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SUICIDE PREVENTION / POSTVENTION: A STUDENT, PARENT, TEACHER,
AND OTHER EDUCATIONAL PROFESSIONALS PROSPECTIVE

by

Heather Leech

A Thesis

Submitted to the
Department of Language, Literacy, and Special Education
College of Education

In partial fulfillment of the requirement

For the degree of
Master of Arts in Learning Disabilities

at

Rowan University

May 2012

Thesis Chair: S. Jay Kuder, Ed.D.

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Dedication

This manuscript is dedicated in loving memory of my brother, James C. Leech III
(November 5, 1981- December 27, 2009)

Acknowledgements

I acknowledge my family for their continued support in me continuing my education and to my fiancé Jeff, for all of his support and patience.

Abstract

Heather Leech

Suicide Prevention / Postvention: A Student, Parent, Teacher and Other Education Professionals Perspective

2011/2012

S. Jay Kuder, Ed.D.
Masters of Arts in Learning Disabilities

The purpose of this research was to : (1) determine the extent to which local schools are providing suicide prevention programs; (2) determine the effectiveness of suicide prevention programs; (3) examine the attitudes of teachers, parents, students, and other educational professionals regarding suicide prevention programs and; (4) determine the need for suicide prevention programs in a southern, New Jersey special services school district.

A survey was distributed to 20 people in each of the following categories: teacher, parent, student, and other educational professionals. The four categories mentioned above were analyzed in the surveys.

The results indicated that the participants feel that suicide prevention/postvention programs are successful and that there is a need for them within the schools. It was found that some teachers were receiving a form of suicide prevention/postvention programming or training. However, they stated that the program or training was not particularly successful.

Table of Contents

<u>Item</u>	<u>Page</u>
Abstract	v
List of Tables	vii
List of Figures	x
Chapter 1: Introduction	3
1.1 Research Problem	3
1.2 Key Terms	5
1.3 Implications	5
1.4 Summary	6
Chapter 2: Literature Review	8
2.1 Signs of Suicide	9
2.2 School Role in Suicide Prevention / Postvention	10
2.3 Teacher Role in Suicide Prevention	13
2.4 Parent / Adult Role in Suicide Prevention	15
2.5 Talking About Suicide	16
2.6 Helping Children Cope With Suicide Loss	19
2.7 Non School Based Suicide Prevention / Postvention Methods	20
2.8 Suicide Postvention	21
2.9 School Based Suicide Prevention / Postvention Programs	22
Chapter 3: Methodology	29
3.1 Subjects	29
3.2 Survey Instruments	39

Table of Contents (Continued)

<u>Item</u>	<u>Page</u>
3.3 Data Analysis	44
Chapter 4: Results	46
4.1 Summary	46
4.2 Results	46
Chapter 5: Discussion	86
5.1 Review	86
5.2 Discussion of the Study	86
5.3 Limitations	90
5.4 Implications	91
5.5 Conclusion	92
List of References	93
Appendix A Student Survey	97
Appendix B Parent Survey	100
Appendix C Teacher Survey	103
Appendix D Other Educational Professionals Survey	106

List of Tables

<u>Item</u>	<u>Page</u>
Table 1 Number of student respondents per grade	29
Table 2 Percentage of student respondents per grade	30
Table 3 Grades taught by teacher respondents	31
Table 4 Percentages of each grade taught by teacher respondents	32
Table 5 The grades of parent respondent's children	33
Table 6 Percentage of parent respondent's children per grade	34
Table 7 The number of parent respondents per profession	36
Table 8 Percentage of parent respondents per profession	37
Table 9 Number of educational professionals per their job title	38
Table 10 Percentage of other educational respondents per their job title	38
Table 11 Respondent answers to question number one	46
Table 12 Respondent answers in percentages to question number one	47
Table 13 Respondent answers to question number four	51
Table 14 Respondent answers in percentages to question number four	51
Table 15 Respondent answers to question number five	54
Table 16 Respondent answers in percentages to question number five	54
Table 17 Respondent answers to question number six	57
Table 18 Respondent answers in percentiles to question number six	57
Table 19 Respondent answers to question number seven	60
Table 20 Respondent answers in percentages to question number seven	61
Table 21 Respondent answers to question number eight	63

List of Tables (Continued)

<u>Item</u>	<u>Page</u>
Table 22 Respondent answers in percentages to question number eight	63
Table 23 Respondent answers to question number nine	66
Table 24 Respondent answers in percentages to question number nine	66
Table 25 Respondent answers to question number ten	69
Table 26 Respondent answers in percentages to question number ten	69
Table 27 Respondent answers to question number eleven	73
Table 28 Respondent answers in percentages to question number eleven	73
Table 29 Respondent answers to question number thirteen	77
Table 30 Respondent answers in percentages to question number thirteen	77
Table 31 Respondent answers to question number fourteen	79
Table 32 Respondent answers in percentages to question number fourteen	80
Table 33 Respondent answers to question number fifteen	83
Table 34 Respondent answers in percentages to question number fifteen	83

List of Figures

<u>Item</u>	<u>Page</u>
Figure 1 Number of student respondent per grade	30
Figure 2 Percentage of student respondents per grade	30
Figure 3 Grades taught by teacher respondents	31
Figure 4 Percentages of each grade taught by teacher respondents	32
Figure 5 The grades of parent respondent's children	34
Figure 6 Percentage of parent respondent's children per grade	35
Figure 7 The number of parent respondents per profession	36
Figure 8 Percentage of parent respondents per profession	37
Figure 9 Number of educational professionals per their job title	38
Figure 10 Percentage of other educational respondents per their job title	39
Figure 11 Respondent answers to question number one	47
Figure 12 Respondent answers in percentages to question number one	47
Figure 13 Respondent answers to question number four	51
Figure 14 Respondent answers in percentages to question number four	52
Figure 15 Respondent answers to question number five	54
Figure 16 Respondent answers in percentages to question number five	55
Figure 17 Respondent answers to question number six	57
Figure 18 Respondent answers in percentiles to question number six	58
Figure 19 Respondent answers to question number seven	60
Figure 20 Respondent answers in percentages to question number seven	61
Figure 21 Respondent answers to question number eight	63

List of Figures (Continued)

<u>Item</u>	<u>Page</u>
Figure 22 Respondent answers in percentages to question number eight	64
Figure 23 Respondent answers to question number nine	66
Figure 24 Respondent answers in percentages to question number nine	67
Figure 25 Respondent answers to question number ten	69
Figure 26 Respondent answers in percentages to question number ten	70
Figure 27 Respondent answers to question number eleven	73
Figure 28 Respondent answers in percentages to question number eleven	74
Figure 29 Respondent answers to question number thirteen	77
Figure 30 Respondent answers in percentages to question number thirteen	78
Figure 31 Respondent answers to question number fourteen	80
Figure 32 Respondent answers in percentages to question number fourteen	80
Figure 33 Respondent answers to question number fifteen	83
Figure 34 Respondent answers in percentages to question number fifteen	84

Chapter 1

Introduction

According to Minino, Arias, Kochanek, Murphy, and Smith, 2002, suicide and non-suicidal behaviors have become an increasingly growing public health concern in North America and throughout the world (Diekstra, 1989) among school age children. Adolescent suicide continues to be a major cause of death of our youth. The National Center for Health Statistics (1996) has found suicide to be the 3rd leading cause of death for 15-24 year olds, behind accidents and homicide and the tenth leading cause of death in children under the age of fifteen (Ellis & Lane, 1995). In 1994 the rate for adolescents ages 15-24 had the second greatest increase from the 1990 rates (.6 per 100,000). The only other age group showing a rate increase in suicide over time was the very young (5-14) which increased by .1 per 100,000 (NCHS, 1996).

According to Kirk (1993) an estimated 3.6 million school age children considered suicide and an estimated two to ten percent of adolescents actually attempt each year (Brent, 1995). As reported by Kirk, 1993, the rate of successful suicide attempts among adolescents has reached epidemic proportions and these rates continue to increase (White, 1989; Alcohol, 1994).

According to Berman and Jobes, 1995, even with the growing rates of suicide among our youth, prevention programs that are available have often taken a limited focus. Suicide is often a topic that parents and educators are afraid of or unwilling to talk to children about. Ignorance, avoidance, and denial have characterized America's orientation toward suicide. If educators are to help adolescents develop the knowledge, skills, and values needed to make more positive decisions when it comes to dealing with this life-threatening

problem, schools must take the initiative and lead with the development of programs that address the specific needs of adolescents (Davis & Sandoval, 1991).

Siehl (1990) went even further by stating that while suicide rates among school age children is increasing rapidly; school districts have not encouraged the development of prevention and/or postvention education programs. Perhaps even more disheartening is that few schools seem to have any suicide prevention programs implemented in their curriculum. It was also found that there is a significant relationship between school personnel being willing to participate in a prevention program and the availability of in-service education. Even though there are very few prevention programs in Ohio schools, 80% of the teachers surveyed reported that they would be willing to participate in a program if there was training. It is time to re-examine the problem of youth suicide and the role of the school.

Much of the current information about adolescent suicide stresses the importance of not only school personnel (Sandoval, London, & Rey, 1994), but also family members (Shagle and Barber, 1995; Brent and Perper, 1995) as well as the community being actively involved in prevention programs. A number of prevention programs have been developed over the years (Siehl, 1990), but if they are to succeed, there must be integrated, collective synergism operating among schools, families, community mental health agencies, other social and governmental agencies and medical and health organizations.

School systems and communities cannot develop needs-based suicide education, prevention/postvention programs, improve existing programs, assess the effectiveness of collaborative efforts, or anticipate future needs without an adequate knowledge base. In a 1992 study, Siehl found that the occurrence of suicide prevention programs in the Ohio

school district was minimal, even though counselors and principals indicated that they believed the schools should have offer these programs. Once these are offered it can be possible to examine potential stumbling blocks to providing the education and skills necessary for reducing the numbers of youth who commit suicide each year.

This study is designed to better understand the views of teachers, students, parents, and other educational professionals as it pertains to the use of suicide prevention and/or postvention. The primary goal is to analyze the collected survey data and determine if in fact schools in Southern, New Jersey have a suicide prevention / postvention plan of action in place. It is also a goal to discover if these same individuals feel that school age children should be receiving such an intervention within the public school system. The results of this study may be of interest to parents, teachers, school administrators, and other educational professionals as this issue is in direct correlation with school age children.

This issue is especially intriguing to me as I have been impacted by the suicide of my brother, Jimmy. Since the loss of my brother, I have gained a greater knowledge of the prevalence of suicide within families, friends, and co-workers that I have come in contact with. In conducting this study, I hope to discover the overall perspective of parents, teachers, students, and other educational professionals in relationship with suicide prevention /postvention programs. I am also hoping to gain a greater knowledge of the use of suicide prevention /postventions programs being used within public schools.

Research Problem

The main objectives of this study are to:

- 1. Determine the extent to which local schools are providing suicide prevention programs**

- 2. Determine the effectiveness of suicide prevention programs**
- 3. Examine the attitudes of teachers, parents, etc., regarding suicide prevention programs**
- 4. Determine the need for suicide prevention programs**

This study will show the feelings of teachers, students, parents, other educational professionals toward the use or non use of suicide prevention / postvention programs/trainings in southern New Jersey public schools. My hypothesis is that the use of suicide prevention / postvention in southern New Jersey public schools is minimal or nonexistent. I also feel as though it will be discovered that many parents feel that a suicide prevention / postvention should not be taught within the public school district because many do not want their child to be subjected to suicide. I also think that teachers will not want suicide prevention / postvention to be taught within the school district as they feel that suicide is an intimate matter that should be reserved for within the home environment. I think that students will feel that suicide prevention / postvention would be a good thing to bring into the schools as it is something they may not otherwise be educated about. Also, they may find that they as well as their friends will greatly benefit from this type of knowledge. Lastly, I believe that the other educational professionals will feel that suicide prevention / postvention programs will be beneficial to the overall well being of students within the school districts that they work. Proper knowledge of this information will help educators and administrators choose a preferable method of suicide prevention / postvention intervention.

Key Terms

Attempted Suicide: an act focused on taking one's life that is unsuccessful in causing death.

Other educational professionals: persons who work within the public school district but not in the capacity of a teacher, this can include: school psychologists, LDTC's, social worker, case managers, guidance counselors, etc.

Suicidal - one who threatens or attempts to harm or; exhibits behavior indication the potential for harming himself/herself.

Suicide: The act of taking one's life.

School Age Child: a young person attending school up through college age (usually ranging from 5 – 24 years of age).

Implications

This topic is especially important as its findings directly affect the use of or non-use of suicide prevention / postvention interventions. As a teacher, student, parent, and other educational professional, it is critical to know the best practices to address, understand, and be able to recognize the warning signs of at risk school age children and possibly become an intervention.

As a master's degree candidate, I hope to be able to become a resource for all educational professionals including teachers as well as students and parents alike. Suicide is a growing issue and it my goal to better understand the attitudes towards and the amount of use or non-use of suicide prevention within public schools. It can be a daunting task to try to adequately educate students, teachers, parents, and other educational professionals on the topic of suicide. It is my goal to provide a case study that will assist

educators and administrators in choosing to be proactive in suicide prevention/postventions and in finding intervention methods that work best for them, their school, their parents, and their students. If it is found that no preventions / postventions are in place, and it is shown that there is a need/want for one, hopefully, administrators will take into consideration the creation of a program / training.

Summary

Suicide is a topic that parents and educators are often afraid of or unwilling to talk about. Ignorance, avoidance, and denial have characterized the way that suicide and suicide prevention is perceived across the spectrum of the school community, stretching from parents to students to teachers as well as to other professionals working within the school systems. A blind eye has been turned upon this topic and it is time to open the eyes of others through the mouths of those being surveyed on the topic of suicide prevention / postvention. While there are many types of school based suicide prevention / postventions programs, this study will deal mainly with finding out if in fact these programs are actually being used. It will also focus on the need or want for school based suicide prevention / postvention programs or trainings by students, parents, teachers, and other educational professionals. Teachers, parents, students, and other educational professionals will be surveyed in order to better understand if school based suicide prevention / postventions are being used as well as the effectiveness of these programs. Identifying the need or want for these programs will hopefully lead to more appropriate uses within school systems. If it is proven that there are no suicide prevention / postventions programs in place, or that the programs that are in place are not effective, and that there is a need for a program,

administrators will have a better understanding of how to instruct their students, parents, teachers, and other educational professionals on this sensitive topic.

Chapter 2

Literature Review

Adolescent suicide continues to be a major cause of death of our youth. The National Center for Health Statistics (1996) has found suicide to be the 3rd leading cause of death for 15-24 year olds, behind only accidents and homicide and the tenth leading cause of death in children under the age of fifteen (Ellis & Lane, 1995). The simple truth is that the actual rates may be as much as five times higher than these reported rates (Poland, 1989).

In 1990, it was estimated that 3.6 million young people considered suicide (Kirk, 1993) and two to ten percent of adolescents actually attempt each year (Brent, 1995). In recent years, the rate of successful suicide among adolescents has reached epidemic proportions (Ellis & Lane, 1995) and these rates are still increasing (White, 1989). The mortality rate for American youth ages 5-24 in 1994 was higher than it was in 1970 (Kalafat, 1990). In 1994 the rate for adolescents ages 15-24 had the second greatest increase from the 1990 rates (.6 per 100,000). The only other age group showing a rate increase in suicide over time was the very young (5-14) which increased by .1 per 100,000 (NCHS, 1996).

Even with these growing rates of suicide among our youth, prevention programs that are available have often taken a limited focus. (Berman and Jobes, 1995). Suicide is a topic that parents and educators are often afraid of and/or unwilling to talk about. Avoidance, denial, and ignorance characterize America's orientation toward suicide. If educators are to help adolescents develop the knowledge, skills, and values to make more positive choices in dealing with this life-threatening problem, schools must lead in the development of programs that address the specific

needs of adolescents (Davis & Sandoval, 1991; Kalafat & Elias, 1994; Malley, Kush, and Bogo, 1994; Ryerson, 1990). Even though suicide rates of youth continue to increase, many schools in are not developing prevention and/or postvention education programs.

Signs of Suicide

Granted that there is not an exact science, but there are warning signs to look out for in regards to suicide. (Fisher, 1996) suggests that the risk factors for suicide vary but are often related to depression and other mental disorders, substance abuse, a major stressful event, and family history of suicide. Other warning signs of suicide include but are not limited to:

- Not wanting to participate in family or social activities
- Changes in sleeping and eating patterns
- Feelings of anger rage, and the need for revenge
- Feeling / appearing to be exhausted most of the time
- Trouble with concentration, problems academically or socially in school
- Feeling or appearing to be listless or irritable
- Regular or frequent crying
- Not taking care of ones self
- Reckless / impulsive behaviors
- Frequent physical symptoms such as headaches or stomachaches

School Role in Suicide Prevention / Postvention

In a study by Wolfe, Craig, Mertler, and Hoffman (1998), a survey of 1270 administrators, counselors, and teachers found that 19.5% of the sample reported having prevention programs in their schools, 44.5% reported having postvention programs, and 36% did not know if there was a plan. The Ohio state Department of Education provided a random stratified sample comprised of an equal number of schools from the four quadrants in Ohio. Questionnaires were mailed to all identified administrators and counselors and a random sample of teachers for each gender in each school. The response rate was 42%.

A questionnaire was constructed (the Suicide Program Survey). It consisted of thirty-three questions identifying demographic information, attitudes toward suicide prevention and postvention, and the availability of suicide prevention and postvention programs. The questionnaire included additional items found in the literature to have an impact on suicide prevention programs. It was pilot tested on fifty administrators, counselors and teachers in the Northwest Ohio area before being adapted for the present study.

It was found that teachers were the least likely to respond that there was a plan. Perhaps even more disheartening is that few schools seem to have any suicide prevention in-service education. The survey found that there is a significant relationship between school personnel being willing to participate in a prevention program and the availability of in-service education. Even though there are few prevention programs in schools, 80% of the sample reported that they would be willing to participate in a program if there was training. It is time to re-examine the problem of youth suicide and the role of the school.

Siehl (1990) went even further than Wolfe, Craig, Mertler, and Hoffman (1998), by indicating that there is a high probability that every school counselor during his or her career will

have a student that will attempt or commit suicide. Much of the current information about adolescent suicide stresses the importance of not only all school personnel (Sandoval, London, & Rey, 1994), but also family (Shagle and Barber, 1995; Brent and Perper, 1995), and community being actively involved in prevention programs. A number of prevention programs have been developed over the years, but if they are to succeed, there must be integrated, collective synergism operating among school, community mental health agencies, other social and governmental agencies, medical and health organizations and families.

A study performed by Siehl, 1992 aimed to find out, to what extent suicide prevention programs were operating in Ohio schools. School systems and communities cannot develop needs-based suicide education, prevention, and intervention programs, improve existing programs, assess the effectiveness of collaborative efforts, or anticipate future needs without an adequate knowledge base. In the 1992 study, Siehl found that the occurrence of suicide prevention programs in schools was minimal, even though counselors and principals indicated that they believed that schools should have a program.

One objective of the study was to identify the extent to which prevention programs are currently available in schools and to discover whether Ohio schools have increased the level of suicide prevention/postvention programs available to students and staff over the last few years. Only then was it be possible to examine possible stumbling blocks to providing the education and skills necessary for reducing the numbers of youth who kill themselves each year.

The participants of Siehl's (1992) study consisted of 1,270 administrators, counselors, elementary teachers, middle/junior high school teachers, high school teachers and various other school employees from schools throughout Ohio. Four hundred thirty-one of the participants were male and 836 were female (three participants did not report gender). The largest number of

respondents were in the age range of 41-50. Approximately 27% were elementary teachers, 25% middle school/junior high teachers, 23% high school teachers, 10% administrators, 13% counselors and 2% other school personnel, representing Ohio schools from rural and urban areas.

The results make it clear that the schools in Ohio have not made much progress in developing suicide prevention and postvention plans. Siehl (1992) reported that of Ohio schools she surveyed 69% reported that there were no suicide prevention programs in their schools and that 76% of both principal and counselor samples believed that they were needed. In 1997 still only 20% of schools have them. Looking at the questions dealing with why this is so, it appears that suicide is an issue that is a non-issue.

When asked if it would be wise for schools to have such programs, school personnel respond that it would be, and yet no one seems willing to play an active role in developing the program. One of the main implications from this survey is that school personnel are willing to sit back and wait until a suicide occurs before responding. A frightening number are content to be unaware of the increasing numbers of students who are attempting suicide. Perhaps having no plan in place makes this "head in the sand" phenomenon easier. A hopeful finding is that 80% of the sample implied that they would be willing to work with students in suicide prevention if they received training. It is only reasonable that professionals feel unsure about undertaking a task that reflects directly on the lives of children without knowledge about the issue.

The finding that is not understandable is that 87% of the respondents say that there is rarely or never suicide prevention in-service in their schools. Schools in all sections of the country now offer courses in, or are at least discussing the issue of, sex education, and yet do not address a topic that is the third leading cause of death for 15-24 year olds. Having 27% of teachers at the high school level unwilling to take part in a prevention program is something that

must be addressed by the schools, community, and teacher training institutions. It is important that administrators and counselors take the lead in providing in-service education for all school personnel as well as inviting and encouraging community resource persons to take part.

Another factor that appeared in the analysis of the data is the lack of basic knowledge by elementary teachers. Development of positive effective coping strategies is basic to being able to overcome obstacles in life. This is a developmental process and not one that can be implemented overnight and so cannot be left until high school to address. The best way, and perhaps the only way, to combat the rising adolescent suicide rate is to begin the training of those who work with young children, teachers at the elementary school level. It is disheartening to see the percentages of elementary teachers who responded that there is no prevention plan in their school because it is not necessary. Not only did 46% respond this way, but 27% of the elementary teachers responded that talking about suicide gives students the idea. Hopefully in-service education will help these teachers recognize the developmental importance of beginning prevention programs early.

Teacher Role in Suicide Prevention

(Fisher, 2006) feels that it is reasonable to suggest that there are hundreds, if not thousands, of educators who have first-hand experience with youth suicide. Unfortunately, professional conversations about the role that the educator can assume are limited despite evidence that even children in the primary grades think and write about suicide (MacGillivray & Martinez, 1998). There are many ways in which educators can address suicide in their classrooms and help reduce the number of children and young adults who take their own lives. One way, is introducing students to suicide through the use of texts. (Fisher, 2006) recommends

the following books for teachers to use that deal with suicide in sensitive ways (for a complete list, please reference Fisher, 2006):

- Bunting, B. (1988). *Face at the edge of the world*. New York: Clarion Books.
- Connelly, N. (2002). *St. Michael's scales*. New York: Scholastic.
- Grutcher, C. (1991). *Chinese handcuffs*. New York: Laurel Leaf.
- Draper, S.M. (1996). *Tears of a tiger*. New York: Simon Pulse.
- Fields, T. (2002). *After the death of Anna Gonzales*. New York: Henry Holt.

A study by Goldman, Renitta; Hamrick, Jo Anne; Sapp, Gary L. (2004) examined educators' capabilities to identify symptoms of adolescents at risk for suicide when influenced by the adolescent's race, gender, and socioeconomic status. Participants were 882 regular and special educators in a southeastern state who completed mailed questionnaires presenting hypothetical vignettes of adolescents at risk for suicide. Respondents rated 35 behaviors selected as either covert or overt signs of suicidal behavior. No significant differences were obtained and both groups had difficulty in accurately identifying symptoms of suicidal behavior in hypothetical adolescents. It just proves that an educator's certification, either regular or special education, had no predictive value on one's ability to identify symptoms of suicidal behavior in hypothetical adolescents. In contrast, an educator's gender and highest degree earned were moderate predictors of efficacy to identify suicidal symptoms in the identification process. An educator who was female and an educator who had a graduate degree were significantly more effective in identifying suicidal symptoms in a hypothetical adolescent.

Parent / Adult Role in Suicide Prevention

Parents and other adults are critical in helping children and youth understand and deal with issues related to suicide and suicidal ideation. Fisher, 1996 provides several key points that may be useful in considering when engaging in a discussion regarding suicide:

- Acknowledge the serious nature of suicide as a public health issue and both a personal and national tragedy. Suicide should not be sensationalized and it should not be normalized when it is discussed. Approaching it from a straightforward and fact-based perspective that emphasizes causes and consequences is most helpful.
- Directly and sensitively discuss suicide as a problem issue in a responsible way and help individuals process their feelings. Approach the topic with the use of good information and available professional resources. Research has shown discussion of suicide with teens does not lead to any increased thinking about suicide or to suicidal behaviors. Responsible discussion can allow peers to identify others who may exhibit suicidal thinking or behaviors and give them support.
- Identify clearly the factors that can make an individual more vulnerable to the risk of suicide. The notion that a person who talks about suicide is unlikely to make an attempt at suicide is not true. Thoughts often lead to intentions and eventually to acts. Often a person who is vulnerable to the possibility of suicide does not have the emotional resources and support to cope with their challenges. Identifying and assisting individuals who are vulnerable is an important element of suicide prevention.
- Take each person's feelings and actions regarding suicide seriously and assist individuals in getting support if needed. Help children and youth realize that getting help from mental health professionals or other sources may be needed. Also, provide support, care and

listening as needed to help individuals deal with personal challenges. Inform yourself and others about local and national resources you may access to assist someone.

Talking About Suicide

(Brotherson, 2006) offers several recommendations for parents and teachers for addressing suicide among school age children. For talking to young school age children, age's four to eight he gives ideas on what to say and do.

- Talk with young children about their feelings. Help them label their feelings so they will better understand and be more aware of what is going on inside them. You might ask: "How are you feeling? Are you feeling sad or angry? Do you feel sad or angry only once in awhile or do you feel it a lot of the time?"
- Encourage young children to express their feelings. Talking to them helps to strengthen the connection between them and you. It also lets them know they can share feelings safely with adults they know. Teach that feelings of hurt and anger can be shared with others who can understand and give support.
- If a child does not seem to feel comfortable expressing feelings verbally, support other ways to express feelings, such as writing, drawing or being physically active. Give young children healthy ways to express themselves and work through feelings.
- Explain to young children that being sad from time to time is normal. Sadness is the emotion people feel in times of loss, disappointment or loneliness. Teach children that talking about feeling sad or angry, and even shedding tears or being upset, is OK. Be clear that they should talk to others or do something else when feeling sad, but should not seek to harm themselves in any way.

- Take steps to ensure that young children do not have easy access to materials they could use to harm themselves. Be certain knives, pills and particularly firearms are inaccessible to all children.
- Focus on active involvement with young children that provides them with a focus for their feelings and energies. Play games, participate in sports, visit playgrounds and do other activities together. Stay closely connected to them so you can intervene and provide support if necessary.

When talking to school age children ages nine to thirteen, (Brotherson, 2006) recommends saying and doing the following:

- Be aware of depression and its symptoms in adolescent children. Depression often does not go away on its own and is linked to risk of suicide when it lasts for periods of two weeks or more. Talk with individuals who have knowledge of depression in children to further understand the symptoms and how to intervene.
- Adolescents have many stressors in their lives and sometimes consider suicide as an escape from their worries or feelings. Be aware of your adolescent's stressors and talk with him or her about them. Let your child know you care and emphasize that "suicide is not an option; help is always available." Suicide is a permanent choice.
- Assist adolescents so they don't become overwhelmed with negative thoughts, which can lead to thoughts of suicide. Help them learn to manage negative thinking and challenge thoughts of hopelessness. If needed, treatment or therapy can help an adolescent deal with negative thoughts.

- Emphasize that alcohol and drugs are not a helpful source of escape from the stressors of an adolescent's life. An adolescent who is suffering from depression and also turns to alcohol and drugs is at a greater risk of attempting suicide.
- Be attentive to risk factors in an adolescent's life, as suicide is not always planned at younger ages. Recognizing the warning signs that might be leading to suicide is important.
- Encourage adolescents to talk about and express their feelings. Provide a listening ear and be a support so they can visit with you about how they feel. Adolescents deal much better with tough circumstances when they have at least one person who believes in them.

For talking to school age children ages 14 to 18, (Brotherson, 2006) recommends the following things to say and do:

- Recognize the signs and symptoms of depression in teens. These may include feelings of sadness, excessive sleep or inability to sleep, weight loss or gain, physical and emotional fatigue, continuing anxiety, social withdrawal from friends or school, misuse of drugs or alcohol and related symptoms. Intervene and get professional help and resources if necessary.
- Ask teens about what they are feeling, thinking and doing. Open communication helps teens talk freely about their concerns and seek support. Make yourself available to talk with teens often. Avoid being critical or judgmental; listen, don't immediately "fix" the problem.
- Provide support if a teen expresses thoughts related to suicide or shares stories of suicide attempts. Stay with him or her and seek additional help. Guide the teen to professional therapists who can give assistance.

- Listen to teens and pay attention to language related to hurting themselves or others, wanting to "go away" or "just die," or similar ideas. Such expressions always should be taken seriously. Respond with support for the teen and access resources to provide further counseling or guidance.
- Encourage teens to be attentive to their peers and quickly report to a respected adult any threats, direct or indirect, that suggest the possibility of suicide. Teens often are aware of such threats among their peers before others and can serve to support peers and provide resources. Talk about the idea that being a true friend means not keeping secrets that could lead to someone being dead.

Helping Children Cope with Suicide Loss

A child or teenager may be faced with the loss of a friend, peer or family member by suicide at some point. (Fisher, 2006) states to remember the following points:

- Be open and communicate at a child's level of understanding.

Suicide is a complicated form of death and requires honesty with children, but also restraint, depending on the level of understanding. Answer children's questions honestly. You often do not need to provide information beyond their questions.

- Share your thoughts and feelings by letting them see your tears or help them know that expressing their sadness is OK.
- Allow children to express themselves and help them avoid or work through possible feelings of guilt.
- Be honest with your children and give correct information in a loving, compassionate way.

- Explanations should be clear and direct.
- Talk about the deceased family member or friend in sensitive ways.
- Do not completely avoid the topic but give permission to discuss the individual who has died.
- Discuss better ways than suicide to handle problems that may occur.
- Emphasize the importance of working through feelings and seeking help from others.
Children need to know that even if someone else commits suicide, they can choose to get help if needed.
- Assist children and youth to process the shock and emotion they may feel when a suicide occurs.
- Suicide often is a shock to family members, friends and peers, and children and youth need to be listened to and allowed to grieve.
- Allow children who have experienced such loss to connect through talking, writing a journal, prayer or meditation, looking at pictures or other means.
- Finding ways to remember the person in a positive manner is important to successful coping.

Non School Based Suicide Prevention/Postvention Methods

Psychotherapy

Psychotherapy, also commonly known as talk therapy can effectively reduce suicide risk. One type is called cognitive behavioral therapy. Cognitive behavioral therapy can help people learn new ways of dealing with stressful experiences by training them to consider alternative actions when thoughts of suicide arise (White, 1989).

Another type of psychotherapy called dialectical behavior therapy (DBT) has been shown to reduce the rate of suicide among people with borderline personality disorder, a serious mental illness characterized by unstable moods, relationships, self-image, and behavior. A therapist trained in DBT helps a person recognize when his or her feelings or actions are disruptive or unhealthy, and teaches the skills needed to deal better with upsetting situations (White, 1989).

Medications

Some medications may also help. For example, the U.S. Food and Drug Administration approve the antipsychotic medication clozapine for suicide prevention in people with schizophrenia. Other promising medications and psychosocial treatments for suicidal people are being tested (Kalafat, 2003).

Suicide Postvention

Suicide postvention activities may include but are not limited to individual therapy for survivors, support groups for survivors, and outreach to survivors. The most commonly available and suggested form of postvention is the survivor support group (Reed, 2006). Postvention's primary benefit is alleviating psychache. A secondary benefit is engendering a feeling of belongingness among a cohort of survivors. The limited literature on suicide survivor support groups suggests effectiveness making the estimate that only one in four survivors seeks help. In fact, of those that participate in postvention services, anywhere from 65% (Provini et al., 2000) to 88% (Dyregrov, 2002) find these experiences helpful. When Shneidman (1972) suggested that postvention is prevention for the next generation,

he likely was working out of his understanding that the psychache present in persons who die by suicide is “inherited” by suicide survivors.

Suicide survivors find postvention efforts effective because they provide a safe outlet for the psychache and negative emotions inherited from the person who died by suicide and accumulated from interactions with the suicide survivor’s social supports (Joiner, 2005). Joiner (2005) proposed that belongingness is a protective factor against suicide.

School Based Suicide Prevention/Postvention Programs

The workshop model

Gibbons (2008) formulated the workshop model which includes an evaluative component, a review of verbal and behavioral warning signs of suicide, school policies and procedures, beliefs about suicide, and opportunities to practice identifying suicidal behavior. Each of these elements is detailed below.

Step 1. A short quiz: can be used as a pretest and posttest to determine knowledge acquisition. In either case, a pretest helps set the stage for learning about suicide, and may help school counselors understand the current level of knowledge among participants.

Step 2. During the didactic portion of the workshop, information on verbal and behavioral warning signs and general statistics about suicide are presented. Examples of verbal warning signs include "I can't stand living anymore," "Life is meaningless," and "I can't go on." Behavioral cues include giving away possessions, a decline in school performance, a change in social interactions; and drug or alcohol abuse (American Association of Suicidology, 2006). Statistics on suicide rates and risk factors such as recent losses, poor

problem-solving skills, relationship problems, and sexual identity issues (American Association of Suicidology, 2006) are additional discussion points. It was stated that a simple explanation of facts is not sufficient; a discussion of the warning signs and statistics is needed. For example, if presenting to an elementary school staff, information regarding the rising suicide rates in children helps dispel the myth that young children do not attempt suicide. Or, staff in an affluent school may need to understand that suicide cuts across socioeconomic lines and is not strictly a problem in low-income areas. Additionally, all school staff should learn that nearly all suicidal students try to let someone know how they feel before attempting suicide. After participants demonstrate awareness of the warning signs of youth suicide, attention should be turned to school referral procedures.

Step 3. A board-approved suicide intervention policy, created prior to staff training, needs to be developed by the school counselor and administrator if these procedures have not already been created. Policy and training components that need a thorough discussion include taking all threats seriously and immediately referring students displaying suicidal warning signs to the school counselor. The policy should be made clear to all in-service participants.

Step 4. An awareness of personal feelings and attitudes regarding suicide is a training consideration. Because many adults are uncomfortable when faced with the issue of suicide, and are often in denial that childhood suicide can occur (Barrio, 2007), identification and referral procedures may not transpire.

Step 5. Role-plays or case examples provide school faculty and staff an opportunity to recognize potential suicidal behavior and understand referral procedures

Step 6. Evaluation, an essential component for program improvement, serves two purposes: (a) to gauge the effectiveness of workshop format and materials, and (b) to assess the amount of knowledge gained.

This format of suicide prevention proved to be successful for a majority of the schools that actually have a suicide prevention program in place. The workshop model worked so well within school districts because it did not wonder from the norm and it can be done within a small time frame. School administrators reported that the most difficult part of the workshop model was actually creating a plan.

Online Programs

(Fisher, 1996) proposed several online suicide prevention programs in what they called the dot.com era. The online course for Faculty and Staff is a significant technological component of what is called SPP. SPP is the online course for faculty and staff, which is housed in the university online course system.

The curriculum was written by program core team members after completing a review of relevant literature and similar trainings. The online course was piloted with faculty trained in mental health issues and underwent a process of revision. Components of the online course include a welcome video, nine curriculum modules, a pretest and posttest, acknowledgments, and a privacy policy/terms of use statement. Each curriculum module includes goals, learning objectives, and educational content. The modules are designed to be interactive and therefore include a number of live links, photographs, videos, and graphics. The course includes information about the program; appropriate language to use when discussing suicide; the

prevalence of suicide among college students, including underrepresented groups, risk factors, protective factors, and warning signs; how to recognize and intervene with distressed and distressing students; and campus and community resources.

The online course worked well for many school districts as it could be done when their staff members had time. A majority of staff members stated that they would recommend this online course to other educators. It was noted however, that many of the teachers felt that the course lacked in the area of personalization and that it would be very easy to miss essential information or lack attention to the program.

SOS

Barrio, 2007) tested the program *SOS*, which is a school-based prevention program developed by Screening for Mental Health, Inc., a non-profit organization in Wellesley, Massachusetts. *SOS* incorporates two prominent suicide prevention strategies into a single program, combining a curriculum that aims to raise awareness of suicide and its related issues with a brief screening for depression and other risk factors associated with suicidal behavior.

The program contains two major components. The first component is a set of teaching materials that include a video, *Friends for Life*, and a discussion guide. The video includes dramatizations depicting the signs of suicidality and depression, recommended ways to react to someone who is depressed and suicidal, as well as interviews with real people whose lives have been touched by suicide. The second component is a screening instrument that is used to assess the potential risk of depression and suicidality.

This analysis of data from a two-year study of 9 schools implementing the *SOS* suicide prevention program confirms and expands Year 1 results that demonstrated the program's efficacy in an urban economically disadvantaged sample of youth.

These results clearly indicate that the program has broad-based efficacy among high school students of different ages, races and ethnic backgrounds, and for both boys and girls. Furthermore, these results are consistent with findings from previous studies demonstrating the effectiveness of curriculum-based programs in improving knowledge and fostering the more favorable attitudes about depression and suicide.

Gatekeeper

Another type of suicide prevention is called gatekeeping. Reis and Cornell (2008) looked at the effectiveness of gatekeeper suicide prevention training. One of the most widely used forms of gatekeeper suicide prevention training is "Question, Persuade, and Refer," more commonly known as QPR training (Quinnett, 2007). In this model, QPR posits a chain of survival for a suicidal person that involves recognizing warning signs, directly questioning (Q) the person about his or her condition, establishing a dialogue to persuade (P) the person to accept help, and then taking appropriate steps to refer (R) the person for treatment.

The "Q" in QPR involves teaching the gatekeeper to have a high index of suspicion for suicidality in people who exhibit warning signs (Quinnett, 2007). These warning signs can include both direct and indirect expressions of distress. Gatekeepers are encouraged to actively question individuals whom they suspect might be suicidal, and to overcome the reluctance that many people have to raising such a sensitive topic. Gatekeepers must have confidence in their

competence, or they may avoid asking questions that are necessary to uncover someone's suicidal intentions.

The "P" in QPR refers to the task of persuading the suicidal person to take positive, life-saving action in accepting professional help (Quinnett, 2007). Suicidal individuals often are reluctant to seek help or to accept when it is offered, so it is important to engage them to accept a referral. Gatekeepers are trained to use a form of motivational interviewing that includes empathic listening, providing support, and encouraging a prompt effort to seek treatment.

The "R" in QPR refers to making a referral for treatment, but it also means that the gatekeeper makes every effort to see that the suicidal person actually follows through on seeking treatment. Gatekeepers are encouraged to accompany the suicidal person to the treating professional if possible, and if not, to secure an agreement to see a professional and then to check to see that the agreement was kept. Gatekeepers are provided with information on all available referral sources in the community and should have an established referral plan and procedure in their institution.

It was felt that the need for QPR training is supported by the widespread agreement that school professionals need education about suicide warnings signs and risk factors, as well as strategies for responding to at-risk students (Capuzzi, 2002). Many school personnel, including school counselors, report feeling less than adequately prepared to deal with suicidal students (Anderson, 2005). Several studies have identified teacher limitations in knowledge and confidence in dealing with suicidal students (Anderson; Cessna, 1997; MacDonald, 2004).

There is evidence that the professional deficiencies in suicide prevention knowledge and confidence in working with suicidal students can be remedied through gatekeeper training. Previous gatekeeper studies have examined the improvement in suicide prevention knowledge immediately after training (Garland & Zigler, 1993). At the conclusion of gatekeeper training, school personnel show an increase in knowledge of suicide warning signs and report feeling more confident in their abilities to recognize and respond to potentially suicidal students (Klingman, 1990). Studies using vignettes to measure questioning and referral practices show that immediately following training; participants are more likely to question students and to refer them to appropriate resources (Davidson & Range, 1997). There is a need, however, to show that these positive effects continue after training and that participants apply their new skills with students.

The majority of research indicates that there is a lack of school based suicide prevention / postvention programs or trainings in place within many schools. While most of the studies have shown the lack of programming and training, the common goal of increasing awareness and implementation of a school based intervention program has seemed to take a back seat. Although this research provides excellent feedback to teachers and administrators, various school based intervention methods that have proven to effective, there has still not been many changes in the way that the issue of suicide prevention is being handled. By identifying the beliefs of teachers, students, parents, and other educational professionals for the need of suicide prevention / postvention programs as well as the effectiveness of the programs that are already in place. The information presented in it's own right, administrators can make more informed decisions in the importance of the suicide prevention / postvention as well as when attempting to create an effective suicide prevention / postvention program or training within their school district.

Chapter 3

Methodology

Subjects

This study compared the feelings of teachers, students, parents, and other educational professionals as it correlates to suicide prevention / postvention. A total of 80 teachers, students, parents, and other educational professional respondents participated in the study. All participants reside or work in a special services school district in Southern New Jersey. There were a total of 20 participants for each category of the study, parents, teachers, other educational professionals, students and parents. All participants were selected at random. Student respondents attend the school in which I am a teacher at. All other respondents in the teacher, parent, and other educational professionals also work within the special services district in which I am currently employed at. The results of the background information of the respondents are presented in tables 1-4 and figures 1-4.

Tables 1 and 2 and figures 1 and 2 show that number and percentage of student respondents by grade level. Students were selected from grades 4-12, with most of the students concentrated in grades 7, 8, and 9.

Respondent	Current Grade (#)
Grade 4	1
Grade 5	2
Grade 6	1
Grade 7	3
Grade 8	4
Grade 9	5
Grade 10	1
Grade 11	2
Grade 12	1

Table 1
Number of student respondents per grade

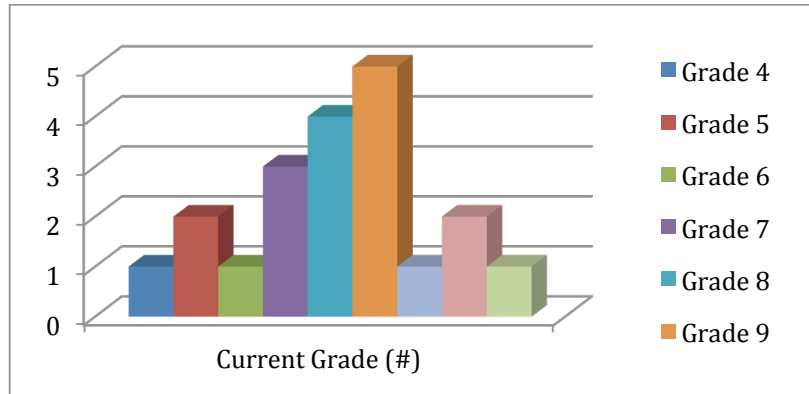


Figure 1
Number of student respondents per grade

Respondent	Current Grade (%)
Grade 4	5
Grade 5	10
Grade 6	5
Grade 7	15
Grade 8	20
Grade 9	25
Grade 10	5
Grade 11	10
Grade 12	5

Table 2
Percentage of student respondents per grade

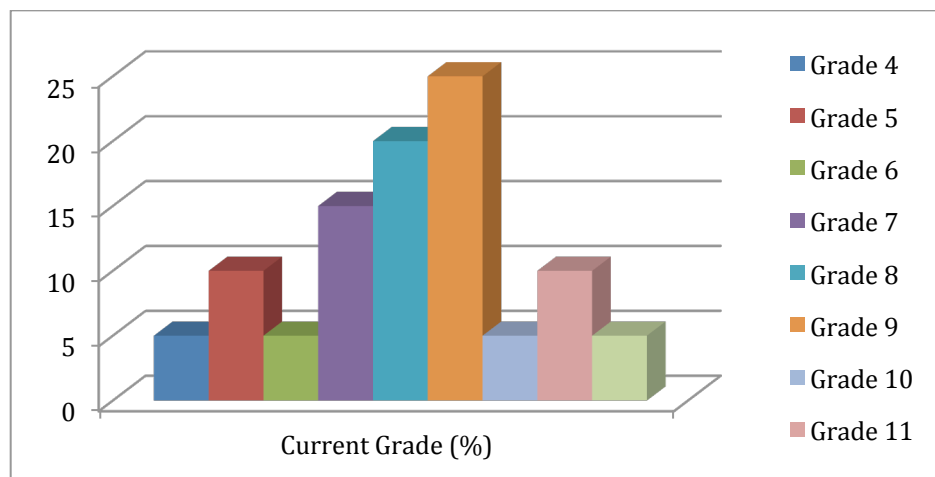


Figure 2
Percentage of student respondents per grade

Respondent	Grade They Teach (#)
Grade 1	1
Grade 2	0
Grade 3	2
Grade 4	3
Grade 5	0
Grade 6	2
Grade 7	3
Grade 8	2
Grade 9	4
Grade 10	0
Grade 11	2
Grade 12	1

Table 3
Grades taught by teacher respondents

Tables 3 and 4 and figures 3 and 4 show the grade levels taught by the teacher participants. Teachers came from grades 1 through 12.

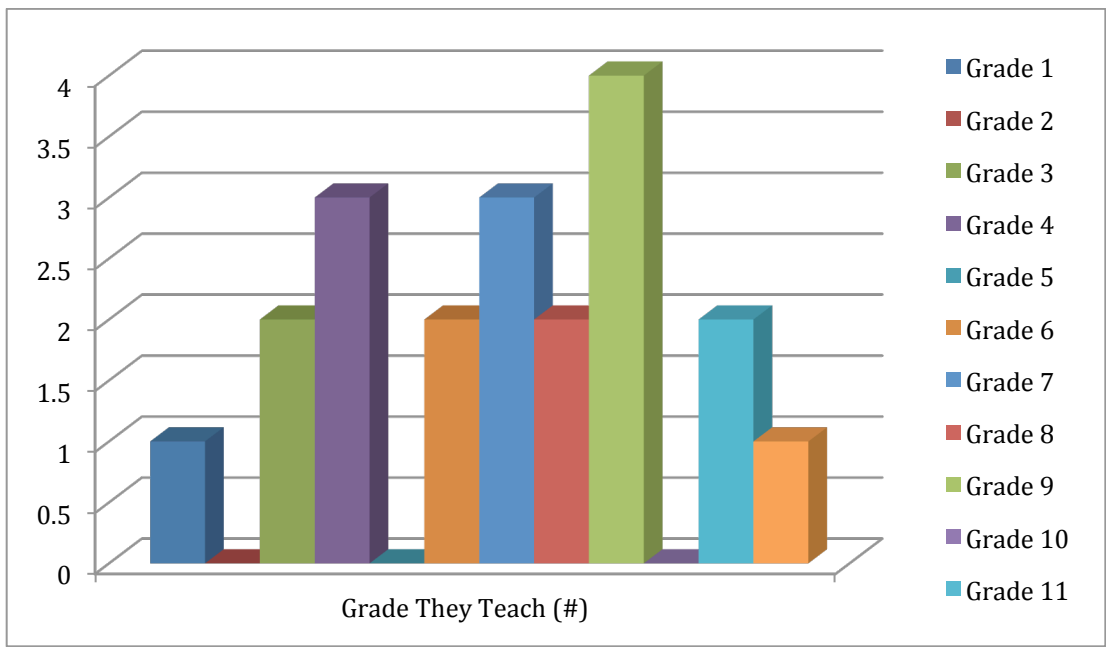


Figure 3
Grades taught by teacher respondents

Respondent	Grade They Teach (%)
Grade 1	5
Grade 2	0
Grade 3	10
Grade 4	15
Grade 5	0
Grade 6	10
Grade 7	15
Grade 8	10
Grade 9	20
Grade 10	0
Grade 11	10
Grade 12	5

Table 4
Percentages of each grade taught by teacher respondents

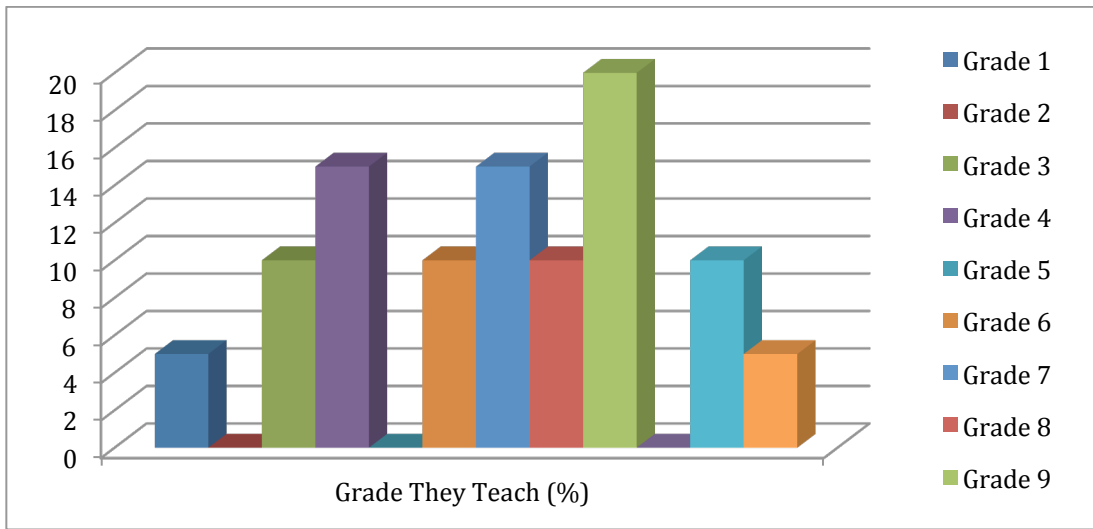


Figure 4
Percentages of each grade taught by teacher respondents

Tables 5 and 6 and figures 5 and 6 show the grade levels of the children of parent respondents. The majority of parent respondents have children in grades 6, 8, 9, and college.

Grade	Number of Children
Pre Kindergarten	3
Kindergarten	1
Grade 1	2
Grade 2	3
Grade3	3
Grade 4	2
Grade 5	3
Grade 6	4
Grade 7	3
Grade 8	4
Grade 9	4
Grade 10	2
Grade 11	1
Grade 12	2
College	4

Table 5
The grades of parent respondent's children

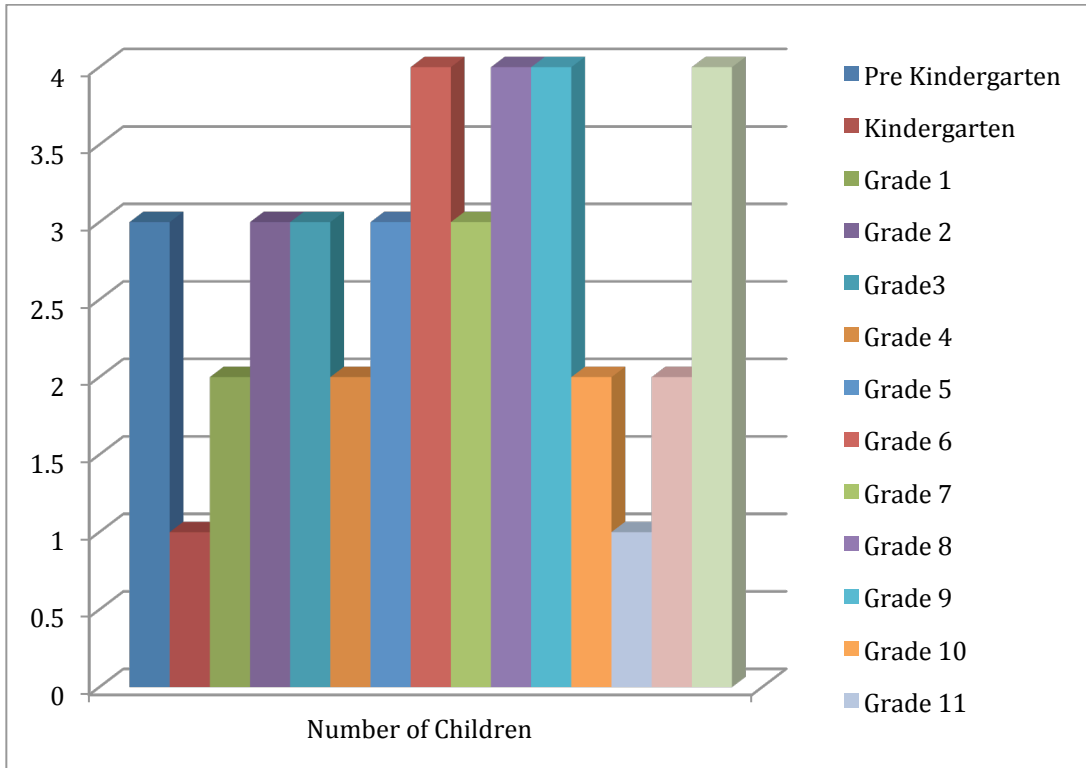


Figure 5
The grades of parent respondent's children

Grade	Percent of Children
Pre Kindergarten	7
Kindergarten	3
Grade 1	5
Grade 2	7
Grade 3	7
Grade 4	5
Grade 5	7
Grade 6	10
Grade 7	7
Grade 8	10
Grade 9	10
Grade 10	5
Grade 11	2
Grade 12	5
College	10

Table 6
Percentage of parent respondent's children per grade

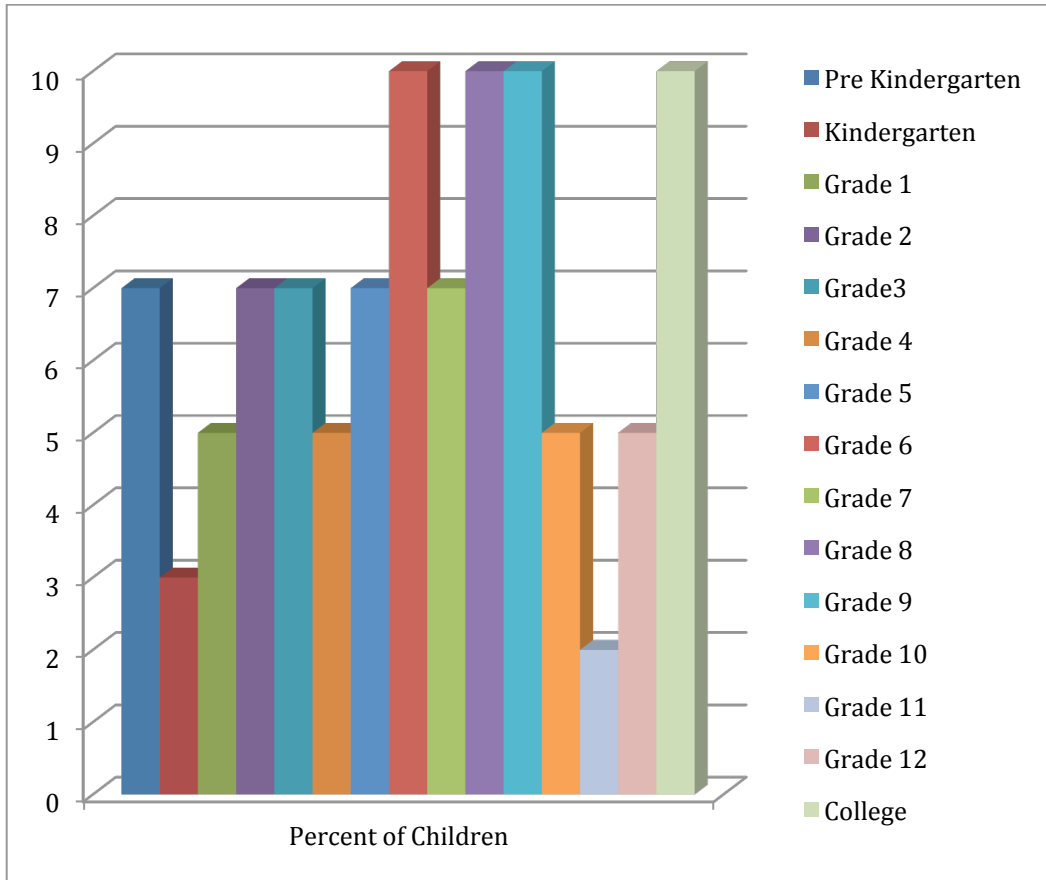


Figure 6

Percentage of parent respondent's children per grade

Tables 7 and 8 and figures 7 and 8 show the types of occupations held by parent respondents.

Profession	Number
Teacher	3
Office Manager	1
Secretary	2
Corrections Officer	1
Contractor	1
Cashier	1
Store Manager	1
Mechanic	4
Stay Home Parent	2
Salesman	1
Electrician	1
Landscaper	1
Truck Driver	1

Table 7

The number of parent respondents per profession

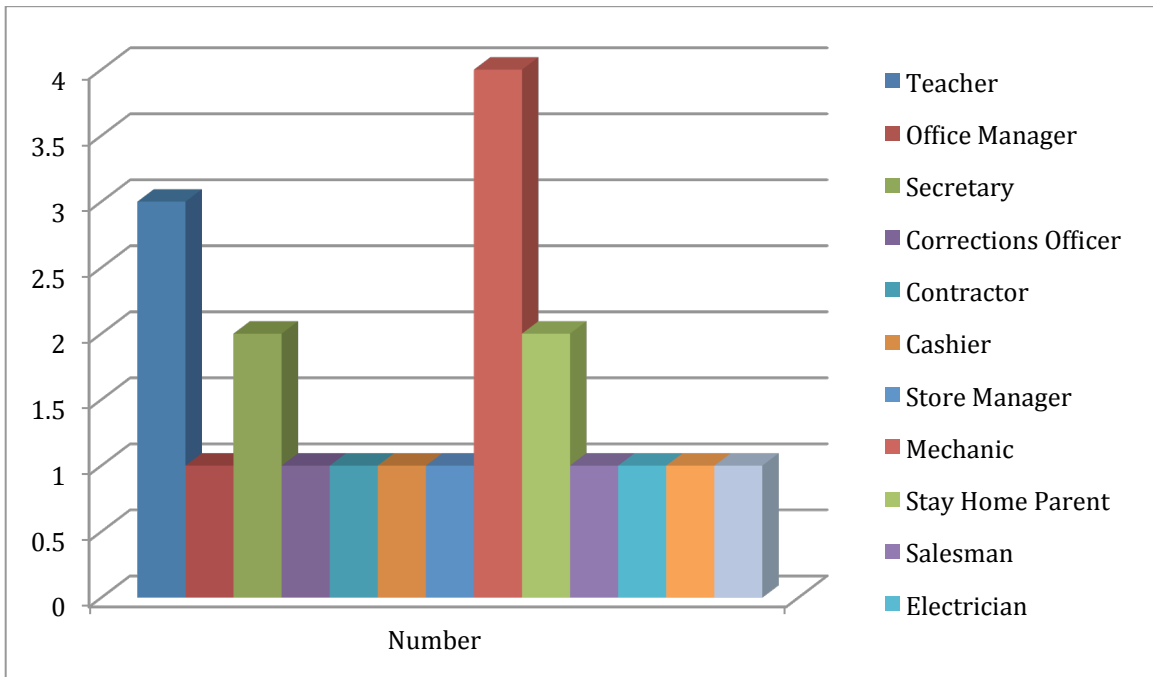


Figure 7
The number of parent respondents per profession

Figure 7 shows that the most popular of profession of parent respondents were mechanics and teachers.

Profession	Percentage
Teacher	15
Office Manager	5
Secretary	10
Corrections Officer	5
Contractor	5
Cashier	5
Store Manager	5
Mechanic	20
Stay Home Parent	10
Salesman	5
Electrician	5
Landscaper	5
Truck Driver	5

Table 8
Percentage of parent respondents per profession

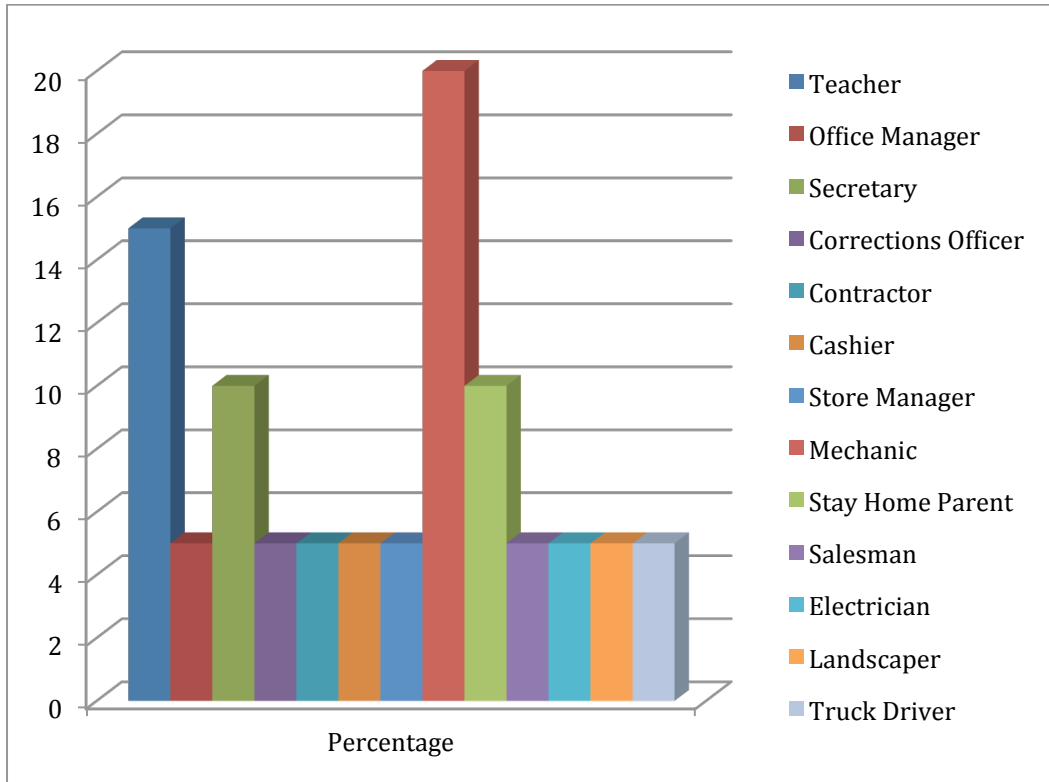


Figure 8
Percentage of parent respondents per profession

Tables 9 and 10 and figures 9 and 10 show the job titles of the educational professionals who participated in the study.

Profession	Number
School Psychologist	5
Learning Disabilities Teacher Consultant	7
Social Worker	5
Supervisor	1
Behavioral Specialist	2

Table 9
Number of educational professionals per their job title

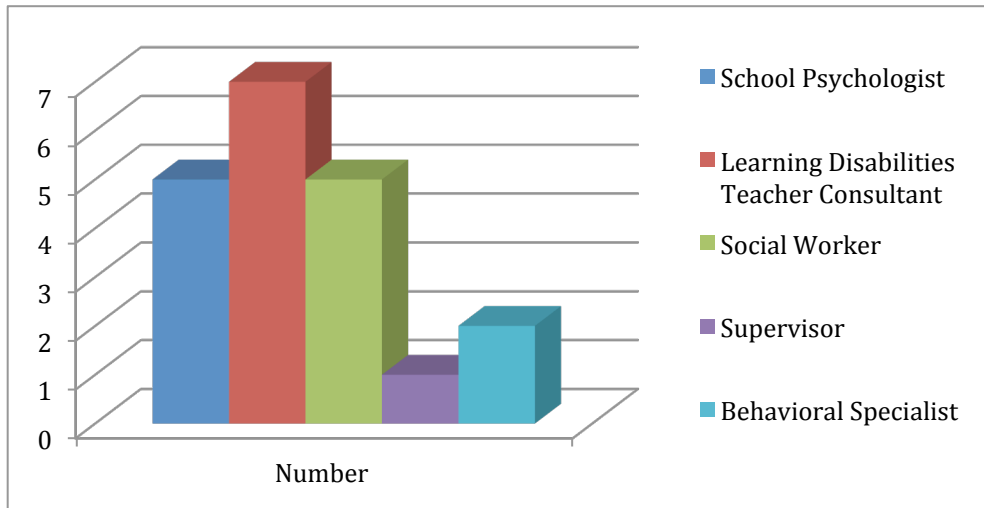


Figure 9
Number of other educational professionals per their job title

Profession	Percentage
School Psychologist	25
Learning Disabilities Teacher Consultant	35
Social Worker	25
Supervisor	5
Behavioral Specialist	10

Table 10
Percentage of other educational respondents per their job title

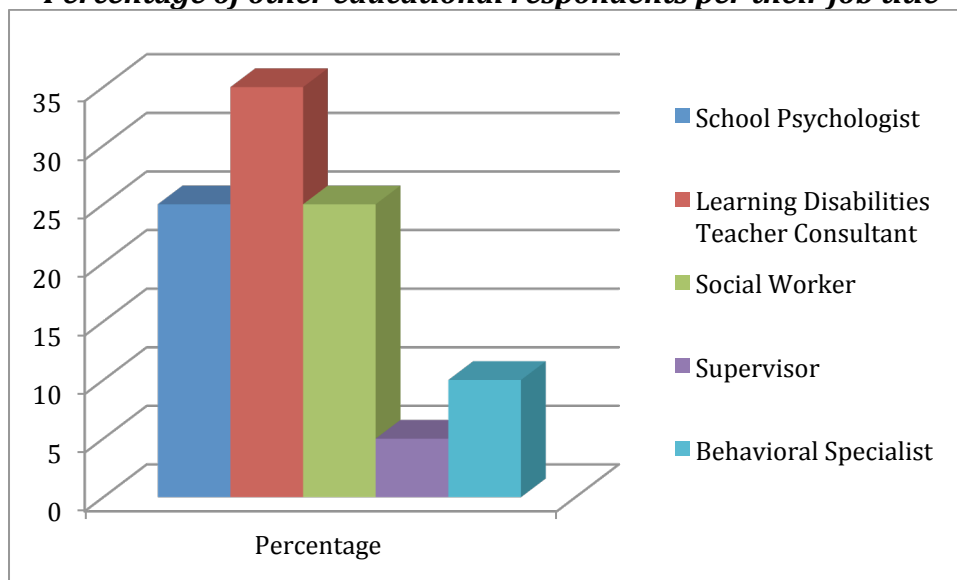


Figure 10
Percentage of other educational professionals per their job title

Survey Instrument

A survey was used in this study. There were four components in the survey. They were as follows:

1. Determine the extent to which local schools are providing suicide prevention programs
2. Determine the effectiveness of suicide prevention programs
3. Examine the attitudes of teachers, parents, etc., regarding suicide prevention programs
4. Determine the need for suicide prevention programs

The actual survey questions that were asked to respondents in each of the four groups, and a rationale to why those questions were chosen are as follows (the complete questionnaire can be found in appendices 1-4):

Participants were surveyed about their future participation in a suicide prevention/postvention program if one was in fact offered. More so, participants were questioned on their knowledge of suicidal behaviors, causes of suicide among school age children, involvement with suicide, and brief demographic information (ex: years teaching experience, grade attended or taught, and profession). The actual questions stated:

1. Does the school you attend have a suicide prevention/postvention program or training?

This question was asked of respondents to determine if in fact schools in southern New Jersey are implementing suicide prevention/postvention trainings or programs.

2. If you answered yes to question 1, what does the program / training involve?

This survey question was asked to respondents to determine the level and complexity of implementation is being done by school staff if in fact a program or training is being implemented within the school.

3. If you answered yes to question 1, whom does the program/training involve?

This survey question was asked to respondents to determine what level school staff is involved in suicide prevention/postvention trainings or programs if in fact a program or training is being implemented within the school.

4. If you answered yes to question 1, how would you rate the effectiveness of the program/training?

This survey question was asked to respondents to determine how effective each respondent feels the suicide prevention/postvention program or training is within the school, if in fact a program or training is being implemented.

5. If answered no to question 1, do you feel that your school should have a suicide prevention/postvention program?

This survey question was asked to respondents to determine if each respondent that does not currently have a suicide prevention/postvention training or program feel that there should be a form of suicide prevention/postvention training in place.

6. If answered yes to question 5, how strongly do you feel that there should be a suicide prevention/postvention program or training at your school?

This survey question was asked to respondents to determine to what extent each respondent that does not currently have a suicide prevention/postvention training or program in place feel that there should be a form of suicide prevention/postvention training in place.

7. If you answered yes to question 5, would you like to be a part of a suicide prevention/postvention program or training?

This survey question was asked to respondents to determine if each respondent that does not currently have a suicide prevention/postvention training or program would like to be a part of a suicide prevention/postvention program or training if in fact one was offered to them.

8. If answered yes to question 7, how strongly do you feel about being a part of a suicide prevention/postvention program or training?

This survey question was asked to respondents to determine if each respondent that does not currently have a suicide prevention/postvention training or program would like to be a part of a suicide prevention/postvention program or training if in fact one was offered to them and how strongly they feel about being a part of such a program or training.

9. Do you think suicide prevention/postvention programs are successful?

This survey question was asked to respondents to determine if respondents feel that a suicide prevention/postvention training or program would be successful if implemented within a school district.

10. If you answered yes to question 9, how successful do you feel suicide prevention/postvention programs or trainings are?

This survey question was asked to respondents to determine the overall perception of the success of a suicide prevention/postvention training or program would be within a school district.

11. Have any school age children you know ever-displayed suicidal behaviors?

This survey question was asked to respondents to determine each respondent's familiarity with suicidal behaviors.

12. If you answered yes to question 11, what did you do as a result of the behaviors?

This survey question was asked to respondents to determine each respondents familiarity with suicidal behaviors and more so, how each group of respondents deals with the signs of suicidal behaviors.

13. Has any school age child you've know ever commit suicide?

This survey question was asked to respondents to determine each respondent's familiarity with the act of suicide as well as to determine if suicide is a problem among school members.

14. How aware are you of the causes of suicide among school age children?

This survey question was asked to respondents to determine each respondent's familiarity with the causes of suicide.

15. How aware are you of the signs of suicidal behavior?

This survey question was asked to respondents to determine each respondent's familiarity with the signs of suicide.

Question's 16-17 asked respondents for demographic information including, what grade the student is in, what grade the teachers teach, what job titles other educational professionals and parents have, and ages of parent respondents children.

Research Design

A descriptive, survey research design was used. Responses of the self-reported survey were analyzed and charted using the Microsoft Computer Programs, Excel for all the graphed information.

Procedures

All participants were surveyed, using a pencil and paper survey or emailed survey. Surveys were distributed by me personally, in pencil and paper form or via email and returned to my mailbox at work or returned, completed in an email regarding the use/non use of suicide prevention programs or trainings that are currently taking place in the schools that they attend or work in. The participants were issued a survey, either a hard copy or via email messaging which focused on their attitudes and knowledge in regards to suicide prevention/postvention and their ability to recognize causes and behaviors. The surveys were distributed by me to students, teachers, parents, and other educational professionals that attend or work in the same special services school district that I am currently employed in, which is located in Southern New Jersey.

All participants' identity was kept confidential and a coding system was set in place to distinguish teachers, students, other educational professionals, and parents from one another. The survey took approximately 15 minutes to be completed. Participants were encouraged to complete all sections of the survey, especially the scales that focused on the feelings/beliefs of participants in correlation with suicide prevention/postvention trainings, programs, effectiveness, need of a suicide prevention/postvention training or

program, as well as the effectiveness of participants in identifying suicidal causes and behaviors among school age children.

Data Analysis

Each response was tallied and descriptive statistics were used. The Descriptive statistics focused on the identifying information of participants of each member of each of the four groups of participants, the answers to all four sections of the survey. The answers to these questions helped establish comparisons as well as differences. The Microsoft Computer Programs, Excel and Word were used to represent data. A frequency table was established to identify the percentage of responses for each question in each of the four groups of participants. Various tables and bar graphs were created to illustrate the data from the surveys as well as responses. Percentages were established to represent what the data illustrates. Once all the information was evaluated and analyzed, a summary of the survey was written.

The summary focused on what the data shows about the information gathered from each of the six sections for all four groups of participants. The summary gave insight into the feelings, beliefs, attitudes and knowledge of participants toward suicide, school based suicide prevention/postvention, suicidal behaviors, and the causes of suicide. The data established the identified needs, uses and problems all four groups of participants feel are important. Finally, the data will assist districts need for and prospective planning for the use of a school based suicide prevention/postvention program or training.

Chapter 4

Results

Summary

The results of the survey were analyzed using the Microsoft Computer Program, Excel. The responses of each question were analyzed using the number of respondents as well as the percent of each respondent in each question asked. The results of the answers received to each survey question by respondents in each of the four groups can be found in tables 11-34 and in figures 11-34.

Results

Question 1: Does (the school you attend, your child attends, or you work at) have a suicide prevention/postvention program or training?

Tables 11 and 12 and figures 11 and 12 show the number and percentage of participants' responses to question 1. The results show that majority of students and parents report not having a suicide prevention/postvention training or program in place while the majority of teachers and other educational professionals report having some form of suicide prevention/postvention training or programming.

Respondent	Yes (#)	No (#)	Unsure (#)
Students	1	18	1
Teachers	12	4	4
Parents	0	3	17
Other Educational Professionals	20	0	0

Table 11
Respondent answers to question number one

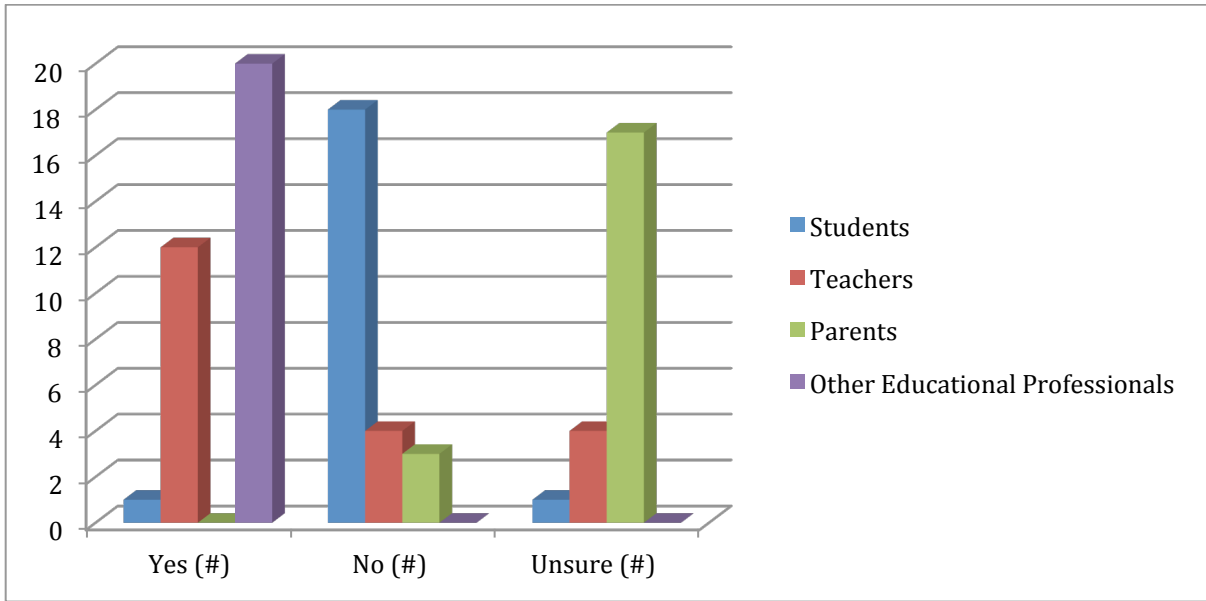


Figure 11
Respondent answers to question number one

Respondent	Yes (%)	No (%)	Unsure (%)
Students	5	90	5
Teachers	60	20	20
Parents	0	15	85
Other Educational Professionals	100	0	0

Table 12
Respondent answers in percentages to question number one

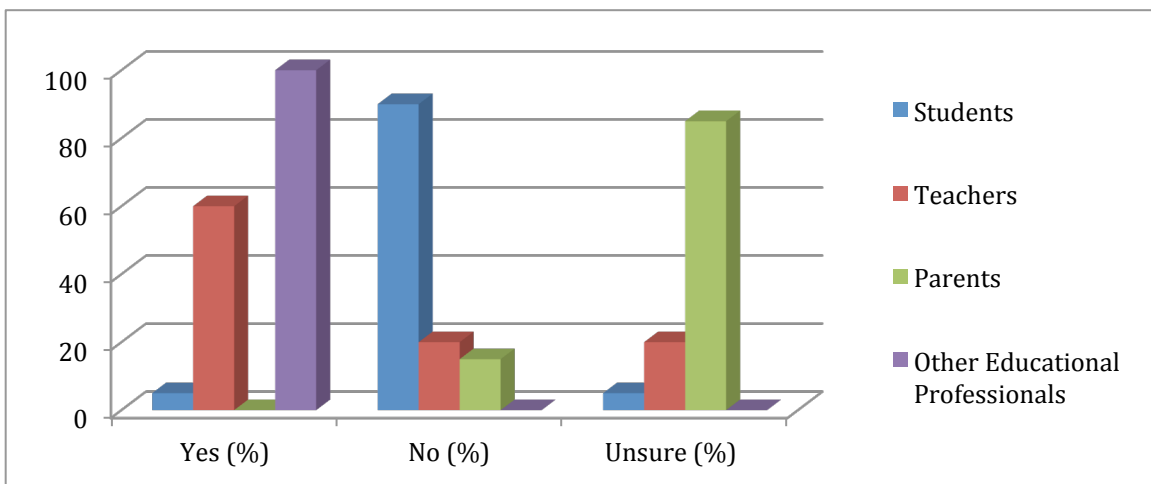


Figure 12
Respondent answers in percentages to question number one

One student answered “yes” to question one, accounting for 5% of the total student respondents. 1 student, accounting for 5% of the total student respondents stated that they are unsure if their school does or does not have a suicide prevention/postvention program or training in place. Thus, meaning that 18 student respondents, accounting for 90% of the total student respondents stated that their school does not have any suicide prevention/postvention programming or training.

Of the 20 teachers surveyed, 12 teachers, accounting for 60% of the total teacher population surveyed stated that their school does have a form of suicide prevention/postvention program or training. 4 teachers, accounting for 20% of the teacher respondents stated that they are unsure if their school does have a suicide prevention/postvention program or training and 4 teacher respondents, accounting for 20% of the total teacher respondents, stated that their school does not have a form of suicide prevention/postvention programming or training.

Of the 20 parents surveyed, 3 of them, accounting for 15% of the total parent respondents, stated that their children do not have a suicide prevention/postvention training or program within their school. The 17 remaining parents, accounting for 85% of the total parent respondents stated that they are unsure if their children have a suicide prevention/postvention program or training.

Of the 20 other educational professionals surveyed, all 20 of them, accounting for 100% of the total of other educational professional respondents, stated that the school in which they work in does in fact have a suicide prevention program.

Question 2: If answered yes to question 1, what does the program/training involve?

One student answered “yes” to question one, accounting for 5% of the total student respondents. The answer that this student provided was that the suicide prevention training that was received was simply the student, their class, and the teacher talking about the subject after being presented with the topic within a novel that the class was reading.

Of the 20 other educational professionals surveyed, all 20 of them, accounting for 100% of the total of other educational professional respondents, stated that the school in which they work in does in fact have a suicide prevention program, all stated that the suicide prevention program involves a mandatory video online which was created by the state of New Jersey.

Of the 20 teachers surveyed, 12 teachers, accounting for 60% of the total teacher population surveyed stated that the suicide prevention program/training that they receive is simply a quick in-service at the beginning of the school year during staff in service days.

Of the 20 parents surveyed, all 20 of them, accounting for 100% of the total parent respondents, answered “no” to question number one, thus they were not included in an analysis of this question.

Question 3: If answered yes to question 1, whom does the program/training involve?

One student answered “yes” to question one, accounting for 5% of the total student respondents. The answer that this student provided was that the suicide prevention training that was received was simply that the people involved in the

suicide training/program was her, her teacher, and a few of her classmates which were in her guided reading group.

Of the 20 other educational professionals surveyed, all 20 of them, accounting for 100% of the total of other educational professional respondents, stated that the school in which they work in does in fact have a suicide prevention program, all stated that the suicide prevention program involves all staff members, including administrators, instructional staff, support staff, and all other members of the school staff.

Of the 20 teachers surveyed, 12 teachers, accounting for 60% of the total teacher population surveyed stated that the suicide prevention program/training involves a brief overview by the school nurse during the staff in service at the beginning of the school year.

Of the 20 teachers surveyed, all 20 of them, accounting for 100% of the total parent respondents, answered “no” to question number one, thus they were not included in an analysis of this question.

Question 4: If answered yes to question 1, how would you rate the effectiveness of the program/training?

Tables 13 and 14 and figures 13 and 14 show the number and percentage of participants’ responses to question 4. The results show that majority of teachers report their suicide prevention/postvention training or programming as not effective and majority of other educational professionals report their suicide prevention/postvention training or programming as somewhat effective.

Respondent	Not Effective (#)	Somewhat Effective (#)	Effective (#)	Very Effective (#)	N/A (#)
Students	1	0	0	0	19
Teachers	6	2	4	0	8
Parents	0	0	0	0	20
Other Educational Professionals	5	9	6	0	0

Table 13
Respondent answers to question number four

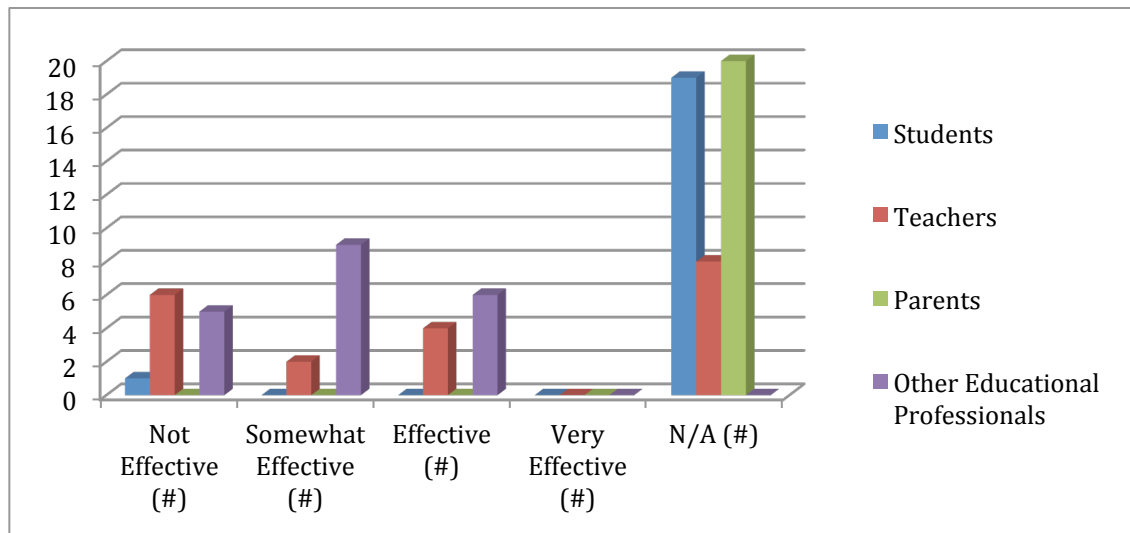


Figure 13
Respondent answers to question number four

Respondent	Not Effective (%)	Somewhat Effective (%)	Effective (%)	Very Effective (%)	N/A (%)
Students	5	0	0	0	95
Teachers	30	10	20	0	40
Parents	0	0	0	0	100
Other Educational Professionals	25	45	30	0	0

Table 14
Respondent answers in percentages to question number two

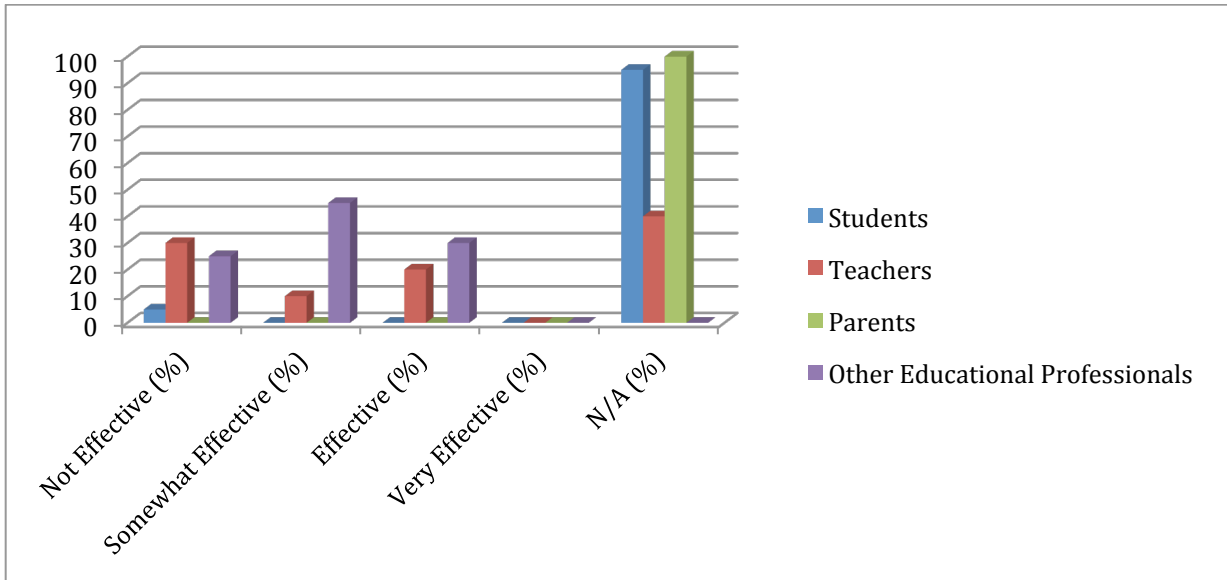


Figure 14
Respondent answers in percentages to question number two

One student answered yes to question one, accounting for 5% of the total student respondents, making only this student applicable to answer this question. This student felt that the suicide prevention/postvention program or training in which their school offers is not effective.

Of the 20 teachers surveyed, twelve teachers, accounting for 60% of the total teacher population surveyed stated that their school does have a form of suicide prevention/postvention program or training. Of the twelve teacher respondents that were applicable to answer this question, 6 teachers, accounting for 30% of the applicable teacher respondents stated that the suicide program or training, which is implemented in their school as being not effective. Two teachers, accounting for 10% of the applicable teacher respondents stated that the suicide program or training which is implemented in their school as being somewhat effective and four teachers, accounting for 20% of the applicable teacher respondents stated that the suicide program or training which is implemented in their school as being effective.

Because all 20 parent respondents answered no or unsure to question number one, none of the parent respondents were applicable to answer this question.

Of the 20 other educational professionals surveyed, all 20 of them, accounting for 100% of the total of other educational professional respondents, stated that the school in which they work in does in fact have a suicide prevention program. Five other educational professionals, accounting for 25% of the other educational professional respondents stated that the suicide program or training which is implemented in their school as being not effective. Nine teachers, accounting for 45% of the other educational professional respondents stated that the suicide program or training which is implemented in their school as being somewhat effective and six teachers, accounting for 30% of the other educational professional respondents stated that the suicide program or training which is implemented in their school as being effective.

Question 5: If answered no to question 1, do you feel that (your or your child's) school should have a suicide prevention/postvention program of training?

Tables 15 and 16 and figures 15 and 16 show the number and percentage of participants' responses to question 5. The results show that majority of students, parents, and teachers feel that if their school does not have a suicide prevention/postvention training or program in place that there should be.

Respondent	Yes (#)	No (#)	Unsure (#)	N/A (#)
Students	18	1	0	1
Teachers	8	0	0	12
Parents	15	4	0	0
Other Educational Professionals	0	0	0	20

Table 15
Respondent answers to question number five

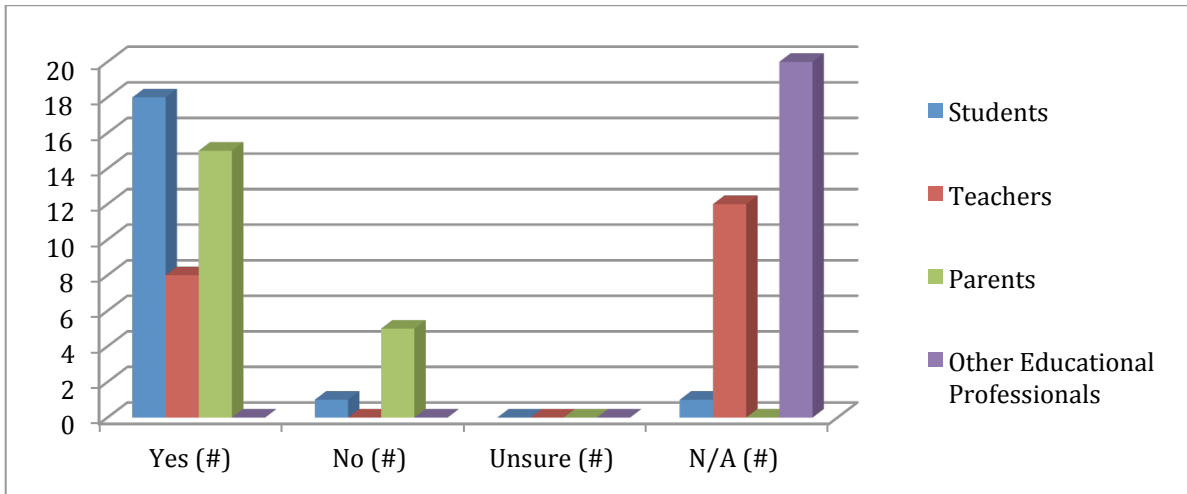


Figure 15
Respondent answers to question number five

Respondent	Yes (%)	No (%)	Unsure (%)	N/A (%)
Students	90	5	0	5
Teachers	40	0	0	60
Parents	75	25	0	0
Other Educational Professionals	0	0	0	100

Table 16
Respondent answers in percentiles to question number five

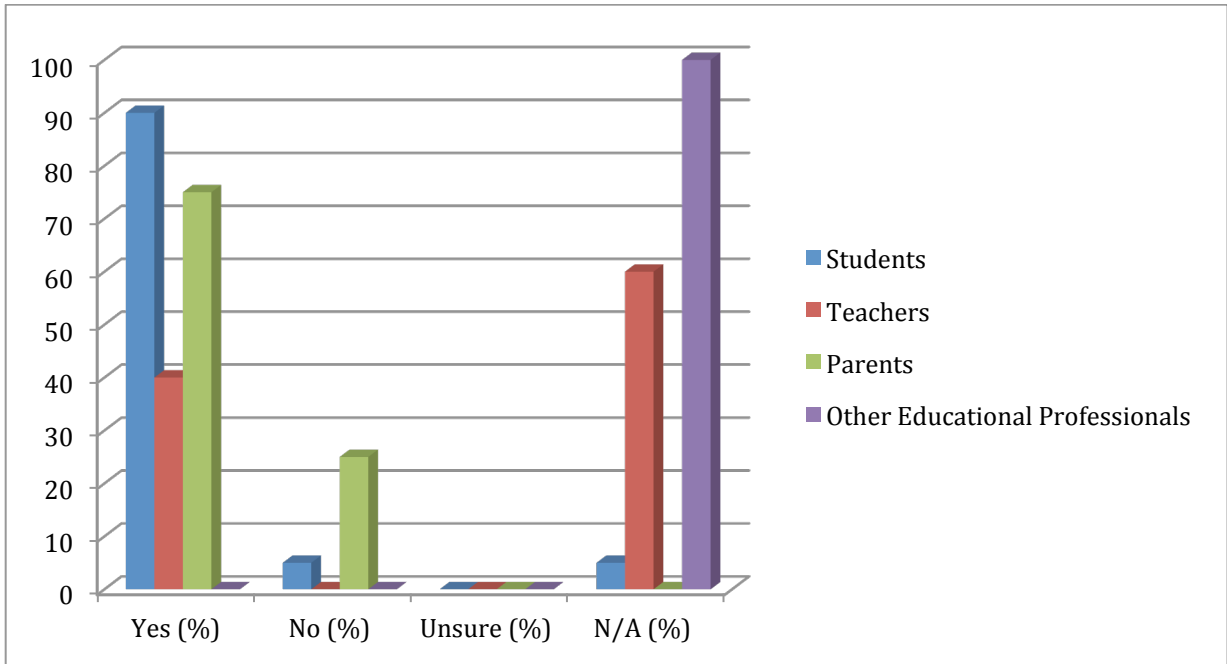


Figure 16
Respondent answers in percentiles to question number five

Nineteen students, accounting for 95% of the total student respondents, answered no or unsure to question number one. Of the nineteen applicable student respondents, fifteen student respondents, accounting for 95% of the total applicable student respondents stated that they feel their school should have a suicide prevention/postventions program or training implemented. Four student respondents, accounting for 15% of the total student applicable student respondents stated that they do not think their school should have a suicide prevention/postvention program or training.

Of the 20 teachers surveyed, eight teachers, accounting for 40% of the total teacher population surveyed answered no to question one, thus making them applicable to answer this question. Of the eight teacher respondents that were applicable to answer this question, all eight felt that their school should have a form of suicide prevention/postvention program or training. Because all 20 parents,

accounting for 100% of the parent respondents answered no or unsure to question number one, all of them were applicable to answer this question. Of the 20 applicable parent respondents, fifteen, accounting for 75% of the total parent respondents stated that they feel their child's school should have a form of suicide prevention/postvention program or training. Of the 20 applicable parent respondents, accounting for 25% of the total parent respondents stated that they feel their child's school should not have a form of suicide prevention/postvention program or training.

Because all 20 other educational professionals, accounting for 100% of the total other educational professional respondents answered yes to question number one, none of the other educational professional respondents were not applicable to answer this question.

Tables 17 and 18 and figures 17 and 18 show the number and percentage of participants' responses to question 6. The results show that majority of students and parents report not having a suicide prevention/postvention training or program in place while Figure the majority of teachers and other educational professionals report having some form of suicide prevention/postvention training or programming.

Question 6: If answered yes to question 5, how strongly do you feel that there should be a suicide prevention/postvention program or training?

Tables 17 and 18 and figures 17 and 18 show the number and percentage of participants' responses to question 6. The results show that majority of respondents feel strongly that there should be a suicide prevention/postvention training or program in place while if their school does not currently have one in place.

Respondent	Not Strongly (#)	Somewhat Strongly (#)	Strongly (#)	Very Strongly (#)	N/A (#)
Students	0	4	9	5	2
Teachers	0	0	6	2	12
Parents	0	5	7	3	5
Other Educational Professionals	0	0	0	0	20

Table 17
Respondent answers to question number six

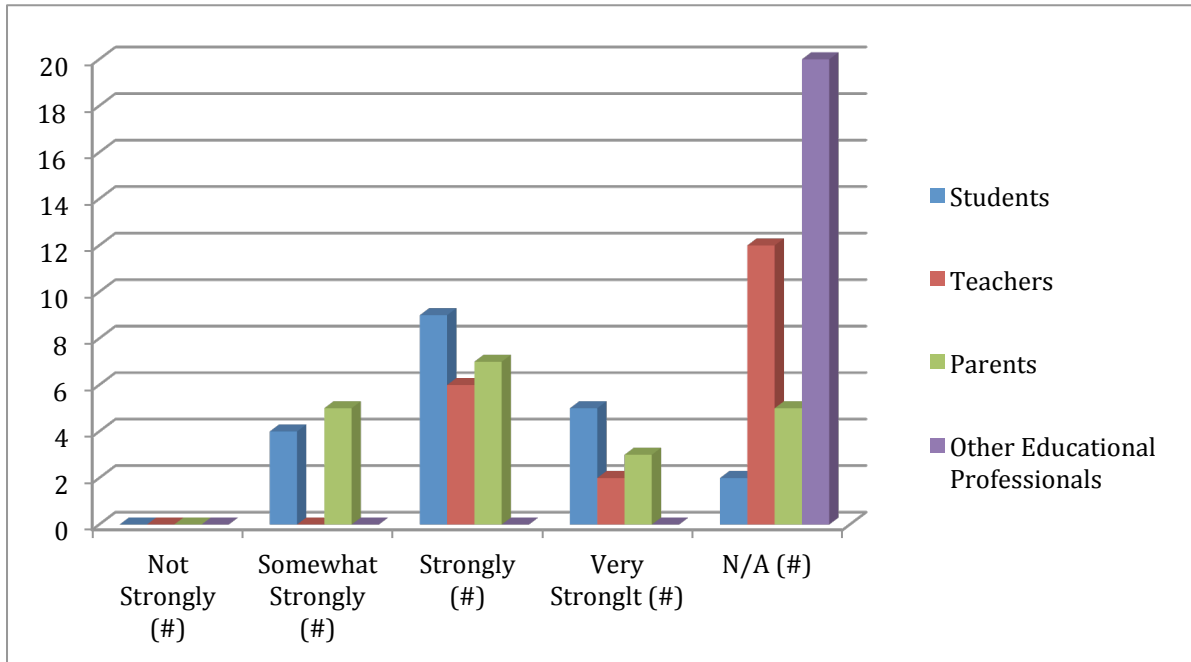


Figure 17
Respondent answers to question number six

Respondent	Not Strongly (%)	Somewhat Strongly (%)	Strongly (%)	Very Strongly (%)	N/A (%)
Students	0	20	45	25	10
Teachers	0	0	30	10	60
Parents	0	25	35	15	25
Other Educational Professionals	0	0	0	0	100

Table 18
Respondent answers in percentages to question number six

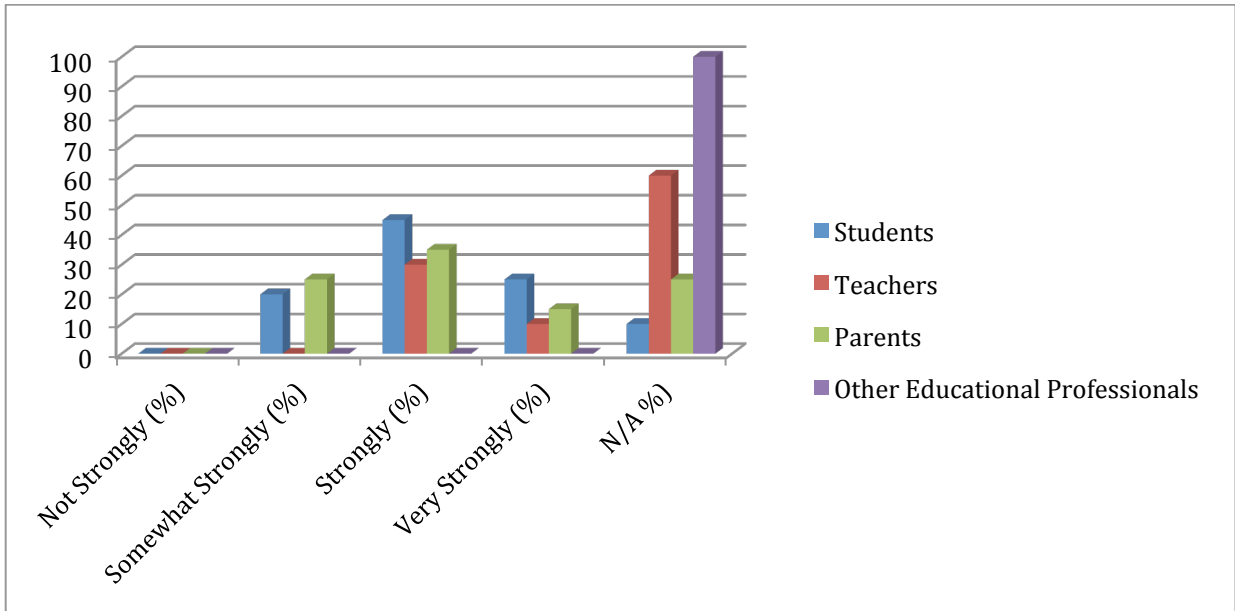


Figure 18
Respondent answers in percentages to question number six

Eighteen students, accounting for 90% of the total student respondents, answered no or unsure to question number one. Of the eighteen applicable student respondents, four student respondents, accounting for 20% of the total applicable student respondents stated that they feel somewhat strongly that their school should have a suicide prevention/postventions program or training implemented. Nine student respondents, accounting for 45% of the total applicable student respondents stated that they feel strongly that their school should have a suicide prevention/postvention program or training and five applicable student respondents, accounting for 25% of the total applicable student respondents felt very strongly that their school should have a suicide prevention/postvention program or training in place.

Of the 20 teachers surveyed, eight teachers, accounting for 40% of the total teacher population surveyed answered no to question five, thus making them

applicable to answer this question. Of the eight teacher respondents that were applicable to answer this question, two teachers, accounting for 30% of total teacher respondents felt strongly that their school should have a form of suicide prevention/postvention program or training and six teachers, accounting for 10% of total teacher respondents felt very strongly that their school should have a form of suicide prevention/postvention program or training.

Because all 20 parents, accounting for 100% of the parent respondents answered no or unsure to question number five, all of them were applicable to answer this question. Of the 20 applicable parent respondents, five parents, accounting for 25% of the total parent respondents stated that they felt somewhat strongly that their child's school should have a form of suicide prevention/postvention program or training. Seven parents, accounting for 35% of the total parent respondents stated that they felt strongly that their child's school should have a form of suicide prevention/postvention program or training and three parents, accounting for 15% of the total parent respondents stated that they felt very strongly that their child's school should have a form of suicide prevention/postvention program or training.

Because all 20 other educational professionals, accounting for 100% of the total other educational professional respondents answered yes to question number five, none of the other educational professional respondents were not applicable to answer this question.

Question 7: If you answered yes to question 5, would you like to be a part of a suicide prevention/postvention program or training?

Tables 19 and 20 and figures 19 and 20 show the number and percentage of participants' responses to question 7. The results show that majority of students and teachers report that they would like to be a part of a suicide prevention/postvention training or program and majority of parent respondents report that they would not like to be a part of a suicide prevention/postvention training or programming.

Respondent	Yes (#)	No (#)	N/A (#)
Students	16	2	2
Teachers	5	3	12
Parents	9	11	0
Other Educational Professionals	0	0	20

Table 19
Respondent answers to question number seven

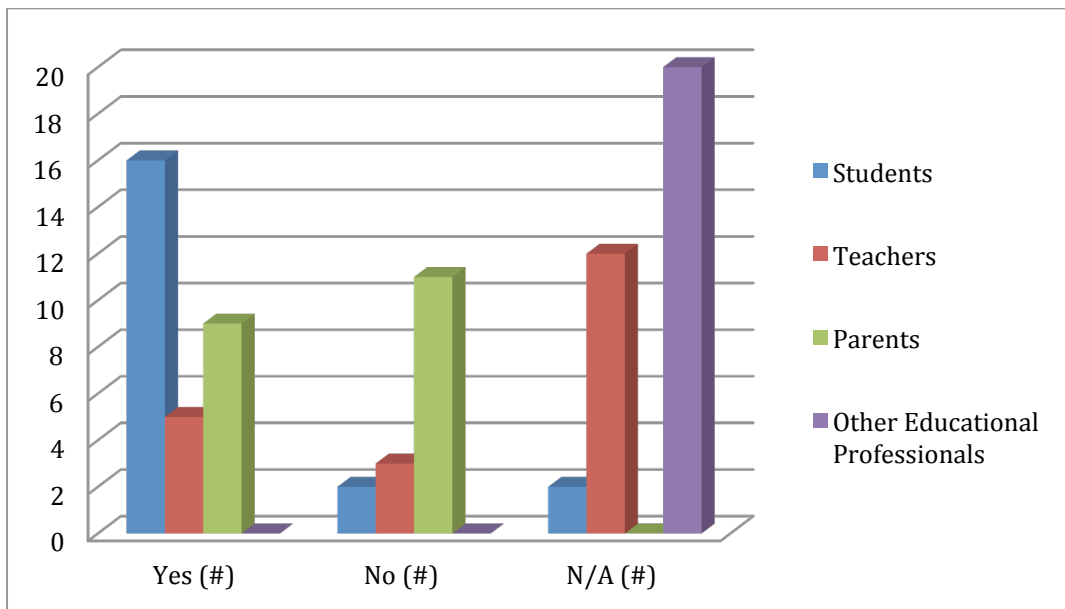


Figure 19
Respondent answers to question number seven

Respondent	Yes (%)	No (%)	N/A (%)
Students	80	10	10
Teachers	25	15	60
Parents	45	55	0
Other Educational Professionals	0	0	100

Figure 20
Respondent answers to question number seven

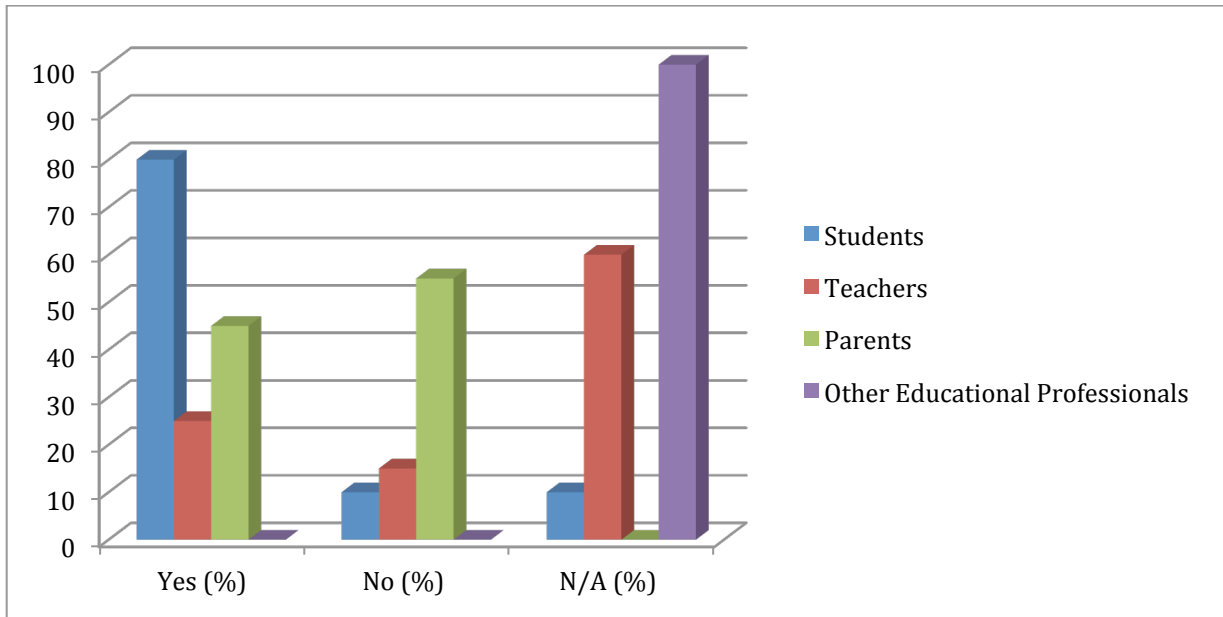


Table 20
Respondent answers in percentiles to question number seven

Eighteen students, accounting for 90% of the total student respondents, answered yes to question number five. Of the eighteen applicable student respondents, fourteen student respondents, accounting for 70% of the total applicable student respondents stated that would like to be a part of a suicide prevention/postventions program or training if one were to be implemented. Two student respondents, accounting for 10% of the total applicable student respondents stated that they would not like to be a part of a suicide prevention/postvention program or training if their school was to put one in place.

Of the 20 teachers surveyed, eight teachers, accounting for 40% of the total teacher population surveyed answered yes to question five, thus making them applicable to answer this question. Of the eight teacher respondents that were applicable to answer this question, five teachers, accounting for 25% of total teacher respondents stated that they would like to be a part of a suicide prevention/postvention program or training and three teachers, accounting for 15% of total teacher respondents stated that they would not like to be a part of a suicide prevention/postvention program or training if their school was to offer one.

Because all 20 parents, accounting for 100% of the parent respondents answered yes to question number five, all of them were applicable to answer this question. Of the 20 applicable parent respondents, nine parents, accounting for 45% of the total parent respondents stated that they would like to be a part of a suicide prevention/postvention program or training. Eleven parents, accounting for 55% of the total parent respondents stated that they would not like to be a part of a suicide prevention/postvention program or training were they to be offered it.

Because all 20 other educational professionals, accounting for 100% of the total other educational professional respondents answered yes to question number five, none of the other educational professional respondents were not applicable to answer this question.

Question 8: If answered yes to question 7, how strongly do you feel about being a part of a suicide prevention/postvention program or training?

Tables 21 and 22 and figures 21 and 22 show the number and percentage of participants' responses to question 8. The results show that majority of

respondents feel strongly about being part of a students and parents report not having a suicide prevention/postvention training or program.

Respondent	Not Strongly (#)	Somewhat Strongly (#)	Strongly (#)	Very Strongly (#)	N/A (#)
Students	0	3	8	5	4
Teachers	0	0	2	3	15
Parents	0	2	5	2	11
Other Educational Professionals	0	0	0	0	20

Table 21
Respondent's answers to question number eight

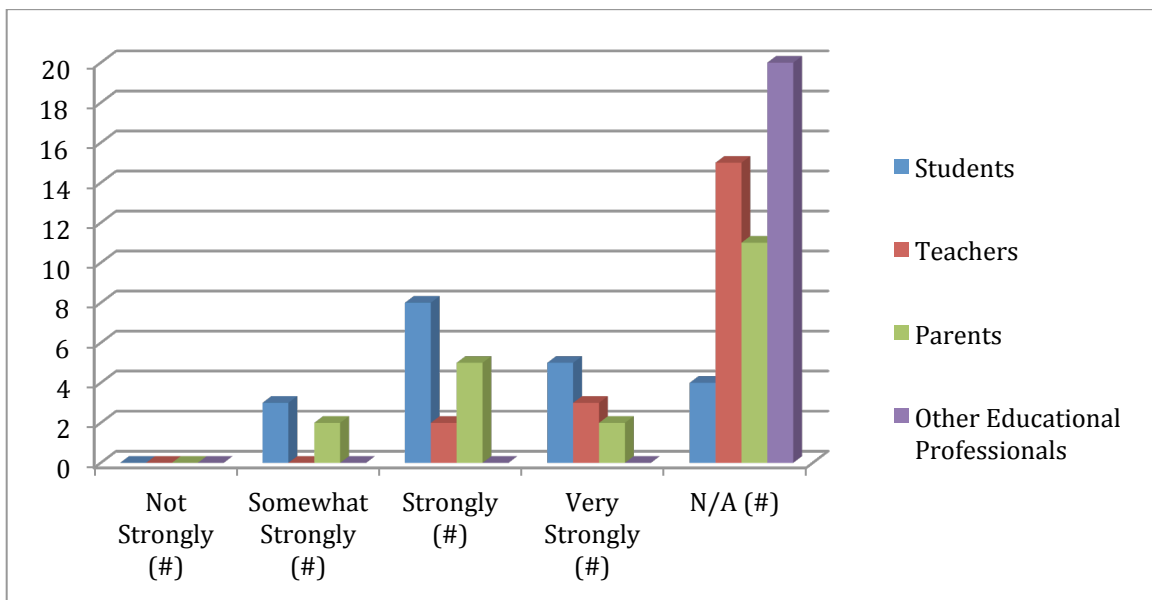


Figure 21
Respondent's answers to question number eight

Respondent	Not Strongly (%)	Somewhat Strongly (%)	Strongly (%)	Very Strongly (%)	N/A (%)
Students	0	15	40	25	20
Teachers	0	0	10	15	75
Parents	0	10	25	10	55
Other Educational Professionals	0	0	0	0	100

Table 22
Respondent's answers in percentiles to question number eight

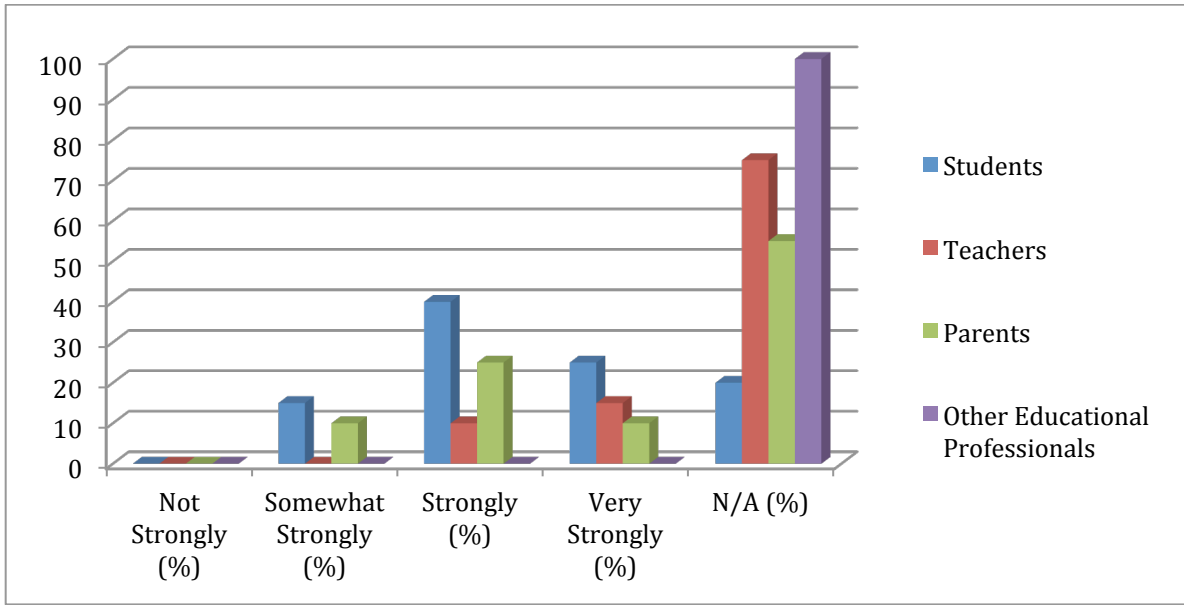


Figure 22
Respondent's answers in percentages to question number eight

Sixteen students, accounting for 80% of the total student respondents, answered yes to question number seven. Of the sixteen applicable student respondents, three applicable student respondents, accounting for 15% of the total applicable student respondents stated that felt somewhat strongly about being a part of a suicide prevention/postventions program or training if one were to be implemented. Eight applicable student respondents, accounting for 45% of the total applicable student respondents stated that they felt strongly about being a part of a suicide prevention/postvention program or training if their school was to put one in place and five applicable student respondents stated that they felt very strongly about being a part of a suicide prevention/postvention program of training if one was offered to them.

Of the twenty teachers surveyed, five teachers, accounting for 25% of the total teacher population surveyed answered yes question seven, thus making them

applicable to answer this question. Of the five teacher respondents that were applicable to answer this question, two teachers, accounting for 10% of total teacher respondents stated that they felt strongly about being a part of a suicide prevention/postvention program or training and three applicable teacher respondents, accounting for 15% of total teacher respondents stated that they felt very strongly a part of a suicide prevention/postvention program or training if their school was to offer one.

Nine out of the twenty parents surveyed, accounting for 45% of the parent respondents answered yes to question number seven. Of the nine applicable parent respondents, two parents, accounting for 10% of the total parent respondents stated that they felt somewhat strongly about being a part of a suicide prevention/postvention program or training. Five applicable parents, accounting for 55% of the total parent respondents stated that they felt strongly about being a part of a suicide prevention/postvention program or training were they to be offered it and two applicable parent respondents, accounting for 10% of the total parent respondents stated that they felt very strongly about being a part of a suicide prevention/postvention program or training.

Because all 20 other educational professionals, accounting for 100% of the total other educational professional respondents answered yes to question number seven, none of the other educational professional respondents were not applicable to answer this question.

Question 9: Do you think suicide prevention/postvention programs are successful?

Tables 23 and 24 and figures 23 and 23 show the number and percentage of participants' responses to question 9. The results show that majority of the respondents in all four groups feel that suicide prevention/postvention trainings or programs are successful.

Respondent	Yes (#)	No (#)	Unsure (#)
Students	16	1	3
Teachers	13	3	4
Parents	14	5	1
Other Educational Professionals	19	0	1

Table 23
Respondent's answers to question number nine

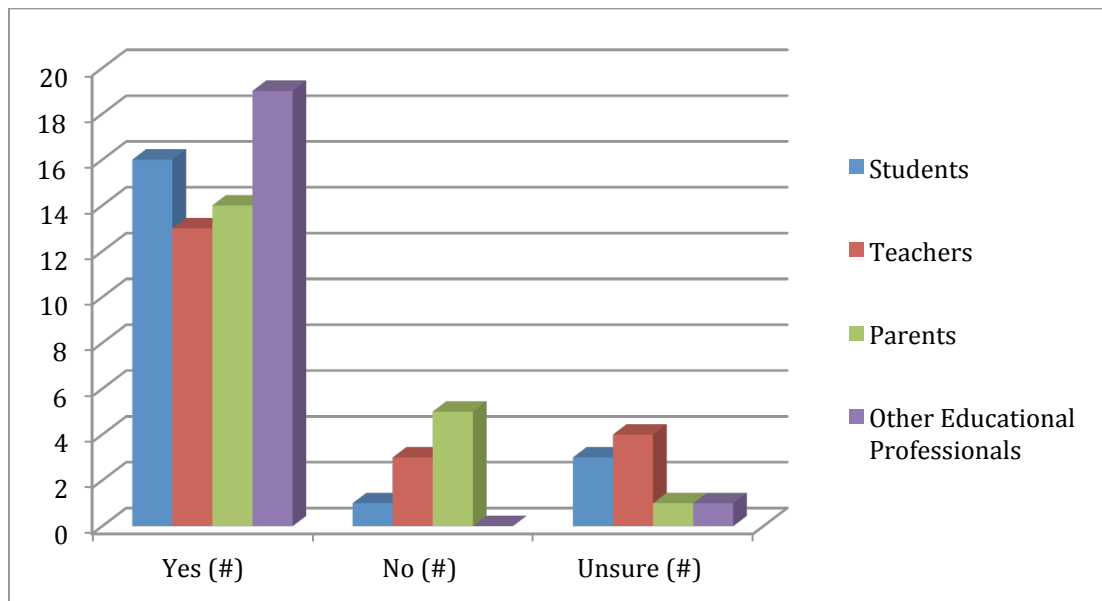


Figure 23
Respondent's answers to question number nine

Respondent	Yes (%)	No (%)	Unsure (%)
Students	80	5	15
Teachers	65	15	20
Parents	70	25	5
Other Educational Professionals	95	0	5

Table 24
Respondent's answers in percentages to question number nine

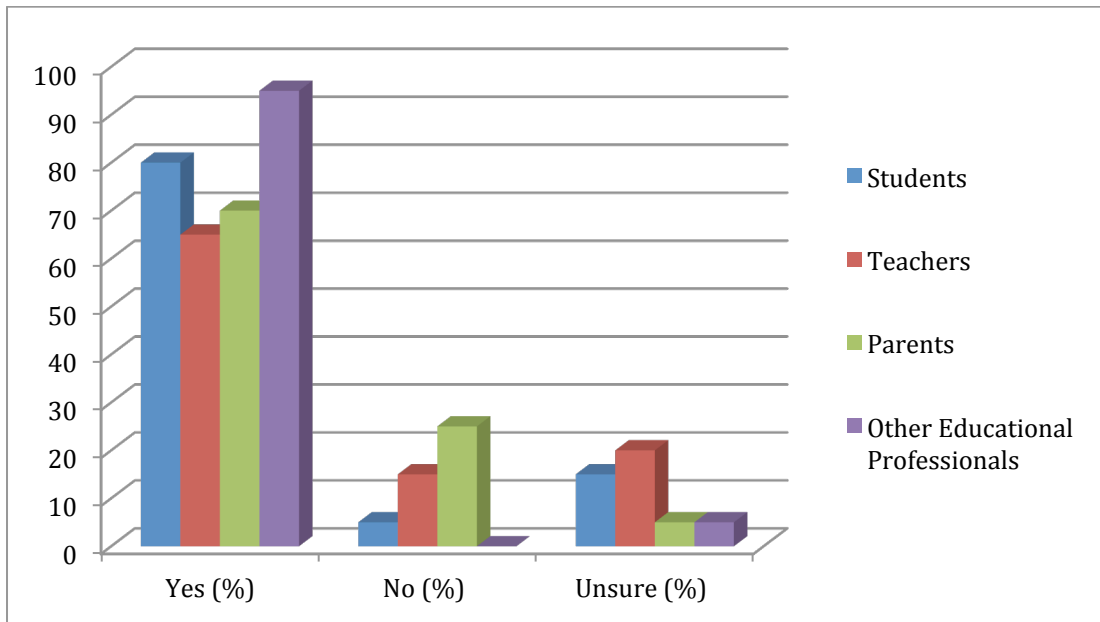


Figure 24
Respondent's answers in percentages to question number nine

Of the twenty applicable student respondents, sixteen students, accounting for 80% of the total student respondents stated that they think suicide prevention/postventions programs or trainings are successful. One student respondent, accounting for 5% of the total student respondents stated that they did not think suicide prevention/postvention programs or trainings are successful and three students, accounting for 15% of the total student respondents stated that they were unsure if suicide prevention/postvention programs or trainings are successful.

Of the twenty applicable teacher respondents, thirteen teachers, accounting for 65% of the total teacher respondents stated that they think suicide prevention/postventions programs or trainings are successful. Three teacher respondents, accounting for 15% of the total teacher respondents stated that they did not think suicide prevention/postvention programs or trainings are successful and four teachers, accounting for 20% of the total teacher respondents stated that

they were unsure if suicide prevention/postvention programs or trainings are successful.

Of the twenty applicable parent respondents, fourteen parents, accounting for 70% of the total parent respondents stated that they think suicide prevention/postventions programs or trainings are successful. Five parent respondents, accounting for 25% of the total parent respondents stated that they did not think suicide prevention/postvention programs or trainings are successful and one parent, accounting for 5% of the total teacher respondents stated that they were unsure if suicide prevention/postvention programs or trainings are successful.

Of the twenty applicable other educational professional respondents, nineteen other educational professionals, accounting for 95% of the total other educational respondents stated that they think suicide prevention/postventions programs or trainings are successful. Zero other educational professional respondents, accounting for 0% of the total teacher respondents stated that they did not think suicide prevention/postvention programs or trainings are successful and one other educational professional, accounting for 5% of the total teacher respondents stated that they were unsure if suicide prevention/postvention programs or trainings are successful.

Question 10: If you answered yes to question 9, how successful do you feel suicide prevention/postvention programs or trainings are?

Tables 25 and 26 and figures 25 and 26 show the number and percentage of participants' responses to question 10. The results show that majors are somewhat

successful whereas students feel these programs are successful and other educational professionals feel that these programs are very successful.

Respondent	Not Successful (#)	Somewhat Successful (#)	Successful (#)	Very Successful (#)	N/A (#)
Students	1	3	7	5	4
Teachers	0	9	3	1	7
Parents	0	7	5	2	6
Other Educational Professionals	0	5	6	8	1

Table 25
Respondent's answers to question number ten

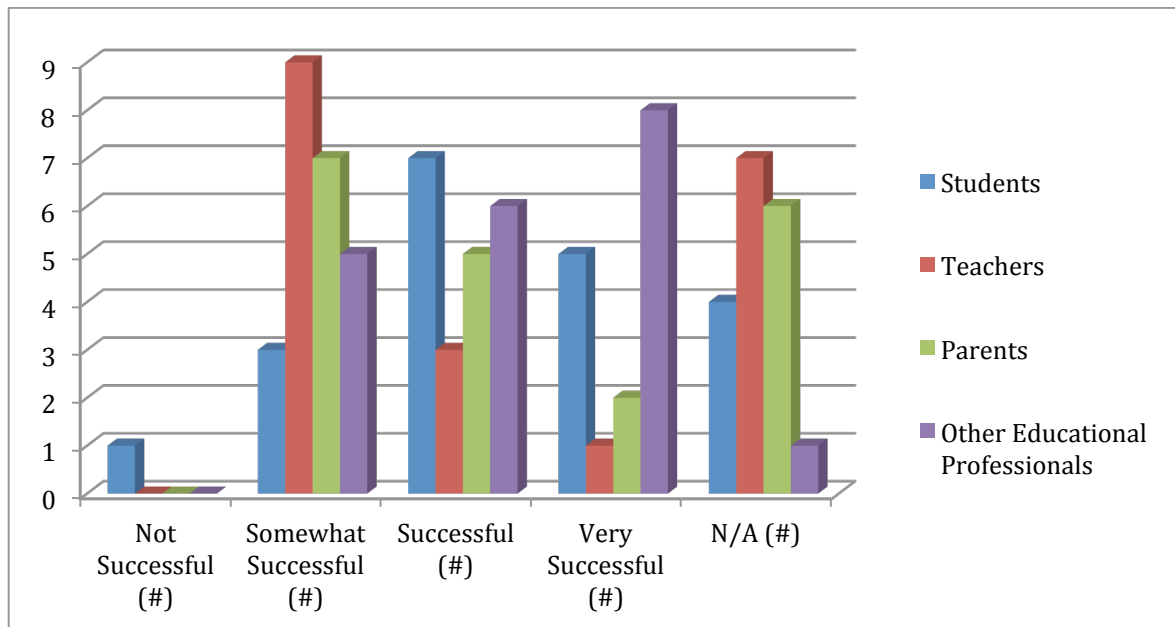


Figure 25
Respondent's answers to question number ten

Respondent	Not Successful (%)	Somewhat Successful (%)	Successful (%)	Very Successful (%)	N/A (%)
Students	5	15	35	25	20
Teachers	0	45	15	5	35
Parents	0	35	25	10	30
Other Educational Professionals	0	25	30	40	5

Table 26
Respondent's answers in percentages to question number ten

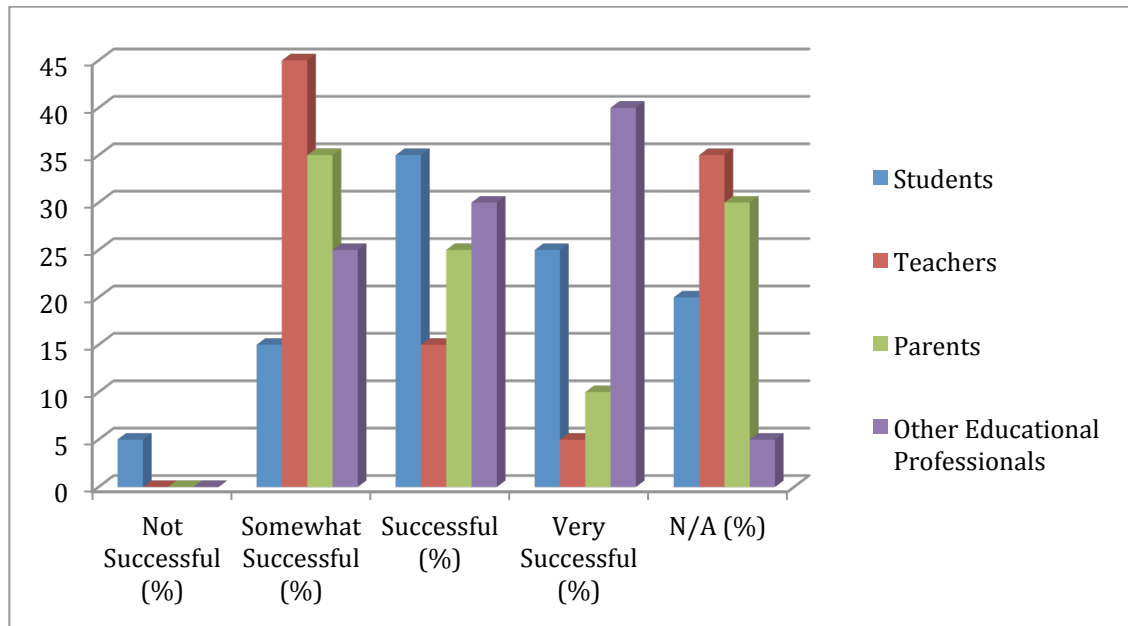


Figure 26
Respondent's answers in percentages to question number ten

Sixteen students, accounting for 80% of the total student respondents, answered yes to question number nine. Of the sixteen applicable student respondents, one applicable student respondent, accounting for 5% of the total student respondents stated that they did not think suicide prevention/postvention programs or trainings are successful. Three applicable student respondents, accounting for 15% of the total student respondents stated that they felt somewhat strongly that suicide prevention/postvention programs or trainings are successful. Seven student respondents, accounting for 35% of the total student respondents, felt strongly that suicide prevention/postvention programs or trainings are successful and five students, accounting for 25% of the total student respondents felt very strongly that suicide prevention/postvention programs or trainings are very successful.

Thirteen teachers, accounting for 65% of the total teacher respondents, answered yes to question number nine. Of the thirteen applicable teacher respondents, zero applicable teacher respondents, accounting for 0% of the total student respondents stated that they did not think suicide prevention/postvention programs or trainings are successful. Nine applicable teacher respondents, accounting for 45% of the total teacher respondents stated that they felt somewhat strongly that suicide prevention/postvention programs or trainings are successful. Three applicable teacher respondents, accounting for 15% of the total teacher respondents, felt strongly that suicide prevention/postvention programs or trainings are successful and one teacher, accounting for 5% of the total teacher respondents felt very strongly that suicide prevention/postvention programs or trainings are very successful.

Fourteen parents, accounting for 70% of the total parent respondents, answered yes to question number nine. Of the fourteen applicable parent respondents, zero applicable parent respondents, accounting for 0% of the total parent respondents stated that they did not think suicide prevention/postvention programs or trainings are successful. Seven applicable parent respondents, accounting for 35% of the total parent respondents stated that they felt somewhat strongly that suicide prevention/postvention programs or trainings are successful. Five applicable parent respondents, accounting for 25% of the total parent respondents, felt strongly that suicide prevention/postvention programs or trainings are successful and two parents, accounting for 10% of the total parent

respondents felt very strongly that suicide prevention/postvention programs or trainings are very successful.

Nineteen other educational professionals, accounting for 95% of the total other educational professional respondents, answered yes to question number nine. Of the nineteen applicable other educational professional respondents, zero applicable other educational professional respondents, accounting for 0% of the total other educational professional respondents stated that they did not think suicide prevention/postvention programs or trainings are successful. Five applicable other educational professional respondents, accounting for 25% of the total other educational professional respondents stated that they felt somewhat strongly that suicide prevention/postvention programs or trainings are successful. Six applicable other educational professional respondents, accounting for 30% of the total other educational professional respondents, felt strongly that suicide prevention/postvention programs or trainings are successful and eight other educational professionals, accounting for 40% of the total other educational professional respondents felt very strongly that suicide prevention/postvention programs or trainings are very successful.

Question 11: Have any school age children you know ever displayed suicidal behaviors?

Tables 27 and 28 and figures 27 and 28 show the number and percentage of participants' responses to question 11. The results show that majority of students and other educational professionals report knowing a school age child that has

displayed suicidal behaviors whereas majority of parents and teachers report not having known a school age child that has displayed suicidal behaviors.

Respondent	Yes (#)	No (#)
Students	11	9
Teachers	6	14
Parents	3	17
Other Educational Professionals	13	7

Table 27
Respondent's answers to question number eleven

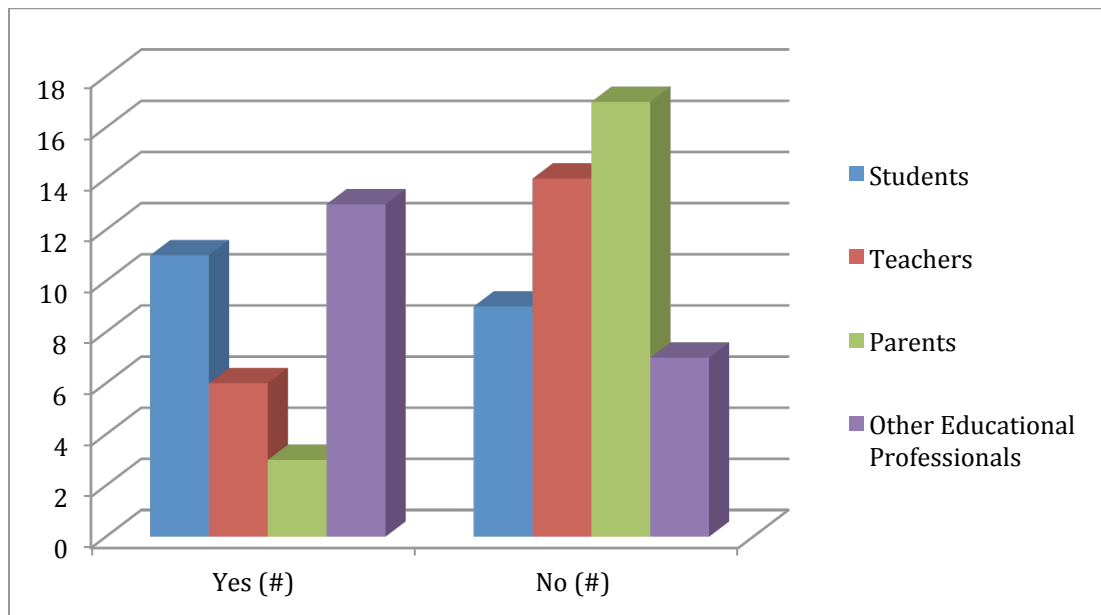


Figure 27
Respondent's answers to question number eleven

Respondent	Yes (%)	No (%)
Students	55	45
Teachers	30	70
Parents	15	85
Other Educational Professionals	65	35

Table 28
Respondent's answers in percentages to question number eleven

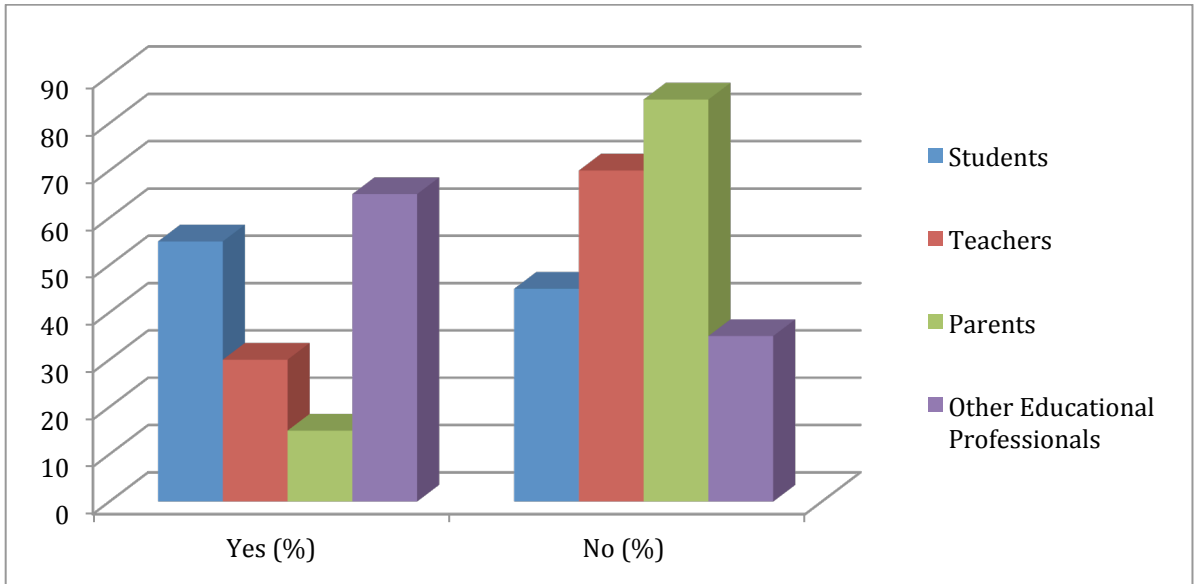


Figure 28
Respondent's answers in percentages to question number eleven

Of the twenty applicable student respondents, eleven students, accounting for 55% of the total student respondents stated that they have encountered a school age child that has displayed suicidal behaviors. Nine student respondents, accounting for 45% of the total student respondents stated that they have not encountered a school age child that has displayed suicidal behaviors.

Of the twenty applicable teacher respondents, six teachers, accounting for 30% of the total teacher respondents stated that they have encountered a school age child that has displayed suicidal behaviors. Fourteen teacher respondents, accounting for 70% of the total teacher respondents stated that they have not encountered a school age child that has displayed suicidal behaviors.

Of the twenty applicable parent respondents, three parents, accounting for 15% of the total parent respondents stated that they have encountered a school age child that has displayed suicidal behaviors. Seventeen parent respondents,

accounting for 85% of the total parent respondents stated that they have not encountered a school age child that has displayed suicidal behaviors.

Of the twenty applicable other educational professional respondents, thirteen other educational professionals, accounting for 65% of the total other educational professional respondents stated that they have encountered a school age child that has displayed suicidal behaviors. Seven other educational professional respondents, accounting for 35% of the total other educational professional respondents stated that they have not encountered a school age child that has displayed suicidal behaviors.

Question 12: If answered yes to question 11, what did this include and what did you do as a result of the behaviors?

Of the twenty students surveyed, eleven of them accounting for 55% of the total student respondents answered yes to question 11. Common responses of suicide behaviors presented to them include school age children talking about killing themselves, cutting, and talk about not wanting to live anymore. When asked what was done as a result of these behaviors, the most predominant answer given by respondents was, “nothing”. The only other response given, by one student respondent, was that they ran away.

Of the twenty other educational professionals surveyed, thirteen of them accounting for 65% of the total student respondents answered yes to question 11. Common responses of suicide behaviors presented to them include school age children talking about killing themselves, writing about killing themselves, deep depression, withdrawn behaviors, and suicidal acts within pictures drawn by

students. When asked what was done as a result of these behaviors, the most predominant answer given by respondents was, “referring the student to crisis”, “contacting parents or guardians” and “enrolling the student into weekly counseling with the school psychologist.

Of the twenty teachers surveyed, six of them accounting for 30% of the total teacher respondents answered yes to question 11. The common response of suicide behaviors presented to them include overhearing school age children talking about killing themselves to other students or students telling them that another student is talking about it. When asked what was done as a result of these behaviors, the most predominant answer given by respondents was, “talked to the student and felt the problem was resolved” and “referred the student in question to the school guidance counselor”.

Of the twenty parents surveyed, three of them accounting for 15% of the total teacher respondents answered yes to question 11. Common responses of suicide behaviors presented to them include hearing their children talking about what another student had said in reference to possibly committing suicide. When asked what was done as a result of these behaviors, the most predominant answer given by respondents was, “nothing, it didn’t seem like a big deal or anything to really worry about”.

Question 13: Has any school age child you’ve known ever commit suicide?

Tables 29 and 30 and figures 29 and 30 show the number and percentage of participants’ responses to question 13. The results show that majority of

respondents in all four groups report not knowing a school age child that has committed suicide.

Respondent	Yes (#)	No (#)
Students	2	18
Teachers	1	19
Parents	3	17
Other Educational Professionals	4	16

Table 29
Respondent's answers to question number thirteen

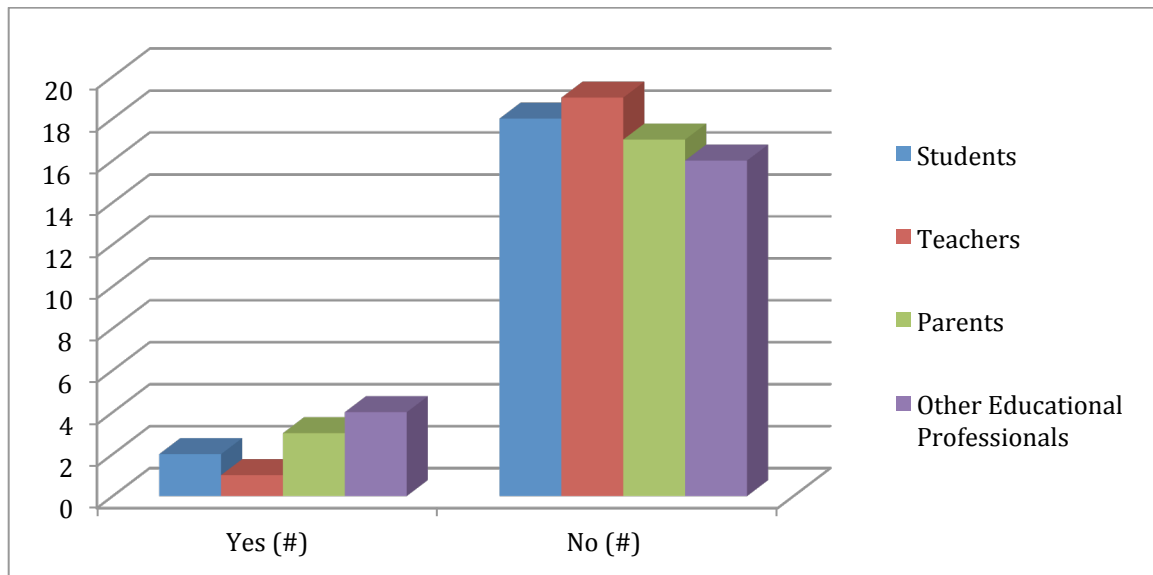


Figure 29
Respondent's answers to question number thirteen

Respondent	Yes (%)	No (%)
Students	10	90
Teachers	5	95
Parents	15	85
Other Educational Professionals	20	80

Table 30
Respondent's answers in percentages to question number thirteen

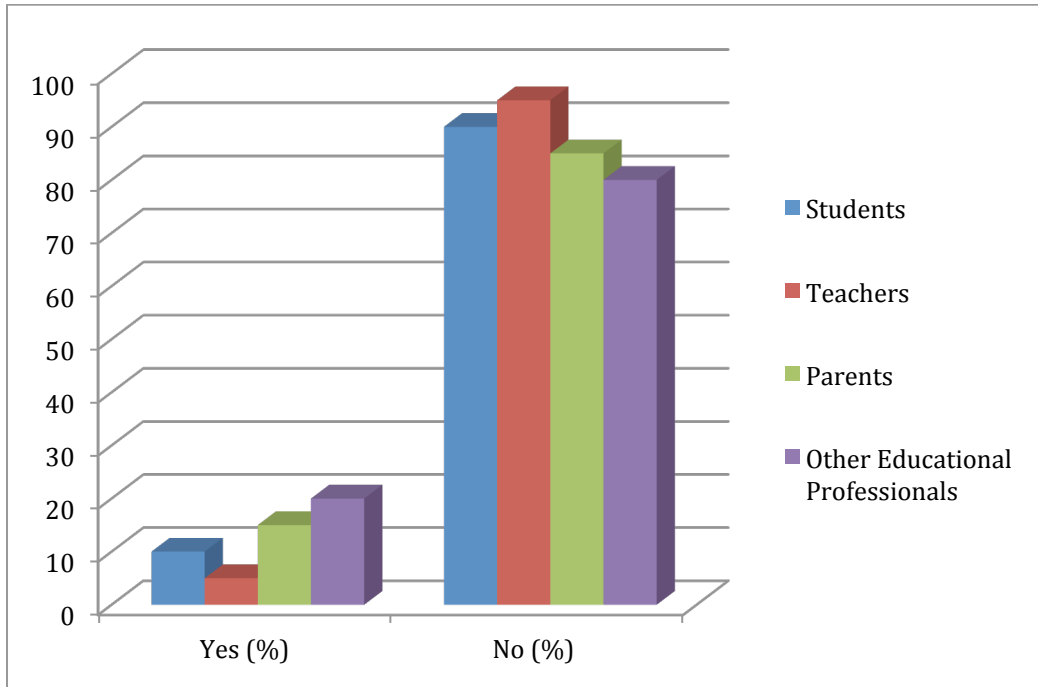


Table 30
Respondent's answers in percentages to question number thirteen

Of the twenty applicable student respondents, two students, accounting for 10% of the total student respondents stated that they have known a school age child whom has committed suicide. Eighteen student respondents, accounting for 90% of the total student respondents stated that they have not known a school age child that has committed suicide.

Of the twenty applicable teacher respondents, one teacher, accounting for 5% of the total teacher respondents stated that they have known a school age child that has committed suicide. Nineteen teacher respondents, accounting for 95% of the total teacher respondents stated that they have not known a school age child that has committed suicide.

Of the twenty applicable parent respondents, three parents, accounting for 15% of the total parent respondents stated that they have known a school age child

that has committed suicide. Seventeen parent respondents, accounting for 85% of the total parent respondents stated that they have not known a school age child that has committed suicide.

Of the twenty applicable other educational professional respondents, four other educational professionals, accounting for 20% of the total other educational professional respondents stated that they have known a school age child that has committed suicide. Sixteen other educational professional respondents, accounting for 80% of the total other educational professional respondents stated that they have not known a school age child that has committed suicide.

Question 14: How aware are you of the causes of suicide among school age children?

Tables 31 and 32 and figures 31 and 32 show the number and percentage of participants’ responses to question 14. The results show that majority of students, parents and teachers report being somewhat aware of the causes of suicide among school age children whereas majority of other educational professionals report being aware of the causes of suicide among school age children.

Respondent	Not Aware (#)	Somewhat Aware (#)	Aware (#)	Very Aware (#)
Students	3	11	4	2
Teachers	0	9	8	3
Parents	7	7	4	2
Other Educational Professionals	0	5	8	7

Table 31
Respondent’s answers to question number fourteen

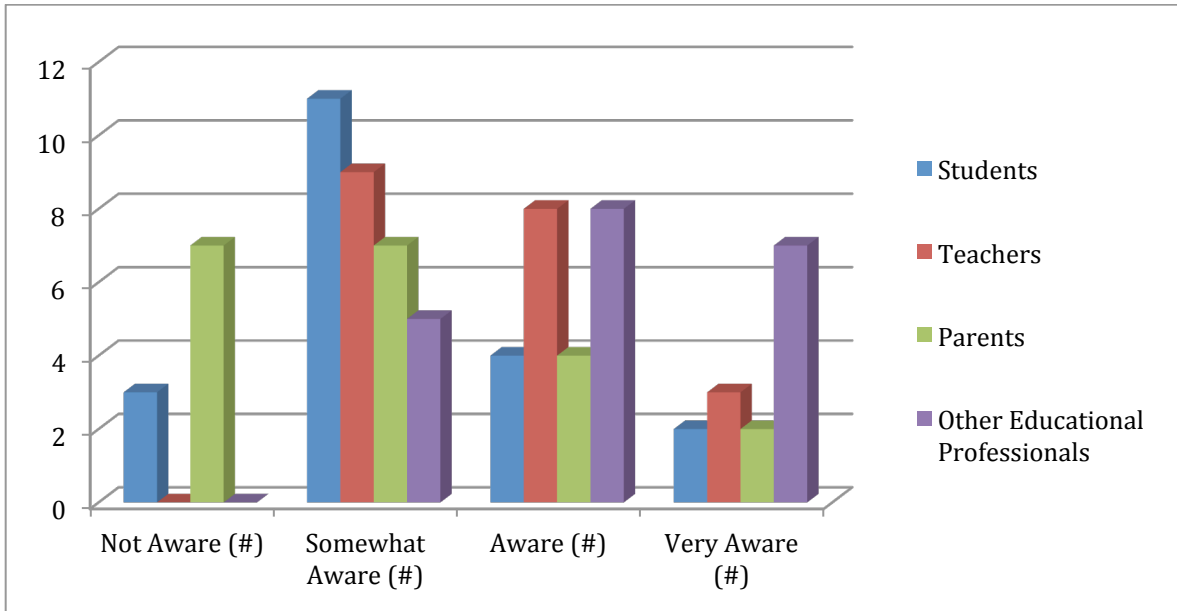


Figure 31
Respondent's answers to question number fourteen

Respondent	Not Aware (%)	Somewhat Aware (%)	Aware (%)	Very Aware (%)
Students	15	55	20	10
Teachers	0	45	40	15
Parents	35	35	20	10
Other Educational Professionals	0	25	40	35

Table 32
Respondent's answers in percentages to question number fourteen

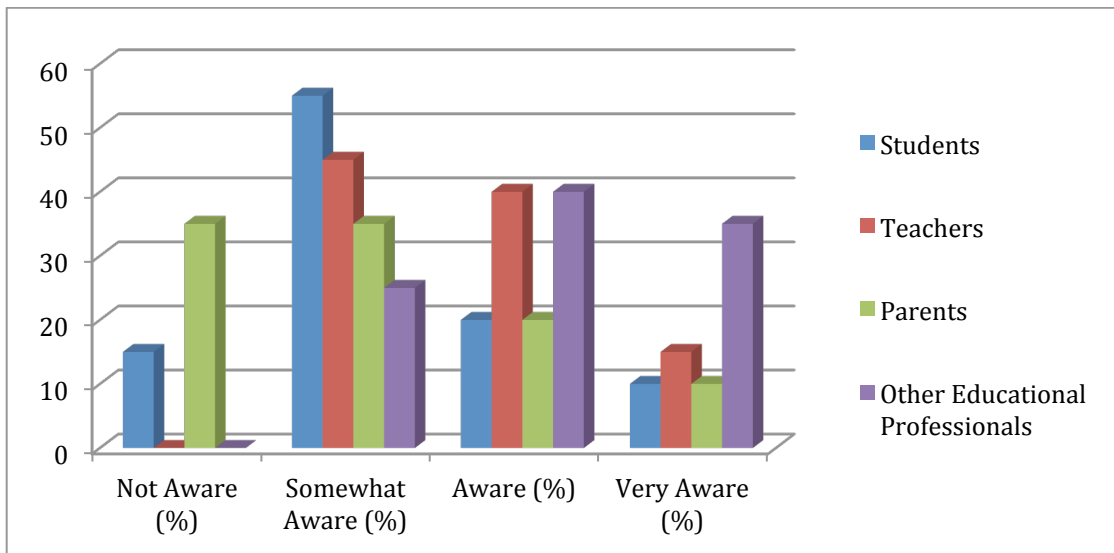


Figure 32
Respondent's answers in percentages to question number fourteen

Three students, accounting for 15% of the total student respondents, stated that they are not aware of the causes of suicide among school age children. Eleven student respondents, accounting for 55% of the total student respondents stated that were somewhat aware of the causes of suicide among school age children whereas, four student respondents, accounting for 20% of the total student respondents stated that they are aware of the causes of suicide among school age children. Two students, accounting for 10% of the total student respondents stated that they are very aware of the causes of suicide among school age children.

Zero teachers, accounting for 0% of the total teacher respondents, stated that they are not aware of the causes of suicide among school age children. Nine teacher respondents, accounting for 45% of the total teacher respondents stated that were somewhat aware of the causes of suicide among school age children whereas, eight teacher respondents, accounting for 40% of the total teacher respondents stated that they are aware of the causes of suicide among school age children. Three teachers, accounting for 15% of the total teacher respondents stated that they are very aware of the causes of suicide among school age children.

Seven parents, accounting for 35% of the total parent respondents, stated that they are not aware of the causes of suicide among school age children. Seven parent respondents, accounting for 35% of the total parent respondents stated that were somewhat aware of the causes of suicide among school age children whereas, four parent respondents, accounting for 20% of the total parent respondents stated that they are aware of the causes of suicide among school age children. Two parents,

accounting for 10% of the total parent respondents stated that they are very aware of the causes of suicide among school age children.

Zero other educational professionals, accounting for 0% of the total other educational professional respondents, stated that they are not aware of the causes of suicide among school age children. Five other educational professional respondents, accounting for 25% of the total other educational professional respondents stated that were somewhat aware of the causes of suicide among school age children whereas, eight other educational professional respondents, accounting for 40% of the total other educational professional respondents stated that they are aware of the causes of suicide among school age children. Seven other educational professionals, accounting for 35% of the total other educational professional respondents stated that they are very aware of the causes of suicide among school age children.

Question 15: How aware are you of the signs of suicidal behavior?

Tables 33 and 34 and figures 33 and 34 show the number and percentage of participants' responses to question 15. The results show that majority of parents and teachers report being somewhat aware of the signs of suicide among school age children whereas majority of other educational professionals report being aware of the signs of suicide, and majority of students report being not aware of the signs of suicide.

Respondent	Not Aware (#)	Somewhat Aware (#)	Aware (#)	Very Aware (#)
Students	9	7	3	1
Teachers	3	8	6	3
Parents	5	8	5	2
Other Educational Professionals	1	2	9	8

Table 33
Respondent's answers to question number fifteen

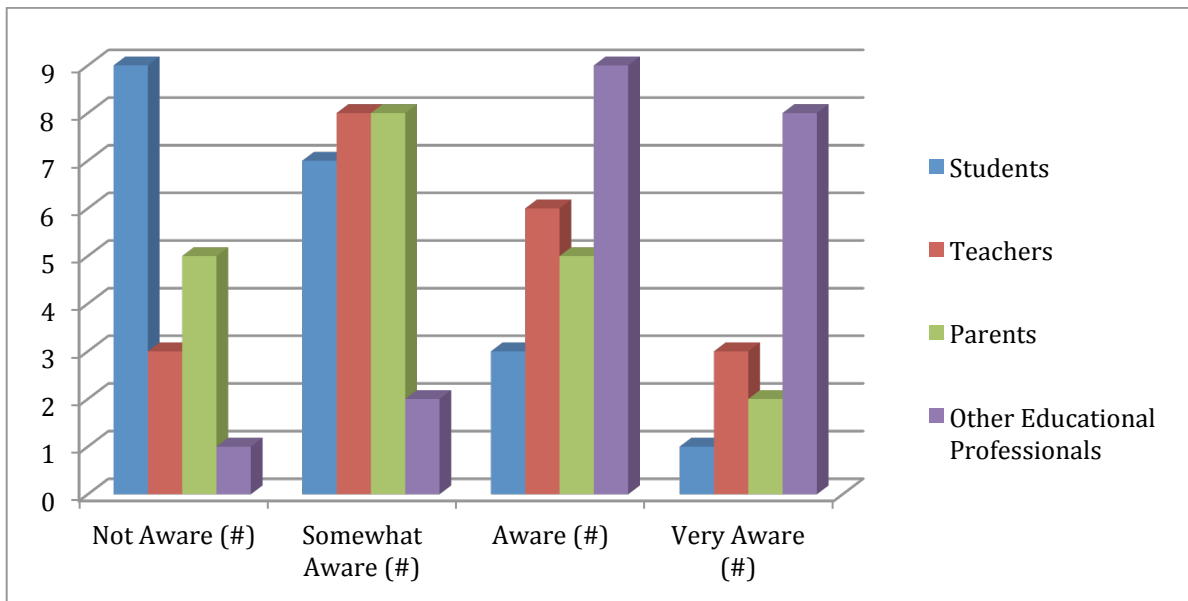


Figure 33
Respondent's answers to question number fifteen

Respondent	Not Aware (%)	Somewhat Aware (%)	Aware (%)	Very Aware (%)
Students	45	35	15	5
Teachers	15	40	30	15
Parents	25	40	25	10
Other Educational Professionals	5	10	45	40

Table 34
Respondent's answers in percentages to question number fifteen

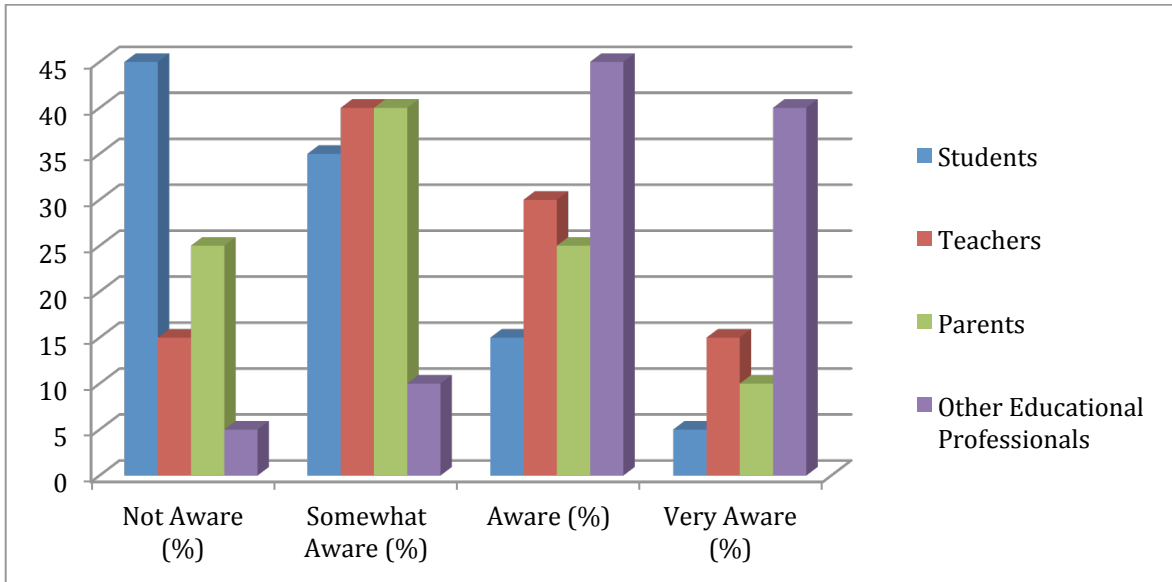


Figure 34
Respondent's answers in percentages to question number fourteen

Nine students, accounting for 45% of the total student respondents, stated that they are not aware of the signs of suicide among school age children. Seven student respondents, accounting for 35% of the total student respondents stated that were somewhat aware of the signs of suicide among school age children whereas, three student respondents, accounting for 15% of the total student respondents stated that they are aware of the signs of suicide among school age children. One student, accounting for 5% of the total student respondents stated that they are very aware of the signs of suicide among school age children.

Three teachers, accounting for 15% of the total teacher respondents, stated that they are not aware of the signs of suicide among school age children. Eight teacher respondents, accounting for 40% of the total teacher respondents stated that were somewhat aware of the signs of suicide among school age children whereas, six teacher respondents, accounting for 30% of the total teacher respondents stated that they are aware of the signs of suicide among school age

children. Three teachers, accounting for 15% of the total teacher respondents stated that they are very aware of the signs of suicide among school age children.

Five parents, accounting for 25% of the total parent respondents, stated that they are not aware of the signs of suicide among school age children. Eight parent respondents, accounting for 40% of the total parent respondents stated that were somewhat aware of the signs of suicide among school age children whereas, five parent respondents, accounting for 25% of the total parent respondents stated that they are aware of the signs of suicide among school age children. Two parents, accounting for 10% of the total parent respondents stated that they are very aware of the signs of suicide among school age children. 1298

One other educational professional, accounting for 5% of the total other educational professional respondents, stated that they are not aware of the signs of suicide among school age children. Two other educational professional respondents, accounting for 10% of the total other educational professional respondents stated that were somewhat aware of the signs of suicide among school age children whereas, nine other educational professional respondents, accounting for 45% of the total other educational professional respondents stated that they are aware of the signs of suicide among school age children. Eight other educational professionals, accounting for 40% of the total other educational professional respondents stated that they are very aware of the signs of suicide among school age children.

Chapter 5

Discussion

Review

The purpose of the present research was to:

1. Determine the extent to which local schools are providing suicide prevention programs
2. Determine the effectiveness of suicide prevention programs
3. Examine the attitudes of teachers, parents, students, and other educational professionals regarding suicide prevention programs
4. Determine the need for suicide prevention programs

Discussion of the Study

This study compared the feelings of teachers, students, parents, and other educational professionals as it correlates to suicide prevention / intervention. A total of 80 teachers, students, parents, and other educational professional respondents participated in the study. All participants reside or work in a special services school district in Southern New Jersey. There were a total of 20 participants for each category of the study, parents, teachers, other educational professionals, students and parents. All participants were selected at random. Student respondents attend the school in which I am a teacher at. All other respondents in the teacher, parent, and other educational professionals also work within the special services district in which I am currently employed at.

Siehl's (1992) study results showed that it is clear that the schools in Ohio have not made much progress in developing suicide prevention and postvention plans. Siehl (1992) reported that of Ohio schools surveyed 69% reported that there were no suicide prevention programs in their schools and that 76% of both principal and counselor samples believed that they were needed. When asked if it would be wise for schools to have such programs, school personnel responded that it would be, and yet no one seems willing to play an active role in developing the program. This research closely mirrors the results of the survey respondents. Majority of respondents reported not having a suicide prevention/postvention program or training but many respondents felt that suicide prevention/postvention programs are successful and should be implemented. That being said, respondents reported not wanting to be a part of a suicide prevention/postvention program or training.

Based on the research presented by Siehl (1992), it was not surprising to find that many students in the present study reported that they are not receiving any form of suicide prevention/postvention programming or training. The collection of information asked in questions one, two, three, and four showed that 95% of students surveyed reported no form of suicide prevention/postvention programming or training. Only one student, accounting for 5% of the total student respondents claimed to have a form of suicide prevention/postvention programming or training. This student claimed that the training was in the form of a class discussion and would rate this form of suicide prevention/postvention as being not effective. This indicates that students are not receiving a structured form of any kind of training or programming. Also, majority of

parent respondent's reported that they are unsure if their child's school has any form of suicide prevention/postvention programming or training.

A majority of teacher respondents reported having a suicide prevention/postvention program or training but stated that the program is simply a quick part of staff meetings at the beginning of the school year. Majority of applicable teacher respondents stated that this program or training is not effective. On the other end of the spectrum, other educational professionals reported in questions numbers one and two stated that they do receive a suicide prevention/postvention program or training which is a mandated, two hour online course that is to be completed, by all staff members, at the beginning of every school year. This course also has a pre and post-test that all staff members must pass and was rated as being somewhat effective.

Based on the information collected in question five, all 18 applicable student respondents, accounting for 95% of total student respondents stated that they think their school should have a suicide prevention/postvention program or training in place. The same applies for parent and teacher respondents as well. A majority of applicable respondents felt that there should in fact be involved in a suicide prevention/postvention program or training in place at their school.

Results of question six shows that majority of student, teacher, and parent respondents felt strongly that there should in fact be a suicide prevention/postvention program in their school. When asked why students felt this way, the overall response included that students felt that such a program or training would be beneficial to students and would also be able to help those in need.

Information collected in questions numbers seven and eight indicates that majority of students respondents felt strongly about being a part of a suicide prevention/postvention program or training. A majority of teacher respondents stated that they would not like to be a part of a suicide prevention/postvention program or training. Majority stated that they would not have time after school to stay for this program or training. However, of those that stated that they would like to be a part of a suicide prevention/postvention program or training, that felt strongly about being a part of one. Majority of parent respondents also stated that they would not like to be a part of a suicide prevention/postvention program. The reasons for their decline was that majority felt that this is an issue that they do not want to associate their child with and that it is a sensitive topic. However, of the parent respondents that stated that they would like to be a part of a suicide prevention/postvention program or training, they felt strongly about being a part of one.

Results of questions nine and ten found that majority of students do think that suicide prevention/postvention programs are successful. Majority of teacher and parent respondents felt that suicide prevention/postvention programs or trainings are somewhat successful whereas other educational respondents stated that they felt suicide prevention/postvention programs are very successful.

What is disheartening, the information collected in questions eleven and twelve showed that a majority of student and other educational professional respondents have known a school age child that has displayed suicidal behaviors. These behaviors include cutting, talking about ending ones life, and talking about killing ones self. Even more disheartening, as a result of these behaviors, almost all student respondents stated that

they did nothing as a result of these behaviors. However, other educational professionals stated that they referred school age children who displayed these behaviors to crisis and implemented counseling. A majority of parent and teacher respondents stated that they have not encountered a school age child that has ever displayed suicidal behavior.

Question thirteen showed that majority of respondents in all four groups have never known a school age child that has committed suicide. However, at least one respondent in each group have known a school age child that has committed suicide.

Finally, the information collected in questions 14 and 15 found that majority of student, teacher, and parent respondents were somewhat aware of the causes of suicide whereas a majority of other educational professionals reported being aware of the causes of suicide. Majority of student respondents reported being not aware of the signs of suicide among school age children, whereas, majority of other educational professionals reported being very aware of the signs of suicide among school age children. Majority of teacher and parent respondents state being somewhat aware of the signs of suicide among school age children.

Limitations

Although the research achieved the overall goals stated at the beginning of this chapter, there were some limitations. First, because of time limits, this research was conducted only on a small size of the population who attended one school. This research could have had a larger scope, including a larger population size and who work in several districts. Another limitation included the ages of student respondents. It would have been beneficial to survey students all the way into attending college. This would have created a

better picture of the overall perceptions as student's age. As with every study, improvements can always be made and different strategies could be taken. However, the results show that the goal of the study was reached and that suicide prevention/postvention programs or trainings are in fact lacking in use and implementation strategies.

Implications

Because suicide does happen among school age children, suicide prevention/postvention programs need to be designed to identify and provide treatment or other assistance for youth at risk of suicide. Suicide prevention/postvention programs and trainings represent a potentially efficient way to focus schools attention to the potential risk of a suicide taking place. Unfortunately, many schools are not implementing such programs or trainings to their staff or parents within the school community. Issues of the timing and costs may be an issue but widespread implementation would be a very practical for members of a community and school to come join together, identify the warning signs, and have a protocol in place and attempt to limit the number of suicides that happen. Suicide happens and it is important that parents, students, teachers, and other educational professionals become educated about the topic rather than remaining blind. Just because there is not a suicide prevention/postvention program or training in place does not mean suicide will not happen.

Conclusion

This study found that that majority of schools report not having a suicide prevention/postvention program or training but many that respondents felt that suicide prevention/postvention programs are successful and should be implemented. However, respondents reported not wanting to be a part of a suicide prevention/postvention program or training.

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Appendix A: Student Survey

Student Survey

Please take a few minutes to answer the questions below.

1. Does the school you attend have a suicide prevention/postvention program or training?

No Yes Unsure

2. If you answered yes to question 1, what does the program / training involve?

3. If you answered yes to question 1, who does the program/training involve?

4. If you answered yes to question 1, how would you rate the effectiveness of the program/training?

Not Effective
Somewhat Effective
Effective
Very Effective

5. If answered no to question 1, do you feel that your school should have a suicide prevention/postvention program?

No Yes

Why do you feel this way?:

6. If answered yes to question 5, how strongly do you feel that there should be a suicide prevention/postvention program or training at your school?

- Not Strongly
- Somewhat Strongly
- Strongly
- Very Strongly

7. If you answered yes to question 5, would you like to be a part of a suicide prevention/postvention program or training?

No Yes

Why do you feel this way?: _____

8. If answered yes to question 7, how strongly do you feel about being a part of a suicide prevention/postventions program or training?

- Not Strongly
- Somewhat Strongly
- Strongly
- Very Strongly

9. Do you think suicide prevention/postvention programs are successful?

No Yes Unsure

Why do you feel this way?: _____

10. If you answered yes to question 9, how successful do you feel suicide prevention/postvention programs or trainings are?

- Not Successful
- Somewhat Successful
- Successful
- Very Successful

11. Have any school age children you know ever displayed suicidal behaviors?

No Yes

If yes, please explain those behaviors: _____

12. If you answered yes to question 11, what did you do as a result of the behaviors?

13. Has any school age child you've know ever commit suicide?

No Yes

If yes, what was the students age/grade? _____

14. How aware are you of the causes of suicide among school age children?

Not Aware
Somewhat Aware
Aware
Very Aware

15. How aware are you of the signs of suicidal behavior?

Not Aware
Somewhat Aware
Aware
Very Aware

16. What grade are you in? _____

Thank you for your time and patience. It is truly appreciated.

Appendix B: Parent Survey

Parent Survey

Please take a few minutes to answer the questions below

1. Does the school that your child attends have a suicide prevention/postvention program or training?

No Yes Unsure

2. If you answered yes to question 1, what does the program / training involve?

3. If you answered yes to question 1, who does the program/training involve?

4. If you answered yes to question 1, how would you rate the effectiveness of the program/training?

Not Effective
Somewhat Effective
Effective
Very Effective

5. If answered no to question 1, do you feel that your child's school should have a suicide prevention/postvention program?

No Yes

Why do you feel this way?: _____

6. If answered yes to question 5, how strongly do you feel that there should be a suicide prevention/postvention program or training at your child's school?

Not Strongly
Somewhat Strongly
Strongly
Very Strongly

7. If you answered yes to question 5, would you like to be a part of a suicide prevention/postvention program or training?

No Yes

Why do you feel this way?: _____

8. If answered yes to question 7, how strongly do you feel about being a part of a suicide prevention/postventions program or training?

Not Strongly
Somewhat Strongly
Strongly
Very Strongly

9. Do you think suicide prevention/postvention programs are successful?

No Yes Unsure

Why do you feel this way?: _____

10. If you answered yes to question 9, how successful do you feel suicide prevention/postvention programs or trainings are?

Not Successful
Somewhat Successful
Successful
Very Successful

11. Has any school age children you've know ever displayed suicidal behaviors?

No Yes
If yes, please explain those
behaviors: _____

12. If you answered yes to question 11, what did you do as a result of the behaviors?

13. Has any school age child you've know ever commit suicide?

No Yes

If yes, what was the childs
age/grade? _____

14. How aware are you of the causes of suicide among school age children?

Not Aware
Somewhat Aware
Aware
Very Aware

15. How aware are you of the signs of suicidal behavior?

Not Aware
Somewhat Aware
Aware
Very Aware

16. What are the ages of your children?

17. What is your current job title?

Thank you for your time and patience. It is truly appreciated!

Appendix C: Teacher Survey

Teacher Survey

Please take a few minutes to answer the questions below.

1. Does the school you attend have a suicide prevention/postvention program or training?

No Yes Unsure

2. If you answered yes to question 1, what does the program / training involve?

3. If you answered yes to question 1, who does the program/training involve?

4. If you answered yes to question 1, how would you rate the effectiveness of the program/training?

Not Effective
Somewhat Effective
Effective
Very Effective

5. If answered no to question 1, do you feel that your school should have a suicide prevention/postvention program?

No Yes

Why do you feel this way?:

6. If answered yes to question 5, how strongly do you feel that there should be a suicide prevention/postvention program or training at your school?

Not Strongly
Somewhat Strongly
Strongly
Very Strongly

7. If you answered yes to question 5, would you like to be a part of a suicide prevention/postvention program or training?

No Yes

Why do you feel this way?: _____

8. If answered yes to question 7, how strongly do you feel about being a part of a suicide prevention/postventions program or training?

Not Strongly
Somewhat Strongly
Strongly
Very Strongly

9. Do you think suicide prevention/postvention programs are successful?

No Yes Unsure

Why do you feel this way?: _____

10. If you answered yes to question 9, how successful do you feel suicide prevention/postvention programs or trainings are?

Not Successful
Somewhat Successful
Successful
Very Successful

11. Have any school age children you know ever displayed suicidal behaviors?

No Yes

If yes, please explain those behaviors: _____

12. If you answered yes to question 11, what did you do as a result of the behaviors?

13. Has any school age child you've know ever commit suicide?

No Yes

If yes, what was the students age/grade? _____

14. How aware are you of the causes of suicide among school age children?

Not Aware
Somewhat Aware
Aware
Very Aware

15. How aware are you of the signs of suicidal behavior?

Not Aware
Somewhat Aware
Aware
Very Aware

16. What grade do you teach? _____

17. How many years teaching experience do you have?

Thank you for your time and patience. It is truly appreciated.

Appendix D: Other Educational Professional Survey

Other Educational Professionals Survey

Please take a few minutes to answer the questions below.

1. Does the school you attend have a suicide prevention/postvention program or training?

No Yes Unsure

2. If you answered yes to question 1, what does the program / training involve?

3. If you answered yes to question 1, who does the program/training involve?

4. If you answered yes to question 1, how would you rate the effectiveness of the program/training?

Not Effective
Somewhat Effective
Effective
Very Effective

5. If answered no to question 1, do you feel that your school should have a suicide prevention/postvention program?

No Yes

Why do you feel this way?:

6. If answered yes to question 5, how strongly do you feel that there should be a suicide prevention/postvention program or training at your school?

Not Strongly
Somewhat Strongly
Strongly
Very Strongly

7. If you answered yes to question 5, would you like to be a part of a suicide prevention/postvention program or training?

No Yes

Why do you feel this way?: _____

8. If answered yes to question 7, how strongly do you feel about being a part of a suicide prevention/postventions program or training?

Not Strongly
Somewhat Strongly
Strongly
Very Strongly

9. Do you think suicide prevention/postvention programs are successful?

No Yes Unsure

Why do you feel this way?: _____

10. If you answered yes to question 9, how successful do you feel suicide prevention/postvention programs or trainings are?

Not Successful
Somewhat Successful
Successful
Very Successful

11. Have any school age children you know ever displayed suicidal behaviors?

No Yes

If yes, please explain those behaviors: _____

12. If you answered yes to question 11, what did you do as a result of the behaviors?

13. Has any school age child you've know ever commit suicide?

No Yes

If yes, what was the students age/grade? _____

14. How aware are you of the causes of suicide among school age children?

Not Aware
Somewhat Aware
Aware
Very Aware

15. How aware are you of the signs of suicidal behavior?

Not Aware
Somewhat Aware
Aware
Very Aware

16. What is your job title? _____

17. Number of years experience in the education field?
