Suicide and Students With High-Incidence Disabilities: What Special Educators Need to Know

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Abstract:

The purpose of this article is threefold: To discuss suicide as it pertains to students diagnosed with high incidence disabilities.; To help special education teachers identify students at risk for suicide.; To identify how special educators can help intervene when a student is considering suicide. A positive relationship seems to exist among emotional and/or behavior disorders (EBD), suicidal ideation and suicide attempts (Fleischmann, Bertolote, Belfer, & Beautrais, 2005; Hamrick et al., 2004), and adolescent females with high-incidence disabilities (particularly EBD) think more about suicide and make more suicide attempts than their peers without a disability (Miller, 1994).

Keywords: Suicide | Student health | Counselors | Disability | Crisis intervention | Risk factors

Article:

"Within a typical high school classroom, it is likely that three students (one boy and two girls) have made a suicide attempt in the past year" (American Association of Suicidology, 2003, p. 3). How many of your students are contemplating suicide? How do you know, and what do you do if you suspect that one of your students may attempt suicide?

Suicide is the third leading cause of death in individuals ages 10 to 24 (National Institute of Mental Health, 2003). Researchers approximate that 17% to 29% of secondary school students seriously consider suicide and 8% attempt suicide (Brener, Krug, & Simon, 2000; Centers for Disease Control, 2006). Students diagnosed with a disability may be at an even higher level of risk than their general education peers (see Bender, Rosenkrans, & Crane, 1999; McBride & Seigel, 1997). Clearly, knowing how to identify and how to access assistance for students considering suicide is important for those who work with all students.

Although we as educators do not want our students to consider suicide as an option, they sometimes do. The purpose of this article is threefold:

- To discuss suicide as it pertains to students diagnosed with high incidence disabilities.
- To help special education teachers identify students at risk for suicide.
- To identify how special educators can help intervene when a student is considering suicide.

Identification and intervention practices are illustrated through a case study of a hypothetical student, Marcia, and her teacher, Sarah.

Suicide: Knowing What We Don't Want to Know

Recognizing students at risk of suicide is a vital skill for educators who work with students with disabilities. Although all students could consider suicide, research indicates that students with a disability have higher rates of suicidal ideation and suicide attempts than their general education peers (e.g., Bender et al., 1999; Bender & Wall, 1994; Huntington & Bender, 1993; Kerkhof, 1994; McBride & Seigel, 1997) and, thus, may be at increased risk. One risk factor for suicide is having a diagnosed disability, including learning disabilities (e.g., McBride & Seigel). A second risk factor, a lack of social support (Patterson, Dohn, Bird, & Patterson, 1983), is particularly relevant to special educators because students with a disability often have fewer school social supports and face social isolation (Heiman & Margalit, 1998; Pavri & Luftig, 2000). In addition, research suggests that students with a disability might be more susceptible to depression, another risk factor for suicide (e.g., Allan, Kashani, Dahlmeier, Beck, & Reid, 1998; Hamrick, Goldman, Sapp, & Kohler, 2004). In fact, Hamrick et al. estimated that approximately 50% of students who are eligible for special education services could also be diagnosed as depressed, and Maag and Reid (2006) found higher depression scores among students with a learning disability than students without a learning disability.

Research has, in part, validated the presumption that students with a disability are more susceptible to suicidal thoughts and behavior. A positive relationship seems to exist among emotional and/or behavior disorders (EBD), suicidal ideation and suicide attempts (Fleischmann, Bertolote, Belfer, & Beautrais, 2005; Hamrick et al., 2004), and adolescent females with high-incidence disabilities (particularly EBD) think more about suicide and make more suicide attempts than their peers without a disability (Miller, 1994). Researchers who analyzed the handwriting, spelling, grammar, and syntax of suicide notes concluded that a high percentage of students who committed suicide had a disability, particularly a learning disability (McBride & Seigel, 1997). In another study, 50% of teens under the age of 15 who completed suicide in Los Angeles were diagnosed as having a learning disability (Peck, 1985). Because a demonstrated relationship exists between high incidence disabilities and suicide, teachers of students with a

disability need to know how to recognize students at risk for suicide and how to intervene appropriately in these cases.

Meet Marcia Gonzales and Sarah Smith

Marcia Gonzales is a biracial ninth grade student with a learning disability. She attends general education classes but also receives support from her school's ninth grade cross-categorical resource room. Marcia struggles with reading and mathematics. She has general education classes except for a co-taught English class, a pull-out algebra class, and a pull-out study skills class. Marcia lives with her mother, Karen; her parents are divorced and she has infrequent contact with her father. Karen works second shift at a local plant, and she often is asleep when Marcia leaves for school in the morning and at work when Marcia gets home. Marcia has few friends, in part because she moved to the school district last year and has been served primarily in pull-out resource room classes. Her current resource room classes have only one other female student. Marcia is often quiet during her general education courses.

Sarah Smith is a fourth-year special education teacher at the high school. She has Marcia for three class periods, as she co-teaches Marcia's English class and teaches her pull-out algebra and study skills classes. Many of the same students are in all three of Sarah's classes. Although the English class is co-taught, because Marcia and her classmates spend more than half their time in the resource room classroom, Sarah is the teacher who grades their work, including the journal writing required by the general education English teacher.

Let us now consider Marcia, the case study student, in light of what has been presented about issues of suicide. She has at least two risk factors—a diagnosed learning disability and social isolation. Social isolation may be particularly salient given Marcia's recent move, the few females in her resource room classes, her quiet demeanor, and, potentially, a perceived lack of family support due to limited contact with her father and her mother's work schedule.

What Educators Need to Know About Suicide What to Do Before Suicide Is an Issue

Preventing suicidal behavior before it starts is one way to assist students who may consider suicide. Preventive programs may be school-wide and conducted by a number of individuals who have been trained in suicide prevention (e.g., school counselors, school social workers, school nurses, members of the crisis team). Teachers can talk to administrators and student services personnel about implementing a school-wide suicide prevention program if one is not already in place. Multiple programs have already been developed and evaluated. A list of some evidence-based suicide prevention programs for schools is available at the American Foundation's Suicide Prevention Resource Center (SPRC; n.d.) Web site (http://www.sprc.org/featured_resources/bpr/ebpp.asp).

School counselors are also a resource that teachers can use to help educate both themselves and their students regarding suicide. Many school counselors give classroom presentations on topics

that address the academic, career, and personal/social needs of students. Specific to suicide, the school counselor can teach students how to recognize signs that a peer is in trouble and can underscore the importance of telling adults about classmates who may need assistance, thus expanding the ways to identify students in need of support. School counselors can also be helpful in teaching coping skills for anger, sadness, and anxiety. Other student services personnel, including school social workers, school nurses, and school psychologists, may also be available to help educate students and teachers about risk signs of suicidality and provide support for students and teachers.

Signs of Danger and Imminent Risk Signs of Danger
• Engaging in dangerous risk-taking behaviors.
• Sudden changes in peer friendships or relationships or unhealthy peer relationships.
• Withdrawing or isolating from friends and/or family.
• Self-mutilation (e.g., cutting or burning that is uncharacteristic of the student's identified disability).
• Sudden mood changes or personality shifts.
• Challenges with sexual or gender identity (e.g., students who identify as gay, lesbian, bisexual, or transgender or who are questioning their sexuality or gender identity).
• Being a bully or a victim of a bully.
• Depression.
• Sudden decline in academic performance or achievement.
• Uncharacteristic difficulty concentrating or thinking.
• Changes in eating patterns or sleeping patterns (either exceptionally more or less than typical).
• Substance use or abuse (including alcohol and illegal substances, or abuse of prescription medication).
• Preoccupation with the feelings of others.
• Unusual interest in morbid themes, death, or dying.
• Atypical promiscuous or sexual behavior.
Signs of Imminent Risk
• Preoccupation with suicide and/or death in writing, poetry, or artwork.
• Direct statements about suicide (e.g., "I'm going to kill myself").
• Indirect statements about suicide (e.g., "Don't bother grading my test, I won't be here to pick it up," "It won't matter anymore," "Sometimes I just don't want to wake up").
• Isolating behaviors.
• Expressing helplessness, hopelessness, or that life is meaningless.
• Giving away belongings or "setting affairs in order."
• A rapid change in mood from depression to contentment or happiness (may indicate that the student has made a decision and regards suicide as a way to escape pain).
• Dropping out of activities that had been important.
• Seeking or gaining access to a weapon or other means of harming oneself.

What to Look for

Multiple resources describe behavioral cues that teachers, school counselors, and other education personnel should be aware of in their students (e.g., Capuzzi & Gross, 2006; National Center for Mental Health Promotion and Youth Violence Prevention, 2006). These signs have been grouped in two categories: (1) signs of danger and (2) imminent risk (see box "Signs of Danger and Imminent Risk"). Signs of danger, especially multiple signs exhibited simultaneously, are indicators that a student may be going through personal difficulties and should be monitored. Sudden shifts in the student's personality, behavior, or personal routine (e.g., changes in friendships, withdrawing, changes in eating or sleeping patterns) may indicate that a student is having a difficult time. Engaging in dangerous risk-taking behavior without regard for personal safety; drug and alcohol use or abuse; and engaging in bullying, self-mutilating, or sexual behavior are also signs of danger that teachers should be aware of and monitor.

Signs of imminent risk indicate a need for immediate intervention to maintain the safety of the student. Such signs are more specifically related to suicidal thoughts and behavior, and indicate that a student may be seriously considering suicide as an option. Teachers may see danger signs in a student's work (e.g., preoccupation with suicide or death in writing or artwork); in a student's statements (e.g., making direct or indirect statements about suicide or dying to teachers or peers; expressing feelings of helplessness or hopelessness; talking about procuring weapons, medications, or other methods of self-harm); and in a student's behavior or mood (e.g., giving away prized possessions, expressing feelings of helplessness or hopelessness, sudden changes in mood, self-isolating, dropping out of activities). In addition to the signs of danger and imminent risks listed previously, the American Association of Suicidology (n.d.) has created a mnemonic device to help identify common indicators of a student at risk for suicide (see box "Mnemonic for Students at Risk for Suicide"). Teachers should note that although these signs do not mean that a student will definitely attempt suicide, they are associated with a high level of distress and a reduced capacity to function academically, socially, behaviorally, and/or cognitively. A student may be in a state of crisis and unable to cope. Finding support for these students is important to keep them safe should their thoughts turn to suicide as a method to cope or to escape pain and distress.

Students may not be able to articulate the level of pain they are experiencing, so all statements or behaviors indicating potential suicidal thoughts should be taken seriously, even if a teacher thinks the student is attention-seeking. The student needs to be seen by someone trained in suicide assessment. If at risk for suicide, the student will receive trained intervention and prevention services to maintain her or his safety. If the student is merely seeking attention, the manipulative behavior can be addressed in the same setting once an expert has determined that no risk is involved.

FIGURE IS OMITTED FROM THIS FORMATTED DOCUMENT

Considering Marcia

Since Sarah started working with Marcia at the beginning of ninth grade, she has noted that Marcia is cooperative and respectful, yet she tends to work on her own, interacting only minimally with other students in her classes. Occasionally, Sarah has sensed some friction between Marcia and the other female student in the class, but despite being watchful, Sarah has not seen any overt behavior. Sarah has intervened a few times when some of the boys have made inappropriate comments, mostly pertaining to Marcia's figure. Although Marcia has never reacted openly to any of these comments, Sarah senses that she withdraws into herself. Just before winter break, Marcia seemed to be more distant than normal and unfocused on her work. When Sarah questioned her, Marcia shrugged it off and said she was just tired.

After winter break, Marcia had clearly lost weight and looked exhausted. On the first Friday back as Marcia was packing up her books, Sarah questioned her. Marcia responded that she was okay, in a voice that was flat and monotone. Sarah expressed her concern, but Marcia shrugged it off as just being tired. Later that week, when one of Marcia's classmates told the class that he was going to a baseball game with his dad, Sarah observed Marcia getting teary.

Initial Intervention With Marcia

In Marcia's case, Marcia is exhibiting several warning signs listed in the box "Signs of Danger and Imminent Risk." As noted by Sarah, Marcia is isolating herself and has withdrawn from classmates. Some evidence suggests that Marcia might be the victim of bullying, or, at the very least, is lacking healthy peer relationships (i.e., friction with female classmate and comments from male classmates). Her ability to concentrate has declined, and some evidence reveals that her sleeping and eating patterns may have significantly changed (i.e., loss of weight, tiredness). Noticing these signs, Sarah kept Marcia after class on the pretext of wanting to ask her a quick question. Sarah waited until the rest of the class left, and then asked Marcia how she was doing, explaining that Marcia had seemed distracted and tired lately.

Marcia apologized and said that she was "kinda stressed" and was having trouble sleeping because she had a big test coming up. Sarah let her go, but decided to bring the situation to the school counselor's attention. The school counselor, Donna, agreed to keep her eye on Marcia, and set up a time to come into Sarah's class in 2 weeks to lead a classroom guidance lesson on recognizing when a peer is in trouble.

Tips for Addressing Students Considering Suicide

• Always take the student seriously. There may be lethal consequences if statements or behaviors are ignored.
• Always ensure the student's safety and the safety of other students present.
• If you think a student is actively suicidal, do not leave that student alone at any time for any circumstances. This caution includes trips to the bathroom and walking to the office. Students who are actively suicidal must be constantly supervised.
• As soon as possible, contact the closest member of your school staff who is trained in suicide

assessment and/or crisis intervention. Doing so might involve sending another student to get that individual, making a telephone call, or notifying another teacher to make the contact.
• Remain calm, and give the student emotional support.
• Maintain a nonjudgmental stance. A crisis situation is not the appropriate time to discuss moral, spiritual, or religious implications or to disclose times that you went through a similar situation without thinking of suicide.
• Encourage the student to talk.
• Listen to the student.
• Acknowledge the student's pain and bravery in seeking help. Doing so will allow the student to feel heard, whereas judgment or perception of a lack of support or understanding might thwart continued (or future) communication.
• Do not make promises to keep secrets or maintain confidentiality about issues involving suicide. Even school counselors, who have confidential and legally privileged relationships with students, are ethically required to break confidentiality in cases of suicidal ideation. A teacher who has not been trained in crisis management should not be solely responsible for determining what the student needs and what follow-up should occur.
• Do not offer advice, suggestions, or promises that cannot be kept (e.g., "Everything is going to be okay").
• Contact parents and/or guardians to notify them of your concerns.
• Make sure that you get support, too. Working with students who are in pain can be emotionally, physically, and cognitively draining. You can help take care of your students by taking care of yourself!

When Warning Signs Are Exhibited

Knowing where to turn can be a challenge for teachers when one of their students is exhibiting signs of distress or potential risk of suicidal thoughts or behaviors. In situations involving potential risk or imminent risk, adults in the student's life need to act in a way that can quickly and effectively link the distressed student with resources for support. To be as well prepared as possible, one should know the school's policies and procedures regarding suicide, violence, and other crisis scenarios (e.g., who should be a teacher's first contact?), and keep that information in the classroom in a clear and easy-to-read format. Most schools have personnel specifically trained in suicide assessment and intervention who would be the first choice of individuals to contact. For school crisis plans, which may have information that is absent or unclear, the administration should consider designing an updated policy. The U.S. Department of Education (2007) has developed resources to help schools in thisprocess (see http://www.ed.gov/emergencyplan for one resource on developing a comprehensive crisis plan).

Although intervening may be intimidating, educators must respond properly to children and adolescents who they suspect may be contemplating suicide. First and foremost, educators should take all threats or signs seriously, even if the student seems to be attention seeking. Even if the student wants the situation to be kept a secret, it requires immediate action and notification of other relevant parties (crisis team members, parents, etc.). If a student you are working with

appears to be contemplating suicide, it is important to maintain the safety of that student and any other students present. This caution includes never leaving a potentially suicidal student alone. Students who are in danger of harming themselves should be constantly supervised, including during trips to the restroom or to the school office. Notifying a member of your school's crisis team immediately while providing a supportive, nonjudgmental environment for the student are also important. A way to support these students may involve statements about their bravery in seeking help and the pain that they are experiencing, whereas trying to talk the student out of suicide or lecturing him or her about bad choices may only disrupt communication. A vital component of the teacher's role is to disclose to relevant staff (e.g., crisis team members, school counselors, school nurse, administration) and parents that a student may be contemplating suicide. These responses are important to ensure that students who may be contemplating suicide receive the support and help that they need (See box "Tips for Addressing Students Considering Suicide").

Marcia: A Student at Risk?

Marcia withdrew more over the next 10 days, and Sarah became increasingly concerned about her. Although Sarah checked on her daily and offered to listen if Marcia needed it, Marcia maintained that she was all right. Sarah kept Donna informed, and Donna checked in with Marcia during lunch one day. Although Marcia maintained that she was tired and stressed out over schoolwork, Sarah had the sense that more was happening.

Then, toward the end of the week, Marcia screamed without provocation at a male classmate who had been sitting quietly at his desk because she sensed that he was staring at her. The whole class was stunned. Marcia had never been outspoken in class, and she had never raised her voice, much less screamed at a classmate. The behavior was uncharacteristic for her, and Sarah noted that a sudden change in behavior is a warning sign for suicide. Sarah used the outburst as a teachable moment, explaining how to deal with anger in effective ways and reminding the students of the rules of the classroom and respecting each other.

The day before Donna was to present her guidance lesson in Sarah's class, Sarah graded her students' English journals. The assignment was to write a reflection about the book the class was reading for English. In this book one of the main characters, a teenage girl, had died. Marcia had written "I know that she's happier now" and "I think it'd be okay to just go to sleep and be gone . . . they don't care about me now, but maybe someone would care then."

When she read this entry, Sarah felt uncomfortable; she was worried about Marcia and concerned whether she might be considering suicide. Sarah called Donna, one of the members of the school crisis team, to tell her about Marcia's journal entry and ask her advice. After asking Sarah a few questions, Donna said that she would walk to the classroom where Marcia was, then walk Marcia to the counseling office. Donna asked Sarah to meet them in her office for a few minutes, so that she could share her support and concern for Marcia. Before going to get Marcia

from the classroom, Donna contacted an assistant principal who was also on the crisis team, so they could assess Marcia's suicide risk after Sarah had left the office. Donna explained that the assessment would help identify what services and support Marcia needed. Donna reassured Sarah that she would follow up and take any appropriate action, including calling Marcia's mother, making sure Marcia was supervised at home, and getting outside mental health support if necessary.

Reflections on Marcia's Case

Sarah has more contact with Marcia than most other school personnel, so she has more personal knowledge of Marcia's day-to-day behaviors than the school counselor, the administrators, or faculty who saw the student just one class period a day. Therefore, Sarah was better able to notice the affective, behavioral, and cognitive changes that were occurring in Marcia than most of her colleagues were. When Sarah was alarmed by what she was seeing and reading, she quickly took action because she knew which resources to contact. She contacted the school counselor and consulted with her throughout the process, including inviting her to provide classroom guidance. This action benefited Marcia by providing intervention services from someone trained in suicide assessment and benefited Sarah by allowing her to receive support and share the responsibility of helping Marcia.

What might have happened if, in this case study, Marcia had made a statement or gesture indicating suicide risk in class? If other students are present when a student makes a suicidal threat or gesture, ensuring the safety of both the at-risk student and the other students is important. Sarah might make a similar call to Donna, or ask a colleague to watch her class while she escorts Marcia to the counseling office or main office herself. When students have been exposed to a situation involving a classmate at risk, allow them the time and space to express their feelings and concerns about the situation, and encourage them to get support from the school counselor and other members of the student services or crisis intervention team. Teachers can reassure them that the student is receiving help, but they should also maintain the privacy and confidentiality of the student who exhibited the threat or gesture and of her or his family.

Concluding Marcia's Case

When Donna assessed her, Marcia shared that she had been contemplating suicide for a month, and that in the past week, she had begun to focus on it. She had formed a suicide plan, but had not yet chosen a time when she might act on her suicidal thoughts. She shared feeling intensely lonely and unloved. Her only deterrent was how her death might make her mother feel. Donna contacted Marcia's mother, and together they developed a safety plan and found a counselor in the community who could provide support for Marcia. After a few days, Marcia's mood began to lighten, and 2 weeks later, Sarah saw her smile in the hallway.

Concluding Thoughts

Suicide is an unpleasant reality for adolescents. Students who have a disability may be at higher risk of considering or attempting suicide. Vital skills for those who teach students with a disability are knowing how to identify students at risk for suicidal behavior and how to connect these students with resources at the school. By engaging in preventative activities, early identification, and efficient use of school and crisis team resources, teachers of students with a disability can help identify potentially suicidal situations and intervene when students are contemplating suicide.

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