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**Adolescent suicide: The role of the public school**

**Hollar, Cleve Cordell, Ed.D.**

**The University of North Carolina at Greensboro, 1987**

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ADOLESCENT SUICIDE: THE ROLE  
OF THE PUBLIC SCHOOL


by

Cleve Cordell Hollar

A Dissertation Submitted to  
the Faculty of the Graduate School at  
The University of North Carolina at Greensboro  
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APPROVAL PAGE

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This was a study of adolescent suicide. It examined the causes of suicide in youth and the reasons for its escalating rate. Studies of suicide prevention/intervention programs in high schools were made. A review of how state legislatures and state departments of public instruction are addressing the problem was included. The purpose of this study was to develop practical guidelines for public school administrators to use when developing a suicide prevention/intervention program.

Questionnaires and letters of inquiry were sent to all fifty state departments of public instruction and selected local school systems, high schools, mental health centers, and state and national suicide prevention centers. Teleconferences were held to obtain additional information.

The following conclusions were drawn from the study:

1. Although there are many possible causes of suicide, depression is common in most and can be recognized.
2. The many changes in society over the past twenty-five years have contributed to the corresponding increased rate of adolescent suicide.
3. There are recognizable warning signs and precipitating events that are present before most suicides.
4. Psychologists agree that deprivation of higher needs foster climates favorable to suicide.

5. Helping a student improve his self-concept will also help to improve his academic achievement.
6. Twenty-five of forty-three responding states do have schools with adolescent suicide prevention programs.
7. At least four national organizations stand ready to provide schools with assistance in addressing the adolescent suicide problem.
8. A comprehensive adolescent suicide prevention program would include an emphasis on promoting positive mental health, recognizing suicide susceptible students, reacting effectively to students in need, establishing a referral procedure, and allowing a grief process that avoids contagion.

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CHAPTER I  
INTRODUCTION

Overview

Readers casually notice the report of a youthful suicide in the newspaper and think, "How sad." They do not realize that it is a report signaling impending deaths and damaged lives. The lives of close relatives (parents, siblings, grandparents) or close friends are often reduced to a pathetic struggle for existence. The lives of all relatives and acquaintances are affected in varying degrees from temporary mental anguish to daily moments of unhappiness. Those in similar vulnerable situations as the victim may be spurred to imitate the act and the cycle goes on.<sup>1</sup>

Suicide is the third leading cause of death of young people between the ages of 15 and 24 in the United States. In several states suicide ranks second, and it does rank second as the cause of death in college-age youth.<sup>2</sup> In 1984, six thousand (6,000) adolescent suicides and four hundred thousand (400,000) attempts were reported. The rates have tripled over the last twenty-five (25) years. Between 1970 and

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<sup>1</sup>Charlotte P. Ross, Suicide in Youth and What You Can Do About It: A Guide for Students. San Mateo Suicide Prevention and Crisis Center (June 1984), p. 6.

<sup>2</sup>Tania Powschine, "By Their Own Hands." Forbes (October 21, 1985), p. 162.



1978, the suicide rate for those aged 15 and 25 rose 41 percent while the rate for the rest of the population remained stable. White males have had the highest increase in suicide, which increased 50 percent between 1970 and 1978. White female suicides increased 12 percent during the same period. Recent studies show suicide among young blacks is also a growing problem. The ratio of male to female suicides is four to one. However, young women attempt suicide four to eight times more frequently.<sup>3</sup> Reports of suicide "clusters," in which one suicide appears to trigger several others within a group such as a school or community, have increased.<sup>4</sup>

Statistics, however, reflect only the tip of the iceberg. Suicide is greatly underreported. Estimates of actual suicides are two to three times the reported rate and estimates of attempts vary from fifty (50) attempts to one (1) suicide to one hundred twenty (120) attempts to one (1). Embarrassed or guilt ridden parents may report suicides as accidents. Many automobile "accidents" are suicides. Dorpat and Ripley (1967) have noted that these estimates are derived from attempters admitted to hospitals, when only a fraction seek medical attention.<sup>5</sup> Ross (1984) reported that questionnaires sent to 120 Northern California high school students showed that 13 percent had

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<sup>3</sup>Ibid., p. 162.

<sup>4</sup>"Questions and Answers on Adolescent Suicide." PTA Today (November 1985), p. 17.

<sup>5</sup>Kim Smith and Sylvia Crawford, "Suicidal Behavior Among 'Normal' High School Students." Fourth Annual Conference on Suicide of Adults and Youth (Topeka, Kansas, September 14, 1984), p. 1.

attempted suicide and 53 percent had seriously thought about it.<sup>6</sup> Mishara, Baher, and Mishara (1976) reported in their study of two hundred ninety-three (293) college students in the Detroit and Boston areas that 15 percent had attempted suicide and 65 percent had thought enough about it to design a method by which to carry it out.<sup>7</sup> The magnitude of the iceberg begins to appear when the guilt-ridden parents, classmates, friends, relatives, and teachers are added to the record of actual attempted and completed suicides.

It has been said that this is an "explosion of knowledge era." But when lives are exploding at a comparable rate, is America's society being advanced or diminished? America's young--the emissaries to the future--the ones who will use and direct the knowledge, and who seemingly have the most to live for, are so unhappy and depressed that they are doubting the value of living in record numbers. This phenomenon raises several key questions which this study examines. The school is second only to the home in influencing the lives of the young. How public schools can stem the tide of hopelessness and redirect the tide to one of hopefulness is the purpose and heart of this study. This study examines suicide prevention programs at schools that seek to improve and promote human lives. Moreover, recommendations have been made assisting and requesting schools to develop their own programs.

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<sup>6</sup>Ibid., p. 2.

<sup>7</sup>Ibid., p. 3.

### Statement of the Problem

Most schools include, "providing students with opportunities to develop their full potential," in their mission statement. Suicide is the ultimate failure of this mission. The increase in the rate of suicide in America's youth can be considered of epidemic proportion. The schools need to assist in dealing with this problem. Programs need to be developed to educate teachers and school personnel about the emotional needs of youth. There needs to be developed in America's schools a prevailing attitude that the fullest potential of a student can only be unleashed when the self-concept and self-worth have been positively established.

This study examines programs in all fifty states and eleven schools that have been developed to combat adolescent suicide. It also provides recommendations and guidelines for other schools to follow.

The purpose of this study was to develop practical guidelines for public school administrators to use when developing a suicide prevention/intervention program. These guidelines are focused upon removing the problem's causes. Moreover the guidelines have resulted from research of the problem and of programs presently operating in the schools. Following are key questions that are asked in an attempt to develop useful guidelines:

1. What are the generally accepted causes of adolescent suicide?
2. Why has the suicide rate in adolescents escalated so rapidly with the past twenty-five (25) years?
3. What are the warning signs of an impending suicide?

4. What is the relationship between deprivation of human needs and adolescent suicide?
5. What are significant contributing factors to the development of a positive self-concept? How is self-concept related to academic achievement?
6. Which states have enacted legislation mandating that programs be developed to counteract adolescent suicide?
7. Which state departments of public instruction have developed statewide suicide prevention/intervention programs for adolescents?
8. What sources are available to the school administrator for developing an adolescent suicide prevention/intervention program?
9. Does an analysis of adolescent suicide prevention/intervention programs operating in our high schools reveal any practices that should be included in all schools?

#### Scope of the Study

This is a study of adolescent suicide and of selected American public high schools. The study attempts to address the problem of suicide in youth and reasons for its escalating rate. Case studies of suicide prevention/intervention programs in high schools are made. A review of how state legislatures and state departments of public instruction are addressing the problem is included. Special emphasis is placed upon identifying practices in high schools that would be beneficial to all high schools.

### Methods, Procedures, and Sources of Information

In order to determine if a need existed for the study, a computer search of dissertation topics and Psychological Abstracts related to adolescent suicide was obtained. Summaries of the dissertations were read in Dissertation Abstracts.

Journal articles, books, and other literature relevant to the subject being studied were located by using research tools such as the Education Index, Reader's Guide to Periodical Literature and the Current Index to Journals in Education. A list of related sources through a computer search from the North Carolina Science and Technology Research Center at the North Carolina Research Triangle Park was received.

Additional information was received through letters of inquiry and questionnaires to all fifty state departments of public instruction and selected local school systems, high schools, mental health centers, and state and national suicide prevention centers. Teleconferences were made to obtain additional information when incomplete letters or questionnaires were received or when additional sources of information were identified from the letters and questionnaires.

### Definition of Terms

For the purpose of this study, the following selected terms are defined:

Adolescent. A young person who is in a transition between childhood and adulthood. The age span of 12 to 18 years is used in this study.

Gatekeepers. Those individuals who can be identified as rescuers for the potential suicide victim.

Contagion theory. The belief that there is an increase in the likelihood of a suicide occurring if there is discussion of a suicide.

Manipulation. The use by a person of suicide threats to gain attention or to obtain an objective.

Ambivalence. Assorted feelings about the act of suicide (compassion, anger, guilt) that tend to immobilize the persons closest to the victim.

Denial. A refusal to accept the fact that the person died from suicide or attempted suicide.

Normal depression. Temporary feelings of sadness, anger, or dejection.

Abnormal depression. Prolonged periods of feelings of sadness, anger, or dejection.

Warning signs. Abrupt changes in behavior following abnormal depression that may indicate an impending suicide attempt.

Self-concept of ability. A person's perception of how well he/she can perform a task. This perception is a result of how he/she perceives others judge his/her ability.

Myth. A misconception of misinformation about suicide.

Survivors. Friends, relatives, and acquaintances of a suicide victim.

Cluster suicides. Several suicides within a group such as a school or community that are triggered by a single suicide.

### Significance of the Study

There continues to be calls from various sources including the Secretary of the United States Department of Education for business managers to assume principalships of our schools. Retired military officers have been mentioned as ideal candidates. Our current rank of principals are seen by "experts" as not having been able to produce the results needed in our educational system. There has, however, been one important advantage that business managers have had over school managers and that is in having a more predictable environment to plan for achievement. School principals have been bombarded on a regular basis with unexpected mandates from the political arenas requiring them to develop strategies to keep operations at a maintenance level without having had the luxury to concentrate on achievement items. It is true that many schools have not been able to maintain necessary services for students,<sup>8</sup> but it has not necessarily been because of poor management skills.

Obviously, attention to human needs of students is an area that has not received enough attention for several years. The suicide rate of youth serves as sinister proof of this. The social upheaval in America during the 1960s drastically affected students' performance on standardized achievement tests and prompted a cry for accountability of public school teachers and principals. The risk (one that has become realized) was that students might become passive receivers of

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<sup>8</sup>William A. Wendt, "Adolescence is the Worst Time of Grieving." Washington Post (April 23, 1986), p. 14.

information that was to be regurgitated at a later date, and the teacher began to pay less attention to the student's basic human needs--a practice that would become life threatening at a later date. What was and is glaringly omitted is the fact that learning will be at its highest level when students feel good about themselves and their abilities.<sup>9</sup> There needs to be a joint emphasis on fulfilling the basic human needs of young people and upon the skillful teaching of relevant subject matter.

The significance of this study is that it will provide guidelines and recommendations for the public school administrator to use in planning for an instructional program that will produce results satisfactory to critical observers. These results will be students with higher academic achievement levels and lower feelings of despair.

#### Design of the Study

This study is divided into five chapters. The first chapter provides an overview of the study methods employed and the key questions to be answered. Chapter two contains a review of related literature that explores the causes of adolescent suicide, reasons for the dramatic rise in suicide over the past twenty-five years, effective practices for helping survivors after a suicide, aspects of suicide intervention and prevention measures, the link between self-concept of ability and academic achievement, and the basic human needs of young people.

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<sup>9</sup>M. Gardner McCollum, "School: A High-Risk Neighborhood." Pops' Ink (September 1985), p. 3.



Chapter three presents a summary of what state legislatures, state departments of public education, the United States Legislature, local school districts, and other private and public organizations are doing to combat adolescent suicide.

Chapter four is an analysis of high schools that have implemented suicide prevention/intervention programs. Specific attention is given to the scope of each program, the members involved, and the role each member plays.

Chapter five includes the summary and conclusions of the study and answers the questions raised in Chapter one. Recommendations and guidelines are given for school officials to use in developing an instructional program that promotes high academic achievement and good mental health, thereby reducing the likelihood of adolescent suicide. Recommendations for further study are also included.

CHAPTER II  
REVIEW OF THE LITERATURE

Causes of Adolescent Suicide

Nationally, about 6,000 young people between the ages of 15 and 24 are reported as having committed suicide in 1985. The actual number is much higher because of a lack of actual proof and the reluctance of parents to admit suicide.<sup>10</sup> The Federal Center of Disease Control in a 1985 paper on patterns of suicide labeled the self-destructive bent as an epidemic.<sup>11</sup>

Communities have been devastated by "cluster suicides." One suicide triggering other vulnerable adolescents in the same area to imitate the act.<sup>12</sup> The suicide of a 12-year-old girl, who jumped to her death in Tokyo, Japan in April 1986 was the thirty-third Japanese youth to commit suicide since a popular teenage singer killed herself two and one-half weeks earlier.<sup>13</sup> February 10, 1986 marked the day of the third student suicide in five days at Bryan High School, a 1,250

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<sup>10</sup>Teen Suicide. Washington, D.C.: American Academy of Child Psychiatry, 1985, pp. 1-2.

<sup>11</sup>Alina Tugend, "Suicide Unanswerable Logic." Education Week (June 19, 1986):16.

<sup>12</sup>American Academy of Pediatrics, "Questions and Answers on Adolescent Suicide." PTA Today (November 1985):17.

<sup>13</sup>Newspaper Clipping Service, Suicide Information and Education Centre, Calgary, Alberta, April 1986, p. 7.

student school in Omaha, Nebraska.<sup>14</sup> Naming a day to commemorate the adolescent who died, or glamorizing an adolescent hero's suicide in a movie or song can make an adolescent feel he will be recognized, remembered, and even admired for committing suicide.<sup>15</sup>

A single cause of adolescent suicide has not been determined. Current research points to a combination of factors that may be involved from heredity, family disorganization, alcohol and drugs, social relationships, stress, violence, to unemployment.<sup>16</sup> Child psychologist Lee Salk of the Cornell University Medical College in New York concluded after a study in 1985 of 156 teens that, "Teens who commit suicide are more likely to have had health problems at birth or mothers who were sick during pregnancy."<sup>17</sup> The study suggested that children who have problems at birth or even before are more vulnerable to the stresses of life later on.

There is a common factor in most suicides, either the young or old, and that is depression. Dr. Frederick Goodwin, Director of the Division of Intramural Research at the National Institute on Mental Health, reported that 15 percent of those who suffer from major

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<sup>14</sup>William Robbins, "Third Suicide Stuns Students in Omaha." New York Times, 12 February 1986, p. 33.

<sup>15</sup>Guidelines for Student Suicide Prevention. Minneapolis, Minn.: Minneapolis Public Schools, 1986, p. 5.

<sup>16</sup>Charlotte P. Ross, Suicide in Youth and What You Can Do About It: A Guide for School Personnel. San Mateo County, Calif.: Suicide Prevention and Crisis Center, 1986, p. 2.

<sup>17</sup>Steven Findlay, "Birth Trauma: A Factor in Teen Suicide?" USA Today (March 19, 1985), D:1.

depression will die of suicide. And of those who commit suicide each year, between 60 and 80 percent have some type of depressive disorder.<sup>18</sup>

Until the past 25 years the most severe forms of depression were thought to begin after the age of 20. However, today doctors are recognizing serious medical depression in children and adolescents. According to Elva Orlov Poznanski, a professor of psychiatry at the University of Illinois Medical Center, "about 80 percent of adolescent suicide attempts are made by depressed adolescents."<sup>19</sup>

Clinical depression differs in both intensity and duration from the occasional and temporary "blues" that everyone experiences to prolonged and alarming periods of depression. Dr. Frederick Goodwin reported that clinical depression is the most treatable of all psychiatric disorders, yet only 40 percent of those suffering from it seek help. He stated that only if school and community suicide prevention programs "address the question of depression and teach adolescents to recognize its signs and seek treatment" will they "have a chance" of turning the picture around.<sup>20</sup> Thus, it is important that those individuals who can serve as gatekeepers be able to recognize the type of depression that needs attention.

Students in need of emotional support for depression often send out messages indicating a need for help. These messages should be

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<sup>18</sup>Tugend, p. 16.

<sup>19</sup>Ibid., p. 16.

<sup>20</sup>Ibid., p. 19.

interpreted as warning signs of a potential suicide.<sup>21</sup> Following are examples of warning signs:

1. A previous attempt. Previous attempts are serious indicators, either by the adolescent or by a significant other in his life. Four out of five people who commit suicide have made at least one attempt. An attempt is an obvious cry for attention and help; if it is not heeded, the next attempt may be fatal!
2. A threat. "I wish I was dead." "Nobody loves me." "I'm going to kill myself." Verbal or written statements of wanting to die, feeling alone, that no one cares about them, of hopelessness, that there is no other solution, should be taken very seriously.
3. Marked behavioral or personality changes. Any marked changes in one's behavior or personality are dangerous signs. Examples are apathy, withdrawal from family and friends, aggression, moodiness, risk-taking, self-injury, increased use of alcohol or drugs, psychosomatic ailments, changes in eating and sleeping patterns, persistent boredom and/or difficulty concentrating, unusual neglect of appearance, and the giving away of prized possessions.
4. School problems. A student experiencing serious depression may have a dramatic shift in the quality of his work. Themes of death and destruction may show up in English themes,

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<sup>21</sup>Suicide, p. 9.

poetry, or artwork. The student may become aloof, uncommunicative, drop out of activities and exhibit a pervasive sense of hopelessness. Disciplinary procedures taken by school officials with students experiencing these behaviors must be carefully handled.

5. Making final arrangements. An impending suicide may be signaled by the adolescent's giving away personal possessions and treasured property, breaking off important relationships, writing a suicide note, or making a last will and testament.

If any of the warning signs are accompanied or have been precipitated by a dramatic event in the youth's life, such as a major rejection, a suicide in the area, death of a loved one, disciplinary crisis with parents, school failure, involvement with the police, unwanted pregnancy, personal injury, divorce or separation of parents, change in residence, or if the sign occurs two weeks before or after a birthday or holiday, there is a real sense of urgency in providing help.<sup>22</sup>

As in most critical situations, misconceptions and misinformation can be damaging. These can be very damaging for a potential suicide victim and can be summarized under the heading of 13 Deadly Myths.<sup>23</sup>

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<sup>22</sup>Alan Berman, "Putting a Stop to Youth Suicide." Enterprise (March 1986):24.

<sup>23</sup>Teenage Suicide: 13 Deadly Myths. Boston, Mass.: The Samaritans, 1986.

### Thirteen Deadly Myths

1. Nothing could have stopped her once she decided to kill herself.
2. The person who fails at suicide the first time will eventually succeed.
3. People who talk about killing themselves never do.
4. When he talks about killing himself, he's just looking for attention. Ignoring him is the best thing to do.
5. Talking about suicide to a troubled person may give him morbid ideas.
6. People under a psychiatrist's care rarely commit suicide.
7. Suicides often occur out of the blue.
8. People who kill themselves are insane.
9. Once a person tries to kill himself and fails, the excruciating pain and shame will keep him from trying again.
10. Once the depression seems to be lifting, would-be suicides are out of danger.
11. Only a certain type of youngster commits suicide and my child just isn't the type.
12. Suicides are mainly old people with only a few years left to live.
13. Suicides run in families, so you can't do much to prevent it.

The adolescent suicide rate in the United States is at an epidemic rate. If there was only one cause for suicide, a solution could

be more easily developed, but there are many contributing factors. Depression is common in most suicide cases and there are warning signs of it. Potential gatekeepers (rescuers) can be alert for the warning signs of depression and if one is accompanied by a dramatic event, they should be ready to provide immediate help. Misinformation about suicide can prevent the gatekeeper from providing the help that is needed.

### Reasons for the Escalating Rate of Adolescent Suicide

The suicide rate in adolescents in the United States has escalated by more than 300 percent since 1955. Teenagers and young adults of every race and socioeconomic group kill themselves. Suicide knows no prejudice.<sup>24</sup> It is a general belief among adults that the years between 15 and 24 are the most fun-filled and happiest years of life. The rising rate of suicide in this age group contradicts this belief.

Why have adolescent suicides increased so dramatically? Evidently there have been changes in society that have placed burdens upon youth in recent decades that were not present before. Some of these changes have been obvious. There has been an increase in the mobility of families creating rootlessness, an increase in the divorce rate creating single parent homes, a baby boom causing over-crowded schools and increasing the competition among the young, an increase in violence, an increase in the use of and availability of alcohol and drugs, an increase in expectations from the adolescent and significant others in

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<sup>24</sup>American Academy of Pediatrics, p. 17.



his life, an increase in economic uncertainties causing varying rates of unemployment, a sexual revolution that increased the number of teen pregnancies, homosexual and bisexual activities, and peer pressure, and an increased threat of nuclear war.<sup>25</sup>

All of these changes have created an environment in which adolescents question the value of their future or even the existence of a future. They live under a great variety of pressure, including the phenomena of adolescence. There is a greater independence being offered to adolescents who do not have the ability to cope.<sup>26</sup>

The changes in the adolescents' world have brought about changes in the values held by Americans. The Stanford Research Institute in Menlo Park, California set out in the early sixties to diagnose and forecast over the next 25 years the major changes in the values held by Americans. The purpose was to explore the implications that any value shifts might have for managers (school administrators included). Values were defined loosely as a combination of likes, dislikes, viewpoints, should, should not, inner inclinations, rational and irrational judgments, prejudices, and other intervening variables that define a person's view of the world.<sup>27</sup>

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<sup>25</sup>Richard H. Seiden, "The Youthful Suicide Epidemic." Institute of Governmental Studies Bulletin. University of California, Berkeley (February 1984):104.

<sup>26</sup>Nancy H. Allen and Michael L. Peck, "Suicide in Young People." American Association of Suicidology Bulletin (May 1986):1.

<sup>27</sup>John R. McCall, The Provident Principal. Chapel Hill, N.C.: Institute of Government, 1986, pp. 9-10.

The SRI study predicted that there would be a shift from a predominant concern with survival or a sense of belonging toward a heavy concern for self-esteem and self-actualization. It also foretold a society more oriented to the individual and less to the community. The implication from this shift would be that there would be an increase in hopelessness and despair when the needs for self-esteem and self-actualization were not met.

America's sophisticated media technology also has had an impact on adolescent suicide. Dr. David P. Phillips of the University of California at San Diego concluded in his study reported on September 15, 1986 that the nationwide suicide rate among teenagers was 7 percent higher than usual after 38 television news and feature stories about suicide during the 1970s. Dr. Madelyn S. Gould of Columbia University found in her study (also reported on September 15, 1986) that the number of teenage suicide attempts in the New York City area rose significantly after three made-for-television movies about suicide were broadcast during the fall of 1984 and winter of 1985. Both studies suggested teenagers imitate suicides they hear about on television.<sup>28</sup>

Whether heard about on television or not, adolescent suicide has become self-perpetuating--one stimulating another. The vulnerable adolescent can especially be prompted to commit suicide if he sees the events after a suicide as glamorizing the act or of immortalizing the individual.<sup>29</sup> These events and the increased incidents of suicide have

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<sup>28</sup>Ibid., p. 11

<sup>29</sup>Aaron T. Beck, "Medic." People (April 7, 1986):94.

given the impression to the adolescent that suicide is a viable alternative to one's problems.

After surveying the many changes in America's families and in society over the past 25 years with the corresponding change in individual values, it is not surprising that the suicide rate in adolescents has increased 300 percent. The resulting problems for America's young have been overwhelming. Wisdom for developing counteracting measures has been either late or lacking. Good intentions have even contributed to the increased rate.

#### After Suicide

The survivors of a suicide are faced with an acute grief period. It will consist of an initial shock period of numbness, followed by feelings of relief in rare situations, a catharsis period where one emotion after another is let loose--feelings of fear, denial, guilt, anger, sadness, and depression. Most suicide survivors are more emotional than those expressing normal grief.<sup>30</sup>

Guilt is the focus of the greatest difference in grief of suicide and nonsuicide survivors. For most, the guilt never goes away. It either ruins the survivors' lives or they allow the guilt to diminish to the point where they can handle it. The death was not accidental. Our logic tells us that somehow it could have been prevented.<sup>31</sup>

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<sup>30</sup>John H. Howitt, After Suicide. Philadelphia: Westminster Press, 1952.

<sup>31</sup>Ibid., p. 40.

Denial is a way of dealing with guilt. The person can convince himself that the death was an accident or a homicide. This removes the question of responsibility. A mother in California insisted that her daughter's taking of 30 aspirins and leaving a suicide note was not a suicide attempt. The mother stated that the girl was only confused about the effects of aspirin and had thought up the suicide story after others had mentioned it to her.<sup>32</sup>

Blaming others for the suicide will also help suppress guilt for a while. Blame can be leveled at any number of persons. School officials need to realize this aspect of the grief period and be prepared to handle it.<sup>33</sup>

Rationalization is used to ease guilt. Here reasons or causes are looked for onto which responsibility for the death can be placed. Mental illness, genetic deficiency, alcoholism and drug addiction are often mentioned as the reasons or causes.<sup>34</sup>

The school is faced with dealing effectively with the myriad of emotions during the grief period. The string of emotions that will be unleashed during the grief period can have a profound effect upon the school with many of the teachers and students being susceptible to

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<sup>32</sup>Michael L. Peck, Norman L. Farberow, and Robert E. Litman, Youth Suicide. New York: Springer Publishing Co., p. 157

<sup>33</sup>Hewett, p. 40.

<sup>34</sup>Ibid., p. 41.

feelings of guilt. A grief process must be developed that allows healing to take place.<sup>35</sup>

The most important aspect of a process will be to provide those closest to the suicide victim (friends, relatives, teachers) with opportunities to share feelings with each other and with individuals who are understanding and sympathetic. The immediate needs of the survivors to talk will vary. Some may initially prefer to be left alone to "lick their own wounds," while others will need to "talk out" their feelings immediately. No special skill is needed by the "helper" except the ability to listen in a caring manner. The survivor does not need to listen, but to be heard. Eventually the ones who are reluctant to express their feelings will have a need to express them. A failure to do so can cause problems for the individual at a later date.

A common misconception of those in a position to help is that the subject of this suicide should be avoided. No attempt of avoiding the subject should be made. A common guide would be to express love and care and to watch for signs from the survivor for the appropriate action to take. He/she will indicate what his/her need is. No discussion of the suicide should be forced, but it is very crucial that discussion not be stifled.

A single deviation from that of the listener role of the helper is the delivery of a most important message to the survivor: That no one can be accused of responsibility in the death of another by his/

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<sup>35</sup>Clare E. Lumartine, "After a Suicide Death." Suicide Prevention Center Bulletin (October 1985):3.

her own hand, and that even highly skilled professionals can not always predict, or prevent, suicide.<sup>36</sup> An early reaction of the close survivor is, "I was the cause of the suicide," or "I could have prevented the suicide." There will be many things that the survivor will think of that he/she did or did not do that could have either helped cause or have prevented the suicide. Unless these feelings can be diminished the survivor's chance of living a reasonably normal, productive life will be slim. This message may have to be repeatedly reinforced to the survivor over a period of time. Professional counselors may have to be used to get this message across.

The devastating effects of guilt will be greater to the survivor if there had been an incident prior to the suicide that the survivor could interpret as having precipitated it. Examples would be an argument, an ultimatum, a denial of a request, a failure to do a favor, and worst of all a suicide note from the victim placing blame on the survivor. It is important that the survivor know that suicide has confounded wise men for ages,<sup>37</sup> and that today, the deep inner urge for self-destruction remains as much a mystery with the person sometimes waiting patiently to take his life in the way that gives him the most satisfaction. Dr. Forbes Winslow has said, "Those determined upon self-destruction often resolve to kill themselves in a particular manner, and however anxious they may be to quit life, they have been

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<sup>36</sup>Suicide Among School-Age Youth. Albany: New York State Education Department, 1986, p. 8.

<sup>37</sup>Peter J. Steincrohn, How to Stop Killing Yourself. New York: Wilfred Funk, Inc., 1962, p. 15.

known to wait for months and years, until they have an opportunity of effecting their purpose according to their own preconceived notion."<sup>38</sup>

Another important part of the grief process is attending to needs of other persons within the school community who are suicidal. Since it is impossible to know who is vulnerable, the entire school community should be considered as having need. Teachers, parents, and students are included. Prevention of a contagion effect and "cluster" suicides is a goal. Suicide as a solution to problems must be dispelled. Suicide is a powerful role model, especially if the person committing suicide was a hero or was greatly admired.<sup>39</sup>

Activities following a suicide that might have any possibilities of promoting another must be avoided. Certain ones that were held with good intentions have had detrimental effects. One high school reported the following series of events:

January 31, 1985 7:30 p.m.	A memorial service was held for a student who had committed suicide. Many students and the entire basketball team attended.
February 2, 1985 Late evening	Another high school student shot and killed himself.
February 6, 1985 7:30 a.m.	A flag raising ceremony was held at school for the student.
February 7, 1985	School attendance was made optional for all students.
February 7, 1985	Meetings were held for faculty members and parents of various schools.

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<sup>38</sup>Ibid., p. 16.

<sup>39</sup>Lamartine, p. 5.

- February 8, 1985  
8:00 a.m. A 15-minute assembly was held for all students at the high school to discuss suicide.
- February 8, 1985  
8:15 a.m. All fourth-hour classes at the high school met to have small group discussions about suicide.
- February 8, 1985  
9:30 a.m. The regular school day started with shortened classes and with the fourth-hour class discussing suicide again.
- February 8, 1985  
9:30 a.m. The principal of the high school held a press conference with all local media.
- February 9, 1985  
9:30 a.m. A recent high school graduate was suffering from a self-inflicted gunshot head wound.<sup>40</sup>

The efforts of a school after a suicide are threefold--provide a healing process for those with grief, to ease the feelings of guilt, and to prevent additional suicides. Care must be taken while administering to those in need to not promote other suicides. The school should continue functioning as near normal as possible. A plan of action must be in place before a suicide occurs. It is necessary that the school be prepared.

#### Suicide Intervention

Since death by suicide is by choice, then the choice could have been to live. Suicide intervention is helping people choose to live. The frequency of adolescent suicide today indicates to parents and school personnel the possibility of a child or student committing

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<sup>40</sup>Gail Conley and Maria Dunstan, "One School's Responses to a Local Tragedy." Macomb Community Schools Bulletin (May 1985):1-2.



suicide exists and that they must be prepared to intervene if necessary. Parents and the home have the greatest influence on the adolescent life. The school is a close second and has a mission to improve the quality of students' lives. The prevention of death is the ultimate improvement. A suicide intervention program can prevent deaths. It can be said that after a person reaches such a "state" in his life from the accumulation of "knocks" the chances of successful intervention are diminished. But regardless of how desperate a situation appears, a human life is at stake and efforts must be made to intercede.

A reason for a lack of suicide intervention programs in schools is that the topic of suicide continues to be somewhat taboo.<sup>41</sup> The sheer number of suicides has forced the issue into the open, but it is still often avoided. The survivors' of a suicide best therapy is to talk about their feelings, yet they often find others reluctant to discuss the suicide with them--not because they do not wish to help, but because it is a topic that remains hard to deal with. There are many myths that stifle discussion. One is that it does not happen to "proper" families. That it is a disgrace, a shame, and a blight on a families' good name. To talk about the shame would increase its magnitude. Another reason for avoiding the topic is similar to the reason for avoiding the discussion of sex--it will increase the frequency of the act among young people.

The increase in suicide due to discussion, an actual suicide, or a particular event is called contagion. Peck, Farberow, and Litman

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<sup>41</sup>Peck, Farberow, and Litman, pp. 153-154.

reported in their book Youth Suicide statements from several psychologists on contagion:<sup>42</sup>

Vrigham (1845)--No fact is better established in science that suicide is often committed from imitation.

Oppenheim (1910)--A child is more open to suggestion than an adult, in suicide as in all matters. In fact, the power of suggestion shows itself with horrifying clarity in many youthful suicides.

Rabkin (1979)--Referred to psychiatrist's refusal to furnish information for her book on adolescent suicide for fear of the suggestibility of the young. The psychiatrist had written, "I assure you that the contagion theory to suicide is widely accepted."

Haim (1974)--Contagion has never been proved.

Lester (1972)--No researcher has conclusively determined that the likelihood of a suicide occurring increased because mention had been made of a suicide.

Ross (1984)--No evidence was found in my studies between 1971-80 to substantiate the contagion theory. It is my opinion that the "rule of silence" should be relegated to the lists of dangerous myths about suicide.

Klugsbrum (1976)--I do not believe that young people will be incited to suicidal behavior by hearing about it, but I firmly believe that they will continue to be prevented from helping themselves and others by being falsely "protected" from the subject.

Contagion exists through imitation of a suicide act, through hopes of being honored, and through perceiving suicide as a solution to a problem, but it is very doubtful that it exists through the sharing of information about suicide. Young people receive information about suicide from peers, newspapers, television, novels, and song lyrics.

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<sup>42</sup>Ibid., p. 157.

As with information about sex, the information received is often misleading and damaging.<sup>43</sup>

Fear of manipulation has hindered suicide intervention. Manipulation is the use of suicidal messages or threats as a source of power to obtain a desired outcome. There is evidence that teenagers may, indeed, use manipulation as a way of affecting their environment or of expressing their anger, frustrations, or loneliness.<sup>44</sup> The person who labels an action by an adolescent as manipulation is doing so at a grave risk. He is gambling with a human life. There would need to be a "mountain" of evidence collected over a long period of time substantiating manipulation before that risk could be taken.

Even if manipulation is suspected, the adolescent has been reduced to bargaining with life as a means to his ends. This indicates that he is in serious need of help, and the manipulative action should be seen as a cry for help. "The youngster who chooses to express his unhappiness by threatening to kill himself merits serious concern and consideration--whether he is motivated by a sense of hopelessness or by the conviction that it is the only communication that adults or peers will take seriously."<sup>45</sup>

A reluctance to betray a trust can often deny the suicidal-prone adolescent the assistance that is needed.<sup>46</sup> Friends and even teachers

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<sup>43</sup>Ibid., p. 158.

<sup>44</sup>Ibid., p. 159.

<sup>45</sup>Ibid., p. 158.

<sup>46</sup>Ibid.

and counselors can be sworn to secrecy by the victim. A lack of knowledge about depression and warning signs of suicide contributes to the immobilization of the potential helper. The person who receives information about an adolescent considering suicide as a solution to his problems and does not react is taking a monumental gamble that it will not take place.

The person who is in a position to help the suicide-prone adolescent is called a gatekeeper. A gatekeeper is a nonmental health professional person who is in daily contact with a variety of people and sees them on a frequent basis.<sup>47</sup> For the adolescent, gatekeepers would be their parents, friends, teachers, and other individuals who they respect (significant others). These persons can be very effective because they are immediately available and can be direct, honest and compassionate. The problem for gatekeepers is that they often lack the wisdom or knowledge to help.

It is fear, not lack of concern, that turns gatekeepers from the problem, and it is ignorance of what to do, not an indifference toward doing something, that renders them unable to act effectively.<sup>48</sup> Because of fear and ignorance they seek refuge in denial, avoidance, and repression. The wistful belief that the notion of suicide can not seriously be entertained by an adolescent is brought forth to quell

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<sup>47</sup>Suicide Prevention Bulletin. Dayton, Ohio: Suicide Prevention Center, Inc., p. 1.

<sup>48</sup>Peck, Furberow, and Litman, p. 160.

their intense anxiety. Their assorted feelings can cause a state of ambivalence until the opportunity for providing help has passed.<sup>49</sup>

The general public has been quick to place blame on educators for the problems of young people.<sup>50</sup> They have been accused of promoting teenage pregnancies through sex education programs. They have been accused of having ineffectual alcohol and drug abuse programs. It is understandable why they are "gunshy" and slow to address the issue of adolescent suicide. It is a most sensitive topic with still more questions than answers. The implementation of a suicide intervention program can subject a school or individual to accusations of causing a death, if one occurs. Some administrators had rather avoid the issue.

With the present adolescent suicide rate the severest criticism is beginning to occur for those schools and administrators who have not begun to develop a suicide intervention program. This fact has spurred action.

Charlotte P. Ross describes the suicide intervention program in the San Mateo County Public Schools in California as being one where training programs for gatekeepers sought to present facts about suicide in a manner that leads both to an understanding of, and empathy with, the suicidal person and to an improved ability to identify and respond to those who may be in danger of ending their lives. Its objective is to provide teachers and students a clearer understanding of their own

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<sup>49</sup>Ibid., p. 161

<sup>50</sup>Ibid.

depressive behavior and feelings, thereby helping them to recognize signs of depression in their peers and students.<sup>51</sup>

The common denominator in practically all suicides is depression. Gatekeepers must be sensitive to signs of depression from others and realize the possibility of a suicide. A lack of sensitivity is evident from those in a position to help by the statements most commonly heard after a suicide: "I didn't notice anything wrong." "Nothing appeared to be bothering him." "I never would have thought he would have killed himself." Humans see what they are looking for. Gatekeepers have to be able to recognize the signs of depression and the warning signs of an impending suicide.<sup>52</sup>

When the gatekeeper recognizes a suicide-prone person, the question becomes, "What can I do to help." An English teacher at a high school had a student athlete in one of his classes. The student athlete had recently received an injury that threatened his athletic ability. The teacher was aware of the injury and noticed signs of depression from the student athlete. He alerted the student's parents who were able to provide the attention needed to ease their son's pain.<sup>53</sup>

Decisions about what actions to take after being alerted to a life-threatening situation must be made according to the situation. By practicing good listening skills and by showing genuine care and

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<sup>51</sup>Ibid., p. 162.

<sup>52</sup>Ibid., p. 162.

<sup>53</sup>Phillip Parrish, Personal Interview. Starmount High School, Boonville, N.C., 1983.

affection, the gatekeeper may be able to provide all of the attention that is necessary. Another situation may call for the gatekeeper to seek help." The more information the gatekeeper has about suicide, the wiser will be his decision for action.

Most individuals would save a person from drowning or prevent a murder if it was within their power and the opportunity arose. However, it is very unlikely that they will have this opportunity, but most individuals do have opportunities to relieve human suffering and deaths through suicide intervention. There must first be a realization among everyone (parents and teachers especially) that they are dealing with life-threatening situations through regular encounters with people during the daily routine of living. Almost everyone has been either a friend, relative, or acquaintance of a suicide victim.

The information that is needed for people to help each other is lacking because the topic of suicide remains partially taboo and suicide continues to carry stigmas and be surrounded by myths.<sup>54</sup> Parents are the best source of help for the adolescent, but schools rank a close second.<sup>55</sup> Parents, teachers and students particularly can be gatekeepers. Whether they will become gatekeepers depends upon the amount of information they receive about suicide. Information has stifled because of the fear of contagion and the fear of receiving blame.<sup>56</sup> Too much concern has been placed on whether or not

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<sup>54</sup>The Samaritans, p. 2.

<sup>55</sup>Hewett, p. 41.

<sup>56</sup>Ibid.

manipulation is being used. The fact that an adolescent will bargain with his life is serious enough. There is a need for more gatekeepers.<sup>57</sup> Everyone is in a position to help his fellowman. Each person must be sensitive to the needs of others and be alert for the signs of depression and realize the possibilities of a suicide.

### Suicide Prevention

Ideally there should never be a need for suicide intervention. The needs of an individual should be met before one reaches such a state in life that suicide is contemplated. A suicide prevention program's main goal should be to eliminate the need for active intervention. One would never be 100 percent effective for there can be no control over tragedies and events that can cause sudden feelings of sorrow and hopelessness. But if attention to human needs was begun at an early age and continued throughout the adolescent period, there would be less need for intervention and a reduced suicide rate.<sup>58</sup>

Abraham A. Maslow describes each person as a wanting being-- there is always some need to satisfy. Once one need satisfaction is accomplished, that particular need no longer motivates the person. He describes five human needs and arranges them in a need hierarchy:<sup>59</sup>

Physiological need (the most basic): Those needs necessary to

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<sup>57</sup>Peck, Furberow, and Litman, p. 158.

<sup>58</sup>Ibid., p. 168.

<sup>59</sup>Richard J. Lowry, Dominance, Self-Esteem, Self-Actualization: Germinal Papers of A.H. Maslow (Belmont, Calif.: Wadsworth, 1973), p. 151.



sustain life (food, water, clothing, shelter). One who lacks these will be primarily motivated by them. A person who is lacking food, safety, love, and esteem would probably hunger for food more strongly than anything else.<sup>60</sup> Research indicates that satisfaction of physiological needs is usually associated with money more closely than others.<sup>61</sup>

Safety need: When physiological needs are fulfilled then come safety needs. These include protection from physical dangers (fire, accidents, crime), economic security needs (fringe benefits, accident, health, and life insurance, adequate salary) and an orderly, predictable environment. Research indicates that some individuals place high priority on safety needs and that parents who were very security conscious tend to pass this on to their children.<sup>62</sup>

Social need: Individuals need to feel needed. The individual wants to receive and give acceptance, friendship, and affection. Medical research has shown that a child who is not held, cuddled, and stroked can actually die.<sup>63</sup>

Esteem need: Feeling of self-esteem and self-confidence are important. One must feel important and must also receive recognition from others--that recognition supports the feelings

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<sup>60</sup>Ibid., p. 151.

<sup>61</sup>Ibid., p. 152.

<sup>62</sup>Ibid.

<sup>63</sup>Ibid., p. 153.

of personal worth. Esteem-related needs such as prestige assumes increased importance in a middle-class society. Power is another esteem-related need.<sup>64</sup>

Self-actualization: The desire to become everything that one is capable of becoming. The least is known about self-actualization. Competence and achievement are motives. Some individuals will achieve more because their need to achieve is greater.

Levels are not clear cut; they tend to overlap. When the intensity of one declines, the next one may be on the rise. Some individuals remain principally at the lower levels of the hierarchy--especially in underdeveloped countries. The specific order of needs may not apply to everyone. The same type of behavior does not necessarily represent the same need. One person may speak in a cocky manner because of feeling certain of the subject and another may do so to hide feelings of insecurity.<sup>65</sup>

Maslow's "holistic" model of the psychic organism led him to three conclusions:<sup>66</sup>

1. Neurosis may be regarded as the blockage of channels of self-actualization.
2. A synergic society--one in which all individuals may reach a high level of self-satisfaction, without restricting

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<sup>64</sup>Ibid.

<sup>65</sup>Richard M. Hodgetts, Management: Theory, Process and Practice (Chicago: Dryden Press, 1982), pp. 238-242.

<sup>66</sup>Colin Wilson, New Pathways in Psychology (New York: Taplinger Publishing Co., 1972), p. 147.

anyone's freedom--should evolve naturally from our present social system.

3. The highest levels of efficiency can only be obtained by taking full account of the need for self-actualization that is present in every human being.

Maslow raised the question of why affluence releases some people for growth while permitting other people to stay fixated at a strictly "materialistic" level. He accepts that all people have a potential higher nature that ought to develop naturally when lower needs are taken care of; so why does it develop in some people and not in others?<sup>67</sup>

Maslow interviewed three thousand college students and only about twenty seemed to be moving toward self-actualization. Maslow stated, "Growth has not only rewards and pleasure, but also many intrinsic pains and always will have. Each step forward is a step into the unfamiliar and is thought of as possibly dangerous."<sup>68</sup>

According to Maslow, a basically satisfied person no longer has the need for esteem, love, safety, etc. If we are interested in what actually motivates us, and not in what has, will, or might motivate us, then a satisfied need is not a motivation. It must be considered for all practical purposes simply not to exist, to have disappeared.<sup>69</sup>

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<sup>67</sup>Ibid., p. 162.

<sup>68</sup>Ibid., p. 202.

<sup>69</sup>Abraham H. Maslow, Motivation and Personality (New York: Harper and Row, 1970), pp. 57-67.

Maslow feels that it is the strong, healthy, autonomous person who is most capable of withstanding loss of love and popularity. But this strength and health have been ordinarily produced in our society by early gratifications of safety, love, belongingness, and esteem needs.<sup>70</sup> Which is to say that these aspects of the person have become functionally autonomous, i.e., independent of the very gratification that created them.<sup>71</sup>

The dynamic principal Maslow says is the emergence in the healthy person of less potent needs upon gratification of more potent ones. The physiological needs, when unsatisfied, dominate the organism, pressing all capacities into their service and organizing these capacities so that they will be most efficient in this service. Relative gratification submerges them and allows the next higher set of needs in the hierarchy to emerge, dominate, and organize the personality, so that instead of being, e.g., hunger obsessed, it now becomes safety obsessed. The principle is the same for the other sets of needs in the hierarchy, i.e., love, esteem, and self-actualization.<sup>72</sup>

It is also probably true that higher needs may occasionally emerge, not after gratification. Little is known about either the

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<sup>70</sup>Ibid., p. 58.

<sup>71</sup>Ibid., p. 59.

<sup>72</sup>Robert D. Hye, Three Views of Man (California: Brooks/Cole Publishing Co., 1975), p. 82.

frequency or the nature of these events, although they are reported to be common in Eastern cultures.<sup>73</sup>

Gratification of any basic need is a move in the healthy direction, away from the neurotic direction. Any specific need gratification is in the long run a step toward self-actualization.

A satisfaction of safety needs brings specifically a subjective feeling of safety, more restful sleep, loss of feeling of danger, greater boldness, courage, etc.

It would seem that the degree of basic need gratification is positively correlated with the degree of psychological health.

Maslow indicates that the neurotic organism is one that lacks basic need satisfaction that can only come from other people. It is, therefore, more dependent on other people and is less autonomous and self-determined, i.e., more shaped by nature of the environment and less shaped by its own intrinsic nature. The person's ends and his own nature are the primary determinants, and the environment is primarily a means to the person's self-actualization needs.<sup>74</sup>

Maslow points out that the slowly hardening opinion of child psychologists and educators is that merely and only basic need gratification is not enough, but that some experience with firmness, toughness, frustration, discipline, and limits are also needed by the child.<sup>75</sup> Or to put it another way, basic need gratification had better

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<sup>73</sup>Ibid., p. 82.

<sup>74</sup>Ibid., p. 83

<sup>75</sup>Ibid., p. 87.

be defined more carefully because it so easily slips over into unbridled indulgence, self-abnegation, total permissiveness, over protection, toadyism.<sup>76</sup> Love and respect for the child must at the very least be integrated with love and respect for oneself as a parent and for adulthood in general. Children are certainly persons, but they are not experienced persons. They must be counted on to be unwise about many things, and positively stupid about some.<sup>77</sup>

America has become basically a middle-class society, spending much time trying to satisfy the higher needs of social, esteem, and self-actualization. These higher level of needs are more difficult to fulfill. The chances for feelings of frustration and hopelessness are increased. This shift in an emphasis to the satisfaction of higher level needs over the past 25 years has been a major cause for the increase in adolescent suicide during the same period.<sup>78</sup>

Parents and teachers can use Maslow's views on human needs by becoming more perceptive in recognizing which need of the child requires satisfaction at a particular time.

Carl R. Rogers' view of man is generally referred to as a "self theory," or an actualization theory. He sees humans as having a natural tendency toward actualization. Humans are viewed as essentially growth oriented, forward moving, and concerned with existential choices. He assumes that basic human nature is positive. He suggests

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<sup>76</sup>Ibid., p. 99.

<sup>77</sup>Ibid.

<sup>78</sup>McCall, p. 10.

that, if individuals are not forced into socially constructed models but rather are accepted for what they are, they will turn out "good" and live in ways that enhance both themselves and society.<sup>79</sup> According to Rogers, humans basically need and want both personal fulfillment and close, intimate relationships with others.<sup>80</sup>

Rogers suggests that each of us behaves in accordance with our subjective awareness of ourselves and of the world around us--that we react on the basis of how we view that reality.

Humans, according to Rogers, do not know their full potential.<sup>81</sup> They are in a state of "being and becoming," and it is inappropriate at the present time to establish absolute criteria about the level of actualization that can be achieved.<sup>82</sup>

Persons who think of themselves as having little worth and who do not trust their own decision-making power are bound to behave differently from those who feel that they are worthy and who are confident of their ability to make choices about their lives.<sup>83</sup>

Rogers' theory of human personality calls attention to his respect for human beings as individuals who have, as their most basic

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<sup>79</sup>Carl R. Rogers, A Way of Being. (Boston: Houghton Mifflin Co., 1980), pp. 43-44.

<sup>80</sup>Ibid., p. 44.

<sup>81</sup>Carl R. Rogers, "Client-Centered Psychotherapy." Scientific American 187 (November 1952):66.

<sup>82</sup>Ibid., p. 67.

<sup>83</sup>Ibid., p. 67.

nature, a tendency to strive for growth and fulfillment and who must be understood in terms of their particular conceptualization of reality. Rogers is fundamentally an optimist about human potential.<sup>84</sup> He feels that, if people are freed from restricting, corrupting influences, they can achieve a high level of personal and interpersonal functioning and can avoid the reality distortion that prevent the achievement of even greater growth and fulfillment.<sup>85</sup>

Rogers is humanistic, believing that humans are innately good and that they are growth oriented. He holds a view that it is important to understand an individual's perception of reality if his/her behavior is to be understood.<sup>86</sup>

When the self develops, the individual wants love and acceptance; there is a need for positive regard from others. Rogers has suggested that this need for love and affection is innate. Because of this need, certain other persons in a child's life assume great importance. These significant others can strongly influence the individual by giving and withholding love and acceptance. To be accepted and to gain needed love and affection, the child may be forced to please parents and others and to ignore his/her own inner experiencing. The child may become less and less "tuned in" to himself or herself and more and more a product of social influence.<sup>87</sup>

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<sup>84</sup>Ibid., p. 67.

<sup>85</sup>Ibid., p. 68.

<sup>86</sup>Ibid., p. 69.

<sup>87</sup>Ibid., p. 70.



Rogers describes the self as an individual's perception of his organism of his experience, and of the way in which those perceptions are related to other perceptions and objects in his environment and to the whole exterior world.<sup>88</sup>

The organism is always endeavoring to actualize itself. When the self is aware of what is going on in the organism, then it keeps changing, growing, and developing in the same way that the organism does. Self-actualization implies that the person is acceptantly aware of what's going on within and is consequently changing every moment and is moving on in complexity.

Rogers on education states that a child's spirit of autonomy decreases as he goes through the grammar school experience. He comes out of it less autonomous and less independent. Rogers addresses a fault in the educational system's treatment of teenagers as that it's all based upon a distrust of the student. Don't trust them to follow their own lead; guide them, tell them what to do; tell them what they should think; tell them what they should learn. Consequently at the very age when they should be developing adult characteristics of choice and decision-making, when they should be trusted on some of these things, trusted to make mistakes and to learn from these mistakes, they are, instead, regimented and shoved into a curriculum, whether it fits them or not.<sup>89</sup>

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<sup>88</sup>Ibid., p. 70.

<sup>89</sup>Carl R. Rogers, "Can Schools Grow Persons?" Education Digest 37 (April 1972):20-21.

Rogers stated that, "if a student found that his learning was exciting to him, was relevant, had meaning for him in his everyday life, if he could see a relationship between what he was learning and what he was doing, and was going to do, he would be thrilled by the chance of going on with his learning."

According to Rogers, a parent, teacher, or friend can convey to a child, student, or peer that love and acceptance are not at stake, despite the fact that annoyance, anger, or disapproval of a particular behavior is being expressed.

A person who is functioning effectively and well is an adaptive organism, changing to meet new situations in the most satisfying ways and moving toward higher and higher levels of actualization.

Rogers said that he had found that if he can bring about a climate marked by genuineness, prizing, and understanding, then exciting things happen. Persons and groups in such a climate move away from rigidity and toward flexibility, away from static living toward process living, away from dependence toward autonomy, away from defensiveness toward self-acceptance, away from being predictable toward an unpredictable creativity.<sup>90</sup>

Rogers states that in any significant or continuing relationship, persistent feelings had best be expressed. If they are expressed as feelings owned by me, the result may be temporarily upsetting but ultimately far more rewarding than any attempt to deny or conceal them.

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<sup>90</sup>Carl R. Rogers, "Forget You Are a Teacher." Science Digest 86 (December 1979):34.

Rogers reports that we have been testing that confidence in the human organism is justified. We have hypothesized that, if a person is given a psychological climate sufficiently warm and sympathetic to his private world, his previously latent perceptiveness, creativity and capacity for dealing with reality will be released. He states that our studies to date indicate in a limited way that his hypothesis is valid. There is even a hint that the most striking characteristics of personality may be, not its stability, but its capacity for change.<sup>91</sup>

Rogers asks, "If the individual can meet life's problems constructively when a suitable psychological atmosphere is provided; if confidence in the individual is justified in therapy; is it justified in education? In industry? In government?"<sup>92</sup>

Rogers states that if he had a magic wand that could produce only one change in our educational system, he would cause every teacher at every level to forget that he is a teacher. Teachers would develop attitudes and skills of a facilitator of learning. Rogers says facilitators of learning ask questions not of himself but of his students: "What do you want to learn? What things puzzle you? What issues concern you? What problems do you wish you could solve?" The teacher then ask of themselves, "How can I help him find the resources--the people, the experiences, the learning facilities, the books, the knowledge in myself--which will help him learn in ways that will provide

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<sup>91</sup>Ibid., p. 35.

<sup>92</sup>Ibid., p. 37.

answer to the things that concern him, the things he is eager to learn?"<sup>93</sup>

Rogers states that a student needs to feel the school is "his school." He needs to feel a vital part of the processes. He feels that no child should ever experience the sense of failure imposed by our grading system, by criticism and ridicule from teachers and others, by rejection when he is slow to comprehend. He also states that the sense of failure the student experiences when he tries something he wants to achieve that is actually too difficult for him is a healthy one which drives him to further learning.<sup>94</sup>

According to Rogers, a student needs to be accepted as a person of worth and that he is trustworthy. He needs to express his feelings and work through his problems.

Rogers believes that teachers, administrators, and school people need to be "persons" in their own right. He describes a foremost person as having several qualities. He is an individual whose focus of evaluation is internal. He is not governed by the "shoulds" and "oughts" of conformity, nor is he exclusively bound by the rules of his institution if they conflict too deeply with his own values. He is a person with values--values which are not simply words or beautiful statements, but values by which he lives.<sup>95</sup>

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<sup>93</sup>Richard Evans, Carl Rogers, the Man and His Ideas (New York: E.P. Dutton, 1975), p. 25.

<sup>94</sup>Ibid., p. 32.

<sup>95</sup>Ibid., p. 38.

Rogers states that a person is openly expressive of where he is, who he is. He does not live in a facade or a role, hiding behind the convenient front of being a "teacher," a "principal," a "psychologist." He is real, and the realness shows through. He is unique. He tends to be controversial, difficult, not easily fitted into categories. His life is exciting and worthwhile.<sup>96</sup>

Rogers' philosophy challenges educators to allow students to develop their "self" and to center instruction around the students' needs. Allowing students to play a large role in determining what is to be taught would, according to Rogers, make their learning more relevant and exciting to them.<sup>97</sup>

Erich Fromm, an existential psychoanalyst, has also contributed heavily to the field of human psychology. Fromm states that man, like animals, has certain physiological needs which must be satisfied. Fulfillment of these needs is not sufficient to make man happy or even sane. "The understanding of man's psyche must be based on the analysis of man's needs stemming from the condition of his existence."<sup>98</sup>

According to Fromm, each step into the future has been frightening for man, who constantly leaves a state of security in his quest to conquer the unknown. There is a constant temptation for man to retreat

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<sup>96</sup>Ibid., p. 40.

<sup>97</sup>Ibid.

<sup>98</sup>Paul Edwards, The Nature of Man (New York: Macmillan, 1968), p. 309.

or regress to the security of the prehuman state from the pressure to progress.<sup>99</sup>

Fromm says that all human cravings other than physiological ones are the product of their inner conflict. Man does not really have the choice to retreat, as to do so would jeopardize his physical or mental well-being or survival. However, man's most intense needs and most powerful motivating forces for his behavior emerge from the inherent contradictions of the human situation. He constantly seeks a new equilibrium between nature and his culture. All of man's strivings are an attempt to maintain his sanity.<sup>100</sup>

Fromm believes that many of our needs are created by our cultures, such as the need to work, the craving for fame and success, etc. Both man's strivings and fears develop as a reaction to his life conditions. Although there is a good deal of variety of needs among individuals, once needs have become a part of the individual character they are rather inflexible and unchangeable. Just as failure to satisfy hunger needs can lead to death, deprivation of higher needs can lead to mental disintegration.<sup>101</sup>

Fromm speaks about the importance of love. There are different types of love. Self-love must be present before one can love another and can achieve relatedness to the world. Self-love allows the

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<sup>99</sup>Ibid., pp. 310-311.

<sup>100</sup>Ibid., pp. 311-312.

<sup>101</sup>Erich Fromm, Escape From Freedom (New York: Rhinehart and Company, 1941), p. 3.

individual to be independent. Motherly love is the product of a relationship of inequality in which the child is helpless and dependent upon his mother. To achieve relatedness the mother must love her child intensely, but she must help him to grow away from her so that he can become independent.<sup>102</sup>

Fromm defines man as a separate entity which can transcend nature and which, because of his self-awareness, his reason and imagination, has an inherent need for a sense of identity. This need for a sense of identity is so vital and imperative that man could not remain sane if he did not find some way of satisfying it.<sup>103</sup>

Fromm states that man's conception of himself as an individual develops as he emerges from his primary bonds to his mother and nature. Although all men share common qualities, each man is a unique entity, different from anybody else. He differs by his particular blending of character, temperament, talents, dispositions, just as he differs at the fingertips. He can affirm his human potentialities only by realizing his individuality. The duty to be alive is the same as the duty to become oneself, to develop into the individual one potentially is.<sup>104</sup>

Fromm reasons that since man's need for a sense of identity stems from human existence and is a prerequisite for man's sanity, it

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<sup>102</sup>Erich Fromm, The Sane Society (Freenwich, Conn.: Fawcett Publications, 1955), p. 25.

<sup>103</sup>Ibid., p. 61.

<sup>104</sup>Erich Fromm, Man For Himself (New York: Rhinehart and Company, 1947), p. 14.

is the source of intense endeavors of man. This need underlies man's passionate attempts to achieve status through conformity. This strong need sometimes drives man to risk life, love, freedom, and thought in misguided attempts to satisfy this illusive need.<sup>105</sup>

Viktor Frankl's theory on human needs is called logotherapy. The basic tenet of logotherapy is that "man's main concern is not to gain pleasure or to avoid pain but rather to see meaning in life."<sup>106</sup>

Man's search for meaning is his most basic need. The ability to attain this need cannot be taken away from anyone. Frankl says, "everything can be taken from a man but one thing: the last of the human freedoms--to choose one's attitude in any given set of circumstances, to choose one's own way." As long as man has this ability to choose his attitude, he can choose to find meaning.<sup>107</sup>

According to logotherapy there are three ways to derive meaning in life: doing a deed, experiencing a value, and by suffering. Doing a deed may involve volunteering to help others, remembering loved ones who would be counting on them, or finding hope in the ambitions in the future.<sup>108</sup>

Finding meaning by experiencing a value may involve experiencing someone, as through love. His need for love is tied up in looking

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<sup>105</sup>Fromm, The Sane Society, pp. 62-63.

<sup>106</sup>Viktor E. Frankl, Man's Search for Meaning: An Introduction to Logotherapy (Boston: Beacon Press, 1962), p. 115.

<sup>107</sup>Ibid., p. 65.

<sup>108</sup>Ibid., p. 79.



forward toward the future to find a meaning in life. According to Frankl, "love is the ultimate and the highest goal to which man can aspire . . . . The salvation of man is through love and in love."<sup>109</sup>

Frankl sees suffering as "a chance to fulfill meaning. If the suffering is from preventing a loved one from experiencing pain, meaning is found, and suffering ceases to be suffering."<sup>110</sup>

Victor Frankl's concept of logotherapy, then, is simple. The most basic human need is to find meaning in life. This involves man's taking control of his own attitude of existence, no matter what his circumstances, and looking toward the future for a purpose which only he can fulfill.<sup>111</sup>

It is an importance of great magnitude that parents and educators realize the impact that their verbal and nonverbal messages can have on the young person's mental well-being. The instructional process of a school can not just be the dispensing of academic information, but must be intertwined with messages that give students feelings of self-worth.

There can be no separation from teaching a subject and teaching students. Maximum academic learning can not be accomplished until the student has a positive self-concept of ability.

William W. Purkey stated in his book, Self Concept and School Achievement, that the best evidence now available suggests that it is a

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<sup>109</sup> Ibid., p. 36.

<sup>110</sup> Ibid., p. 114.

<sup>111</sup> Ibid., pp. 79-80.

two-way street, that there is a continuous interaction between the self and academic achievement, and that each directly influence the other.<sup>112</sup>

Purkey reported on findings of several researchers on self-concept of ability and academic achievement:<sup>113</sup>

Brookover and Associates: Self-concept of ability is a better predictor of success in school than is overall self-concept. They conclude that self-concept of academic ability is associated with academic achievement at each grade level.

Clarke: Reported a positive relationship between a student's academic performance and his perception of the academic expectations of him by significant others.

Gibbs and Gibby: Studied 60 academically gifted students. They divided them into groups of 30 and gave each group a word fluency test. Before giving them another fluency test, they gave each student in one group a slip of paper saying he/she had failed the test. This group did less well on the second word fluency test and rated themselves less highly than the other group on a self-concept report.

Rosenthal and Jacobsen: They conducted a study of 650 elementary students. They identified one fifth of the students and reported to their teachers that they had done very well on an achievement test the previous spring. At the end of the year these students scored higher than would be expected on another achievement test. Their teachers reported that the children were happier, more curious, more interesting, and predicted they had better chances of future success. The researchers concluded that through facial expressions, postures, touch, and through what, when and how he/she spoke subtly helped the child to learn.

### Summary

There can be many contributing factors to adolescent suicide. Studies have indicated a variety of possible causes. Depression is a

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<sup>112</sup>William W. Purkey, *Self-Concept and School Achievement* (New Jersey: Prentice-Hall, 1970), p. 27.

<sup>113</sup>*Ibid.*, pp. 1-65.

common state in most suicide cases. There are warning signs of depression. Steps can be taken for successful intervention.

The many changes in America's family structure and society over the past twenty-five years with the corresponding change in values have contributed to the escalating rate of adolescent suicides. Myths and a lack of knowledge about suicide have complicated the problem.

The most devastating effects of a suicide are to the survivors. Additional lives are often lost and many severely damaged. A healing process to ease the feelings of guilt and prevent additional suicides is necessary.

To have a comprehensive program to reduce adolescent suicides, a school must have strong identification, intervention, and after-suicide phases. However, the best prevention program will be one that focuses upon the mental well-being of students. Teachers must be aware of human needs and of the importance of fulfilling these needs.

Throughout the literature on basic human needs there are several common themes which are repeated despite the different philosophies and approaches to the subject. Most writers recognize the basic physiological needs which are common to all human beings such as needs for food, shelter, water, sex, air, etc. They also recognize various psychological needs which are just as important to the survival of man as a species and as an individual.

Most of the psychologists have recognized the importance of esteem to people. This includes both self-esteem and esteem received from and given to others. There are various concepts which represent

this need including Maslow's esteem, Rogers' regard, Fromm's self-love, etc. Another frequently recognized universal need is love. Fromm discusses love as a means of achieving relatedness, which he defines as a basic need. Love is the third level in Maslow's hierarchy of needs. Frankl says love gives meaning to life. Love and esteem are closely intertwined and can be thought of as complementary needs.

All of the writers reviewed believe that man has a need to find meaning in his/her existence. The search for this meaning structures his/her needs and his/her motivations. It spawns man's creative, experiential, and attitudinal values. The quest for meaning often involves development of a spiritual or religious frame of reference or orientation to satisfy man's need for understanding and justifying his/her world and to sustain him/her in times of suffering. It may also involve man's search for his/her own identity. Most psychologists recognize man's need for some degree of security or certainty in life, and his/her search for meaning is related to satisfaction of this need.

A need for self-actualization is recognized as having varying degrees of importance in human development. Self-actualization is also related to man's values. Various cultures value different personality characteristics, and therefore, an interpretation of a study of human needs should be based on the values a culture holds for the individual.

Frustration of need satisfaction leads to various neuroses and psychoses, while fulfillment of the various needs leads to a whole, fully functioning, self-actualized individual. Various consequences include disorganized or disruptive behavior, boredom, apathy, isolation,

destructiveness, etc. Fulfillment leads to full interaction with one's experience and environment and to socially constructive behaviors and directions. When man has satisfied his needs he becomes individualized, creative, adaptive, accepting, free, and he strives to reach his greatest human potential.

The demand by society for educators to be accountable for students' learning has caused a focus upon test scores. Emphasis has been placed to such a degree that attention to the student as a being with many needs has gone lacking. A glaring oversight has been made in the failure to realize that a student will not reach his learning potential or will not use to the fullest what he has learned unless his esteem needs are met.

The fact that researchers have linked a positive self-concept of ability and overall self-concept to academic achievement sends a powerful message to educators--that the best instructional program will focus upon both academic learning activities and the development of the students' self-concept, and in so doing will prevent adolescent suicides.

CHAPTER III  
A RESEARCH OF NATIONAL AND STATE LEGISLATION, STATE  
DEPARTMENTS OF PUBLIC INSTRUCTION INITIATIVES,  
AND ORGANIZATIONS THAT COMBAT  
ADOLESCENT SUICIDE

Chapter three researches what state legislatures, state departments of public education, the United States Legislature, local school districts, and other private and public organizations are doing to combat adolescent suicide. The information gained from this research will be valuable to a school administrator in developing a suicide prevention program for his/her own school or district.

National Legislation

In October 1983, the United States House of Representatives Select Committee on Children, Youth, and Families held a public hearing entitled "Teenagers in Crisis: Issues and Programs." Testimony by experts focused upon adolescent suicide.<sup>114</sup>

In October 1984, the Subcommittee on Juvenile Justice of the Committee on the Judiciary in the United States Senate held a similar hearing. Dr. Allan L. Berman, President of the American Association

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<sup>114</sup>Philip N. Henry, "Adolescent Suicide: Is There a Need for Public Policy in North Carolina?" Popular Government (Summer 1986), p. 30.

of Suicidology, made recommendations to the committee regarding preventive action the federal government should take.<sup>115</sup>

These early initiatives at the federal level combined with public support led to the introduction of two bills in the United States House of Representatives. The first bill (House Bill 1099), introduced in February 1985 by Representative Gary Ackerman (Democrat-New York), would establish a grants program under the Secretary of Education and authorize \$10 million annually over a three-year period to be given to local school systems for suicide prevention. The total amount received by any one group or school board could be no more than \$100,000. This bill was referred to the House Education and Labor Committee. The second bill, entitled "Youth Suicide Prevention Act of 1985" (House Bill 1894), was introduced in April 1985 by Representative Fous Lantos (Democrat-California). This bill would establish a commission to study the causes of suicide and identify promising crisis intervention strategies. The bill would also create a three-year grants program to aid states, communities, and private nonprofit groups in suicide prevention activities. Awards would be no more than \$500,000 to one applicant for fiscal years 1986, 1987, and 1988. A total of \$6,000,000 would be made available for each fiscal year. This bill has been referred to the House Education and Labor Committee and the Energy and Commerce Committee.<sup>116</sup>

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<sup>115</sup>Ibid., p. 31.

<sup>116</sup>Ibid.

On May 15, 1985, a joint resolution of the Senate and the House of Representatives authorized and requested the President to designate the month of June 1985 as "Youth Suicide Prevention Month."<sup>117</sup>

Representatives Bill Hefner (Democrat-North Carolina) reported on October 17, 1986 that neither House Bill 1099 or House Bill 1894 would receive final action in the ninety-ninth Congress. Representative Hefner indicated that efforts were made to include both proposals in the drug bill and other legislative vehicles, but they were not successful. Moreover, Representative Hefner stated that Congressmen Ackerman and Lantos intended to reintroduce their bills in the one-hundredth Congress.<sup>118</sup>

Because of the growing awareness in the general public of the suffering that adolescent suicides cause, it is only a matter of time before national legislation is passed. When it occurs, it will provide additional support to schools seeking to implement suicide prevention programs.

#### State Legislation

California, Florida, New Jersey, Rhode Island, Wisconsin, and Maryland have legislation that mandates public schools to develop positive mental health education, which focuses upon suicide prevention-intervention measures.<sup>119</sup>

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<sup>117</sup>Ibid., p. 32.

<sup>118</sup>Bill Hefner, Personal Communication, (17 October 1986).

<sup>119</sup>Henry, p. 31.



California

Senate Bill 947, approved by Governor George Deukmejian on September 12, 1983, provided for the development of a statewide youth suicide prevention program through the establishment of state-mandated demonstration programs in two designated counties.<sup>120</sup>

The bill requires the Department of Education to annually report to the Legislature regarding the status and effectiveness of the programs and establishes a continuously appropriated Youth Suicide Prevention School Program Fund to be administered by the department for the purposes of the act. The bill expresses the intent of the Legislature that \$300,000 be appropriated to this fund by the Budget Act of 1984. The Department of Education was not prohibited from providing financial assistance from that fund to other California counties for purposes of youth suicide prevention school programs.<sup>121</sup>

The Senate Bill made the following findings and declarations of interest:

- (a) A statewide youth suicide prevention program is essential in order to address the continuing problem of youth suicide throughout the state.
- (b) The suicide problem often exists in combination with other problems, such as drug abuse and alcohol use.

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<sup>120</sup>Senate Bill 947, "School: Youth Suicide Prevention School Programs." Legislative Council Digest (15 December 1983), p. 1.

<sup>121</sup>Pamela Cantor, "Schools Must Help Prevent These Tragedies." New York Times (15 September 1985), p. 5.

- (c) A suicide prevention program for young people must emphasize a partnership between educational programs at state and local levels and community suicide prevention and crisis center agencies.
- (d) The program established is intended to delegate primary responsibility for the development of a youth suicide prevention program to existing county suicide prevention agencies through the establishment of a demonstration program.<sup>122</sup>

The Senate Bill made the following specifications:

- (a) The demonstration programs shall be maintained for a period not to exceed three years, according to the following schedule:
  - (1) Planning and development of the county program shall be completed by June 30, 1985.
  - (2) Implementation of the county demonstration program shall be completed by June 30, 1986.
  - (3) Each demonstration county shall evaluate its demonstration program and submit a report of its findings to the State Department of Education, the Legislature, and the Governor on or before January 1, 1987.
- (b) Planning and development of the statewide program shall be completed by June 30, 1985.<sup>123</sup>

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<sup>122</sup>Ibid., p. 1.

<sup>123</sup>Ibid., p. 2.

The Senate Bill stated that the programs developed could include any of the following:

- (a) Classroom instruction designed to achieve any of the following objectives:
  - (1) Encourage sound decision-making and promote ethical development.
  - (2) Increase pupils' awareness of the relationship between drug and alcohol use and youth suicide.
  - (3) Teach pupils to recognize signs of suicidal tendencies, and other facts about youth suicide.
  - (4) Inform pupils of available community youth suicide prevention services.
  - (5) Enhance school climate and relationships between teachers, counselors, and pupils.
  - (6) Further cooperative efforts of school personnel and community youth suicide prevention program personnel.
- (b) Nonclassroom school or community-based alternative programs, including, but not limited to:
  - (1) Positive peer group programs.
  - (2) A 24-hour "hotline" telephone service, staffed by trained professional counselors.
  - (3) Programs to collect data on youth suicide attempts.
  - (4) Intervention and postintervention services.

(5) Parent education and training programs.

(6) Teacher training programs.<sup>124</sup>

In response to the legislative mandate, James R. Smith, Deputy Superintendent for Curriculum and Institutional Leadership of the California State Department of Education, reported on July 8, 1986 that curriculum guides had been developed by the Department of Education for leaders to prepare teachers and parents to recognize suicidal signs and to become familiar with successful intervention techniques.<sup>125</sup>

Mr. Smith reported that a curriculum guide had also been developed for teachers to use in teaching students about suicide. It contains guidelines for teaching five lessons. The topics for the lessons are:

Lesson 1: What we know about suicide.

Lesson 2: Pain and depression don't have to lead to suicide.

Lesson 3: Recognizing the cry for help.

Lesson 4: How to help a friend.

Lesson 5: Resources for helping.<sup>126</sup>

California legislative action provided motivation for state educators to move quickly in establishing programs for combating adolescent suicide. The provision for funds signified that the General

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<sup>124</sup>Ibid., p. 3.

<sup>125</sup>James R. Smith, Personal Communication. California Department of Education (3 July 1986).

<sup>126</sup>California State Department of Education, Teacher's Guide for Youth Suicide Prevention School Program (November 8, 1985), p. 3.

Assembly was serious. The resulting action by the State Department of Education addressed three important areas of an adolescent suicide prevention program: (1) providing teachers, students, and parents with facts about suicide and how to recognize suicidal signs, (2) providing teachers, students, and parents with information about intervention measures they can take, and (3) providing teachers, students, and parents with information about where and how to seek help.

Two very important areas were not addressed: (1) developing a prevailing attitude among K-12 teachers that a positive self-concept is essential for academic and career achievement, and (2) the development of a grief process after a suicide and a plan to avoid precipitating additional suicides.

### New Jersey

Governor Thomas H. Kean signed a legislative bill on June 26, 1985 mandating that three regional centers be created to help prevent teenage suicide. The legislation, which went into effect immediately, allocated \$300,000 to create the centers in the northern, central, and southern portions of the state.<sup>127</sup>

Mental health centers are eligible to apply for regional center status. The centers will set up programs to teach students and educators about the causes and warning signs of suicide, and to tell them what to do if they know someone who shows the signs. The intent was

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<sup>127</sup>Steven Zurier, "Kean OKs Centers to Curb Teen Suicides." The Herald News (27 June 1985), p. 15.

to create a statewide partnership between schools and mental health centers.<sup>128</sup>

After three years, state officials will evaluate the program and consider requiring all high schools to add a suicide-prevention class-- a half-day seminar for students, with shorter workshops for teachers and parents--to their curriculum.<sup>129</sup>

Governor Kean stated:

Training teachers and students to recognize the warning signs of suicide in their students and classmates will make our schools more caring places. By offering help, perhaps we will make those who need it feel as if they have some roots in their troubled lives--support and people who care.<sup>130</sup>

The legislation also creates a ten-member Youth Suicide Prevention Advisory Council that will be responsible for compiling information on prevention programs and distributing the data to local boards of education, mental health services, and the public.<sup>131</sup>

New Jersey's legislation provides support to adolescent suicide prevention efforts. The funding signifies sincerity. Governor Kean's statement should cause others to make efforts toward combating adolescent suicide.

Information to parents, teachers, and students about suicide and intervention measures appear to be the focal point of the legislation.

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<sup>128</sup>Ibid., p. 15.

<sup>129</sup>Ibid., p. 16.

<sup>130</sup>Deborah L. Ibert, "Teen Suicide Bill Ok'd by Kean." The Record (27 June 1985), p. 24.

<sup>131</sup>Ibid., p. 25.

The information gathering committee will provide valuable information to educators. Postsuicide measures and a K-12 emphasis on self-concept and academic achievement and potential are not addressed.

The allocation of funding directly to mental health centers is an area of concern. Control of a program usually goes to the ones who hold the purse strings. The state's department of education will ultimately be responsible for what goes on in the schools and must have authority over educational programs if they are to be effective.

### Wisconsin

In September 1985, the Wisconsin General Assembly enacted into law Act 29.<sup>132</sup> Act 29 creates a Council on Suicide Prevention in the Department of Public Instruction. The Council's purpose is to advise the Department of Public Instruction on implementation of a statewide suicide prevention effort.<sup>133</sup> The Council consists of seven members. Two appointed by the state superintendent of public instruction, two appointed by the secretary of health and social services, one person and one physician appointed jointly by the state superintendent of public instruction and secretary of health and social services, and one member of the Council on criminal justice appointed by the chairperson of that Council.<sup>134</sup>

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<sup>132</sup>Herbert J. Grover, Personal Communication. Wisconsin Department of Public Instruction (June 25, 1986), p. 1.

<sup>133</sup>1985 Wisconsin Act 29, Suicide Prevention Legislation.

<sup>134</sup>Ibid.

Act 29 provides payments of \$3,000 annually to each cooperative educational service agency to provide assistance to school districts for suicide prevention programs.<sup>135</sup>

Act 29 mandates that the department of public instruction shall:<sup>136</sup>

- (a) Develop and conduct training programs in suicide prevention for the professional staff of public and private schools. The programs shall include information on how to assist minors in the positive emotional development which will help prevent suicidal tendencies; the detection, by minors, school staff and parents, of conditions which indicate suicidal tendencies; the proper action to take when there is reason to believe that a minor has suicidal tendencies or is contemplating suicide; and the coordination of school suicide prevention programs and activities with the suicide prevention and intervention programs and activities of other state and local agencies.<sup>137</sup>
- (b) Provide consultation and technical assistance to public and private schools for the development and implementation of suicide prevention programs and the coordination of those

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<sup>135</sup>Ibid.

<sup>136</sup>Ibid.

<sup>137</sup>Ibid.



programs with the suicide prevention and intervention programs of other state and local agencies.<sup>138</sup>

Act 29 further mandates that instruction shall be designed to help prevent suicides by pupils by promoting the positive emotional development of pupils.<sup>139</sup>

Act 29 exempts those attempting to help prevent a suicide from civil liability. Section 118-295 reads:

any school board, private school, county handicapped children's education board or cooperative educational service agency, and any officer, employee or volunteer thereof, who in good faith attempts to prevent suicide by a pupil is immune from civil liability for his or her acts or omissions in respect to the suicide or attempted suicide.<sup>140</sup>

A spokesperson for the Wisconsin Department of Public Instruction reported that since the legislative action of September 1985 approximately 50 percent of local school districts in Wisconsin had instituted basic suicide prevention programs, with the remainder gearing up to do so during the 1986-87 school year. He stated that by September 1986 the State Department of Public Instruction would be publishing a youth suicide prevention program guide for schools.<sup>141</sup>

Wisconsin legislative action is a refreshing approach regarding adolescent suicide. The approach has accomplished the following key

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<sup>138</sup>Ibid.

<sup>139</sup>Ibid.

<sup>140</sup>Ibid.

<sup>141</sup>Grover, p. 2.

objectives:

- (1) It made clear to local school districts that they were expected to have suicide prevention programs in place within three years.
- (2) It mandates the State Department of Public Instruction to assist local school districts in their efforts.
- (3) It establishes an information gathering Council to assist in the development of suicide prevention programs.
- (4) It provides funding for educational systems that will assist local school districts.
- (5) It removes an element of fear by making "gatekeepers" immune to liability suits.
- (6) It emphasizes that the most important part of any suicide prevention program is the fostering of positive student self-concepts.<sup>142</sup>

Expecting local school districts to use initiative in developing a program will increase the amount of creativity and imagination and should result in high quality programs, especially as they are revised and updated. The programs can be expected to vary, however, from one district to another.<sup>143</sup>

A review of several local school districts' suicide prevention programs in Wisconsin indicated a variance. One included the important postsuicide phase. Others zeroed in on recognizing problems and

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<sup>142</sup>1985 Wisconsin Act 29.

<sup>143</sup>Grover, p. 2.

intervening. An obvious omission in those programs reviewed was attention to developing positive classroom environments which nurture positive student self-concepts, which the legislation had listed as vital.

Wisconsin's legislation has set the stage for major improvements in the battle against adolescent suicide. Its approach has provided incentives needed for excellent suicide prevention programs. Monitoring by the State Department of Public Instruction will insure that the programs in all school districts include all the vital components.

### Florida

The Florida General Assembly enacted Senate Bill No. 541, which was signed by Robert Graham, Governor of Florida, on June 24, 1984, and became effective October 1, 1984. The legislation is entitled the Florida Youth Emotional Development and Suicide Prevention Act.<sup>144</sup> The act addresses several aspects of adolescent suicide and mandates that efforts be focused upon: (a) assuring better detection by students, teachers, and family members of signs of emotional distresses in youth that might result in suicide; (b) defining responsibility for school counselors; (c) the timely referral of potential suicide victims to community professionals; and (d) establishing cooperation between school and nonschool professionals.

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<sup>144</sup>1984 Florida Senate Bill No. 541, "The Florida Youth Emotional Development and Suicide Prevention Act."

Major provisions of the Youth Emotional Development and Suicide Prevention Act include:<sup>145</sup>

1. A legislative intent to establish prevention of youth suicide as a state priority.
2. The promotion of a need for a statewide program for the positive emotional development of youth and prevention of suicide.
3. A recognition that emotional problems of youth are often compounded by other problems such as drug and alcohol abuse and school and family problems.
4. That cooperation and coordination between education and mental health programs are necessary.
5. That state agencies develop ways to instruct school and law enforcement personnel, students and the general public in detection and intervention of potential suicide.
6. Mandates that every school shall develop a written student services plan that includes distribution of suicide prevention information.
7. Mandates that all applicants for teacher certification shall demonstrate ability to identify emotional stress in students and to effectively intervene.
8. Mandates that instruction in positive emotional development must be included in the life management skills course taken

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<sup>145</sup>Ibid.

in the ninth and tenth grades and required for high school graduation.

9. Mandates development of a state plan for youth suicide prevention through an interprogram task force.
10. Mandates each school district to establish a local plan for youth suicide prevention. The plan is to be incorporated into the state plan.

The Florida legislative enactment is wide-sweeping concerning adolescent suicide. It addresses most of the vital areas that need attention--creating positive, healthy environments for students as a means of preventing mental instability, training of teachers and students to recognize and help suicide-prone students, developing intervention strategies for referred students, placing the responsibility upon the state department of public instruction and individual school districts for developing adolescent suicide prevention programs, and encouraging school officials to obtain assistance from mental health agencies.<sup>146</sup>

Three omissions in Florida's legislation cause some concern: (1) a lack of funding, (2) no after suicides mandates, and (3) no stipulations for deadlines. These may be remedied in time; the legislation is bold and is obviously based on good research.<sup>147</sup>

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<sup>146</sup>Ibid.

<sup>147</sup>Ibid.

### Rhode Island

The Rhode Island General Assembly passed legislation entitled "An Act Relating to Teenage Suicide Prevention" on July 2, 1986. The act was introduced by Senator James D'Ambra at the request of Richard A. Licht, Lieutenant Governor of Rhode Island.<sup>148</sup>

The legislation requires the Department of Education to develop and prescribe a suicide prevention awareness program for public school students in grades nine through 12, and requires the local school districts to incorporate the program into health education courses.<sup>149</sup>

The act designates The Samaritans, Incorporated, a nonpublic school affiliated organization, to provide workshops for the teachers designated to teach the suicide awareness program.<sup>150</sup>

Ten thousand dollars was appropriated to The Samaritans for the 1986-87 school year to be used for the purposes of (a) developing and providing suicide prevention awareness workshops to public school teachers, and (b) printing and distributing suicide prevention awareness materials to schools, libraries and other public buildings throughout the state.<sup>151</sup>

Rhode Island's legislation regarding adolescent suicide will insure that school districts will pay attention to the problem.<sup>152</sup> The

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<sup>148</sup>1986 Rhode Island Act 86-S2906, "An Act Relating to Teenage Suicide Prevention."

<sup>149</sup>Ibid.

<sup>150</sup>Ibid.

<sup>151</sup>Ibid.

<sup>152</sup>Ibid.

state department of education must develop a suicide prevention awareness program for students in grades 9 through 12 and each school district must incorporate the program into health classes. Funding is provided for training teachers designated to teach the program.

Omissions in the legislation cause some concern.<sup>153</sup> There is no mention of the importance in developing positive mental attitudes throughout K-12 as a preventive measure. There is no attention given to the training of all teachers in recognizing warning signs and precipitating events. The traumatic after effect of suicide is not addressed.

Another item for concern in the legislation is the allocation of funding to an organization outside the department of education. This could create administrative problems.

Despite the shortcomings of Rhode Island's legislation, it will provide momentum to the effort to combat adolescent suicide.

### Maryland

The Maryland State Legislature passed House Bill No. 1221, which is entitled "an Act Concerning Youth Suicide Prevention School Programs." The bill took effect on July 1, 1986.<sup>154</sup>

The purpose of the bill is to establish a statewide youth suicide prevention school program administered by the Department of Education in cooperation with local education agencies and other community

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<sup>153</sup>Ibid.

<sup>154</sup>Maryland's House Bill No. 1221, "An Act Concerning Youth Suicide Prevention School Programs," p. 1.

agencies. The bill specifies that on or before October 1, 1986 demonstration youth suicide prevention school programs be developed in six identified school districts. The districts may apply for funds to develop the programs.<sup>155</sup>

The programs are to consist of:

1. Individual, family, and group counseling related to youth suicide.
2. Referral, crisis intervention, and information for students, parents, and school personnel.
3. Training for school personnel, and others responsible for counseling or supervising student activities.
4. Classroom instruction designed to achieve any of the following objectives:
  - a. Encourage sound decision-making and promote ethical development.
  - b. Increase pupils' awareness of the relationship between drug and alcohol use and youth suicide.
  - c. Teach pupils to recognize signs of suicidal tendencies, and other facts about suicide.
  - d. Inform pupils of available community youth suicide prevention services.
  - e. Enhance school climate and relationships between teachers, counselors, and pupils.

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<sup>155</sup>Ibid., p. 2.



- f. Further cooperative efforts of school personnel and community youth suicide prevention program personnel.<sup>156</sup>

The bill requires the State Department of Education to monitor the operations of programs in demonstration districts and to evaluate annually the programs' effectiveness.<sup>157</sup>

Maryland's House Bill 1221 addresses most of the critical areas of an adolescent suicide prevention program; it provides funding, and it mandates responsibility for developing the programs to the State Department of Instruction. The bill does set a very short deadline of October 1, 1986 to have the programs in place and also the bill omits an after suicide phase in the programs. Despite these concerns, Maryland's legislative enactment can promote a statewide adolescent suicide program that should emerge as a model for other states if proper administration and supervision is given.

State Departments of Public  
Instruction Initiatives

A questionnaire containing the following three questions was sent to each superintendent of public instruction in each of the fifty states and the District of Columbia:

1. Has your state legislature adopted a resolution or enacted legislation regarding adolescent suicide?

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<sup>156</sup>Ibid., p. 3.

<sup>157</sup>Ibid., p. 4.

2. Has your state department of public instruction developed a statewide adolescent suicide prevention/intervention program?
3. Are there any schools or school districts in your state that have adolescent suicide prevention/intervention programs in operation?

Forty-three of the fifty state superintendents and the District of Columbia superintendent returned the questionnaire. The remaining seven state superintendents did not return the questionnaire after three mailings. Table 1 shows the results of the questionnaire.

Table 1 indicates that only seven states have legislation or resolutions promoting the prevention of adolescent suicide. Only California has developed a statewide program, however, the remaining six states with legislative action are moving toward statewide programs.

More than one half of the state superintendents responding indicated they had school districts with adolescent suicide prevention programs. This signifies that the problem of adolescent suicide has been great enough in the majority of states to motivate school leaders to use their own initiative in developing programs.

The questionnaire also brought in the following voluntary reports:

Oregon. The State Department of Public Instruction has published a report on adolescent suicide.

Kentucky. Trains trainers to respond to school districts.

Table 1

## Results From the Questionnaire

States That Have Enacted Legislation	States Where Resolutions Have Been Adopted	States That Have School Districts With Programs	States That Have Developed a Statewide Program
California Florida Maryland New Jersey Rhode Island Wisconsin	Illinois	Arizona Colorado Connecticut District of Columbia Florida Illinois Iowa Kansas Maryland Michigan Minnesota Missouri Montana New Hampshire New Jersey New York North Carolina Oklahoma Pennsylvania Rhode Island South Dakota Virginia Washington Wisconsin	California

Pennsylvania. Has publication on adolescent suicide that is sent to all school districts.

Maine. Plans to address adolescent suicide in its K-12 curriculum.

Hawaii. Has developed a curriculum emphasizing positive self-concepts.

Arkansas. Is considering legislation.

Connecticut. State Department of Instruction provides training programs for school staffs in suicide prevention.

Massachusetts, District of Columbia and Alabama. Are in the process of developing statewide programs.

Information gathered from the questionnaire indicates that thirty-one of the forty-three states responding have addressed adolescent suicide in some form. Efforts should continue to increase as the problem persists and educators become aware of programs in various states and school districts.

#### Organizations That Provide Assistance

##### Nationwide to Schools in Combatting

##### Adolescent Suicide

Local and state mental health centers are a valuable resource to a school in dealing with the problem of adolescent suicide. Several of the centers have gained widespread recognition for their work in suicide prevention and have received special funding to specialize in that area.

There are in addition to local mental health centers, organizations that have been formed to provide assistance to schools, organizations, or groups nationwide in the fight to reduce adolescent suicide. Following is a review of such organizations.

#### National Committee on Youth Suicide Prevention

666 Fifth Avenue, 1349 Floor  
New York, New York 10103

The National Committee on Youth Suicide Prevention is a private, nonprofit organization founded to reduce and prevent youth suicide.

In 1984, twenty-five survivors met with former New York State Lieutenant Governor Alfred B. DeBello to discuss the tragedy of youth suicide. The Lieutenant Governor's staff researched the problem and concluded that youth suicide was not only a local problem, that it was a national problem, and that there was lacking an organized and coordinated approach to address youth suicide. The National Committee on Youth Suicide Prevention was established as an outgrowth of these conclusions.<sup>158</sup>

The committee's program priorities are to increase public awareness of the problem, encourage new prevention programs and support research and evaluation efforts. It has helped establish forty state committees to monitor the problem of youth suicide within their states, disseminate prevention information and focus public attention on the need for a federal commission to study the national problem of youth

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<sup>158</sup>Linda Laventhall, Personal Communication. National Committee on Youth Suicide Prevention, July 15, 1986.

suicide. It lists as its goal the implementation of the following objectives:<sup>159</sup>

1. Increase public awareness of youth suicide.
2. Publicize the warning signals of suicidal behaviors.
3. Encourage and support youth suicide prevention programs.
4. Establish a national information and referral system.
5. Disseminate current information on suicide.
6. Seek to create a federal commission on youth suicide prevention.
7. Support research on suicide.
8. Sponsor and support interdisciplinary professional conferences.
9. Facilitate coordination among and assistance to organizations with similar goals.
10. Create a foundation to support programs to address youth suicide.

The National Committee on Youth Suicide Prevention provides, upon request, research articles, statistics, and general information about youth suicide. It also furnishes a list of audiovisual material that is available on the subject. The committee is funded through voluntary contributions.

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<sup>159</sup>Ibid.

### Youth Suicide National Center

1825 Eye Street, N.W., Suite 400  
Washington, DC 20006

The Youth Suicide National Center was established in 1985 as a nonprofit organization. It is supported through individuals, foundations, and corporate contributions and grants.

The Center's purpose is to facilitate effective action on both the local and national levels. It seeks to accomplish its purpose by:<sup>160</sup>

1. Serving as an information clearing house.
2. Developing and distributing educational materials.
3. Coordinating a national awareness campaign.
4. Providing educational programs and related services.
5. Reviewing current youth suicide prevention programs and developing models which can be responsive to the needs of diverse groups in communities across the country.
6. Supporting and encouraging self-help groups and services for survivors.
7. Encouraging accelerated research focused on the causes and prevention of youth suicide.
8. Establishing a national toll-free "hotline" to respond to depressed and suicidal youth and their families.

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<sup>160</sup>Youth Suicide National Center Bulletin (Washington, D.C., April 1985), p. 3.

The Youth Suicide National Center will provide to any school system upon request an enormous amount of information about adolescent suicide and a listing of a variety of resources to help in developing an adolescent prevention program.<sup>161</sup>

American Association of Suicidology

2459 S. Ash  
Denver, Colorado 80222

The American Association of Suicidology is a nonprofit organization which was founded in 1968 by Edwin S. Shneidman. It lists as its goal: To understand and prevent suicide. It states that it exists because of the following concerns:<sup>162</sup>

1. It is documented that nearly 30,000 persons kill themselves annually in the United States. The true figure may be more than twice that number.
2. Suicide is the third leading cause of death among young people ages 15-24, and it is the eighth leading cause of death among all persons (1982).
3. Suicide cuts across all age, economic, social and ethnic boundaries.
4. Family members (survivors) of suicide victims not only have the trauma of losing a loved one to suicide, but are themselves higher risks for suicide and emotional problems.

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<sup>161</sup>Ibid.

<sup>162</sup>American Association of Suicidology Bulletin (Denver, Colorado, May 1986), p. 1.



5. Most suicidal persons desperately want to live. They are just unable to see alternatives to their problems other than suicide.
6. Most suicidal persons have given definite warnings of their suicidal intentions, but others are either unaware of the importance of these warnings or do not know how to respond to them.

The American Association of Suicidology seeks to promote research, public awareness programs, training for professionals and volunteers, and to develop programs necessary for the understanding and prevention of suicide. It also serves as a clearinghouse for information on suicide.

The Association sponsors a journal, Suicide and Life-Threatening Behavior and a newsletter, Newslink. An annual meeting is held in a different city each year during which research papers and clinical seminars are presented. It helps to establish centers for the prevention of suicide, and serves as a certifying agent for the centers.<sup>163</sup>

The AAS members have consulted on potential legislation and have provided testimony for congressional committees. It lists as a priority the attainment of legislation requiring suicide prevention efforts. Yearly awards are presented by the AAS to outstanding contributions in the field of suicidology.

The AAS will provide help for survivors of suicide by furnishing information on survivor groups and listings of available books, films,

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<sup>163</sup>Ibid., p. 3.

newsletters and pamphlets focusing on survivors.<sup>164</sup> Schools and organizations may obtain speakers and trainers from the Speakers and Writers Bureau of the AAS.

Suicide Information and Education Centre (SIEC)

Suite 103, 721 14th Street N.W.  
Calgary, Alberta, Canada T2N 2A4

The Suicide Information and Education Centre was established in 1982. It operates under the supervision of the Canadian Mental Health Association. Funding is provided by the Government of Alberta through an annual grant from the Suicide Prevention Provincial Advisory Committee. The Centre was established so that individuals could have access to a comprehensive collection of materials on the topic.<sup>165</sup>

The Centre maintains a computer-based storage and retrieval system which currently contains over 8,000 documents, which include the following:

periodical articles	theses
books	newspaper clippings
book chapters	reports
pamphlets	reviews
video tapes	unpublished manuscripts
films	teaching materials
conference papers	program outlines

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<sup>164</sup>Ibid., p. 4.

<sup>165</sup>Karen Kiddey, Personal Communication. Suicide Information and Education Centre, Calgary, Alberta (May 23, 1986).

proceedings

promotional materials

cassettes

A full description of each document plus an abstract is provided.<sup>166</sup>

Information services from the Centre include the following:<sup>167</sup>

1. The Suicide Information and Education Centre database can be searched on line according to author, title, date, source, location, document type, subject terms or abstract.
2. The SIEC Thesaurus of Subject Terms serves as a comprehensive listing of the vocabulary of suicidology and currently contains over 700 entries.
3. Staff members can provide computer-generated bibliographies that are subject specific. All documents are available from the SIEC collection or the University of Calgary Library System.
4. The Centre will supply single copies of any document; exceptions include books and theses which are available through regular interlibrary loan networks.
5. Literature searches and document delivery services of the Suicide Information and Education Centre are provided.

The Centre has two publications: the SIEC Newspaper Clipping Service, which compiles clippings from major newspapers, newsletters,

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<sup>166</sup>Ibid.

<sup>167</sup>Ibid.

and bulletins concerning suicide and is published monthly, and the Current Awareness Bulletin, a quarterly newsletter that provides information on resources, new publications, conferences, programs, books, and audiovisual materials, and also provides readers with a listing of recent additions to the SIEC database.<sup>168</sup>

### Summary

National legislation that would support adolescent suicide prevention measures is pending. Two House Bills were introduced in the ninety-ninth Congress. The bills will be reintroduced in the one-hundredth Congress.

California, Florida, New Jersey, Rhode Island, Wisconsin, and Maryland have enacted state legislation. The legislation varied with California's and Wisconsin's being more comprehensive than the other four. Florida was the only state where no funding was provided in the legislation. Each of the six state's legislation sent a signal to the state and district school superintendents that efforts to combat adolescent suicide was expected and would be supported.

Only California's State Department of Public Instruction had developed a statewide suicide prevention/intervention program, however, Wisconsin's, Rhode Island's, New Jersey's, Florida's, Maryland's, Massachusetts', District of Columbia's, Alabama's, and Illinois' State Departments of Public Instruction were in the process of developing

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<sup>168</sup>Ibid.

one. In addition to the statewide initiatives, twenty-five of forty-three responding states reported having school districts with suicide prevention/intervention programs.

Local mental health units and the following four national organizations were found to provide invaluable information about adolescent suicide: (1) National Committee on Youth Suicide Prevention, Youth Suicide National Center, American Association of Suicidology, and Suicide Information and Education Centre (SIEC).

CHAPTER IV  
A RESEARCH OF ADOLESCENT SUICIDE PREVENTION/  
INTERVENTION PROGRAMS OPERATING IN ELEVEN  
IDENTIFIED HIGH SCHOOLS

Introduction

Through questionnaires to all fifty state superintendents, letters of inquiry and teleconferences to selected local districts, and national suicide prevention organizations, fifteen high schools were identified throughout the United States as having student suicide prevention/intervention programs in operation. The principal at each high school was contacted by telephone before sending the questionnaire. The questionnaire is included in Appendix A. Each principal agreed to complete and return the questionnaire in a self-addressed stamped envelope. After the questionnaire was mailed, four weeks were allowed to receive a reply. A letter was then sent to those not responding asking them to please return the questionnaire within an additional three-week period. Eleven of the fifteen identified schools completed and returned the questionnaire.

The intent of the questionnaire was to obtain basic background information about each high school, to determine the incidence of student suicide, to determine the emphasis placed on positive student mental health, and to determine the types of suicide prevention/intervention programs that were operating in each school.

### Oakton High School

Oakton High School, 2900 Sutton Road, Vienna, Virginia 22180, is a 9-12 organized school located in a suburban community. It has an enrollment of 2,365 students. There have been four student suicides and several attempted suicides at Oakton High School within the past five years.

Because of the experiences with student suicides, the Fairfax County Public Schools District has developed a set of guidelines for Oakton High School and other schools to follow when a suicide occurs. These were developed after much research and are listed here because of their value.

#### Preplanning

1. Decide in advance who is to be in charge during a crisis. Designate a substitute in the event that the appointed person is unavailable at the time of the emergency. Make certain that all staff know who those persons are.
2. Hold a thorough inservice on suicide prevention in every high school and intermediate school at least every other year, as promoted by the County Adolescent Suicide Prevention Program, using material and resources provided by that program. Offer the staff a brief reminder of procedures and resources in the years when full faculty meetings or suicide prevention are not scheduled. For new and transferred staff, hold a workshop during their orientation to the school.

3. Hold an inservice for the school secretaries on how to handle telephone calls and requests for information from the community. On a contingency basis, additional secretarial help is sometimes essential in times of emergency.
4. Use phone trees so that word can be communicated as rapidly as possible to persons who need the information and need to be involved.
5. Have a plan in mind for making space available for necessary meetings. Finding places for impromptu sessions in crowded schools can be a large problem, especially since availability of space varies with the time of day. Be aware that in some cases it will be necessary to go where the groups are rather than establish a location for a meeting.

#### Crisis Activity

6. Notify the key people within the school system of the crisis. Contact the area superintendent immediately. The superintendent's office will notify the appropriate school board members and county supervisors.
7. Do not wait to begin activity. Delay can give rise to rumors that add another dimension to the existing problem. Delays also can promote anger on the part of the students at the school, a feeling that "no one really cares."
8. Prepare a general announcement to be given by the principal or designee. It is not necessary to mention suicide/death/accident or to give details. Information at the early stages



is often inaccurate. A straightforward sympathetic announcement of a loss with a simple statement of condolence is recommended. If indicated, also a statement that more information will be forthcoming when information is verified can be reassuring to the students. Be as truthful as possible when students ask direct questions. Truth tends to dispel speculations that quickly begin as soon as the news is out. Situations, however, in which the truth will not be known for some time, or in which the family does not want facts given have to be dealt with individually.

9. Plan to hold a faculty meeting as soon as possible and even if it has to wait until the end of the day, give notice of the meeting early. Call guidance staff together and prepare them as a body for dispensing and providing general support to the teaching staff. Prepare brief written announcements to the teachers if those are possible to prepare rapidly. It can be beneficial to request a professional from outside the school to conduct the faculty meeting or the faculty inservice simply because the immediate staff may be very personally caught up in the events. The central office or the area office will cooperate if such a person is requested.
10. In the case of suicide or death, invite the identified friends of the deceased to meet in a group at a selected

site. This works better than suggesting that counselors are on hand to talk with any individuals who wish to discuss the death. Young people are more apt to take part in a group with peer support, at least initially, than they are individually. Note who does not take part since in some instances those persons most acutely affected do not attend a group meeting.

These groups are best conducted with one or two adult leaders present. More than that may hamper the dynamics. On occasion, students will ask to meet by themselves, but such sessions tend to escalate the emotions and intensify the feelings and have not proved constructive. In general, some activities are best avoided. Calling large assemblies to discuss suicide is not recommended, for instance. On the other hand, using such assemblies to communicate to students the readiness of school personnel to be supportive and to hear problems can be very worthwhile. Being told that one's school is a caring school, and that there are adults who will reach out, can be very reassuring.

11. Ask school staff to make themselves available to parents and other members of the community, if appropriate. When groups of parents have been invited to school to share feelings and be given some guidelines for communication at home, they have been very appreciative. When tragedies have occurred in elementary schools, letters sent home

briefly explaining the situation and offering suggestions for further discussion, or anticipating the questions of the children, have proved worthwhile.

12. With regard to students being encouraged to do something in memoriam for someone deceased, be aware that there is a fine line between dramatizing a death and doing something appropriate that allows students to express a sense of loss and channel feelings. A small gesture can mitigate feelings of helplessness and communicate the concern of the school. Planting a tree, writing a poem, and donating blood to the Red Cross are examples of student gestures that have proved effective. It is recommended that any activity chosen be a one-time event, particularly when a student has been lost by suicide.
13. In stances where students wish to attend funeral services or actually take part in them by making a written contribution in some form, the wishes of the family must first be considered. Some families have welcomed such participation, but some have refused and requested that students not attend at all. It may then become necessary to work through the feelings about such wishes with the students.
14. In situations where suggestions made by students are inappropriate and refusal on the part of the administration causes anger among students, it is important to continue the dialogue. When issues are kept under discussion, the

fervor tends to ebb and something mutually acceptable can be agreed upon.

The inservice mentioned in guideline 2 consists of making teachers aware of the possibility of a suicide, its causes and warning signs, referral procedures, and preventive steps to make when dealing with a suicidal youngster.

The respondent indicated that Oakton High School provided training for students and parents, but no details were given.

#### Roosevelt High School

Roosevelt High School, 2039 28th Avenue, Minneapolis, Minnesota 55406, is an urban high school with an enrollment of 2,100 students. It has grades 9-12. No student suicides or attempted suicides were listed on the questionnaire as having occurred within the last five years.

The Minneapolis Public School System has printed a booklet of guidelines for its schools to follow when working with student suicide. Personnel at Roosevelt High School did not indicate in the questionnaire if the guidelines were followed, however, for the purpose of this study a review of the guidelines was made.

All schools are asked to provide information to teachers about danger signs, precipitating events, how to identify students at risk, and what to do when faced with a potential suicidal student. When a suicide occurs, school officials are advised to recognize the act as that of a distraught person and not as a noble alternative. It

encourages efforts to meet the needs of survivors and suggests specific "postvention" strategies:

1. There should be formal and public recognition that the building has lost a member.
2. Small group meeting should be made available to those students and staff who elect to share their questions and grief with an experienced facilitator.
3. The possibility of the "contagion" factor in the school must be recognized, as the suicide of a peer can trigger crises for other vulnerable students.
4. Staff who are closely involved in handling events related to the suicide should plan regular "debriefing" sessions that allows for reduction of anxiety and stress through mutual support and sharing.
5. The postvention team should include a small core of school staff assisted by one or two non-building personnel skilled in postvention management.
6. The school system has pledged to provide to each school assistance with suicide risk assessment, assistance with emergency referrals, suicide prevention inservices, and postvention services.

The Minneapolis Public School System also provides answers for its schools to the following questions:

1. Who evaluates the risk factor when a student makes a suicidal threat or gesture?

2. Who must be informed in the building when a student presents at-risk suicidal behavior?
3. What is the appropriate response when a student talks about suicide or makes a suicidal gesture during the school day?
4. What are the requirements of parental notification?
5. Can school staff refer a student directly to an outside agency for intervention?
6. What are the confidentiality issues that arise for staff as they deal with the suicidal student?
7. Should a student at-risk for suicide be allowed to return home without parental notification?
8. What procedures should be implanted to support a reentering student who has been in treatment for a suicide attempt?
9. When a student informs a staff member that a peer is at-risk for suicide, what steps should be taken?
10. What constitutes reasonable follow-up measures after a student has made a suicide attempt or gesture?

#### Yelm High School

Yelm High School, P.O. Box 476, Yelm, Washington 98597, houses 930 students in grades 9-12. It is located in a rural setting. Yelm is a small town of 1,285 population.

There have been no actual student suicides within the past five years, but a recent graduate and a student about to register did take

their lives. There have been approximately twenty-five suicide attempts.

The guidance department at Yelm High School has developed an active "Peer Helper Program." It is composed of:

1. Sixty camp-trained "natural helpers" who meet for designated follow-up training and who "season" the campus with readiness to help and listen.
2. The SALT Team. A group of six students who receive a credit for class work with the counselor and who are more intensely available to assist students who need help or tutoring.
3. The PEPPER Team. A group of six students who receive a credit for a class where the object is to promote drug-alcohol free activities and to provide information about substance abuse to the student body.
4. The Lifewatch Outreach Team. This is a panel of students who present information to fellow students, parent groups, radio-television audiences and conferences. They are former attempters or contemplators who have qualified for graduation from the Lifewatch group.

Yelm High School guidance counselors consider the Peer Helper Program invaluable in recognizing and intercepting other students who indicate dangerous depression. They are taught to do initial intervention and to bring their friend to a counselor or experienced adult.

All students receive instruction about suicide in health education classes. Counselors and "peer helpers" visit the class. Each

health student receives a handbook titled "Helping Your Friend Overcome Suicidal Feelings." The contents include sections on:

1. Causes of Dangerous Depression
2. Warning Signs of Dangerous Depression
3. Taking Steps to Help Preserve Your Friend's Life
4. After-Crisis Care and Some Sticky Issues.

Teachers at Yelm High School are provided training in student suicide prevention through inservice sessions using videotapes and role-playing. Teachers are provided with handbooks. General discussions of the topic are held. Certain teachers who sponsor the "Natural Helpers" program are further trained.

Once a potential suicide victim is identified, the intervention process begins with the student being referred to a guidance counselor by a teacher, parent, or other student. An assessment is done. Yelm's counselors strongly promote a written agreement between the student, the adult and friends stating that he or she will not use suicide as an option to relieve the pressure of problems. The principal is usually apprised of the ongoing situation and in almost all cases the parent is discretely notified and their cooperation obtained. If emergency help is needed, the "911" phone system is used. Yelm's counselors have immediate access to the emergency room of nearby St. Peter's hospital and an eleven-bed adolescent psychiatric unit. The facility is about one-half hour away from school.

Yelm High School's personnel is presently refining and specifying an after-suicide plan of action. There is a total school emphasis



on the development of positive student self-concepts. Study skill lesson plans for teaching self-esteem has been developed for teachers and lessons have been presented to all students. The slogan is "Think Like a Porche."

### Omaha Bryan High School

Omaha Bryan High School, 4700 Giles Road, Omaha, Nebraska 68157, opened in 1964 as a junior-senior high school. It became a 9-12 senior high school in 1971 with the completion of additional buildings. About one half of Bryan's enrollment of 1,351 students come from urban Omaha and one half from the surrounding suburban area of Sarpy County. The school is a close approximation of the national population in socioeconomic, racial, and ability mix. Its student body is about 16 percent black, 4 percent Hispanic, 1 percent oriental, 1 percent Indian and 78 percent white.

Within the past five years there have been three student suicides and at least six attempted suicides. The three suicides came in the 1985-86 school year within a four-day period. Bryan High School had no plan for after-suicide action, so Principal McQuinn was forced to make quick decisions about school operations amid the crisis.

Bryan High School should have a strong suicide prevention/intervention program as a result of the tragic experiences. Dr. McQuinn stated that school personnel had previous periodic inservice training in recognizing potential suicide victims, but that after the student suicides occurred efforts had been greatly intensified and would continue.

The emphasis was on providing as much information to teachers about suicide as possible with instructions on how to initially react to a potential suicide victim. The concept that student suicide can be prevented is the school and faculty's guideline.

Also, instruction to students on problem-solving was intensified. The messages that most problems are of short duration and that suicide is not the answer was at the heart of the instruction.

Bryan High School presently has no plans for instruction to parents about student suicide, but Dr. McQuinn did send letters to all parents stressing the importance of understanding that students have severe problems and a lower ability than adults to cope with problems. He stressed the importance of parents letting students know that they are cared for.

Dr. McQuinn indicated that there had been for years an emphasis at Bryan High School on the importance of the students' self-concept, but that now there would be an emphasis upon the possibility of any interactions with students being potentially life-threatening or life-enhancing.

Dr. McQuinn could not link drug abuse to either suicides or suicide attempts. He indicated that he observed many students who were never satisfied with their achievement and who worried a great deal.

Dr. McQuinn reported that during the entire crisis the local Mental Health Center was of great assistance. Staff members from the center were on hand as needed. He stated that, "It is hoped that as a result of this tragedy some things have been learned that will be of value to his and other schools and to his students and other students."

### East Penn High School

East Penn High School, North Street, Emmaus, Pennsylvania 18041, is a suburban school with an enrollment of 1,150 students in grades 10-12 organization. It has had no student suicides within the past five years and no known suicide attempts.

Joan M. Johnston, school psychologist, with the approval of the East Penn School Board and the cooperation of the superintendent and principal has developed a two-pronged approach to adolescent suicide for East Penn High School: (1) prevention/intervention steps which includes awareness identification and procedures for "at risk" students, and (2) reaction in the event of a suicide.

#### Prevention/Intervention

Ms. Johnston conducts forty-five minute inservice workshops for all teachers to share statistics, myths, causes, and warning signs. She discusses informally with the teachers students who are felt to be at risk and discusses the effects of feelings of guilt if they fail to identify a student. Each member of the school is given "flow charts" of the specific steps to follow with an identified youngster.

#### After-Suicide

The second approach is a reactionary plan in the event a student is lost to suicide. The goal is to minimize the effects on other students. Due to the need for a great number of support staff, East Penn School District combined with two other school districts, creating a

Tri-District Consortium. Once a crisis occurs, the home district is responsible for contacting the other two districts and notifying them of the number of people needed for the crisis team. Each district has approximately eight support staff available and crisis training has been provided. The team meets at a designated site to determine strategy. Some members will work with groups, some with individuals, some with parents, and one is always in the faculty room available for staff.

The East Penn School District has recently implemented the Quest Program, which is supported by the Lions' Club of America and is available nationwide. It is geared toward seventh-grade students and emphasizes the development of positive self-concepts as the answer to decision-making and resisting peer pressure.

East Penn High School provides no formal instruction for parents on adolescent suicide. Ms. Johnston does believe there is a connection between drug use and student suicides.

#### Natrona County High School

Natrona County High School, 930 South Elm Street, Casper, Wyoming 82601, is an urban school located in the second largest town in Wyoming. It has 1,475 students in a 10-12 grades organization. There have been no suicides within the past five years, but there have been thirty-three interventions within the past two years. The number of suicide attempts was not available.

Natrona County High School is the largest high school in the state of Wyoming. It serves a varied student population--educable mentally retarded, learning disabled, average ability, above average ability, gifted and talented, and mainstreamed students. Students come from all socioeconomic backgrounds--poverty, middle-class, upper-class, ranching, professional, semiprofessional, laborers, and oil field related occupations.

Natrona County High School's administrators take pride in the caring attitude of the faculty toward students. They state that their faculty and staff intervene early with students who are having problems that interfere with their academic success and help to solve problems as they arise.

Natrona County High School helped design and implement a Student Assistance in Life Program (SAIL). Other schools in the district have since instituted SAIL. It is an intervention process in which two faculty members talk with a student about concerns checked on a behavioral referral form from a faculty member, support group, or student. About one half of Natrona County High School's faculty has participated in a co-facilitators training program offered by an adjoining college. The bonuses from the SAIL program is an increased sensitivity by faculty members to students' needs and an early intervention with students who are having problems.

Natrona County High School provides no specific training to parents or students on adolescent suicide and has no after-suicide plan.

School officials repeatedly state that teachers are aware that student self-concept is a priority and that students are aware that teachers care about them.

The Natrona County School Board has established a policy for suicide intervention. It established specific steps to be taken by the initiating staff member in case of a life-threatening suicide attempt or a threat. There is a detailed Incident Suicide Crisis Report that the initiating staff member is required to complete.

#### River Dell Regional High School

River Dell Regional High School, Pyle Street, Oradell, New Jersey 07649, is a 7-12 junior/senior regional high school in a suburban community. It has experienced drastic enrollment decline in the past twenty years; from 2,500 students to a present enrollment of 1,180 students. River Dell High School is located in an upper/middle-class community which is very academically-oriented and very conscious of which colleges are the "right ones." There is great social and peer pressure. The average home would cost about \$150,000 today. River Dell has had no student suicides within the past five years but have had four suicide attempts.

River Dell was one of the first schools to sponsor a program on suicide and depression in 1980. The program was started with the Health and Physical Education staff and has expanded to include the guidance staff, child study personnel, and a social studies teacher. Every tenth-grade student attends two one and one-half hour sessions on

suicide and depression that includes a large group lecture, a film, and small group discussions. Students have been very receptive to the program and there is almost always a follow-up student referral or question about a personal problem. Small group follow-up sessions with guidance counselors are held for all eleventh-grade students to discuss self-esteem and positive decisions. Twelfth-grade students meet in small groups to discuss decisions that seniors have to make, i.e., college, work, boy-girl, etc. Training sessions are held for all parents of tenth-grade students each year to inform them of the program that is presented to tenth graders.

There is no after-suicide plan of action. Teachers, with the exception of guidance counselors and Health and Physical Education teachers, are not provided with training in recognizing potential suicide victims. Principal Powers does believe that drug use is connected to adolescent suicide.

#### Macomb High School

Macomb High School, 1525 South Johnson Road, Macomb, Illinois 61455, is a 9-12 organized school in a rural setting with a student enrollment of 775. There have been an estimated 15-30 student suicide attempts within the past five years and one student suicide on February 6, 1985.

Macomb High School provides no training sessions for parents and teachers on adolescent suicide. Its required health course for students addresses helping fellow students. There is no formal

after-suicide plan of action. Principal Conley reported that the spontaneous reaction plan following the February 6, 1985 suicide was successful and could be repeated.

The spontaneous reaction included:

1. Conducting an open lunch program for 50 percent of the students immediately following the suicide.
2. Making student attendance optional the next day with faculty being present to talk with students when needed.
3. Meeting with a thirty-five member ad hoc advisory committee.
4. Conducting a faculty meeting to plan for the next day.
5. Conducting an evening meeting for parents to answer questions and relate to the impact of the suicide. Volunteer consultants were used.
6. Conducting, on the day after the suicide, a fifteen-minute all-school assembly to help students understand the shock and learn to understand the grief.
7. Conducting, on the following day, small group discussions with students. Adult volunteer counselors led the discussions.
8. Holding a press conference.
9. Organizing a drop-in center for parents and students for the following weekend.
10. Writing articles describing the impact of the death.



The school guidance department handles the intervention process once a potential victim has been referred. It coordinates family, community and school resources.

### Gwynn Park High School

Gwynn Park High School, 13800 Brandywine Road, Brandywine, Maryland 20613, is a 9-12 suburban high school with an enrollment of 1,165. There has been one definite student suicide within the past five years, but several student deaths by cars have been suspicious.

Teachers at Gwynn Park High School are trained to recognize potential suicide victims. Information is given on symptoms, procedural measures to follow, reporting, and available services. Each year newly employed staff members receive the training. Training is provided by a cooperative effort to the school personnel and local mental health groups.

Once a potential suicide victim has been referred, there is conferencing by a crisis team, a favorite teacher, or a trained student. The school psychologist makes an immediate consultation. Parents are notified and are given the proper agency phone numbers. The student is never left alone. A report form is completed. Sometimes the student is hospitalized and sometimes the family undergoes therapy sessions.

Training sessions are provided for parents in churches, schools, and fire houses. A system-wide team furnishes speakers for the sessions. Counselors, local pastors, and mental health personnel form a team to work with the family and peers in after-suicide situations.

Principal Cunningham reported that academic achievement, parent expectations, and peer pressure were the top reasons given by students who had attempted suicide. She said school objectives included working hard on developing positive self-concepts. Each student is taught that they can learn. After school academic assistance is given with transportation being provided.

A concern for the mental well-being of adults was expressed. Two county teachers committed suicide in 1985.

Students who have concern for their friends were listed as the best sources for reporting students in need. Gwynn Park High School's personnel teaches that "suicide is final."

#### Solanco High School

Solanco High School, 585 Solanco Road, Quarryville, Pennsylvania 17566, is a 9-12 school with an enrollment of 1,125 students. It is located in a rural setting, having opened in 1961 after the consolidation of several smaller high schools. There have been no student suicides within the past five years, but several attempted suicides are reported each year.

A Youth Stress Management Guidance Program was begun at Solanco High School in 1982 after three high school students made suicide attempts and two adults in the community committed suicide within a three-month period. The goals of the program are listed to further assist students to:

1. Increase self-esteem.

2. Further develop decision-making skills.
3. To cope with stress more effectively in positive ways.
4. To improve academic performance and school life.
5. To provide information and services that relate to managing stress, anxiety, frustration, and suicide prevention.

Students are trained as peer counselors and serve to provide information to students about services available through the guidance program as well as serving as counselors. All students, at the beginning of the first semester of the school year, are given the following: (1) an introduction to stress management--positive and negative ways to cope with frustrations, anxiety, and stress as well as severe stress; (2) information regarding services available to cope with severe stress and suicide prevention; and (3) a student guidance needs assessment form listing the services available as: (a) peer counseling, (b) home life groups, (c) counselor, and (d) stressmanagement groups. Directions are given for becoming involved in any of the activities.

The guidance department at Solanco High School conducted a training session for all faculty members in recognizing potential suicide victims. They now conduct the sessions each year for new faculty members. The Youth Stress Management Guidance Program has included a training session for parents once each year on adolescent suicide.

Solanco's intervention process involves initial counseling with the potential victim, contacting parents, recommending professional counseling agencies, and follow-up counseling upon the student's return to school.

Solanco has no specific after-suicide plan of action. There is a total school emphasis on the development of positive self-concepts.

### Barrington High School

Barrington High School, Lincoln Avenue, Barrington, Rhode Island 02806, is a 9-12 suburban high school. It has a student enrollment of 920. There has been one student suicide and an unverified fifty suicide attempts within the last five years.

Barrington High School does not have in position a specific and comprehensive program for the prevention of adolescent suicide, however, since the state of Rhode Island has mandated the teaching of suicide prevention in all secondary schools, this is in the process of development and implementation.

Students at Barrington do receive information through their health classes on suicide--its causes and how to help a fellow student in need. Health teachers work in conjunction with The Samaritans, an organization that is very active in suicide prevention.

Barrington High School does have a plan of action for administering to students in need. A "team" consisting of the principal, assistant principal, school psychologist, social worker, guidance counselor, school nurse, and referring teacher has been formed. The team's procedures are:

1. All referrals are directed to the principal or assistant principal.

2. Immediate notification is made by the principal or assistant principal to the school psychologist or social worker.
3. A decision is made as to in-house treatment or referral to an appropriate outside facility.
4. Notification to all team members of action taken is made.
5. If a life-threatening situation is imminent the local Mental Health Center Emergency Unit is notified.

All teachers at Barrington High School did receive a letter containing information about depression during adolescence. A paragraph in the letter states the position that people are basically good and that they have an innate need to be competent and accepted; destructive behavior is not seen as intrinsic, but rather as a reaction to the frustration incurred when an individual's basic needs are not met. This relates to the hierarchy of basic human needs such as self-actualization, self-respect, respect for others, belongingness and affection, safety and security, and psychological well-being.

#### Summary

Table 2 summarizes the findings of chapter four. Table 2 is a summary of findings from the schools surveyed and indicates that:

1. Six of the eleven schools had student suicides within the past five years.
2. Eight of the eleven schools had suicide attempts within the past five years.

3. Five of the eleven schools had after-suicide programs.
4. Four of the eleven schools had parent training sessions.
5. Seven of the eleven schools had student training sessions.
6. Five of the eleven schools had teacher training sessions.
7. Seven of the eleven schools had intervention programs.
8. Three of the eleven schools emphasized positive student self-concepts.
9. Four of the six schools that had experienced a student suicide had after-suicide programs, while none of the five that had not experienced a suicide had felt the necessity to include one.
10. The eight schools that had either student suicides or suicide attempts had more comprehensive programs than the three that had none.

Obviously, the schools which had experienced student suicides or attempts had motivation to develop prevention/intervention programs. The schools without the motivating experience usually had a principal, guidance counselor, or teacher who had taken an interest in the topic and had become the motivating force. The program(s) that was(were) developed was due to his/her specific interest.

There is a strong need for all schools to have an after-suicide plan of action and for all schools to emphasize the development of positive self-concepts.

Table 2

Analysis of Findings

Suicides	Suicide Attempts	High Schools With					
		After-Suicide Programs	Parent Training Sessions	Student Training Sessions	Teacher Training Sessions	Formalized Intervention Programs	Emphasis on Self-Concept
Omaha Bryan HS	Omaha Bryan HS	Omaha Bryan HS		Omaha Bryan HS	Omaha Bryan HS	Omaha Bryan HS	Omaha Bryan HS
	River Dell HS		River Dell HS	River Dell HS			
Oakton HS	Oakton HS	Oakton HS	Oakton HS	Oakton HS	Oakton HS	Oakton HS	
Macomb HS	Macomb HS					Macomb HS	
Gwynn Park HS	Gwynn Park HS	Gwynn Park HS	Gwynn Park HS	Gwynn Park HS	Gwynn Park HS	Gwynn Park HS	Gwynn Park HS
	Solanco HS		Solanco HS	Solanco HS	Solanco HS	Solanco HS	
Yelm HS	Yelm HS	Yelm HS		Yelm HS	Yelm HS	Yelm HS	Yelm HS
Barrington HS	Barrington HS			Barrington HS		Barrington HS	

CHAPTER V  
SUMMARY, CONCLUSIONS, RECOMMENDATIONS,  
AND GUIDELINES

Summary

Adolescent suicide has become a national concern. It has previously been a topic that was taboo, but the escalating rate over the past twenty-five years has forced it into the open. Federal legislation that would mandate and fund adolescent suicide prevention/intervention programs is pending. State legislatures in six states have already enacted such legislation. The majority of states have school districts that have voluntarily developed programs because of the severity of the problem. National organizations have formed to provide assistance across the United States. Local mental health units have become more involved in combating adolescent suicide.

As more knowledge about suicide is gained, school administrators will have less fear in initiating programs to combat the problem. There is now knowledge that a common factor (depression with a prevailing sense of hopelessness) exist in most suicide cases; that there are recognizable signs of depression; that there are recognizable events that precipitate suicide. Programs can be developed to prevent many young people from reaching the depressed state and to successfully intervene with those who do. Unless prevented, a single suicide can damage and destroy other lives.



This study focused upon cutting through the myths surrounding suicide and examining pre- and poststages of suicide in an attempt to identify practices and procedures that should be included in a school's program to counteract adolescent suicide. National, state, and local efforts were researched in this same attempt. As a guide to the research, several questions comprise the major portion of a set of guidelines which school administrators and other educational decision-makers can refer to when developing an adolescent suicide program.

The first question indicated in chapter one was to identify causes of adolescent suicide. A review of the literature reveals the following key points:

1. A single cause of adolescent suicide has not been determined.
2. Heredity, family disorganization, alcohol and drugs, social relationships, stress, violence, unemployment, personal injuries, previous suicides, and precipitating events are listed as having caused suicides.
3. Depression is a common factor in most suicides.

A second question addressed in this research was to determine the reasons for the rapid increase in adolescent suicide over the past twenty-five years. Evidence points to several changes that have occurred in our society that have contributed to the increase. These are:

1. There has been an increase in the mobility of families creating rootlessness.

2. The divorce rate has created a high percentage of single parent homes.
3. There was a baby boom causing overcrowded schools and increasing competition among the young.
4. There has been an increase in violence in our society.
5. There has been an increase in the use and availability of alcohol and drugs.
6. There are higher expectations in life from the adolescent and significant others.
7. There has been an increase in economic uncertainties causing varying rates of unemployment.
8. There has been a sexual revolution that increased the number of teen pregnancies, homosexual and bisexual activities.
9. There has been an increase in the threat of nuclear war.

A third question was to determine if there are warning signs that would indicate that an adolescent is "at risk" of committing suicide. Research indicated that there are indeed signs that are easily recognizable by a sensitive individual:

1. A previous suicide attempt. Four out of five people who commit suicide have made at least one attempt.
2. A threat--verbal or written statements of wanting to die, feeling alone, that no one cares, of hopelessness, that there is no other solution.

3. Any marked changes in one's behavior or personality are dangerous signs. Examples are apathy, withdrawal from family and friends, aggression, moodiness, risk-taking, self-injury, increased use of alcohol or drugs, psychosomatic ailments, changes in eating and sleeping patterns, persistent boredom and/or difficulty concentrating, unusual neglect of appearance, and the giving away of prized possessions.
4. A dramatic shift in the quality of school work. Themes of death may show up in writings or artwork.
5. The giving away of personal possessions, treasured property, breaking off important relationships, or making a last will and testament.

If any of the warning signs are accompanied by a dramatic event such as a suicide in the area, death of a loved one, disciplinary crisis with parents, school failure, involvement with the police, unwanted pregnancy, personal injury, divorce or separation of parents, change in residence, or if the sign occurs two weeks before or after a birthday or holiday, there is a real sense of urgency.

The fourth question guiding this research was to determine if there is a relationship between the deprivation of human needs and adolescent suicide.

In the early sixties the Stanford Research Institute began a study to explore the implication that any value shift might have for managers. The SRI study predicted that there would be a shift from a

predominant concern with survival or a sense of belonging toward a heavy concern for self-esteem and self-actualization. The implication was that there would be an increase in hopelessness and despair when these needs were not met.

Abraham Maslow indicated that the degree of basic need gratification is positively correlated with the degree of psychological health. America has become basically a middle-class society, spending much of its time trying to satisfy the higher needs of social, esteem, and self-actualization. These higher level of needs are more difficult to fulfill. The chances for feelings of frustration and hopelessness are increased. These situations foster climates favorable to suicide.

#### Question 5

What are significant contributing factors to the development of a positive self-concept? How is self-concept related to academic achievement?

The following conclusions about an individual's self-concept can be drawn from the work of Carl R. Rogers and William W. Purkey:

1. The individual's perception of his experiences determine his self-concept.
2. If a person is given a psychological climate that is warm and sympathetic, his capacity for dealing with reality will be increased.

3. The sense of failure imposed by grading systems followed by criticism and ridicule from teachers and others can be damaging to one's self-concept.
4. A student needs to be accepted as a person of worth.
5. When a parent, teacher, or friend expresses anger, annoyance, or disapproval to a child, he also must convey that love and acceptance is not at stake.
6. Significant others can strongly influence how a child feels about himself.
7. A positive self-concept has a positive correlation to academic achievement.
8. Academic achievement can have a positive influence upon the student's self-concept.
9. Self-concept of ability is essential for academic achievement.

#### Question 6

Which states have enacted legislation mandating that programs be developed to counteract adolescent suicide?

A questionnaire to all fifty state superintendents and follow-up telephone calls revealed that six states have enacted legislation. These states are California, Florida, New Jersey, Rhode Island, Wisconsin, and Maryland. The legislation varied with California's and Wisconsin's being more comprehensive than the others. Florida was the only state of the six whose legislation provided no funding for

programs. Each state's legislation sent a signal to the state and district superintendents that efforts to combat adolescent suicide was expected and would be supported.

#### Question 7

Which state departments of public instruction have developed statewide suicide prevention/intervention programs for adolescents?

The same questionnaire and phone calls mentioned in answering Question 6 disclosed that only California's State Department of Public Instruction had developed a statewide suicide prevention/intervention program, but that Wisconsin's, Rhode Island's, New Jersey's, Florida's, Maryland's, Massachusetts', District of Columbia's, Alabama's, and Illinois' State Department of Public Instruction were in the process of developing programs. Even though the percentage of statewide programs is low, twenty-five of forty-three responding states did have school districts with suicide prevention/intervention programs.

#### Question 8

What sources are available to the school administrator for developing an adolescent prevention/intervention program?

In addition to the states with legislation mentioned in chapter three, the states with statewide programs also mentioned in chapter three, and the high schools identified in chapter four, four national organizations were discovered to provide invaluable information about

adolescent suicide. These four are:

National Committee on Youth Suicide Prevention  
666 Fifth Avenue, 1349 Floor  
New York, New York 10103  
(212) 957-9292

Youth Suicide National Center  
1825 Eye Street, N.W., Suite 400  
Washington, D.C. 20006  
(202) 429-2016

American Association of Suicidology  
South Ash Street  
Denver, Colorado 80222  
(303) 692-0985

Suicide Information and Education Centre - SIEC  
Suite 103, 721 14th Street N.W.  
Calgary, Alberta, Canada T2N 2A4  
(403) 283-3031

These organizations will provide literature, audiovisual material, speakers, and training dealing with the adolescent suicide problem and with the development of prevention/intervention programs.

Local mental health units can also provide invaluable assistance to the school administrators. Most have done extensive work with adolescent suicide and have developed an expertise based on experiences.

#### Question 9

Does an analysis of adolescent suicide prevention/intervention programs operating in our high schools reveal any practices that should be included in all programs?

The research included in chapter four of adolescent suicide programs in eleven high schools in the United States showed a variety of approaches to adolescent suicide. The approach taken often depended

upon the experience with suicide, e.g., if a school had experienced a suicide and suffered through its terrible aftermath, it usually had an after-suicide plan; the school with no suicides, but having had threats or attempts might have a strong recognition and intervention phase. A few schools emphasized the development of positive, caring environments as a preventive measure.

An analysis of the approaches taken by the high schools listed in chapter four indicates adolescent suicide prevention/intervention programs in all high schools should include the following components:

1. The development of an attitude among all school personnel that all students can be productive and contributing members of society and must be treated in a kind, courteous manner. That the development of a positive self-concept and positive self-concept of ability is essential for maximum learning to take place.
2. The training of teachers, students, and parents to recognize suicide's warning signs and precipitating event.
3. The training of teachers, students, and parents to react appropriately when confronted with a suicide-prone adolescent.
4. The establishment of a referral procedure and a crisis intervention plan for identified suicide-prone adolescents.
5. The establishment of an after-suicide plan that is geared toward allowing a grief process and preventing further suicides.



### Conclusions

In answering the questions listed in chapter one, it is important to draw some general conclusions. These conclusions can give school administrators guidance when addressing the problem of adolescent suicide:

1. Although there are many possible causes of suicide, depression is common in most and can be recognized.
2. The many changes in society over the past twenty-five years have contributed to the corresponding increased rate of adolescent suicide.
3. There are recognizable warning signs and precipitating events that are present before most suicides.
4. Psychologists agree that deprivation of higher needs foster climates favorable to suicide.
5. Helping a student improve his self-concept will also help to improve his academic achievement.
6. Twenty-five of forty-three responding states do have schools with adolescent suicide prevention programs.
7. At least four national organizations stand ready to provide schools with assistance in addressing the adolescent suicide problem.
8. A comprehensive adolescent suicide prevention program would include an emphasis on promoting positive mental health, recognizing suicide susceptible students, reacting

effectively to students in need, establishing a referral procedure, and allowing a grief process that avoids contagion.

#### Recommended Guidelines

The purpose of this study has been, as stated in chapter one, to develop practical guidelines for public school administrators to use when developing an adolescent suicide prevention/intervention program. The following guidelines and recommendations are given for a district school superintendent to use either in the absence of or in conjunction with legislative or state department of public instruction support:

1. Instill within the school district--teachers, principals, parents, county officials, community members--the awareness that:
  - a. The best drug prevention, suicide prevention, teenage pregnancy prevention, vandalism prevention, violence prevention, or drop-out prevention program is also the best program for maximum academic learning and that is a k-12 instructional program that is founded upon the premise that all learning is utterly useless unless the student perceives himself to be a worthy, capable human being and that this perception will only come when he gets that message from others.

- b. All encounters with young people are teaching-learning opportunities and also may be life or death situations.
  - c. Parents and teachers can determine the quality of life that a young person has or if he/she will have a life.
2. Despite all of the efforts made some adolescents will encounter seemingly hopeless situations and suffer depression that could become life-threatening. The superintendent needs to see that teachers have received training in recognizing suicide's warning signs and its precipitating events. Becoming sensitive to the needs of young people can be a learned trait. Training sessions for parents and students will be helpful, but for teachers these are a must.
  3. Suicide-prone adolescents sometimes communicate their feelings to teachers and fellow students. It is very important that training be given in how to respond to the adolescent in need.
  4. Professional help is usually needed for the severely depressed adolescent. Teachers and students should be made aware of the referral procedure and of the importance of seeking help rather than hoping the adolescent's problem is not too severe. Each school should have a crisis intervention team that reacts depending upon the situation.
  5. A suicide can devastate a school-community. It can cripple lives and cause other suicides. It is too late for a school

to decide upon a plan of action after a suicide. One must be in place. Actions made in haste and with good intentions can cause deaths.

The after-suicide plan must include avoiding glamorizing the suicide. School must go on as normally as possible. The attitude that suicide is not an answer must be instilled.

Any person who might feel guilty needs counseling. A grief process must be allowed. All of this can be done without sensationalizing the suicide.

6. Principals determine what happens in schools. They determine school climates. Train principals first in aspects of a suicide prevention program. Allow them to train their school personnel.
7. It is better if the state's legislature supports an adolescent suicide prevention/intervention program. The district superintendent should ask local state legislators to support or sponsor an adolescent suicide prevention bill.
8. Local mental health units should be involved in the school's suicide prevention program. Mental health personnel can serve as consultants, trainers, or therapists.
9. The superintendent should place himself/herself and the unit's principals on the mailing list of the national suicide prevention organizations listed in chapter three.

10. There should be planned instruction for all students in high school on handling failure. The main theme should be that failure is a natural occurrence in life; that successful people frequently fail; that depression from a failure is temporary.
11. Teacher training institutions should be requested to include as part of their required curriculum for teachers a course in human psychology that would provide prospective teachers with an understanding of human needs and of the importance of promoting good mental health within the public schools.

#### Recommendations for Further Study

There are at least fifty comprehensive adolescent suicide prevention programs in schools across the United States. These programs vary widely depending on available resources, money, time, and circumstances prompting their implementation. Because these programs are relatively new, there is little conclusive scientific proof that any of them are working. There is a need for scientific studies to be made to identify effective adolescent suicide prevention programs in order to produce long-range results. Studies are needed especially for programs addressing the following three areas:

1. Screening and detecting students who are at risk for suicide.

2. Providing help for identified at-risk students.
3. Responding to a student's suicide.

The question of whether candid discussions of suicide in the schools would prompt some young people to kill themselves still exists. There are experts who speak on both sides of the issue.

Two separate studies published in 1986 found that television dramas and news reports about suicide appeared to trigger an increase in the number of teenage suicides during the period immediately after their presentation. The studies have produced widespread disagreement among professionals since their publication in the September 11, 1986 issue of the New England Journal of Medicine.<sup>169</sup>

Studies are needed to resolve the question of whether candid discussions of suicide in the schools would prompt some young people to kill themselves. Negative findings would remove the fear of educators to implement suicide prevention programs involving direct instruction to students.

#### Concluding Statement

In order for schools to help students reach their fullest potential and stem the rising tide of adolescent suicide, attention must be paid to the teaching of necessary skills and to promoting positive student mental health. For those students who have reached depressed

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<sup>169</sup>Debra Viadero, "Panel to Develop Model Suicide-Prevention Programs for Schools." Education Week (January 28, 1987):5.

states or where a suicide has occurred, programs must be in place that insure identification and intervention. Many schools have taken the lead in these directions. More are needed to follow.

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APPENDIX A  
QUESTIONNAIRE

## QUESTIONNAIRE

1. Has your state legislature adopted a resolution or enacted legislation regarding adolescent suicide?
2. Has your State Department of Public Instruction addressed adolescent suicide on a state-wide basis?
3. Please list the names and addresses of any high schools in your state that have adolescent suicide prevention/intervention programs in operation.

## QUESTIONNAIRE

Name and address of high school \_\_\_\_\_

Number of student suicides at the high school in the past five years.

Number of student suicide attempts in the past five years. \_\_\_\_\_

Organization of high school: 9-12 \_\_\_\_\_; 10-12 \_\_\_\_\_; 11-12 \_\_\_\_\_

Enrollment of high school \_\_\_\_\_

Location: Rural \_\_\_\_\_; Suburban \_\_\_\_\_; Urban \_\_\_\_\_

Population of town, city, or county \_\_\_\_\_

Do you believe any student suicides or attempts are connected to drug use? \_\_\_\_\_

Please give a brief history of \_\_\_\_\_ High School

Are your teachers trained in recognizing potential suicide victims? \_\_\_\_  
If yes, who provides the training? \_\_\_\_\_  
Please describe the training.

Do you provide instruction to students about suicide, how to recognize fellow students in need, or how to help fellow students? Please describe.

What is your intervention process, once a potential suicide victim has been referred?

Do you have training sessions with parents about adolescent suicide? \_\_\_  
If so, please describe.

Do you have an after-suicide plan of action? \_\_\_\_\_ If yes, please describe.

Is there a total school emphasis on the development of positive student self-concepts? Is there an emphasis on the link between self-concept of ability and academic achievement? Please describe.



Please send any additional information about \_\_\_\_\_ High School and your adolescent suicide prevention/intervention program that you feel would be helpful to us.

Other comments:

APPENDIX B  
LETTERS OF INFORMATION



West Virginia Department of Education

Capitol Complex, Charleston 25305

Tom McNeel, State Superintendent of Schools

June 13, 1986

Cleve C. Hollar  
 Superintendent  
 Yadkin County Schools  
 P.O. Box 98  
 Yadkinville, NC 27055

Dear Mr. Hollar:

Your letter concerning suicide prevention programs has been referred to me. Lenore Zedosky, Coordinator, School Health Services and Health Education, and myself have conducted numerous workshops in west Virginia to address youth and adolescent suicide.

The workshop usually include a film "Suicide: The Warning Signs" and activities related to the participants involved at the time. We have collected a variety of materials which we share with the group.

Mr. Hollar, I appreciate your interest and concern for students and others who take their own lives. It is critical that we prevent suicide when possible and, otherwise, assist survivors of those individuals who choose to take their own lives.

I would be pleased to share anything that I have with you and your staff. If I can be of additional assistance to you please let me know. Best Wishes for a great summer.

Sincerely,

Roger P. Tittle, Coordinator  
 Counseling and School Psychology

RT:his 3146T



**NORTH CAROLINA  
DEPARTMENT OF  
PUBLIC INSTRUCTION**

---

116 West Edenton Street • Education Building  
Raleigh • 27603-1712

June 13, 1986

Dr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, NC 27055

Dear Dr. Hollar:

Your letter to Dr. A. Craig Phillips, State Superintendent, Department of Public Instruction, has been forwarded to my office for response.

We know of no school districts in the state that have a formalized program that focuses on suicide prevention. However, several school districts have conducted staff development in the area of suicide and related developmental areas. Among these school districts are Cumberland County, Wake County, Gaston County, Winston-Salem/Forsyth. This is by no means an inclusive list, but it is a listing of some of those districts that have programs of which we have knowledge.

In addition to the above, some school districts have been involved in developmental programs such as QUEST, Peer Helper Program. Among the school districts which have instituted a developmental type program are Wake County and Winston-Salem/Forsyth.

I trust this information will be helpful to you, and I ask that you contact me if I might provide further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Odell Watson".

Odell Watson, Director  
Division of Student Services

OW:bb

cc: Theodore Drain



STATE OF NEW MEXICO  
DEPARTMENT OF EDUCATION - EDUCATION BUILDING  
SANTA FE, NEW MEXICO 87501-2786

ALAN D. MORGAN  
SUPERINTENDENT OF PUBLIC INSTRUCTION

August 25, 1986

Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

I am responding to the letter that you recently sent to our Superintendent of Education. We do not have a statewide program on suicide prevention or intervention.

An excellent resource in the area of suicide is Dr. John Savage, Health Sciences Department, New Mexico State University, Las Cruces, NM 88003. You might wish to contact him.

Best wishes on your project.

Sincerely,

A handwritten signature in cursive script that reads "Carol Schwendemann".

Carol Schwendemann  
Guidance and Counseling Consultant

CS:pd



State of Alabama  
**Department of Education**  
 State Office Building  
 Montgomery, Alabama 36130



Wayne Teague  
 State Superintendent of Education

June 25, 1986

Mr. Cleve C. Hollar, Superintendent  
 Yadkin County Schools  
 P. O. Box 98  
 Yadkinville, NC 27055

Dear Mr. Hollar:

Dr. Teague has routed your letter requesting information on student suicide prevention programs to me. We are currently in the process of developing a suicide awareness and prevention program to utilize for statewide training of all professional staff. I anticipate the program will be completed and ready for dissemination by September of this year and will send you a copy once it is available.

Additionally, the Mental Health Association of Alabama, a non-profit citizens group, has developed a program to be utilized with students for suicide awareness and prevention. It is currently in draft form but may be available soon. Below you will find the name and address of the executive director and may wish to contact her for a copy of this program:

Edna Earle Eich, Executive Director  
 Mental Health Association in Alabama  
 306 Whitman Street  
 Montgomery, AL 36104

I am pleased to see your system involved in this effort. If I can be of any further assistance, please feel free to contact me.

Sincerely,

Jimmy Jacobs, Coordinator  
 Counseling and Career Guidance

JJ/kg



Winston Bryant  
Lieutenant Governor

Office of Lieutenant Governor  
State of Arkansas

June 26, 1986

Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

I received a copy of your letter addressed to Mr. Tommy Venters, Director of the Department of Education regarding a student suicide prevention program.

At the present time, Arkansas does not have a student suicide prevention program in place. However, we are presently in the process of implementing such a plan. Last summer, I organized and presently chair the Arkansas Youth Suicide Prevention Commission. The commission's legislative committee is presently considering legislation to present to the Arkansas General Assembly in 1987.

I would be most interested in obtaining a copy of any plan that is implemented into the Yadkin County Schools. If I can be of further assistance to you, please let me know.

With best regards,

Sincerely,

  
WINSTON BRYANT  
LIEUTENANT GOVERNOR

WB:mr

**OFFICE OF PUBLIC INSTRUCTION**

STATE CAPITOL  
HELENA, MONTANA 59620  
(406) 444-3095

Ed Argenbright  
Superintendent

August 26, 1986

Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

The Montana Office of Public Instruction does not have a statewide program on suicide prevention or intervention. Thus, we would be very interested in any program that you might develop.

Although the Office does not have a program, the Helena Public School System has been working in the area of suicide intervention and prevention because of a number of student suicides that occurred in this community this past year. For more information on their efforts, contact Dr. Roger F. Eble, Superintendent, Helena Public Schools, P.O. Box 5417, Helena, Montana 59604.

Sincerely,

A handwritten signature in cursive script, appearing to read "Judith E. Birch".

JUDITH E. BIRCH  
Guidance Specialist

del/29





The Commonwealth of Massachusetts  
Department of Education

---

1385 Hancock Street, Quincy, Massachusetts 02169

July 9, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

We are in the process of developing resources here in Massachusetts, but are in the initial planning stages. I do know that the State of New York has some excellent materials.

We will send you whatever we develop. Good luck in your search.

Sincerely,

A handwritten signature in cursive script that reads "Tim Dunn".

Tim Dunn, Consultant  
Guidance and Counseling

h1b  
cc: Commissioner Reynolds



## Kentucky Department of Education

Alice McDonald, Superintendent of Public Instruction  
 Capital Plaza Tower, Frankfort, Kentucky 40601

June 20, 1986

Mr. Cleve C. Hollar, Superintendent  
 Yadkin County Schools  
 P.O. Box 98  
 Yadkinsville, N.C. 27055

Dear Mr. Hollar:

Your request to Superintendent McDonald on suicide prevention programs has been forwarded to my office for a response.

The Department of Education and the Cabinet for Human Resources cooperatively developed a "Training of Trainers" workshop to train selected school personnel and mental health personnel on suicide prevention. After receiving the training, these teams of professionals are now ready to respond to their school systems needs - either in prevention or intervention inservice and activities. We are currently developing general information flyers for the trainers to use with these faculties presentations.

The best sources for information that we have found are the Youth Suicide National Center in Washington, D.C. (202/429-2016) and the state mental health people.

Our Kentucky School Administrators Association is sponsoring a two day comprehensive, administrator-counselor workshop in July in Louisville. It will be conducted by my co-worker and myself. You may obtain information on that workshop through contacting Dr. Ed Ball at 502/875-3411.

If we can be of further assistance, please contact me at 502/564-3678.

Sincerely,

*Dianne H. Caines*

Dianne H. Caines, Director  
 Unit for Health and Psychological Services  
 Division of Student Services

DC/ryh

*When our schools work, Kentucky works.*

ROBERT L. BRUNELLE  
COMMISSIONER  
NEAL D. ANDREW, JR.  
DEPUTY COMMISSIONER



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION

DIVISION OF INSTRUCTIONAL SERVICES  
GENERAL INSTRUCTIONAL SERVICES  
STATE OFFICE PARK SOUTH  
101 PLEASANT STREET  
CONCORD 03301

July 14, 1986

Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
PO Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

Your letter of June 5, 1986 to Commissioner Brunelle has been directed to me. At this point in time, the best assistance I can give you regarding student suicide prevention programs in New Hampshire is to have you contact the only person I know who has developed such a program.

Contact Norman Shulman, Ed.D. at the Concord Hospital either by letter or telephone. Dr. Shulman has developed a program that may fill your needs.

Norman Shulman, Ed.D.  
5th Floor Behavioral Medicine Unit  
Concord Hospital  
250 Pleasant Street  
Concord, NH 03301

Tel: (603) 225-2711 Ext. 3072

I trust this will give you some help with this most difficult problem. If I can be of any further assistance, please let me know.

Sincerely,

Fay E. Youells, Ed.D.  
Associate Education Consultant  
Alcohol and Drug Education

FEY:nr  
cc - Frank W. Brown, Director



**PENNSYLVANIA DEPARTMENT OF EDUCATION**  
 333 MARKET STREET  
 HARRISBURG, PA 17126-0333

July 16, 1986

Cleve C. Hollar  
 Superintendent  
 Yadkin County Schools  
 P.O. Box 98  
 Yadkinville, NC 27055

Dear Mr. Hollar:

Secretary of Education, Margaret A. Smith, has forwarded to me your letter of June 5, 1986, in which you requested information regarding suicide prevention.

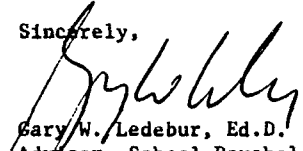
Enclosed you will find a publication of the Department of Education that was sent to all school districts in our state. You will note in it several model policies and procedures. There are two school districts that have sound suicide prevention programs. The following are the names of the coordinators and their addresses. You may want to contact them directly for further information:

Ms. Joan Johnston  
 East Penn School District  
 640 Macungie Avenue  
 Emmaus, PA 18049  
 (215) 967-3101

*Received*

Mr. Fred Shipman  
 Quakertown Community School District  
 600 Park Avenue  
 Quakertown, PA 18951  
 (215) 536-2300

Sincerely,

  
 Gary W. Ledebur, Ed.D.  
 Advisor, School Psychology  
 Division of Student Services  
 Telephone: (717) 783-6777

Enclosure



COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION  
P.O. BOX 60  
RICHMOND 23216-2060

June 27, 1986

Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
Post Office Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

With reference to my letter of June 25, 1986,  
I have been given the names of three school divisions in  
Virginia that have suicide prevention programs for students.  
For further information, please contact:

Dr. Robert R. Spillane  
Division Superintendent  
Fairfax County Public Schools  
10700 Page Avenue  
Fairfax, Virginia 22030

Dr. Thomas E. Truitt  
Division Superintendent  
Danville City Public Schools  
313 Municipal Building  
Danville, Virginia 24541

Dr. Frank P. Tota  
Division Superintendent  
Roanoke City Public Schools  
P. O. Box 13145  
Roanoke, Virginia 24031

The Health Education Guide, published by the State  
Department of Education, also includes information about sui-  
cide prevention.

I am sorry that I did not have this information  
when I replied to your letter of June 5.

Sincerely,

*Harry L. Smith*  
Harry L. Smith

HLS/eg

**HIGH PLAINS MENTAL HEALTH CENTER**

**PARTICIPATING COUNTIES**  
 CHEYENNE   RAWLINS  
 DECATUR   ROCKS  
 ELLIS       RUSH  
 GOVE       RUSSELL  
 GRAHAM    SHERIDAN  
 LOGAN      SHERMAN  
 NESS       SMITH  
 NORTON     THOMAS  
 OSBORNE   TREGO  
 PHILLIPS   WALLACE

208 East 7th Street  
 Hays, Kansas 67601

September 22, 1986

Kermit George, ACSW  
 Executive Director

Mary Ellen Meier  
 Governing Board Chairman

Mr. Cleve C. Hollar  
 Yadkin County Board of Education  
 P.O. Box 98  
 Yadkinville, North Carolina 27055

Dear Mr. Hollar:

I'm sorry that I cannot refer you to a school system within our twenty county catchment area that has a suicide prevention/intervention program in place.

What generally happens is we do an inservice training session for the district's teachers and staff. This usually is about two to three hours in length. Hopefully this inservice will lead to one or several presentations to the students of the school by our staff.

Sometimes the school districts will follow this up with a plan to deal with the situation should a suicide/suicide attempt occur in their student body.

This is a problem that is only recently receiving appropriate attention. For that reason, and because of the sensitivity to the subject, school personnel are a bit slow to deal with it.

What I have done is to enclose a copy of the materials we often use in inservices, and a handout or two. Hopefully this will meet some of your needs. Contact me if I can be of further assistance.

Incidentally, we have a statewide committee working on materials that we can in turn share with our own Department of Education here in Kansas.

Cordially,

  
 Wayne L. Lofton, Ed.S.  
 Consultation & Education

WLL/skw  
 Enclosure

---

*Serving Citizens of Northwest Kansas*

---

**HAYS OFFICE**  
 208 East 7th  
 (913) 828-2871

**BRANCH OFFICES:**  
**Colby Office**  
 135 West 6th  
 (913) 482-6774 or  
 (913) 482-6775

**Goodland Office**  
 114 West 11th  
 Box 893  
 (913) 880-5991

**Norton Office**  
 Norton Cty. Hospital  
 Box 38  
 (913) 877-5141

**Osborne Office**  
 121 West Main  
 Box 230  
 (913) 346-2184

**Phillipsburg Office**  
 425 F Street, Box 427  
 Community Building  
 (913) 543-5284

STATE OF MICHIGAN

## DEPARTMENT OF EDUCATION

Lansing Michigan 48909

July 3, 1986



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Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

Thank you for your letter requesting information about student suicide prevention programs.

I would suggest you contact: William Steel, Suicide Prevention Center, 220 Bagley, Room 626, Detroit, Michigan 48226, Phone: (313) 963-7890. He has developed an Emmy award-winning video tape entitled, "Let's Stop Teen Suicide," and serves as a consultant in suicide prevention in many schools.

The following school districts are in various stages of establishing programs:

Lakeview Public Schools  
Jerome Burman  
Director, Special Education  
20300 Statler  
St. Clair Shores, MI 48081  
Phone: (313) 445-4015

Oakland Intermediate Schools  
c/o Aran Vosgerchian  
2100 Pontiac Lake Road  
Pontiac, MI 48054  
Phone: (313) 858-1997

Bloomfield Hills Public Schools  
Robert Docking  
Superintendent  
4175 Andover  
Bloomfield Hills, MI 48013  
Phone: (313) 540-9800

Thank you for your interest. I hope this is helpful to you.

Sincerely,

Phillip E. Runkel

---

**MISSISSIPPI**

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**STATE DEPARTMENT OF EDUCATION**

Richard A. Boyd, Ed.D., State Superintendent of Education  
Suite 501 Sillers Office Building • P.O. Box 771 • Jackson, Mississippi 39205-0771 • (601) 359-3513

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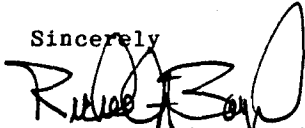
September 4, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

Although Mississippi has no statewide suicide prevention program at this time, a health curriculum committee has recently been appointed that will be studying suicide prevention as one aspect of health care. They will be developing recommendations for a suicide prevention program that will be presented to the State Board of Education within the next year. If you would like the results of this study, please let me know and I will notify you when the recommendations are available.

Sincerely



Richard A. Boyd, Ed.D.  
State Superintendent of Education

RAB:jj



**VALLEY VIEW JUNIOR HIGH SCHOOL**  
8750 VALLEY VIEW ROAD  
EDINA, MINNESOTA 55435  
612-944-2110

September 19, 1986

Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, North Carolina 27055

Dear Superintendent Hollar,

Please forgive the delay in replying to your request. We are currently developing a package of material to be sent to schools that make requests like yours. We have had many requests. This should be available momentarily.

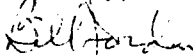
A short description of our organization might help you. We have a central Steering Committee of five people composed of a range of school interests - psychologist, social worker, public health nurse, counselor, special education department. This steering committee develops the objectives for the Crisis Intervention Program.

Each building has a three to four member Intervention Team. Any person suspecting a life threatening possibility is to contact an Intervention Team member. The team member then may do several things including meeting the student. The member must also involve a second member for consultation and assistance. These members then together develop an intervention strategy.

This is only the skeleton. There is a strong overlay of philosophy and extensive training. We have been most fortunate to have had a noted teacher and researcher from the University of Minnesota to assist and train us. Dr. Barry Garfinkel has been a superior resource.

I will send the descriptive package to you upon its completion. I hope you find my brief statement helpful.

Sincerely,

  
Bill Jordan  
Guidance Coordinator

**ARTHUR L. MALLORY**  
Commissioner

Area Code 314  
751-2931

State of Missouri  
**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  
P.O. BOX 480  
JEFFERSON CITY, MISSOURI 65102

September 4, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

Your letter requesting information on suicide programs was referred to me by Commissioner Mallory. The Missouri Department of Elementary and Secondary Education does not have a statewide program on suicide prevention or intervention. There are, however, many school districts in our state which are concerned about the problem and have provided some training in this area for their teachers and counselors, such as the Kansas City School District, the Liberty School District, the Independence School District, the Ferguson-Florissant School District, and the Pattonville School District. At least two school districts have suicide programs, the Ladue School District and the Parkway School District. For information on the specific school district programs, contact:

Mr. Kermit Broadfield  
Director of Pupil Personnel Services  
Ladue School District  
9703 Conway Road  
St. Louis, Missouri 63124

Dr. David Oegema  
Director of Pupil Personnel Services  
Parkway School District  
455 North Woods Mill Road  
Chesterfield, Missouri 63017

I hope the above information will be useful to you in your efforts.

Sincerely,

*Joan Solomon*

Joan Solomon  
Director of Urban Education

JS:sr  
cc: Commissioner Mallory

SPECIAL SCHOOL DISTRICT NO. 1

**MINNEAPOLIS** PUBLIC SCHOOLS

AN EQUAL OPPORTUNITY SCHOOL DISTRICT

254 Upton Avenue South  
Minneapolis, Minnesota 55405-1998  
Telephone 612/627-3080SPECIAL EDUCATION  
SCHOOL SOCIAL WORK SERVICES

September 3, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

Enclosed are copies of the Minneapolis Public Schools guidelines for staff and other materials that are used by our crisis team.

Basically, our effort has been to inservice district staff to increase suicide awareness and prevention skills. Consistent guidelines have helped with this effort as staff responses in schools varied according to awareness and skill of the staff.

Building staff are assisted by a social work and psychology crisis consultation team. Staff may call a central number. This service is described in an enclosed page. The key with the crisis team is to provide information, support, and consultation. Building-based staff are not relieved of the crisis, nor is the crisis team in a position to run out and see every child in a suicidal crisis. Our district has over 40,000 students.

A smaller district, however, may be able to offer more direct support to staff via a crisis team. Our primary intent is to always rely on the immediate staff who know the child, and that is usually the teachers, nurse, social worker, and principal in the school building.

We have not moved into the suicide prevention curriculums yet for classroom use. In general, we feel these curriculums over-emphasize the negative features of suicide. We think emphasis on a mental health curriculum is more helpful. The issues around suicide could be dealt with by an emphasis upon discussion of what constitutes mental health, positive adaptations to stress, coping with life problems, and self-esteem issues.

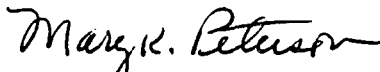
We have had five known student suicides in the past three years. Luckily, all of these have been random and not associated with peer contagion. Each building has made individualized plans on how to deal with the loss of a student through suicide. However, through trial and error these suggestions have proved most helpful:

Mr. Cleve C. Hollar  
Page 2  
September 3, 1986

1. Avoid prolonged eulogy sessions -- deal with working through loss via small "voluntary" groups supervised by a teacher and a mental health professional.
2. Build a networking relationship with your local crisis and mental health providers; particularly those that are sensitive to school needs and are willing to come in and assist with staff training.
3. Avoid setting up a crisis team that deals only with "suicide", encourage the crisis team to deal with other crisis issues, such as abuse, mental health, or chemical dependency. We think this offers a more balanced approach.
4. If peers become involved, they should never be given the responsibility of counseling a suicidal student -- their role should be to identify students at risk and disseminate accurate mental health information. Also avoid support groups made up of depressed students who may have attempted suicide. Contagion problems will surface for sure.

Hope this information is helpful. Do not hesitate to write or call anytime.

Very truly yours,



Mary K. Peterson, ACSW  
Outreach Social Worker  
School Social Work Services

MKP:rl

cc: Jerry Tomlinson

Enclosures

# YELM HIGH SCHOOL

P.O. Box 476  
 Yelm, Washington 98597  
 Phone (206) 458-7777  
 JOHN R. KINNEE, PRINCIPAL

E.R. BUHOLM, ASSISTANT PRINCIPAL

MARTIN FORTIN JR., ACTIVITIES/ATHLETICS



September 10, 1986

Cleve C. Hollar, Superintendent  
 Yadkin County Schools  
 P.O. Box 98  
 Yadinville, NC 27055

Dear Mr. Hollar:

Thank you for asking for information explaining our suicide prevention/intervention program at Yelm High School. I am sending a packet of materials I use in presenting workshops on the topic. Some of it will be more helpful than other items.

Especially notice the "Lifewatch" program and the "Bridges" diagram showing a combination of school programs that provide a network of assertive actions against suicide thinking and behavior.

I would be happy to talk with you by phone (206-458-7777), loan you a ½ hour video tape interview on the topic, or even come for a weekend workshop on the topic. Have you contacted Dr. Pamela Cantor, President of The American Association for Suicidology? Her address is:

80 Monadnock Road  
 Crescent Hill, MA 02167

If I can be of further help to you, please call.

Sincerely,

  
 Lew Ingram, Counselor



National Association of Social Workers Inc.  
7981 Eastern Avenue  
Silver Spring, Maryland 20910  
(301) 565-0333

June 27, 1986

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Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

Thank you for your recent letter requesting information on teenage suicide and its prevention. It is becoming a tragic epidemic and we can certainly appreciate any research being done on this topic.

Enclosed are some general articles and material which hopefully will be helpful to you. Among them is a photocopy of the publication entitled "Adolescent Suicide Prevention Program" which is available from the Fairfax County Public Schools (Fairfax, VA.). The cost is \$3.00 and the address to order the publication is given on the photocopy.

Also enclosed is a brochure describing the Suicide Information and Education Centre (SIEC) located in Alberta, Canada, which should be an excellent source of additional information.

You may also wish to contact the National Committee on Youth Suicide Prevention at the following address: 230 Park Ave., Suite 835; New York, NY 10169; (212) 587-4998.

I trust that this information will be useful to you. Please feel free to contact me if we can be of any further assistance.

Sincerely,

  
Beth Ledford  
Membership Services

BL/ehc  
Enc.

**W.G. (BILL) HEFNER**  
8TH DISTRICT, NORTH CAROLINA

2181 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-3718

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COMMITTEE ON APPROPRIATIONS  
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CHAIRMAN, SUBCOMMITTEE ON MILITARY  
CONSTRUCTION  
COMMITTEE ON THE BUDGET

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

October 17, 1986

DISTRICT OFFICES  
P.O. BOX 388  
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CONCORD, NC 28026  
(704) 833-1816 OR 788-1812

P.O. BOX 4220  
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ROCKINGHAM, NC 28379  
(818) 887-2070

Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

Pursuant to your call to my office, I am writing to let you know the status of bills dealing with teenage suicide prevention programs.

H.R. 1099 introduced by Congressman Ackerman would establish a grants program for the development of programs to deal with teen suicide. H.R. 1894 introduced by Congressman Lantos would establish a national commission to study the problem and recommend possible solutions.

Unfortunately, neither of these bills will receive final action in the 99th Congress. Efforts were made to include both proposals in the drug bill and other legislative vehicles, but they were not successful. Both Members intend to reintroduce these bills in the 100th Congress.

Please be sure of my interest in this issue.

With kindest regards, I am

Sincerely,



BILL HEFNER  
Member of Congress

BH/ids




---

**CALIFORNIA STATE DEPARTMENT OF EDUCATION**


---

 721 Capitol Mall; P.O. Box 944272
 

---

 Sacramento, CA 94244-2720
 

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**Bill Honig**

Superintendent

of Public Instruction

July 8, 1986

Cleve C. Hollar  
 Superintendent  
 Yadkin County Schools  
 P.O. Box 98  
 Yadkinville, NC 27055

Dear Mr. Hollar:

I am responding to your request for information regarding school suicide prevention programs.

The results of our statewide survey conducted in the fall of 1984 indicated that at least 109 schools in California had a prevention program in operation during 1984-85. We have not collected information on those individual programs.

We are in the process of developing a state youth suicide prevention school program, however. That project is about to enter its third and final year. I am sending you some information about the program, plus a set of the curriculum materials (in their current draft form) that have been produced by the program. I hope these materials will be helpful to you.

If you wish any additional information, please contact Milton P. Wilson, Consultant, School Climate Unit, at this address. Dr. Wilson's telephone number is (916) 323-0567.

Best wishes for a successful endeavor.

Best regards,

BILL HONIG

*James R. Smith*  
 James R. Smith, Deputy Superintendent  
 Curriculum and Instructional Leadership

BH:mwd

Enclosures



**Oakland Schools**

2100 Pontiac Lake Road, Pontiac, Michigan 48054 Phone 313-858-2121

August 22, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
Post Office Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

The Oakland County Youth and Adolescent Suicide Prevention Task Force and Oakland Schools are in the process of completing a model protocol of written procedures for schools to use as they deal with students who pose a suicide threat. The protocol will include the formation of a Crisis Team and procedures to be followed with students who contemplate or attempt suicide. It will also include procedures on how to deal with survivors after a completed suicide - friends of the student, classmates, teachers, and parents.

The Task Force has planned a seminar in November for school principals in our county. At the seminar the principals will receive the written protocol and will receive a presentation by Mr. William Steele, Clinical Supervisor at the Suicide Prevention Center in Detroit. Our purpose in conducting this seminar is to raise the level of awareness of principals regarding the problem of suicide among our school-age youth and then to present the principals with a set of procedures on how to deal with the problem in their schools.

The Task Force will complete its work by the end of November. At that time I will send you a copy of the protocol. I have included a copy of the survey we did in our county of principals and school counselors for your perusal. One of our findings in the principal survey was that the vast majority of the schools did not have written procedures to follow regarding the suicide issue. Of the few that did, none had any guidelines on how to deal with survivors after a completed suicide.

Sincerely yours,

Dr. A. Vosgerchian, Consultant  
Guidance, Counseling, and  
Career Development

AV:jb

CAROLYN WARNER  
SUPERINTENDENT



July 9, 1986

Arizona  
Department of Education  
1535 WEST JEFFERSON  
PHOENIX, ARIZONA 85007  
(602) 255-4361

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

Your letter requesting information relative to a student suicide prevention program was routed to me for response.

Tucson Unified School District, the largest district in the state, has a program in cooperation with the Family Crisis Center. A two day orientation on how to deal with potential suicide victims is presented to various groups. For more information, please contact:

Mr. Herman Warrior  
Tucson Unified School District  
P. O. Box 40400  
Tucson, AZ 85717  
Phone: (602) 628-2363

The city of Tempe is planning to adopt a drug alcohol abuse prevention program to suicide prevention. The program emphasizes support for each other and total school involvement. Class presentations are given in all junior high schools at the same time. The purpose is to create an emphasis on saying "NO" (to drugs, etc.) and support for each other. Several media events are also held at the same time, emphasizing the theme of the campaign. For additional information, please contact:

Mr. Tom Canusi, Director  
Youth Assistance and Family Services  
1801 South Jen Tilly  
Tempe, AZ 85281  
Phone: (602) 968-8278

Another source of information is the America School Counselors' Association, 5999 Stevenson Avenue, Alexandria, Virginia 22304, Phone (703) 823-9800.

We would be interested in receiving any materials you develop on this topic.

Sincerely,

*Lettie B. Cale*

Lettie B. Cale  
Coordinator  
Effective Schools and Community Resources  
(602) 255-5008

cia354

cc: Mr. David Tate

DAVID W. HORNBECK  
STATE SUPERINTENDENT



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**MARYLAND STATE DEPARTMENT OF EDUCATION**  
200 WEST BALTIMORE STREET  
BALTIMORE, MARYLAND 21201-2595  
(301) 659- 2433

August 1, 1986

Mr. Clive C. Hollar  
Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkenville, North Carolina 27055

Dear Mr. Hollar:

David W. Hornbeck, Maryland State Superintendent of Schools referred your letter requesting information about suicide prevention programs to me.

I would recommend your contacting directly the following local education agency specialists who have helped developed programs in their counties.

Ms. Geneva Cannon  
Worcester County  
Professional Development Center  
Rt 3, Box 310, Coulborne Lane  
Snow Hill, Maryland 21863  
301-632-1211

Ms. Pat Martin  
Assistant Supervisor of Guidance  
Prince George's County Public Schools  
7711 Livingston Road  
Oxon Hill, Maryland 20745  
301-567-4700

Our legislature just passed HB 1221 in April. We are attempting to develop guidelines to implement the law. There is no funding for the bill as yet! Makes it difficult. I've included a copy for your information.

I hope this information will be helpful.

Sincerely,

*Mary A. Albritton*  
Mary A. Albritton  
Chief, Pupil Services Branch

MKA:mgs/enc.

"AFFIRMING EQUAL OPPORTUNITY IN PRINCIPLE AND PRACTICE"

**Colorado Department of Education**

First Western Plaza  
303 West Colfax Avenue  
Denver, CO 80204  
Calvin M. Frazier  
*Commissioner of Education*

June 26, 1986

Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

In response to your request regarding model suicide prevention programs in Colorado I would suggest you contact:

Dr. William Porter  
Coordinator Mental Health  
Cherry Creek School District 5  
4700 S. Yosemite St.  
Englewood, CO 80111

The Cherry Creek program has been used as a model by many school districts in Colorado and other states.

Sincerely,

Mary A. Doyen  
Senior Consultant  
Health Education  
Curriculum and Instruction Project  
303-866-6767

MAD/s



---

DR. FRANK B. BROUILLET

Superintendent of Public Instruction

---

June 19, 1986

Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P.O. Box 99  
Yadkinville, N.C. 27055

Dear Mr. Hollar:

I received your request for information on a suicide prevention program. I would recommend that you contact:

Mr. Llew Ingram  
Yelm High School  
P.O. Box 476  
Yelm, Washington 98597

Mr. Ingram has developed a program to help reduce the incidence of suicides among high school students and conducts workshops in this area that have received high praise from participants.

I hope you find this information useful.

Sincerely,

DIVISION OF SPECIAL SERVICES  
AND PROFESSIONAL PROGRAMS

A handwritten signature in cursive script that reads "June Peck".

June Peck, Director  
Support Services

JP:bj

**The State of Wyoming**

**Department of Education**

Hathaway Building



**Lynn Simons**  
Superintendent of Public Instruction

Cheyenne Wyoming 82002

June 23, 1986

The Yadkin County Board of Education  
Cleve C. Hollar, Superintendent  
Post Office Box 98  
Yadkinville, North Carolina 27055

Dear Cleve:

The Wyoming Department of Education does not have statewide policy on program suicide prevention.

Perhaps the clearest policy and most highly developed program of prevention/intervention is found in Natrona County School District No. 1, 970 North Glenn Rd., Casper, WY 82601. Dr. Jacob Dailey is superintendent. You may wish to contact them directly.

Sincerely,

*Richard A. Granum*  
by *J.H.*

Richard A. Granum  
Pupil Services Consultant

RAG/sh



**THOMAS G. CLAUSEN**  
Superintendent of Education

P.O. Box 94064  
Baton Rouge, LA 70804-9064  
504-342-3602

October 31, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkin, NC 27055

Dear Superintendent Hollar:

This letter is in reference to your letter dated October 6, 1986,  
relative to adolescent suicide prevention/intervention programs.

Please find enclosed a copy of the completed questionnaire per  
your request. I have also enclosed a copy of the Comprehensive  
Health Curriculum Guide that is used throughout the State.

If I or Richard Thompson, a member of my staff, can be of further  
assistance, please do not hesitate to contact me at (504) 342-3473.

Sincerely,

*Thomas G. Clausen*

Thomas G. Clausen, Ph.D.

TG:lc

Enclosures



## STATE OF IOWA • DEPARTMENT OF PUBLIC INSTRUCTION

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June 19, 1986

Cleve C. Hollar  
 Superintendent  
 Yadkin County Schools  
 P.O. Box 98  
 Yadkinville, NC 27055

Dear Superintendent Hollar:

We do not have a model suicide prevention curriculum on the state level. We have approached this topic through

- o implementation of 210 peer helping programs in our high schools.
- o implementation of 43 school intervention team programs in our high schools.
- o implementation of the Quest/Lions Club "Skills for Adolescence" program in approximately 200 of our middle/junior high schools.
- o promotion of the comprehensive school health education concept with our school districts.
- o cooperation efforts with the Iowa State University Extension Services programming to manage stress related to the "Farm Crisis".

I have enclosed some information related to the state-wide efforts. You may certainly call on me should you have questions.

One school district in Iowa has done a great deal of prevention and intervention programming. You might wish to contact

Supt. Melvin V. Samuelson  
 Storm Lake Community School District  
 419 Lake Ave.  
 Storm Lake, IA 50588  
 (712) 732-1247

Please return the material on the Quest/Lions "Skills for Adolescence" program.

Sincerely,

David A. Wright, Consultant  
 Substance Education  
 (515) 281-3021

DAW/ejm  
 Enclosure





**the samaritans**

33 CHESTNUT STREET  
PROVIDENCE, R.I. 02903

*Telephones:*

272-4243 (Office)

272-4044 (Emergency)

June 23, 1986

Mr. Cleve C. Hollar  
Superintendent  
Yadkin County Schools  
P.O. Box 98  
Yadkinville, N.C. 27055

Dear Mr. Hollar,

As per Commissioner Earhart's request, I am responding to your letter of June 5, 1986 regarding school suicide prevention programs.

The Samaritans, Rhode Island's suicide prevention center, in collaboration with the Department of Education and the Department of Health developed a teacher's manual. The manual consists of five lesson plans with tearout sheets, exams and a list of suggested educational videos and a bibliography. Through a grant from the National Conference of State Legislatures, the manual is in the process of being evaluated. Thus far, the anecdotal component has been very positive and we look forward to statistical evidence that favors a suicide prevention program in school systems.

Most recently, Rhode Island mandated a health curriculum which includes the suicide prevention program. The Rhode Island General Assembly is considering the funding of the suicide prevention program through a special appropriation. We are very fortunate to have public and private collaboration.

In comparing our program to others which we have reviewed across the country, we feel that our program is in the forefront and we will be very happy to share the manual with other school systems outside of Rhode Island in late fall. In the meantime, if you have any further questions, please do not hesitate to contact Sally Ashworth, Samaritans Schools Program Coordinator, or me.

Sincerely yours,

Carolyn Benedict Drew  
Executive Director

CBD:c  
cc: J. Troy Earhart

NJDEC06009285



**State of New Jersey**  
**DEPARTMENT OF EDUCATION**  
225 WEST STATE STREET  
CN 500  
TRENTON, NEW JERSEY 08625

June 18, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
Post Office Box 98  
Yadkinville, North Carolina 27055

Dear Mr. Hollar:

Your recent letter to Commissioner Cooperman regarding suicide prevention programs in New Jersey public schools has been forwarded to me for response.

I am pleased to forward to you a copy of the New Jersey Department of Education's publication, Adolescent Suicide Awareness Training Manual, which may be of help to you in your work.

Thank you for your interest in our work and best wishes for success in your project.

Sincerely,

A handwritten signature in cursive script that reads "Joel Bloom".

Joel Bloom, Assistant Commissioner  
Division of General Academic Education

JB/EEGS/dm:2/8023J

Enclosure



STATE OF TENNESSEE  
DEPARTMENT OF EDUCATION  
*Division of General Education*  
200 CORDELL HULL BUILDING  
NASHVILLE 37219-5338

June 16, 1986

Mr. Cleve C. Hollar, Superintendent  
Yadkin County Schools  
P. O. Box 98  
Yadkinville, NC 27055

Dear Mr. Hollar:

Your letter to Dr. Robert L. McElrath, Commissioner of Education, was referred to this office. Although we do not have a specific curriculum for suicide prevention, the Health Curriculum Framework which sets forth the objectives required by the State Board of Education to be taught in every school system in Tennessee, does contain concepts and objectives which relate to this problem.

I have enclosed a copy of our health framework and the teacher's guide which was developed by the Department of Education through the efforts of a task force of local teachers. You may find helpful ideas in each of these documents, particularly in the strands covering mental health and family life education. You will notice that the framework contains the goals and broad objectives, while the guide contains instructional objectives, recommended content, and suggested learning activities.

I trust that these materials may be of some use to you. If we can be of further service, please contact us.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. B. Whitman".

J. B. Whitman, Director  
Middle Grades Education