., 2022). Research has shown that Blacks remain underrepresented and their experiences with suicidal ideation are still understudied (Goodwill, 2020). Suicidal thoughts and behaviors may manifest differently in Black Americans adolescents which may make it more difficult to assess (Robinson et al., 2022). Many Black American adolescents may act out violently, use lethal means or engage in high-risk behaviors with lower depression levels (Robinson et al., 2021). Suicidal ideation is a concern for counselors because it can be a risk factor for moderate to severe stress, especially when the counselor is emotionally close to the client (Sherba et al., 2019). Counselors experience high-impact stress when they have little to no support with clients who are suicidal. With more focus on mental health in the Black communities and more awareness in schools about suicidal ideations, communities are feeling fewer stigmas.

When working with Black American adolescents, counselors should take the time to ask about suicidal ideations and increase protective factors. Protective factors that provide a buffer against risk factors may be helpful for counselors to know and implement. Among protective factors are social support and social activities (Baiden et al., 2023). Research has found that physical activity and academic performance can provide protection against suicide and suicidal attempts. Suicidal ideations are being monitored more closely, and documented accurately, which leads to increases in incidence and prevalence rates. Black communities have seen increases in mental health, alcohol and drug abuse, and physical and sexual abuse (Jones- Eversley et al., 2020). Black Americans are less likely to get help for mental health, and this has led to an increase in suicidal ideation, because of severe depression that has gone untreated. There is an over-representation of Black American adolescents in in-patient setting, and this may be a dysfunction in carrying out appropriate risk assessments (Ayodeji et al., 2021).

Black American adolescents between the ages of 12 and 18 have been documented as a disadvantaged group due to under-diagnosis, misdiagnosis or overdiagnosis of mental health, or mental health disorders (Opara et al., 2021). Black American adolescents have negative perception when it comes to seeking help for mental health and many Black American adolescents find that there is a lack of resources for getting help for mental health. Even for those whose receive mental health treatment, the symptoms may remain leaving Black American adolescents to question if they received adequate treatment. Counselors must review current research and stay up to date on cultural norms to properly treat Black American adolescents for mental health (Opara et al., 2021). A solid understanding of symptoms and risk factors that Black American

adolescents face may make treatment options more reliable, which is where we see the gap in research.

Training for Counselors and Mental Health Professionals

School counselors are more likely than any other mental health professional to assess youth for suicidal ideation risks (Becnel et al., 2021). 80% of school counselors reported working with youth that had previously attempted suicidal ideation and almost 40% reported experiencing a student's death by suicidal ideation (Becnel et al., 2021). Many counselors/ therapists and mental health professionals openly admit to the lack of training and crisis intervention strategies it takes to deal with student suicidal ideation (Becnel et al., 2021). Self-efficacy is "the degree to which individuals believe that they can achieve self-determination goals, and individuals are more likely to be successful in achieving those goals simply by belief in their success" (p 328). Counselors and mental health professionals are working towards self-efficacy yet report not being prepared to deal with clients who are at substantial risk for suicidal ideation (Becnel et al., 2021). Many counselors and mental health professionals question their own self-efficacy after dealing with a student's suicidal ideation (Becnel et al., 2021).

Research shows that accredited graduate programs in the United States for master social workers (MSW), are only required to have 4 hours of suicidal ideation training (Mirick et al., 2020). This study also found that only 15% of school counselors felt confident in completing a suicidal ideation assessment. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) "describe knowledge and skills that counselors in-training must acquire;" part of these skills includes suicidal ideation prevention models, suicidal ideation strategies, and suicidal ideation risk

assessments (Cureton et al., 2021 p. 2). According to Cureton et al. (2021), counselors receive training in pre-professional suicidal ideation training (PPST) or "preparation on suicidal ideation completed prior to offering professional services". The U.S. Department of Health and Human Services requires that graduate education in the field of health professions adopt a suicidal ideation training guideline (Cureton et al., 2021). Additionally, the authors noted that government agencies and nonprofits are requesting improvements in PPST because the program is lacking. The PPST programs are lacking in existence in some colleges and universities, lacking consistency, and a futuristic approach (Cureton et al., 2021). According to Cureton, et al., the reason these PPST programs are lacking is due to inconsistency and lack of knowledge among educators about how to improve this training (2021).

There is a legal and ethical obligation for counselors and mental health professionals to incorporate risk assessments for youth at elevated risk for suicidal ideation (Cigularov et al., 2008). Safety planning is another aspect of suicidal ideation prevention. Counselors and mental health professionals must also have education and training in suicidal ideation, prevention and knowledge of depression and finding help for at-risk clients. Having effective assessments that give true measures of client's risk for suicidal ideation rather than asking yes or no questions about how they feel. One of the most used assessments is Columbia Suicidal ideation Severity Risk Assessment (CSSR), while this popular and widely used assessment is helpful in sounding an alarm, it does not ask questions specific to Black American issues that may be at the root of feelings of suicidality.

One-third of counselors who have experienced a client's death by suicidal ideation, consider changing careers (Becnel et al., 2021). Many counselors/ therapists blame themselves when a client completes suicidal ideation, and these feelings can lead to depression and burnout for new counselors/ therapists (Becnel et al., 2021). Suicidal ideation has been studied in many different populations, from adults to children. Few studies are being done on suicidal ideation in Black American populations. In a qualitative study, elementary school counselors worked with suicidal students and recognized this as important work but also recognized their lack of suicidal prevention training for young children (Becnel et al., 2021). This study also included an additional quantitative inquiry whereby school counselors who were exposed to a student's death by suicidal ideation reported they felt a sense of guilt, depressed mood, and a preoccupation with the incident that left them more cautious.

In training setting, there needs to be more diversity among counselors/therapist so Black American adolescents can feel more welcomed (Ayodeji et al., 2021). The experience of trauma and racism felt by Black American adolescents needs to be considered in their diagnostic and treatment formulations to get better outcomes. More quality assessments and tools need to be implemented to obtain better results. Revision to the equity and diversity training counselors undergo is desperately needed and should include a specific focus on the psychosocial impact of racism and trauma to improve cultural competence. Black American adolescents need to be encouraged to talk about racism and traumatic experiences and the impacts that it has on their mental health (Ayodeji et al., 2021).

Chapter 3: Research Method

Introduction

Black American adolescents have one of the highest rates of suicidal ideation attempts compared to all other racial and ethnic groups, yet Black American adolescents are the most underrepresented in research of suicidality and suicidal behaviors (Baiden et al., 2023). It is imperative for clinicians and counselors to expand their knowledge on how to identify risk factors for suicidal ideations and suicidality in this group. In Black American adolescents, risk factors and protective factors may manifest differently than other populations (Baiden et al., 2023). Effective training and more quality assessments were necessary in understanding these differences and helping to develop more culturally responsive preventions, risk monitoring, and interventions for Black American adolescents. Suicidal ideation is the second leading cause of death among adolescents ages 15-24 and represents a major public health crisis (Madubata et al., 2022).

The purpose of this hermeneutic, qualitative phenomenological study was to illuminate the lived experiences of counselors who work with Black American adolescents that present suicidal. Using the interviews from counselors in the field throughout the state of Georgia, the researcher described the phenomenon of the counselor's experiences when assessing suicidal ideations among Black American adolescents. As a result of this study, counselor educators can provide more quality trainings for counselors on the risk factors in Black American adolescents to reduce deaths by suicidal ideation and inform practices for more effective assessments. A phenomenological strategy was used to fully experience the lived experiences of

counselors and clinicians who assess suicidality in Black American adolescents. This research will inform future research and treatment plans on this topic with this population and reduce suicidal ideations, behaviors, and attempts.

Research Design and Rationale

For this study, phenomenological methodology was used to highlight rich descriptions and give personal meanings to the lived experiences of counselors and clinicians that attempted to accurately assess suicidal ideations in Black American adolescents. Counselors and mental health clinicians experience overwhelming anxiety and depression when mistakes are made or if symptoms that are peril go undetected. Descriptive phenomenology requires the researcher to look at this study from a novice position. A novice position is not appropriate for the current study because the primary researcher is employed as a counselor and currently has lived experiences assessing Black American adolescents. Instead of suspending judgments and looking at this research from a novice position, the primary researcher revised judgments and shared those experiences. In the use of hermeneutic circles, the researcher's biases and judgements are used and interpreted. The researcher's goal is to better understand the lived experiences of counselors and clinicians who work with Black American adolescents who present with suicidal behaviors.

The logical connections between the framework presented and the nature of the study included researching the lived experiences of counselors who assess Black American adolescents that present suicidal and the competency level of these clinicians. A conceptual framework is helpful to illustrate the participants' knowledge, beliefs, and attitude towards the subject of this research. The research uncovered a gap in counselor's

preparations and academic programs regarding competency in assessing Black American adolescents for suicidal ideation ideations. The research provided suggestions for improvements within academic programs by asking these questions. Are counselors ready to make an accurate assessment after they graduate from graduate programs? Can counselors afford to miss some aspect of suicidality when the client says, "I'm okay" and they wish they could die? Will these clinicians who have low levels of competence refer clients to another counselor or therapist? This research will help to prepare counselors for these populations by acknowledging these weaknesses that may exist and then introducing them to more quality training and resources to help build their level of competence. More diversity training to better understand how Black American adolescents may present "okay," but that is not their authentic answer. Research has shown that during their career as counselors, clinicians will encounter a suicidal client that is of a different culture or race than them.

Hermeneutic Phenomenology

Hermeneutic phenomenology research was first designed by Martin Heidegger (1889-1976) to highlight what he called the meaning of lived experiences as the "unchanging Being of changing being" (Ho et al., 2017 p 1757). Martin was attempting to answer the question of "why there is something rather than nothing", and his work went on to influence the development of existentialism (Barnett, 2023). Heidegger noted that humans have a primitive understanding of the world based on the changes and interpretation of everyone's own reality. Hermeneutic refers to "the process by which people interpret and make sense of experiences according to their pre-existing values and ways of seeing the world" (Ho et al., 2017 p 1758). Heidegger designed hermeneutics

which includes three main concepts. One concept is known as Dasein, which allows the researcher to place themselves in the research and explain their own lived experiences. The second concept is the hermeneutic circle which encourages the researcher to understand and interpret research (B. W. Davis, 2014). Through the hermeneutic circle, the researcher can make a connection between the parts of the research that make up the whole of the research. The final concept of hermeneutics is fore-sight or fore-conception, which is a preconceived knowledge of the topic. Here the researcher suspends his or her own judgments about the topic and focuses on the research. After the research is completed, the researcher goes back to their original judgements and biases and compares the two.

Counselors and clinicians working with Black American adolescents must develop self-awareness of their own thinking and interpretations and inform thoughtfulness in the care that they provide for this population. Hermeneutic phenomenology allowed counselors and clinicians to preserve the possibilities of interpretation in their own thinking. Throughout the course of this study, the lived experiences of counselors and clinicians were analyzed by finding meaning in the transcribed interviews and dwelling or existing in their world to better understand their experiences. Based on the hermeneutic design, the primary researcher was part of the study because of their own experiences as a counselor who has worked with Black American adolescents who present as suicidal while also feeling under-prepared and second-guessing decisions. The intended outcome for using hermeneutic phenomenology is to allow the participants to express their own lived experiences with working with

Black American adolescents and ways to better inform other counselors and mental health clinicians on unseen or unnoticeable risk factors.

Role of the Researcher

The role of the researcher was to observe the unique lived experiences of the counselors and mental health clinicians who work with Black American adolescents. The primary researchers shared their own lived experiences in the study to connect and better inform research. The researcher addressed all biases related to personal relationships with the participants and any feelings that arose during the study by writing them in a journal prior to analyzing data. Using hermeneutic phenomenon, the researcher created a foresight or pre-conception because the researcher understands the terminology used in the field of counseling. The hermeneutic circle will be useful in the interpretation and description of the data and how and why it was collected. Ethical issues that arose were addressed during the study.

Methodology

The current research study highlighted important elements of this phenomenon as it is lived and how it is experienced. This emphasis on how counselors and mental health clinicians experience suicidal, Black American adolescents informed the lived aspects of human phenomenon. The results of this study improved the understanding of professionals' attitudes and beliefs about counselor's readiness to practice and work with suicidal Black American adolescents. The theories and/or concepts that grounded this study include hermeneutic, phenomenological methodology because they allow for personal meanings to lived experiences related to counselors and how prepared they are to assess Black American adolescents for suicidal ideations to be incorporated as a part of

the research. A phenomenological approach allowed both experiences that counselors face along with primary researchers as it pertains to assessing this population.

I conducted a focus group that included counselors and mental health clinicians currently working or who have worked with Black American adolescents in the past. The focus group consisted of an estimate of 8-10 counselors, mental health clinicians, and counselor educators that met to discuss more quality training. The debriefing process included a follow-up email to all participants who took part in the interviews, and members of the focus group, following the study with a conclusion of the results. If follow-up interviews were needed, individual interviewees would be contacted via email. Each step of the research process occurred virtually using an online platform compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The outcomes gave additional information and resources on how to define and measure quality education when assessing this population for suicidal ideation. Another outcome noted from the participants was a need for more standardized assessments to ensure more quality training. All individual interviews had a debriefing process that included a follow up email to all interviewees following the study with a conclusion of the results.

Participant Selection Logic

Participants included counselors and mental health clinicians who currently work with Black American adolescents who are suicidal, have experienced suicidal ideations, suicidal behaviors, or a suicidal attempt before the inception of this study. Participants will range from 30 to 52 years old. These participants were diverse in ethnicity, but all were from the state of Georgia. Counselors or mental health clinicians who were new to the field or who have not yet passed comprehensive or qualifying exams (i.e., non-

licensed or seeking licensure in the state in which they practice) were excluded from the study. The number of participants sought was 8-15. The goal of the study was to obtain 8 to 15 participants or enough to reach saturation using a purposive convenience and snowball sampling. The sample included participants from all diverse backgrounds to participate. All participants had a MS in the counseling field and held licenses as clinicians for the state of Georgia.

Instrumentation

In phenomenological research, instrumentation includes focus groups, interviews, and follow-up interviews to clarify any gaps and unclear information. The instruments that I used to accomplish these tasks were field notes, journaling, and audio recordings to state the reason this research was necessary. This research highlighted the need for more quality training for counselors and mental health clinicians working with Black American adolescents. The need for more efficient suicidal ideation assessments given to Black American adolescents to address missing links for risk factors that go unnoticed or undetected were illuminated. Appendix B contains the interview questions that I posed to participants.

Procedures for Recruitment, Participation, and Data Collection

Participant Recruitment

Participants were recruited using two methods. Initial efforts to obtain participants began on the Georgia Therapy Network (GTN). GTN is a free network for mental health clinicians and licensed profession counselors (LPCs) in the state of Georgia. This network's purpose is to share resources and other forms of support and information for therapists in the state. A second source for recruiting participants is CESNET-L, a listserv

for counselor educators, and students in counseling programs. Appendix A contains the recruitment flyer I posted to both forums.

Data Collection

Informed consent was collected from each participant virtually using an electronic e-sign document. Once participants completed the informed consent, a virtual meeting was scheduled for the focus groups via a HIPAA compliant platform. The meeting was audio-recorded only. The focus group assisted in gathering information about counselors and their experience with Black American adolescents with suicidal ideations. The information opened the process for the primary researcher to conduct semi structured individual interviews. All interviews and documents were coded using the inductive coding process. The data collected was transcribed by the primary researcher. There was no follow-up interviews based upon the participants' responses. Data was analyzed using qualitative coding methods and re-examined after coding to ensure the attitudes and beliefs of the primary researcher did not influence the results.

Data Analysis Plan

Thematic analysis works well with hermeneutic phenomenology as an interpretive strategy that synthesizes the meaning of a studied phenomenon and reveals knowledge under "techne or technique" (Ho et al., 2017 p 1758). Thematic analysis can uncover and present level of readiness and the meaning of lived experiences among counselors and clinicians working with Black American adolescents who present suicidal (Ho et al., 2017). Thematic analysis allowed for the identification of themes in transcribed interviews that assisted in interpreting phenomenon noted from the daily lives of counselors and clinicians working with Black American adolescents who present with

suicidal ideation. Thematic analysis is a tool for presenting and cultivating data that provides a theoretical understanding that goes beyond descriptions and themes and focus on covering themes and the structures of meanings hidden in human experiences via text (Ho et al., 2017). The themes reside in the researchers' thoughts and assumptions about the data, and interpretations are drawn based on those themes.

There are two additional approaches to thematic analysis: inductive analysis and theoretical thematic analysis. For this research, the inductive approach seems more befitting due to the concept of data being driven. The inductive approach allows the researchers to immerse themselves in the data by speaking the language of the participants and understanding their experiences. An inductive approach allows the primary researchers to reflect on their own thoughts and techniques (Ho et al., 2017). The researcher must consistently ask, "How is the self being understood in this phenomenon?" (p 1760).

Issues of Trustworthiness

One limitation that arose in this study is the homogeneity of the sample. All the participants were recruited from the state of Georgia, and data from other states may vary from what is collected during this study. Transferability may be different across several states due to different recruitment of participants. The primary researcher applied thick descriptions to help with this. Credibility was done by providing prolonged contact with participants, member checks, and saturation. A peer review was included in the research. Confirmability was obtained using reflexivity.

Another limitation is the level of authenticity and transparency with which the participants were willing to engage during the focus group and the individual interviews.

Admitting there is a gap in service provision and/or that the participants may be lacking in a specific skill set necessary for their career was challenging as the participants seemed reluctant to reveal sensitive information such as this.

Ethical Procedures

Before conducting the study, I obtained approval from Walden University's Institutional Review Board (approval no. 01-31-25-0635451). This study is significant in that it brings the topic of counselor's competency in assessing suicidal ideation to the surface. It may be uncomfortable to admit that there may be skills lacking in a profession that relies on knowledge and skills. There are still significant numbers of people dying from suicidal ideation, and adolescents represent the greatest increase in these numbers based on the work of the primary researcher. This study will highlight the additional risk factors to assessing suicidal ideation that counselors may not be aware of to increase awareness and save lives. Black American adolescents represent a vulnerable, marginalized, population and counselors may not get a second chance to "get it right." This research will be used to better prepare counselors/therapists and mental health clinicians to assess suicidal ideation in Black American adolescents. The study addressed the potential need for consistency in counselor education training programs and the need for better, more appropriate assessment tools and quality training. Results from this study will lead to improved methods for assessing suicidal ideation risk in Black American adolescents.

Chapter 4: Results

Introduction

In this chapter, the research findings from this hermeneutic phenomenological study are presented. The data collection process and the data analysis are shared, in addition to an explanation of the lived experiences of counselors through codes, categories, and themes taken from data obtained using semi structured interviews and focus groups conducted during the study. The purpose of this study was to address and understand the level of competency of counselors in assessing suicidal ideation in Black American adolescence. Specific goals included 1.) understanding if counselors felt they received effective training after graduating from their respected master's program to make an accurate suicidal ideation assessment of Black American adolescents and 2.) understanding if counselors felt that the current assessments were accurate enough predictors of suicidal ideation and if these assessments were beneficial for Black American adolescents.

The current study was conducted using a qualitative research method to conduct semi structured interviews with eight participants. Credibility was reviewed to ensure that the research findings were credible, prolonged contact with participants was maintained, and member checks were offered, to ensure saturation was achieved. A total of ten participants agreed to do the study; however, one participant did not meet all requirements due to being licensed outside of Georgia. Additionally, another participant declined to complete the study due to personal obligations. In qualitative research, researchers seek meaning through subjective reality and contextual reality. Participants were asked to discuss their lived experiences in the field of counseling and how these

experiences impacted their perceived competency development when assessing suicidal ideation in Black American adolescents. Figure 1 illustrates how the four themes work together to build competency in counselors.

Figure 1

The Development of Competency in Counselors

Setting

The setting for the interviews occurred through the HIPAA-compliant Zoom platform. The study was completed in the state of Georgia. The semi structured

interviews took 30–60 minutes per participant. Each participant was assigned a number to de-identify the data collected and to maintain confidentiality.

Demographics

Sample demographics are illustrated in Table 1. There were eight participants in the study who are working in mental health counseling. All the participants reside and work parttime and full-time in the state of Georgia in some capacity as a mental health professional; only one participant worked full-time as a school counselor. There were six female and two male participants. Most participants were Licensed Professional Counselors (LPC). Other participants held professional designations such as Licensed Marriage and Family Therapists (LMFT), and Licensed Clinical Social Worker (LCSW). One participant was a Licensed Clinical Mental Health Counselor (LCMHC).

Table 1

Participants' Demographic Profile

Participant	Age	Race	Gender	Education	Years of experience
1	30	White	Female	MS-CMHC	3
2	52	Black	Female	MS-MHC	22
3	44	White	Female	MS-PC	21
5	44	Black	Female	MS-ED, MSPA	2
6	31	White	Female	MS-MFT	7
7	35	Black	Male	MS-PC	12
8	31	Black	Male	MS-MFT	3
10	48	Black	Female	MS-MFT, MSPC	6

Note. MS = Master of Science; CMHC = clinical mental health counseling; MHC = mental health counseling; PC = professional counseling; ED = education; PA = Physician Assistant; MFT = marriage and family counseling.

Data Collection

This qualitative study required data collection through individual interviews. Each of the eight participants were asked to provide demographic information and then asked to provide responses to five core questions as part of the semi structured interview process utilized in this study. The participants were asked more probing questions based on their responses to the questions for clarity and understanding. The participants' responses to the questions were then reviewed and categorized. The initial categories included safety requirements, safety guidelines, assessment planning, additional education, lack of education, lack of preparation, need for additional training, gaining knowledge, obtaining competency, and building skill sets. These categories were then reviewed again with emphasis placed on determining the relevance of each participant's response placed into a specific category. This additional step in the analysis process led to a reduction of the five categories into four main themes. The themes were (a) safety plans and assessments, (b) the lack of preparation of training, (c) the building of skill sets, and (d) education and support needs.

Data Analysis

I adhered to the data analysis plan outlined in Chapter 3 throughout the data collection process. Data analysis followed Braun and Clarke's (2006) six-step thematic analysis of overview and data transcription, systematic code creation, thematic grouping, thematic mapping, thematic nomenclature, and definition, confirming, and result writing.

Thematic analysis works well with hermeneutic phenomenology as an interpretive strategy that synthesizes the meaning of a studied phenomenon and reveals knowledge under "techne or technique" (Ho et al., 2017, p. 1758). Upon the completion of data transcription and review, four main themes emerged that depicted counselors' experiences with Black American adolescents who present with suicidal ideation. These themes revealed insights into how counselors view their competency development as it relates to the assessment of suicidal ideation in Black American adolescents. Table 2 shows the presence of four themes in individual participants' interview responses.

Table 2

Presence of Themes in Participants' Interview Responses

Theme	Participant							
	P1	P2	P3	P5	P6	P7	P8	P10
1. Safety planning and assessments	X	X	X	X	X	X	X	X
2. Lack of preparation and training	X	X	X	X	X	X	X	X
3. Building of skill sets	X			X	X	X	X	X
4. Education and support needs	X		X		X	X	X	X

Note. An "X" indicates that the participant's interview responses conveyed the theme.

Results

Four primary themes emerged based on participants' responses: safety planning/assessment, education/support needs, lack of preparation/training, and building skill sets.

Theme 1: Safety Planning and Assessments

Participants described some forms of safety planning and assessments when approaching this population. Participants made statements such as:

- The first thing I would do is to assess when it happened because if it's recent, I am going to approach it differently than if it happened 20 years ago. And I want to know the circumstances surrounding it if it happened due to an acute stressor or if it was more long-term depression. Then of course I want to know their state of suicidal ideation or suicidal thoughts since then. What are the recent risks or struggles that they have with suicidal ideation?
- Normally, because I am in the school setting and there is a protocol, normally if a student is brought to me with pervious suicidal ideation experiences or suicidal ideation, the first thing I do is actually we have a screener that we use where we just ask a couple of questions just to see if this student potentially in danger of hurting themselves? Or could it be one of those situations where they are just upset about something or frustrated and just saying, making threats to harm themselves because they're upset about something. But normally, after I ask a few screener questions, the protocol is to call the parent and let the parent know.
- Adolescents, okay. So, when they return, I often debrief their stay at the hospital with them and make sure that if they don't already have a safety plan, there is one in place to assess their current risk.
- So, one of the things with anyone who has suicidal ideation, whether it is a first time or repeat, just to have a very active clear safety plan that not only is

the client familiar with but persons who can support them are also familiar with the safety plan. Also, having places and people that can support the client, which of course, falls into the safety plan.

- When there's active suicidal ideation and there's also previous attempts, especially multiple attempts, I immediately will go through the Columbia Suicidal ideation Severity Scale (CSSR) with 'em. I keep it very conversational and then I proceed no matter what the assessment concludes, I proceed making a safety plan with the clients.
- So, If I have a client that has a known history, a suicidality, I do an assessment each visit and I do what I call the OS review, I believe an OS review and a Columbia suicidal ideation risk Assessment. And so, each time the client presents a session, I ask them questions related to any suicidal ideations since the previous session. As well as any engagement in any kind of self-harm.
- "So, if they've had previous attempts, the first step I would assess is for the level of suicidal ideation. I would assess for any intent or any plan. So basically, I would create a safety plan with them and then we would look at the past attempts."
- I take a more acute path. In the clinic that I work in, we do dialectical behavior therapy, which focuses on effective identification and interpersonal relationships and stuff like that and teaching the children how to manage their emotions. I would do a psychosocial, family history, to see if suicidal thoughts even run in the family because that plays a part as well. Normally, we do

safety assessments as well as a safety plan with them and go over it with family members.

Theme 2: Lack of Preparation and Training

The participants in this study all endorsed a lack of training and preparation during their master's programs. Each participant stated that they would have liked more training in suicidality and suicidal ideation during their master's program. Narratives from the participants overwhelmingly spoke about their concerns about the level of training they received during their academic pursuits:

- Yeah, so I believe that I was trained in the usual way to do it. So, I do believe I got adequate training. I feel that the training that is standard is not enough. If I can say that I feel like I was trained to the extent expected of all clinicians. My program did a good job in that respect, but I feel like programs do not go far enough in teaching safety planning and what works and the most effective ways to reduce suicidal ideation risk.
- I have never felt comfortable even answering the question 'If a child is suicidal or not', I've never felt comfortable doing that. I just feel like I'm not, because for one, I am not a psychologist or psychiatrist. I go home worried and think about the child until I see the child again. Because I just feel like I am not equipped, trained enough to make that {If a child is suicidal or not} decision.
- "Honestly, I don't think there was enough training, especially with something that serious that you have a major role in. I think role playing with different situations and having to talk through an example."

- "I feel I was trained only because I had a great supervisor. My supervisor was very through in preparing me for licensure and that some of the signs are textbook and some of the signs are not."
- "Right after graduation? I don't think the university prepared us very well for not only identifying suicidal ideation but navigating treatment with suicidal ideation. I felt confident, but I did not feel prepared."
- "Being honest, I don't feel like my graduate program fully prepared me to just jump into assessing young adults that may be experiencing suicidality. But I feel like it was one of those things that I had to gain through training and ongoing post-grad school education to get a whole lot more comfortable with it."
- "I would say {after graduating with my MS} if they had suicidal ideation, I do feel I was ready, but at that point I don't think I was ready to assist clients that had already made past attempts."
- "Yes {after graduating with my MS} I felt prepared because your kind of doing the work while you're doing our internship. During practicum and internship, I learned a lot and even my emotions are not as extreme when dealing with a kid with suicidal ideation.

Theme 3: Building of Skill Sets

Some participants in this study stated they had to develop their suicidality and suicidal ideation assessment skills on their own to build and ensure competence to better assess Black American adolescent clients.

· I don't know if this is relevant to your study, but when I worked in clinical research in psychiatry, I worked with a Black adolescent psychiatrist who was wonderful and she said something to me that stuck with me, she said provider's diagnose Black teenage girls with bi-polar disorder so much that if a Black teenage girl come to me with a bi-polar diagnosis, I just assume she actually doesn't have it."

I have never referred a client due to suicidal ideation, usually me and or the client does not feel comfortable with me or so that's usually what drives it, not anything else.

- When they{clients} transitioned over to me, they had been over-diagnosed and underdiagnosed. There is a difference in fully understanding the basic needs, concerns, and thoughts that the client states. As an example, a client states, 'I am struggling to focus' and then someone may say, well this person has an ADHD diagnosis without going through all the symptoms, when they may only need glasses. There are stereotypes where people hear certain buzzwords and attach certain DSM-5 to clients without doing a full scope assessment.
- I have a few individuals that I've worked with that are Black, African American, who presented with MDD, ADHD, there were no formal diagnosis but symptoms of compulsiveness which resulted from traumas. The diagnosis and what they were diagnosed was a result of trauma they had experienced trauma

- For me, I would create some form of safety plan, I would take proactive steps to put some things into place, like building a network around family, to be part of safety plan. If those feelings (S.I.) come back again, they are supported and have people to talk to at home, in the community. And provide that young person with education around those feelings and what to do when they have these feelings.

  I had a client who had been dealing with depression since high school, I was able to notice a dissociative disorder, and they talked about it casually. After coordinating with other mental health providers, we were able to conclude he did have DID (dissociative identity disorder). Another client was diagnosed with GAD; after sitting with them for a while, it was not anxiety, but a normal response to fear.

- I have learned more about different diagnosis as I have been in the field. African American families not taking it [mental health] seriously by the family members or even the client. There have been a lot of historical traumas that have not been disclosed to parents. I do biopsychosocial with the kids and there are a lot of undisclosed trauma or even environmental trauma. I have seen children being diagnosis too early with borderline or bi-polar disorder, but I will give parents psychoeducation or encourage them to read the DSM-5 for themselves. If substance abuse plays a piece in it and they are diagnosed with schizophrenia or borderline or bi-polar during the time they were under a heavy substance or psychosis, I will try to have some of those diagnoses removed or the correct diagnosis put into the chart.

Theme 4: Education and Support Needs

Most participants described needing more education and support from families, communities, and resources such as colleagues and other professional groups.

I think for some clinicians who might be uncomfortable, there is a fear that this person could go home and just kill themselves and then either it'll be my fault, or I just never be able to live with myself knowing that happened. But I

> also recognize how likely it is that they are not going to go home and attempt suicidal ideation if I've done the proper assessments, and it wouldn't have been something I could've stopped. And so, I think just the knowledge and the amount of work I've done with suicidal ideation and suicidal ideation research helps me feel more comfortable sitting in that limbo space of uncertainty.

- Usually when I refer out it's because I don't feel confident in treating what is presented in front of me and /or the client does not feel comfortable with me or so that's usually what drives it.
- There was one client that I referred to for different reasons, but they did have some things that they were presenting with that were not in my area of expertise, but they did have some previous suicidal ideation attempts and very, very active SI. So, I referred that client to another specialist that was specializing in something that the client was looking for.
- I have been able to refer young people to crisis stabilization, I have referred young people ages 16-30, who were experiencing psychosis and some of those individuals also had a history of SI, so I realized that I can offer them

something but they needed more wrap around support or a team of people in different setting. My capacities have been full, and I have not always been able to provide all that support they need. Oftentimes, they need more than I have the capacity to give."

Upon completion of the initial semi structured interviews, a focus group was convened. The focus group included two participants. These participants had licenses as (LPC) licensed professional counselor in Georgia and licensed school counselor. The main theme that evolved during the process of the focus group was the need for additional training and more support. Participants overwhelmingly endorsed this concept during the focus group:

Additional Training/More Support

- I wished in my master's program that I would have received more training on trauma, like dealing with adolescents who have experienced trauma. Also, more suicidal training, like what signs to look for, what type of questions do you ask someone who might be suicidal? What measures should I take when experiencing someone who has completed suicidal ideation? How do I deal with the aftermath? As a school counselor, I am back at work the next day.
- In my master's level classes, I wish we had more one-on-one training, more case studies around suicidal ideation and how it looks in different populations as well as Black, African American populations. Back then, I had no clue there were several suicidal ideation assessments for kids.
- I would have liked more diversity training in my master's program. In this climate, we have a lot of Hispanic kids who have lost family members to ICE,

and they are in fear of being taken away and that fear has driven them to depression. It is hard to navigate this with families because there is a language barrier, and I don't speak Spanish.

- More training in diversity is needed to understand what kids' body language means and more ways to ask tough questions without the kid shutting down. In some Black communities, kids don't feel comfortable answering questions about suicidal ideation and it's hard to know if they are being honest about how they really feel.
- Even when we get parents involved, we run into 'Don't put those people in our business', you don't need any therapy. All you need is GOD.

Evidence of Trustworthiness

The narratives collected from the participants in this study support the suggestion that counselors do not feel competent in assessing suicidal ideation in Black American adolescents. Participant narratives endorse the idea that more training and additional support for assessing suicidal ideation would be helpful in master's level training programs. The participants were recruited in the state of Georgia but trained in schools throughout the United States.

Transferability may be different across several states due to different recruitment of participants. To ensure that the research findings were credible, prolonged contact with participants was maintained and member checks were offered to ensure data saturation was reached. Prolonged engagement and observation for the study involved interviewing participants through the HIPAA-compliant Zoom platform using audio and video contact. Interviews lasted 30–60 minutes to build rapport with the participants prior to the

interview and debriefing after the interview. Participants became more relaxed with each interview as my questions were made clearer, and I began to share more about my own experiences to build trust. Member checking was done to make sure the information given was verified for clarity and to ensure the meaning of the participants' experiences was accurately recorded.

Confirmability was addressed through the researcher's journal about personal bias, and there was no bias included in the findings. Concentration was concentrated on the lived experiences of the participants only. The process of reflection allowed focus and attention to be placed on what was being reported from the participants lived experiences. Peer reviews were used to ensure the meaning of the participants' narratives was clear. Dependability means that a detailed description of the study should be consistent across time, through researchers, and techniques. In this study, dependability was accomplished through research activities and processes. The use of the same methodology, under similar circumstances and with similar participants, led to data collection in this study that generated equivalent results.

Summary

In this phenomenological, hermeneutic study the experiences of counselors in the state of Georgia were explored. The results of this study revealed four main themes: (a) safety planning/assessment, (b) lack of preparation and training, (c) building skill sets, and (d) need for education and support. In each theme, participants described their experiences working with suicidal Black American adolescents. These themes led to the discovery of methods and techniques to build perceived competency in counselors.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This qualitative hermeneutic phenomenological study was conducted to highlight the experiences of counselors when assessing suicidal ideation in Black American adolescents or (BAA). Hermeneutic phenomenology research was first designed by Martin Heidegger (1889-1976) to highlight what he called the meaning of lived experiences as the "unchanging Being of changing being" (Ho et al., 2017 p 1757). Martin was attempting to answer the question of "why there is something rather than nothing", and his work went on to influence the development of existentialism (Barnett, 2023). In this chapter, the purpose and nature of the hermeneutic phenomenological research study will be reiterated. Additionally, this chapter will include an analysis and interpretation of the results while validating information about the study that ties into the literature review from Chapter 2. Further, this chapter includes limitations of the research study and expands upon essential recommendations for future studies. The potential impact for positive social change within the field of counseling will be highlighted and explored to enhance training for future counselors.

The results of this study highlight the counselor's lived experiences of perceived gaps in masters' level training programs as they pertain to suicidal ideation assessments. This research study included eight clinical mental health counselors who are currently licensed in the state of Georgia and are practicing as licensed counselors. The goals of this study were to understand if counselors felt they received effective training after graduating from their respected master's program to make an accurate suicidal ideation

assessment of Black American adolescents and to understand if counselors felt that the current assessments were accurate enough predictors of suicidal ideation and if these assessments were beneficial for Black American adolescents.

The narratives obtained via semi structured interviews and a focus group, upon analysis, led to four main themes endorsed by the participants. The themes are (a) safety planning and assessment, (b) lack of preparation and training, (c) building skill sets, and (d) education and support needs. The purpose of this study was to address and understand the level of perceived competency of counselors in assessing suicidal ideation in Black American adolescence. The researcher was able to form a deeper understanding of the concern and the research problem using a hermeneutic phenomenological model. The results of this study illustrate the importance and relevance to current research in the field of counselor education because counselors need to be informed on additional risk factors in Black American adolescents. This chapter highlights the goals of the study and discusses how those goals were met.

Interpretation of the Findings

I explored the lived experiences of counselors and their perception of competency about assessing suicidal ideation for Black American adolescents in the field of counseling. The findings from this study help to extend knowledge for counselors by revealing firsthand experiences of counselors who have learned diverse ways to increase their knowledge of assessing suicidality in Black American adolescents. Counselor participants in this study shared narratives about the varying assessment measures used to determine if a client is experiencing suicidal ideation and to what extent. Participants revealed the importance of getting family and guardians involved early on when there is

suspicion of suicidality, so parents and caregivers will know what to do and be aware of certain signs. Participants also revealed a lack of preparation after graduate school, as they felt their programs left them needing more training to be fully confident when assessing suicidality in Black American adolescents. These findings revealed that counselors perceived varying deficiencies in their quality of training within their master's level programs and the effectiveness of the current assessments utilized for suicidal ideations. All the participants noted they rely upon safety planning to help serve as a guide for suicidal ideation prevention; even so, they also noted that it was especially helpful to have support from other counselors or professionals who will share information and ideas to strengthen their ability to accurately assess suicidal ideation in Black American adolescents. Participants were given the opportunity to discuss their feelings about their lack of competence in relation to suicidal ideation and how this deficit has shaped them into wanting to become better clinicians or counselors in the field.

Research in the field of counseling has inconsistently noted that mental health challenges present differently in Black American adolescents than other populations (Robinson et al., 2021). Repeated exposure to these traumatic events can lead to Black American adolescents experiencing both individual and vicarious traumas that in turn increased rates of depression and anxiety (Tynes et al., 2019). The existing literature is further supported by the participants in this study as several participants mentioned they had experience with clients who were either over-diagnosed, under-diagnosed, or both. Due to this study, counselors became more aware and determined to get additional training. The results of the study were not surprising based on my own lived experiences in the field. Using the hermeneutic circle, my understanding and experience were much

like the participants'. My understanding was revised when only one participant admitted to having to refer to a client. This took place during an interview with a participant who was open and honest. My understanding was revised because it is okay to admit that you are not okay as a counselor and you need to refer a client to someone else. It is okay not to have the capacity to help a client due to your own inability. I thought there would be more counselors in the beginning of their careers that would have referred clients, since they admittingly did not feel confident or competent with assessing suicidal ideation in Black American adolescents. Based on the hermeneutic circle, the participants revised their understanding of what they know now in their careers and how much they had to learn on their own versus what was taught during their master's level programs. The participants strongly felt that more quality training in the masters' level program is necessary based on the rise of suicidal ideation in Black American adolescents and based on the premise that diverse cultures experience suicidal ideation in separate ways. These results speak to the application of the counseling field that more cultural and diverse training is needed as it relates to suicidal ideation.

Limitations of the Study

One limitation that arose in this study is the homogeneity of the sample. It was difficult to recruit individuals who were willing to participate in research. A sample that includes a more diverse group of people with varying levels of training, perspectives, and beliefs, was sought but still, only a few counselors from the state of Georgia volunteered to participate despite the $25.00 incentive. The research participants were limited to a demographic within one geographical location. In future studies, it would be beneficial to collect data from participants across different geographical locations and different

ethnicities to enhance the richness of the findings of this study. These findings may be difficult to convey due to differences among participants in potential recruitment pools.

Another limitation is the level of authenticity and transparency with which the participants are willing to engage during the focus group and the individual interviews. Admitting there is a gap in service provision and/or that the participants may be lacking in a specific skill set necessary for their career was challenging, and participants were reluctant to reveal sensitive information like this. Out of eight participants, only one was comfortable talking about having to refer to a client due to the counselor's own capacities and not having the emotional capabilities to deal with everything that clients may bring.

Additionally, participants attended different colleges and universities throughout the United States. Therefore, the training the participants received on suicidal ideation and suicidality could vastly vary by program, which in turn may have a significant impact on the student's level of perceived competency. It should be understood that the participant's perceptions of the quality of their respective MS programs were obtained via self-report, there is no accurate method of verifying if the training received was actually lacking in quality or if there were other factors that contributed to this perception about competency such as the student's motivation towards learning and embodying the information provided in the program.

Recommendations

Future research on this topic would be useful in illuminating counselors' motivation to acquire additional suicidal ideation training prior to leaving their master's programs. It was interesting that all participants experienced a lack of training and lack of competence when assessing suicidal ideations in Black American adolescents.

Furthermore, all the participants noted they learned more about methods for assessing Black American adolescents for suicidal ideation *after* their master's program. While in the master's program many participants realized that they were not trained in using suicidal ideation assessments or suicidal ideation scales to determine if a client was at risk. Further phenomenological research on this topic would be useful in highlighting the lack of quality education that counselors receive in master's program surrounding suicidality, suicidal ideation, and suicidal ideation assessments.

Implications

This study illustrated several areas of low competence for counselors when assessing suicidal ideation in Black American adolescents. An approach to helping counselors to gain competence would be more training and preparation in their master's level programs. More training that includes diversity training. More preparation would include more familiarity with suicidal ideation assessments and learning the distinct types of assessments available for counselors. This research is important because it fills in the gaps from current research literature that states Black American adolescents have been either over diagnosed, misdiagnosed, or under diagnosed when it comes to mental health because this population does not present the same as other populations. Many counselors are missing the mark due to lack of quality training. Counselors are trying to assess the population of clients and rather than make a referral to other "seasoned" counselors who are well-versed in suicidal ideation and suicidal assessments because they do not want to admit a lack of competence. This study clearly illuminates the counselors' desire for additional training in graduate programs around suicidal ideation and suicidality to ensure all clients who receive mental health care, specifically, Black American adolescents, are

receiving high quality (rather than subpar) care from well-trained providers. The implications of this research for positive social change includes improved outcomes and experiences with competent counselors for Black American adolescents who present with suicidal ideation.

Conclusion

Based on research findings, the increase in suicidal ideation among Black American adolescents is due to lack of getting help for, seeking help, and following up with necessary appointments to see a counselor or therapists. Many Black American adolescents lack resources like insurance to pay for sessions, or cash to cover the cost of a session. Even transportation to and from sessions can be a hindrance to Black American adolescents. The lack of support from family members or caregivers can also be a hinderance to Black American adolescents getting the help they need. The lack of psychoeducation and understanding of how certain mental health illnesses present in adolescents can contribute to family and caregivers' lack of understanding the severity of the need for help. Research has shown there is a disconnect in Black American adolescents with spiritual being all around cure and neglecting the professional mental health aspect of treatment. Pastoral concerns have been proven to help, but it is not enough to make accurate and precise assessments of mental health. Counselors, therapists, and mental health clinicians are needed to reduce suicidal ideation in Black American adolescents.

According to the participants, they endorse feeling competent when assessing suicidality in Black American adolescents. However, it should be noted that their feelings of competence developed from counselors' ability to build their own competency through

additional training that they sought on their own post-graduation. This sense of competence was also developed by counselors being able to utilize certain assessments to help them gauge the levels of suicidality. Most participants specified that they relied on support from other counselors in the field with more experience during instances of concern about suicidal ideation and suicidality. Consultation groups consisting of counselors and therapists with diverse backgrounds and competency levels also helped build their skills. Most participants reported they did not feel they had quality or effective training in their master's level programs.

The goals of this study were to understand if counselors felt they received effective training after graduating from their respected master's program to make an accurate suicidal ideation assessment of Black American adolescents. Based on the results of the study, none of the participants endorsed a perceived level of competency during or after their master's level of training. Most participants obtained their perceived level of competency after receiving their license and completing their internships, after practicing in the field for some time, or after gaining additional training/counseling experience. Another goal was to understand if counselors felt that the current assessments were accurate enough predictors of suicidal ideation and if these assessments were beneficial for Black American adolescents. The results showed that some participants felt the assessments needed to be updated and more specific to each population's needs. The goals of the study were met through participants lived experiences.

References

Appleton, W. (2023). *World Health Organization*. *Magill's Medical Guide* (Online ed.). Salem Press.

Arshanapally, S., Werner, K. B., Sartor, C. E., & Bucholz, K. K. (2018). The association between racial discrimination and suicidality among African American adolescents and young adults. *Archives of Suicide Research*, *22*(4), 584–595. https://doi.org/10.1080/13811118.2017.1387207

Ayodeji, E., Dubicka, B., Abuah, O., Odebiyi, B., Sultana, R., & Ani, C. (2021). Editorial Perspective: Mental health needs of children and young people of Black ethnicity. Is it time to reconceptualise racism as a traumatic experience? *Child and Adolescent Mental Health*, *26*(3), 265–266. https://doi.org/10.1111/camh.12482

Baiden, P., LaBrenz, C. A., Kim, Y. J., Muehlenkamp, J. J., & Thrasher, S. (2023). Risk and protective factors associated with suicidal ideation and suicidal ideation attempts among Black adolescents based on the 2017 Youth Risk Behavior Survey. Journal of Black Psychology, 49(3), 319–358. https://doi.org/10.1177/00957984231170494

Barnett, D. (2023). Martin Heidegger. Salem Press biographical encyclopedia.

Becnel, A. T., Range, L., & Remley, T. P., Jr. (2021). School counselors' exposure to student suicide assessment self-efficacy, and workplace anxiety: Implications for training, practice, and research. *The Professional Counselor*, *11*(3), 327–339. https://doi.org/10.15241/atb.11.3.327

Boyd, D. T., Jones, K. V., Hawthorne, D. J., Quinn, C. R., Mueller-Williams, A. C.,

Ramos, S. R., Dyer, T. V., & Wilton, L. (2024). Examining developmental assets of young Black sexual gender minority males in preventing suicidal behaviors. Journal of Psychiatric Research, 171, 256-262. https://doi.org/10.1016/j.jpsychires.2024.01.035

Brodin, M. S. (2023). The legacy of Trayvon Martin— Neighborhood watches, vigilantes, race, and our law of self-defense. Marquette Law Review, 106(3), 593–643. https://scholarship.law.marquette.edu/mulr/vol106/iss3/5/

Clendinen, C. A., & Kertes, D. A. (2022). Discrimination and health: Fostering better health for Black American youth. *Policy Insights from the Behavioral and Brain Sciences*, *9*(1), 3–10. https://doi.org/10.1177/23727322211073796

Cureton, J. L., Clemens, E. V., Henninger, J., & Couch, C. (2021). Readiness of counselor education and supervision for suicidal ideation training: A CQR study. *Journal of Counselor Preparation & Supervision*, *14*(3), 285–322. https://research.library.kutztown.edu/cgi/viewcontent.cgi?article=1461&context=jcps

Davis, B. W. (2014). *Martin Heidegger: Key concepts*. Routledge. https://doi.org/10.4324/9781315711546

Davis, N. M. (2005). Depression in children and adolescents. *The Journal of School Nursing*, *21*(6), 311–317. https://doi.org/10.1177/10598405050210060201

Dennison, C. R., & Finkeldey, J. G. (2021). Self-reported experiences and consequences of unfair treatment by police. *Criminology*, *59*(2), 254-290. https://doi.org/10.1111/1745-9125.12269

De Voto, C., & Gottlieb, J. J. (2021). The Struggle to Professionalize Teaching: Examining edTPA as a Professionalization and DE professionalization Tool. Teachers College Record, 123(9), 1–16. https://doi.org/10.1177/01614681211052008

Edwards F., Lee H., Esposito M. (2019). Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex. *Proceedings of the National Academy of Sciences of the United States of America*, 116(34), 16793–16798.

Ehlman, D. C., Yard, E., Stone, D. M., Jones, C. M., & Mack, K. A. (2022). Changes in Suicidal ideation Rates - United States, 2019 and 2020. *MMWR: Morbidity & Mortality Weekly Report*, *71*(8), 306–312. https://doi.org/10.15585/mmwr.mm7108a5

Halford, E. A., Lake, A. M., & Gould, M. S. (2020). Google searches for suicidal ideation and suicidal ideation risk factors in the early stages of the COVID-19 pandemic. *PLoS ONE*, *15*(7). https://doi.org/10.1371/journal.pone.0236777

Hannon, L. (2004). Race, victim precipitated homicide, and the subculture of violence thesis. Social Science Journal, 41(1), 115. https://doi.org/10.1016/j.soscij.2003.10.010

Harper CR, Li J, Sheats K, Hertz MF, Merrill-Francis M, Friar NW, Ashley CL, Shanklin S, Barbero C, Gaylor EM, Hoots BE. Witnessing Community Violence, Gun Carrying, and Associations with Substance Use and Suicidal ideation Risk Among High School Students - Youth Risk Behavior Survey, United States, 2021. MMWR Suppl. 2023 Apr 28;72(1):22-28. doi: 10.15585/mmwr.su7201a3. PMID: 37104385; PMCID: PMC10156151.

Ho, K. H. M., Chiang, V. C. L., & Leung, D. (2017). Hermeneutic phenomenological analysis: the "possibility" beyond "actuality" in thematic analysis. Journal of Advanced Nursing (John Wiley & Sons, Inc.), 73(7), 1757–1766. https://doi.org/10.1111/jan.13255

Howard, L. C., Krueger, E. A., Barker, J. O., Boley Cruz, T., Cwalina, S. N., Unger, J. B., Barrington-Trimis, J. L., & Leventhal, A. M. (2023). Young Adults' Distress About Police Brutality Following the Death of George Floyd. Youth & Society, 55(6), 1173-1190. https://doi.org/10.1177/0044118X221087282

Kassing, F., Alvis, L., Hill, R. M., & Kaplow, J. B. (2021). A Person-Centered Approach to Examining Polytraumatization Among Traumatized and Bereaved Youth. Journal of Loss & Trauma, 26(4), 352–365. https://doi.org/10.1080/15325024.2020.1783105

Knopf, A. (2023). Many mental health problems among youth increased during pandemic. *Brown University Child & Adolescent Behavior Letter*, *39*(1), 9–10. https://doi.org/10.1002/cbl.30685

Kowalski, R. M., Dillon, E., Macbeth, J., Franchi, M., & Bush, M. (2020). Racial differences in cyberbullying from the perspective of victims and perpetrators. The American Journal of Orthopsychiatry, 90(5), 644–652. https://doi.org/10.1037/ort0000492

Lambert, S. F., Boyd, R. C., & Ialongo, N. S. (2022). Protective factors for suicidal ideation among Black adolescents indirectly exposed to community violence.

Suicidal ideation & Life-Threatening Behavior, *52*(3), 478–489. https://doi.org/10.1111/sltb.12839.

Lee, A., Wade, J., Coleman, A., Smith, K., & Whitt Glover, M. (2023). The Vicarious Intersectional Trauma (VIT) Conceptual Model: A Framework for Studying the Health-Related Impact of Exposure to Intersectional Violence on Social-Media. *Journal of Black Studies*, *54*(6), 490–512. https://doi.org/10.1177/00219347231177401

Marraccini, M. E., Lindsay, C. A., Griffin, D., Greene, M. J., Simmons, K. T., & Ingram, K. M. (2023). A trauma- and Justice, Equity, Diversity, and Inclusion (JEDI)informed approach to suicidal ideation prevention in school: Black boys' lives matter. *School Psychology Review*, *52*(3), 292–315. https://doi.org/10.1080/2372966X.2021.2010502

Mirick, R. G., Berkowitz, L., Bridger, J., & McCauley, J. (2020). Changes in Practice following Continuing Education Training on Suicidal ideation Assessment and Intervention: Training Participants' Perspectives. *Journal of Teaching in Social Work*, *40*(1), 31–47. https://doi.org/10.1080/08841233.2019.1685624

Opara, I., Weissinger, G. M., Lardier, D. T., Lanier, Y., Carter, S., & Brawner, B. M. (2021). Mental health burden among Black adolescents: the need for better assessment, diagnosis and treatment engagement. Social Work in Mental Health, 19(2), 88–104. https://doi.org/10.1080/15332985.2021.1879345

Price, J. H., & Khubchandani, J. (2019). The Changing Characteristics of African American Adolescent Suicidal ideations, 2001–2017. *Journal of Community Health*, *44*(4), 756–763. https://doi.org/10.1007/s10900-019-00678-x

Robinson, W. L., Whipple, C. R., Jason, L. A., & Flack, C. E. (2021). African American adolescent suicidal ideation and behavior: The role of racism and prevention. *Journal of Community Psychology*, *49*(5), 1282–1295. https://doi.org/10.1002/jcop.22543

Robinson, W. L., Whipple, C. R., Keenan, K., Flack, C. E., & Wingate, L. (2022). Suicidal ideation in African American adolescents: Understanding risk by studying resilience. *Annual Review of Clinical Psychology*, *18*, 359–385. https://doi.org/10.1146/annurev-clinpsy-072220-021819

Salas-Hernández, L., DeVylder, J. E., Cooper, H. L. F., Duarte, C. dP, Sewell, A. A., Walker, E. R., & Haardörfer, R. (2022). Latent Class Profiles of Police Violence Exposure in 4 US Cities and Their Associations with Anticipation of Police Violence and Mental Health Outcomes. *Journal of Urban Health*, *99*(4), 655–668. https://doi.org/10.1007/s11524-022-00643-5

Sherba, R. T., Linley, J. V., Coxe, K. A., & Gersper, B. E. (2019). Impact of client suicidal ideation on social workers and counselors. *Social Work in Mental Health*, *17*(3), 279–301. https://doi.org/10.1080/15332985.2018.1550028

Sosoo, E. E., MacCormack, J. K., & Neblett, E. W., Jr. (2022). Psychophysiological and affective reactivity to vicarious police violence. *Psychophysiology, 59(10)* e14065. https://doi.org/10.1111/psyp.14065

Talley, D., Warner, Ş. L., Perry, D., Brissette, E., Consiglio, F. L., Capri, R., Violano, P., & Coker, K. L. (2022). Reprint of: Understanding situational factors and conditions contributing to suicidal ideation among Black youth and young adults...Reprinted from Understanding situational factors and conditions contributing to suicidal ideation among Black youth and young adults. Aggression

& Violent Behavior. 2021;58:N.PAG. *Aggression & Violent Behavior*, *64*, N.PAG. https://doi.org/10.1016/j.avb.2022.101749

Thomas, S. L. (2023). What the Children Told Us: The Untold Story of the Famous "Doll Test" and the Black Psychologists Who Changed the World. *American Journal of Play,* 15(2), 228-230.

Thornton, B. (2010). The Murder of Emmett Till. *Journalism History*, *36*(2), 96–104. https://doi.org/10.1080/00947679.2010.12062820.

Tian, S., Zhang, T., Chen, X., & Pan, C.-W. (2021). Substance use and psychological distress among school-going adolescents in 41 low-income and middle-income countries. Journal of Affective Disorders, 291, 254–260. https://doi.org/10.1016/j.jad.2021.05.024

Tynes, B. M., Willis, H. A., Stewart, A. M., & Hamilton, M. W. (2019). Race-Related Traumatic Events Online and Mental Health Among Adolescents of Color. *Journal of Adolescent Health*, *65*(3), 371–377. https://doi.org/10.1016/j.jadohealth.2019.03.006

Appendix A: Recruitment Flyer

Email Invitation

Subject line:

Interviewing counselors in Georgia who work with suicidal Black American adolescents' volunteers will receive ($25 thank you gift)

Email message:

There is a new study about the experiences of counselors who are currently or have a history pf working with Black American adolescent who present suicidal to help inform the training for more effective assessments and more quality training for new counselors/mental health clinicians. For this study, you are invited to describe your experiences assessing Black American adolescents and risk factors that persist.

About the study:

- One up to 90-minute focus group discussion that will be audio recorded (no video recording)
- One up to 60-minute individual interview that will also be audio recorded.
- You will receive a $25 Amazon gift card as a thank you.
- To protect your privacy, the published study will not share any names or details that identify you

Volunteers must meet these requirements:

- 18 years old or older
- Licensed Professional Counselor or Licensed Mental Health Clinician
- Currently working with or previously worked with Black American adolescents

This interview is part of the doctoral study for Salita Wynn, a Ph.D. student at Walden University. Focus groups and interviews will take place in January.

Please email **salita.wynn@waldenu.edu** to let the researcher know of your interest. You are welcome to forward it to others who might be interested.

Appendix B: Semi structured Interview Guide

Interview Questions (Focus Group)

6. What professional license do you have?
7. How long have you been working in the field of mental health?
8. What experience do you have working with suicidal clients?
9. What steps do you take when a client has a history of suicidal attempts?
10. What experience do you have working with Black American adolescents?
11. What modality works best with Black Americans adolescents who present suicidal?
12. How competent do you rate counselors on a scale (1-10) in assessing suicidal ideations in Black American adolescents? Why?

Interview Questions (Individual Interviews)

13. What suicidal training should counselors receive in academic programs for mastery level clinicians?
14. What diversity training should counselors receive in academic programs for mastery level clinicians?
15. What specific training should counselors have to feel competent assessing suicidal ideation in Black American adolescents?
16. Do you think it is acceptable for counselors or mental health clinicians to under-diagnose or over-diagnose a Black American adolescent for mental health issues? Why or why not?

17. Were you prepared to make an accurate assessment after graduating from your graduate program? If not, what do you think was missing?
18. What preparedness would you use when a client says, “I’m okay” and they wish they could die?
19. Do you refer Black American adolescents to other mental health clinicians if they have a history of SI, or suicidal ideation attempts? If so, why