

Suicide Procedures with Youth: Prevention, Intervention and Postvention

by

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ABSTRACT

Research has indicated that an alarming number of youth have had suicidal thoughts (Barrio, 2007). These thoughts and signs put the youth at risk for attempted or completed suicides. This literature review is an examination of three important components (prevention, intervention & postvention) that can help schools and professionals address the issues of thoughts and signs children and youth present. The review will provide information pertaining to the proper ways to the handling of the issue of suicide with each component being represented in the review. The major findings from this review will indicate the importance of teamwork (collaborating) among staff in schools settings to address all three areas of effective suicide programming. In addition, specific prevention, intervention and postvention measures that have been used in schools will be noted and explained in detail about it contributions to effective suicide programming. The three components will be presented as all being equally important to

the well-being of children and youth. The review will also provide a brief analysis of the findings and offer further recommendations on where we need to go in understanding suicide with the youth population.

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Dedication

I dedicate my thesis to humanity. I recognize that life is full of many types of emotions. There are high/low, laughs/cries & excitement/pain. I hope that all individuals can find the strength and courage to understand that they do not have to end their life because they feel trapped by the “not so” great emotions that come in life. I hope you can realize that there are people who do care about you and this world is a better place with you living in it. Please do not attempt/commit suicide; everyone is an asset to life. You are ALIVE! It will be OK! Trust me, it will be OK!

TABLE OF CONTENTS

	Page
.....	
ABSTRACT.....	ii
Chapter I: Introduction.....	1
<i>Statement of the Problem</i>	3
<i>Research Questions</i>	4
<i>Definition of Terms</i>	4
Chapter II: Literature Review	5
<i>Introduction</i>	5
<i>Suicide Prevention</i>	5
<i>Suicide Intervention</i>	15
<i>Suicide Postvention</i>	19
Chapter III: Critical Analysis.....	25
<i>Introduction</i>	25
<i>Summary</i>	25
<i>Critical Analysis</i>	27
<i>Recommendations</i>	30
References.....	33

Chapter I: Introduction

Suicide in its simplest definition is the act of taking one's life (Shneidman, 1985). How prevalent is suicide? Barrio (2007) reported suicide to be the leading cause of death for all age groups in the United States! In addition, Barrio further explained that suicide occurs at an alarming rate of 5.8% of all deaths for 10-14 year olds. Barrio also mentioned that suicide completion with children is not as high as for other age groups, but that suicidal thoughts and behaviors in children are common. An alarming number Barrio noted is that youth will attempt 100-200 suicides for every completed suicide.

The taking of one's life among 10-18 year-olds in the state of Wisconsin is the second leading cause of death, with car accidents being the number one cause of death (State of Wisconsin Department of Public Instruction, 2007). From a national perspective, King (1999) reported suicide is the third leading cause of death for individuals between the ages of 15-24. Schroeder (2006) predicted that three high school students out of every high school classroom have likely attempted suicide within the past year. The State of Wisconsin Department of Public Instruction (2007) also stated that on average one young person will die each week in Wisconsin by choice of suicide. In addition, Canada and the United States have the highest rates of youth suicide in the industrial world (Stuart, Waalen & Haelstromm, 2003). These high rates indicate we need to take action to decrease the occurrence of suicides. It is apparent this is an issue that affects many individuals and the youth population is at risk in terms of the amount of suicides taking place.

Attempted and completed suicides occur throughout the United States. However, according to Doan, Roggenbaum, and Lazear (2003) the occurrence is higher in some states than others. In a review of existing data from Doan and authors on the incidence of suicide, the

findings indicate that the majority of suicide incidents in the United States occur in the mountain region on the western side, with the state of Wyoming listed as number one with a rate of 21.1 completed suicides for every 100,000 people. Other states ranked in the top four are Alaska, Montana, Nevada, and New Mexico. Wisconsin ranked 28th, with 11.5 suicides occurring for every 100,000 people. The national rate is 11.0 for every 100,000. The lowest incidents of suicide occur on the eastern coast with the District of Columbia, New York, and New Jersey having the lowest reported rates of suicide (Doan et. al, 2003).

Not only does suicide occur among all age groups and in all geographic regions, but also both males and females. Lubell, Crosby, and Kach (2007) reported that males complete suicide at a much higher rate than females. In their findings from a 2004 study, it was determined that males completed suicide at rates of 1.71 (10-14 year olds), 12.65 (15-19 year olds), and 20.84 (20-24 year olds) based on 100,000 people per age group. Female suicides, on the other hand, were not as high. Females aged 10-14 committed .95 suicides, 15-19 year olds committed 3.52, and 20-24 year olds were at a rate of 3.59 per 100,000 people per age group. According to Lubell and authors, youth have used many different methods in completing a suicide. Use of firearms, hanging/suffocation, and poisoning were listed among the top three means youth have used in suicide completions. From this study it was reported that females were most likely to use hanging/suffocation as their method for suicide in all three age groups. Males, on the other hand, were more likely to use firearms as their method in the 15-19 and 20-24 age groups. The 10-14 year old boys used hanging/suffocation more often than firearms as reported by Lubell and authors (2007).

According to a Wisconsin school counselor (personal communication, September 25, 2007), student suicide is one of the most complex and heart rending experiences to address in a

school setting. In this particular instance the school counselor had to attend to both a student suicide and a near fatal suicide attempt, all within days of each other. The difficulty of the experience was compounded by the fact that this school building did not have a suicide crisis response plan. Having a school policy established that addresses the needs of youth in schools is a motivating factor for completing this literature review. The emotional impact a suicide can have on a school community is devastating according to Carr-Greg (2003). The Wisconsin counselor in this scenario related how devastated both she and the school were as a result of this tragedy.

An astounding finding from Thomerson (2002) is that more teenagers and young adults will likely die through means of suicide from the following list combined. Cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and chronic lung disease combined together do not equal the total number of deaths by suicide.

What does all this mean? It indicates that methods for implementing effective ways to address suicide through prevention, intervention and postvention are necessary to address the high numbers that have been researched as to how severe this problem is, for the occurrence of one suicide is one too many! The statistical evidence regarding suicide rates, where it occurs, and who is affected by it is disturbing. Prevention, intervention and postvention are the key pieces this review of literary research will focus on as a means for reducing suicide.

Statement of the problem

Suicide is a preventable problem that affects children and youth in America today. The purpose of this literature review will be to investigate suicide prevention, intervention and postvention procedures with youth.

Research Questions

There are three research questions this paper will try to answer. They are:

1. What suicide prevention and intervention procedures have been identified as effective with youth?
2. What suicide postvention procedures have been identified as effective with youth?
3. What, if any prevention, intervention and postvention procedures should be studied further for efficacy in suicide prevention?

Definition of Terms

The following terms are provided for a common understanding of definitions for the reader.

They are:

Intervention. An effort to stop or prevent persons from attempting or contemplating suicide.

Prevention. A practice by professionals to reduce the incidence of suicide through proactive preventive measures.

Postvention. An intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals, and peers). Family and friends of the suicide victim may be at increased risk of suicide themselves.

Chapter II: Literature Review

Introduction

This chapter will review identified suicide prevention procedures for youth and identification of those which have been shown to be effective. The main focus of this review is to address procedures linked to prevention, intervention and postvention.

Suicide Prevention

Incorporating effective suicide prevention procedures has the potential for reducing the number of suicides by youth. Fisher (2005) reported suicide to be one of the most preventable reasons of death. Fisher stated that 80% of people who attempted or completed suicide demonstrated warning signs prior to attempting suicide. Colman (1995) reported that between 70% and 80% of depressed teenagers will give indicators prior to attempting. Some of the signs noted were: the student talks about suicide, has trouble eating or sleeping, experiences drastic changes in behavior, withdraws from friends or social activities, gives away prized possessions, has attempted suicide before, has taken unnecessary risks, is occupied with death and dying, a loss of interest in appearance, and increased use of alcohol or drugs. These were a few signs indicated by Fisher (2005) that educators should be familiar with in order to identify and thus prevent student(s) from engaging in the act of suicide.

The term *suicide prevention* is defined as any school-based activity or program geared towards decreasing suicidal thoughts, attempts, and completions (King, 2001). Ward (1995) also noted that prevention includes activities that help youths, families, and communities prevent suicide. The goal of prevention is to raise awareness about suicide for school staff and students. Knowing the warning signs such as the ones listed previously and making the proper referral steps are essential to effectively preventing suicide (King, 2001). King also noted that suicide

prevention warrants special consideration and attention, for it is the most direct method for saving student lives from suicide.

King (2001) viewed the role of school staff as responsible for helping students in need. According to Schroeder (2006) schools are one of the top settings in preventing suicide. Schroeder also notes that if lives are to be saved schools must be well equipped and willing to face youth suicide since half of all mental health illness begin by age 14. Schools have the opportunity to take action by paying attention to the primary prevention guidelines that will be mentioned in the following paragraph. Hamrick, Goldman, Sapp & Kohler (2004) recognize that even though most attempts and completions of suicide will take place away from the school it is a logical place to take action. The authors see educators as individuals who are able to observe children and youth for they are in the students environment for more waking hours than some of their families. In addition, Hamrick and authors believe that students may communicate more openly and reveal more with their peers and teachers than with their families. It is this constant contact with adolescents that Hamrick and authors see as an advantage in identifying the signs and symptoms of youth who are at risk of suicide. Educators are major stakeholders in the lives of children (Hamrick et. al, 2004).

The prevention program King (2001) focused on was called primary prevention. Primary prevention refers to working with the total population, regardless of risk factor (C. Dejud, personal communication, October 22, 2007). King (2001) listed nine guidelines that can be used as primary prevention procedures in reducing suicide from occurring. They are as follows: 1) develop a district-wide school policy concerning student suicide, 2) educate school professionals about suicide warning signs and risk factors, 3) encourage collaboration among teachers, nurses, and counselors, 4) include suicide prevention education in curriculum, 5) develop a peer

assistance program, 6) implement activities aimed at increasing school connectedness, 7) develop supportive school-family partnerships, 8) develop supportive school-community partnerships, and 9) establish a school crisis intervention team. In completing the research it was determined that all nine of the guidelines are important components in preventing suicide. They are in many ways puzzle pieces that can all contribute to the well-being of students. In the next paragraphs each guideline will be presented. Guidelines that were found to be most beneficial will be explained in more detail, while those that are not explained as in-depth will be briefly noted. This does not imply they are ineffective suicide prevention components, but rather this researcher focused his attention on the other components based on his research findings.

The first guideline listed, to develop a district-wide school policy concerning student suicide, was mentioned on a few occasions to this researcher via personal communication from Wisconsin school counselors. The researcher had sent out questions about suicide programs to counselors and received many responses. The majority of the counselors who responded to questions pertaining to suicide indicated they have a policy in writing they are to refer to as a form of prevention. King (2001) further mentioned that school policy strengthens the school's stance on prevention. It increases the likelihood the program will be implemented and carried out throughout the entire school system.

The next guideline listed was to educate school professionals about suicide warning signs and risk factors. According to Rowling & Holland (2000), training about suicide for teachers in the United States has been remote in that only 21.6% teachers reported training of more than two days on suicide. According to Joe and Bryant (2007) the goal is to teach school staff to identify students within the school who are at risk. King (2001) noted that schools that provided in-service training about identifying the risk factors and warning signs of at-risk students for suicide

had teachers who were four times more likely to feel confident in their ability to identify those in need. In addition King (2001) mentions suicide training programs will increase the awareness of recognizing warning signs, treatment resources and the willingness to make referrals. Kutcher (2008) reported that schools that are showing promise in suicide prevention will provide teachers with training to help staff recognize mental health disorders. The warning signs to look for were previously mentioned but DeJames (1997) explains the importance that staff should look for multiple indicators (signs), or more than one warning.

The third guideline noted was to encourage collaboration among teachers, nurses, and counselors. The idea behind collaboration among the staff is to get the information to school counselors and school psychologists. An example of collaboration mentioned by King (2001) would be a referral of an at-risk student to a counselor. This teamwork approach strengthens the possibility to help a student who is in need. King noted teachers make effective informants when it comes to mental health issues. They (teachers) are the individuals who spend substantial time with the students and by communicating any significant changes they can help the counselor take the measures to intervene as necessary.

The next guideline was to include suicide prevention education in the curriculum. According to another school counselor (personal communication, September 26, 2007), her school does a few things that are curriculum-based. All freshman students take a health course and during the semester a unit is implemented that directly educates students about suicide. The unit addresses notable characteristics of suicide such as the signs, preventing, and who to talk to when in need of services. Many school districts will incorporate suicide curriculum into their policy. According to a Wisconsin school social worker, (personal communication, October 1, 2007); their district uses a program called Yellow Ribbon and Question, Persuade, Refer (QPR).

This is a curriculum that is taught at grade six and ten at both the middle and high schools. Research indicates when issues about suicide are taught in a sensitive and educational manner, students have a positive attitude toward help-seeking behaviors with troubled peers (King, 2001). In addition, Ward (1995) noted prevention activities should begin as early as kindergarten. Ward further explained that children as young as first grade have a basic understanding of what suicide is. As reported by Ward, schools can teach children skills that will build self-esteem, achievement, concentration, social interaction, and cooperation as skills that can reduce suicide. By emphasizing prevention with younger children, schools will be able to build students' interpersonal skills that will help them with the academic demands that come from being in school. Hnatko (2007) also endorsed the idea of addressing the younger population as early as possible, for this will aid in preventing suicides. Hnatko noted how a mother's mental health can also impact her child's mental health through the use of alcohol or drugs and other health impairments. In addition, Hnatko considers a child's mental health starts with prenatal and perinatal care. The mental health component runs from infancy to the age of five, because this is when a child develops social skills and lack of stimulation, nutrition, and limited developmental language can hinder a child's mental health down the road according to Hnatko (2007). Thus, poor skills in these areas have may place children at-risk for depression and suicidal thoughts. This is why Ward (1995) believes strongly that building students up with self-esteem so they can handle the challenges they will encounter.

Joe and Bryant (2007) reported curriculum programming as one of three categories of suicide prevention and education in schools is usually comprised. Of the three types of prevention, curriculum programming has been studied the most. However, according to Joe and Bryant more than one study has noted that curriculum programming has not reduced or

prevented more suicides from occurring. So it is certainly debatable as to the impact a curriculum can have on students.

The fifth guideline was to develop a peer assistance program. Stuart, Waalen & Haelstromm (2003) reviewed a gatekeeper training in suicide risk assessment that involves adolescents being trained as gatekeepers to assist in identifying peers who may be at risk and knowing how to refer them to professional resources. According to Stuart and authors an important incentive for establishing a peer assistance program is that studies have shown that male and female peers have knowledge about someone who has attempted suicide. Twenty-five to 40% of males and 40% to 60% of females have known of someone who has attempted suicide. Of these figures they also noted that only about 25% will likely tell an adult about their suicidal peer. It is important to note Hnatko (2007) mentioned that young people talk to other young people. Stuart and authors identified peer helping as a component of a school-based suicide prevention strategy. Students who are gatekeepers will receive training in the following areas: conflict mediation, tutoring, basic listening and support, substance abuse, assault and racism. As reported by Stuart and authors, adolescents who participated in the program made strides in understanding knowledge about suicidal peers in comparison to a control group. It is also reported that students in the program developed positive attitudes toward intervening with suicidal peers and were able to identify the proper action to take when it comes to suicidal ideation. Other notable training tactics used to teach the gatekeepers about the issues were role-playing and teaching helping skills such as: empathy, warmth and genuineness. In order for the gatekeeper program to be effective the students need skill-specific training (Stuart et. al, 2003). It is important to note that the gatekeeper program has the potential to reach students in a way that maybe would not have happened without its existence. But as the authors of the article note

these students do not have suicide intervention skills, but they do know how to be peer helpers and make the proper referrals and that is how the program should be used.

The sixth guideline was to implement activities aimed at increasing school connectedness. For many children nowadays they may grow up without making any meaningful connections to adults or attaining support they need in dealing with life's challenges (Thomerson, 2002). Thomerson notes that being scared at times can be a part of growing up as is having unhappy feelings. The problem with this notion is that for some kids when it gets too difficult they do not know how to cope with their feelings. A Wisconsin school counselor (personal communication, April 4, 2008) shared with this researcher in her belief in having an after school get-together with the students a few times throughout a school year. She believes that closely supervised communication-building activities give many kids inspiration and a feeling of school connectedness. For some students having the opportunity to be involved with extra-curricular activities or doing things with friends outside of the school is a way of life for them. However, for some students they do not have those same opportunities and by bringing all students together regardless of ability level creates a sense of belonging and allows the students to get a sense of pride for belonging to their school. Having an after-school program helps keep kids out of trouble and fosters positive self-esteem (Thomerson, 2002). A point highlighted by Brookmeyer, Fanti, and Henrich (2006) that strengthens the case to establish connections is that students who indeed feel connected to their school may encourage some students to confide in teachers and utilize appropriate coping skills when faced with troubles/concerns that impact their decision making. Another thought that needs to be considered in creating school connectedness is that by improving the school environment to make the students feel more connected and supported is endorsed by Thomerson (2002). Improving the students environment can be

something as simple as training the staff to mentor the students better and to know how to effectively look for bullying tendencies is supported by Thomerson as is having smaller classes so more attention can be directed to knowing the kids and their situations.

The next guidelines were to develop supportive school-family partnerships and supportive school-community partnerships. Brookmeyer et al. (2004) made the point that having parental support and having them connected to the school and involved would be important for students' well-being. This ties into the idea that if parents think highly of school or their children, then the children in return are going to think along the same lines and have a positive attitude. Establishing partnerships with the community appears to be a great resource to utilize and many schools have turned their attention to outside community-based groups to run programs, but Carr-Gregg (2003) notes many of these groups lack an evidence base for their programs. However, in the school intervention portion of this chapter it will be presented how effective a community based partnership was in the working relationship between a school and a Mental Health Center. Carr-Gregg sees community-based partnerships as groups that are trying to do the right thing, but in some cases the implementation of a program has not been proven and thus may not work in the community. Having an evidenced-based program according to Carr-Gregg is best practice.

Lastly, establishing a school crisis intervention team was identified. The intervention team should include a group of school professionals such as the principal, teachers, counselor, and a school nurse (King, 2001). In addition, each team should designate a system in which at least one member of the team will always be present in the school building in case of a crisis situation such as a suicide attempt on school grounds or in the case that one has taken place. A school district sent an unpublished copy of their district's crisis response plan to this researcher.

In the plan, it listed members of the team and gave detailed directions to what procedures must be done. The first person to hear of the crisis will call the building principal, and he/she will coordinate the notification of the other team members. The team will also meet regularly to go over procedures and to discuss relevant information that will aid the teams in serving the students as effectively as possible in the likelihood of a crisis, such as a suicide.

The nine guidelines King (2001) presented as primary prevention procedures each have a component that can impact youth and schools in some capacity. DuPaul and Miller (1996) also identified primary prevention as an effective source, for it reaches all students. Their list was not as in-depth as King's, but they did list curriculum-based programs, in-service training for staff, restricted access to lethal weapons, and suicide education for the media as prevention measures that can be useful.

Another prevention method that deserves to be recognized in this research is the Signs of Suicide (SOS) method. SOS has been effective in preventing suicides and is evidence based (Peebles-Wilkins, 2006). This prevention program is one that is both based on curriculum and brief screening for suicidal indicators such as depression (Joe & Bryant, 2007). Joe and Bryant also give rationale for utilizing screening for research has indicated that when adolescents are approached by the topic they will more often than not honestly state their condition. This method was proven to be effective in a five-state research according to Peebles-Wilkens when it was determined that a 40 percent reduction in suicide attempts among 2,100 students in the study were found to have reduced the amount of attempts. Peebles-Wilkins explains the SOS program is one that encourages students to communicate more openly through other students, parents, and teachers. Peebles-Wilkins also notes SOS has a technique called ACT (acknowledge, care & tell). Acknowledge implies that the student knows the signs of suicide. Care is to offer help and

show a caring attitude toward the suicidal individual and tell is to inform a responsible adult (Joe & Bryant, 2007). The students are taught the symptoms of depression and how to recognize them. From there the students learn how to alert an adult about the situation and who is involved and what can be done. It is this approach of students taking responsibility and gaining the attention of school personal is how the process works according to Peebles-Wilkins. In addition the American School Board Journal (2008) indicates that many schools have adapted the SOS program and currently 3,500 schools nationwide have implemented the program in their schools. Another statistic proving the usefulness of this program is that it is the only school-based curriculum that researchers according to the American School Board Journal have noted as reducing self-reported suicide attempts in random controlled studies. The American School Board Journal joins Peebles-Wilkins in stating that a 40 percent reduction in suicide attempts occurred in the time span between 2004 and 2007 with the running of the SOS program, which strengthens its usefulness since it is evidence based. Carr-Gregg (2003) believes the prevention of youth suicide is best served through promoting good mental health through the use of evidence-based programming.

According to Okrent (2003) a procedure similar to the SOS program includes providing education about depression. Essentially, schools could collate packets for students to take home on the first day of class. In these packets would be information on depression and names/numbers of people one could call. The information could be listed on magnets and thus placed on the student's refrigerator at home. Okrent believes that we need to normalize the issue of mental health disorders. Between 80 and 90 percent of youth who kill themselves likely had a mental health disorder (Hnatko, 2007).

Suicide Intervention Procedures

Suicide interventions are considered the second element of comprehensive suicide programs (Ward, 1995). As we transition from prevention to intervention it is important to note that the primary prevention listed above is directed at preventing suicide to all students. In contrast, intervention is based on the students who have been identified as in need of services for the risk or likelihood they may engage in the act. Hnatko (2007) states that the key is to intervene as early as possible with those students who showcase risk factors, such as mental health problems. Joe and Bryant (2007) see the main goal of prevention and education programs as identifying those who are at risk. The goal of intervention programs according to Ward (1995) is to develop an awareness and plan of action for coping with issues of suicide. Interventions aim to assist in identifying youth who are considered to be at-risk for suicide. The goal is to identify problems early so that appropriate responses can be immediately implemented to intervene in the student's interest. Typical responses, if suicide is eminent, are establishing effective referral links and following up on the situation with students, parents, and others (Ward, 1995).

In order to know when it is appropriate to intervene, it is important to be familiar with the signs that could potentially lead to suicide (Ward, 1995). Ward (1995) further explains that suicide individuals will often speak to people prior to attempting a suicide. They will give verbal clues that often center on a theme of loneliness, despair, and helplessness. In the suicide prevention procedures discussed at the beginning of the chapter, Fisher (2005) highlighted some signs "at-risk youth" may be showcasing in their nature as potential clues. These clues would signify that intervention is necessary. If the signs are indicating a strong possibility that suicidal thoughts are on the forefront, then having a qualified professional in the field would be essential

(Ward, 1995). Once it is known that an individual fits the descriptions of being classified as an at-risk suicide student, then it is time to implement the intervention.

Questions that need to be asked are: who implements the interventions and how will they manage them? King (2001) described school professionals as the individuals who need to take an active role. It is here that school professionals need to take action, following the steps that are outlined in the school suicide intervention plan (King, 2001).

This researcher was able to find two articles that support the use of mental health services from outside the school setting that can directly intervene with those who have been identified as the at-risk students from school professionals. The first article is about the development of an intervention strategy that was developed in the mid eighties in Minnesota (Morrison, 1987). The strategy was developed in partnership between the high school and the mental health center in this Minnesota community. The community encountered three completed suicides by area youth during the 1984-1985 school year. After the third one, the two groups united to implement an intervention model that they felt could be beneficial for many students struggling with suicidal thoughts or ideations.

The first intervention strategy was closer liaison with school counselors. Morrison (1987) explains that the school counselors were granted permission from the mental health staff to call at any time to discuss advice, make referrals, and talk about all the frustrations that come from working with suicidal youth. As reported in the article, the counselors in this district found this service to be quite useful. In addition, the counselor referred the students who were thought to be most at-risk to receive services from the mental health staff. Other strategies that were implemented as interventional tactics are very similar to some of the prevention ideas that were discussed in the prevention section of this chapter. Similar ideas to prevention that were

considered interventions for those identified in the model developed in Minnesota were: developing peer counseling services, having support groups, in-service to school staff on suicide, curriculum on coping skills and a community forum on youth suicide (Morrison, 1987).

Developing peer counseling services is very connected to the gatekeeper prevention strategy mentioned previously. Morrison (1987) explains that young people often turn to other young people, and this communication between peers is thought to be an important intervention strategy. Morrison (1987) reported that the students took the initiative and reported many potential incidents for suicide to the school counselors who, in turn, followed up the reports and made the proper referrals as necessary.

The support groups that were developed in partnership between the school and the mental health staff were developed to provide a safe place for students to express their feelings among peers (Morrison, 1987). The support groups were mainly run on school grounds because the families were hesitant to take their child to the mental health building. However, running the groups in the school setting seemed to make a lot more sense because the students felt more comfortable in that setting and as Morrison (1987) explains, support groups are one of the least costly and least threatening methods in handling suicidal youth.

The curriculum that was noted by Morrison (1987) as an intervention strategy is also similar to the curriculum that was noted in the prevention section. This was one of the challenges this researcher encountered in his research of the topic. Keeping prevention and intervention separate was a challenge because both words are closely linked. In addition, another overlapping strategy that leaked into both prevention and intervention was in-service training for staff.

Another piece of the intervention model explained by Morrison (1987) was to hold community forums. The idea behind having a forum was to invite individuals to share concerns,

fears, and questions about suicide. It sounds very similar to the support groups that were run in the schools, except this allowed the whole community to come together to share their feelings. The community in Minnesota where the youth suicides occurred reported that 60 people attended the first panel (Morrison, 1987).

The other intervention article that was noted a few pages back describes an intervention approach to take with youth from Murray and Wright (2006). The model described by Murray and Wright (2006) is one that is very Rogerian in its approach. The model relies in the philosophy that the students know the issues they are facing and the mental health professional who is working with the identified at-risk student needs to take the stance of being non-judgmental or non-blaming. By being supportive and encouraging, it is believed that youth will be able to recognize what the issues in their lives are related to wanting to harm themselves (Murray & Wright, 2006).

This intervention approach also considers the identified student's family life, social world, and their feel of the community world, as these factors may contribute to the desire to want to harm themselves through means of an attempted suicide. The goal of including the student's network of everyday interactions is to simply provide answers about the onset of the behavior and the reason why the student has the feelings s/he does (Murray & Wright, 2006). A key point the article mentions is that it is so important for the professional who is working with the suicidal adolescent to make a connection with the student and her/his family. This simply increases the cooperative nature of addressing and assisting the student and family with the feelings of wanting to do harm.

One last bit that deserves to be noted in regards to the intervention procedure is King's (2001) five key components to use in the intervention process. They are as follows: ensure

student safety, assess the student's risk, determine the mental health services needed, ensure the student receives appropriate care, and debrief school staff. These five components are considered (by King, 2001) as the appropriate actions that need to be taken and should be considered when a suicide crisis arises. As educators it is important to keep things in perspective and to follow the actions that are outlined in the school policy to ensure the student's needs are being met.

Suicide Postvention Procedures

The aftermath of a suicide completion at a school impacts the youth, the entire district, and the whole community (Mauk & Gibson, 1994). The emotional impact is so devastating that according to Mauk and Gibson (1994), for every adolescent suicide there is a minimum of three peers who are affected by the tragedy. These youth suffer cognitively, psychologically, and emotionally. Maples, Packman, Abney, Daugherty, Casey, and Pirtle (2005) stated that even if only one suicide occurred, there are many victims. It is apparent from this finding that after a suicide occurs, a whole community is left with a scar and the burden of coming to terms with its challenging aftermath. Carter and Brooks (1990) described postvention as a way to provide assistance to the survivors of suicide. Postvention is the services and activities that assist individuals in the aftermath of a suicide (Ward, 1995). Postvention is often absent in many school's programs according to King (1999) for they only have prevention and intervention programs. King (1999) reports that in a study he reported that only one in five school professionals in the state of Ohio reported their schools did not have a postvention service to offer their students. Survivors will often have feelings of intense guilt and feelings of responsibility for the death (Mauk & Gibson, 1994). These feelings can be so strong that the survivors may consider taking their own lives as a result of the initial suicide. Mauk and Gibson (1994) reported that suicide creates a psychological disequilibrium in the survivors and these

feelings can be addressed through postvention assistance. Schools are an important location to address suicide because this is where students spend the majority of their time. Mauk and Gibson (1994) believed since students are present in school for six or more hours a day and for up to nine months a year, the school environment is a logical site for implementation of a postvention program.

The first thing a school needs to address, according to King (1999), is to have a postvention procedure in place before a suicide occurs. King (1999) believed that postvention procedures are most effective if they are planned in advance. This implies that once a suicide has occurred, the likelihood that the school will experience shock is fairly high. Even trained professionals who are taught to handle crisis situations may experience shock when learning of the tragedy (Maples et. al, 2005). Having the proper steps in place will aid grieving staff and students. Because of the intense feelings of shock that can accompany a suicide, it would be difficult to develop an effective plan once a life has already been taken. Having prior knowledge of the postvention plan establishes a cushion against the shock (Carter & Brooks, 1990). To truly maximize the postvention procedures, schools need to have already established a postvention plan so they can serve the students and community effectively.

Another key component of postvention is the postvention team (King, 1999). Postvention team members may include a combination of different school personnel, but often include staff such as: school counselors, school psychologists, school social workers, school nurses, trained teachers, and area resource individuals (King, 1999). The goal of this team, according to King (1999), is to minimize the trauma that may affect all members within the school. This team should be familiar with the postvention plan and able to implement the appropriate plans of action for the students, staff, and community. Maples et al. reported that the team should also

have a leader. This individual can make sure that the procedures are in place for everyone to follow. In addition, it is important to channel the team members' strengths into roles within the procedures (Maples et. al, 2005).

King's work (1999) cites some valuable steps to implement after a suicide. The steps are listed as follows: enact the postvention plan within 24 hours of the suicide, act in a concerned, private, and conservative manner, inform all school staff, have teachers make an announcement to their first class of the day, make counseling sites available throughout the school, avoid glorifying the suicide, inform parents, assign a postvention liaison to handle media inquiries, inform the school board of postvention activities, monitor the school's ongoing emotional environmental, and evaluate the postvention activities. The following paragraphs will expand upon highlighted steps of King's postvention strategies. Attention will be given to the steps in which this review values to be most beneficial.

Enacting the postvention plans within 24 hours is important. King (1999) noted that it is important to expect trauma and appropriately addressing it in a short amount of time will help to avoid suicide clustering. There is a possibility hysteria from the act could be very high and enacting the plan can ease the hysteria that will cause distress (King, 1999).

It is more than likely that at some point in an educator's career they will be impacted by a youth suicide in some capacity. Due to this, it is crucial to know what to do after a tragedy occurs. According to Maples and authors (2005) one way to act in a concerned, private and conservative manner is to consider that there may be one suicide, but there are many victims. It is an entire community that is impacted by the tragedy of a suicide.

Informing all school staff really ties into the prevention measures that were previously noted in the prevention part of this literature review. Proper communication and collaborating

with other personnel seems to be a constant reminder throughout this research about how important it is for schools to be on the same page in the event of identifying those who are at risk and those who have attempted and completed suicides. An effective program that has been reported by Maples and authors (2005) that deals with informing all staff ties into the T.E.A.M. model that was developed by Roberts, according to the authors. The T.E.A.M model incorporates four different sections. They are developing a team, establishing procedures, arranging supports, and monitoring progress. The first part of the model, “developing a team” incorporates what members of the team will do. For example, who is on the team and what are the roles of the team members are a few of the pieces of this part (Maples et. al, 2005). Informing all members fits into the second part of the model which deals with the procedures that will be followed. The first question that is raised under the second part is who will notify everyone and it answers other questions pertaining to who will contact who, much like a chain reaction (Maples et al, 2005). The importance of having a plan in place assures that all members will be notified and communication between all parties ensures that everyone is on board. The third and fourth mentioned criteria of the T.E.A.M model incorporate further assessing, such as support groups and monitoring or evaluating the situation (Maples et al, 2005). In addition, it is recommended from King (1999) that having a meeting before school starts the next day would be a good idea to ensure everyone is on the same page.

Immediate teacher communication to their class is vital, as reported in King (1999). This communication should be done during the first class period According to Capuzzi (2002) it is imperative that school counselors act quickly when an attempted or completed suicide act has occurred. It only takes a few hours for information to leak out about the occurrence of a suicide. Capuzzi believes that by informing and discussing the subject will prevent rumors or the sharing

of misinformation. It is also recommended that staff be prepared to answer questions that spontaneously arise and allow students the opportunity to leave the classroom to speak to a counselor or crisis team member.

Allowing students to leave the classroom pertains to the next step. To make counseling sites available for the students (Capuzzi, 2002), they need a place to go. Once a place has been established for those to go to get the support they need, King (1999) endorses the idea that counselors from surrounding schools be present in assisting the grieving students and staff. The more professionals that are available the better the needs of the surviving students will be met. King (1999) mentioned that those who are closest to the suicide victim will often receive less support for their grief than other types of death.

The next component of postvention listed is to avoid glorifying the act. This researcher was very curious about how to handle this part of the suicide spectrum. Capuzzi (2002) made it a point to stress the importance of not glorifying the act. Things such as any type of memorial or service should not happen on school property according to Capuzzi. King (1999) lists any public displays, student meetings and PA announcements as not appropriate for they are glorifying the act. King also noted how many suicidologists advise schools against drawing any form of attention to the act. This is mainly done so as to not reinforce those who may be fixated on suicide ideation. It is in the surviving student's best interest to keep in mind as King (1999) notes to encourage the students there are other alternatives to solving problems than via suicidal behavior. Ward (1995) also joins Capuzzi in that she believes under no circumstances should an act of suicide be considered a glorious, heroic or noble thing to do. The point both authors are aiming at is that to exalt an attempted/committed suicide opens up the potential for copycat

attempts for students that may try to be “honored” with the same attention that the attempted/committed suicide act garnered.

In closing thoughts, this research found the addressed points to be crucial in regards to handling the aftermath of a suicide. Understanding death and why someone would want to take their own life is hard for adults to comprehend and that much more difficult for youth. As reported from the findings, having a postvention plan is an important ingredient to a complete comprehensive suicide program in any school.

Chapter III: Summary, Critical Analysis, and Recommendations

This chapter will begin with a summary of the key points from the literature review. The summary will be followed by a critical analysis of the review and will conclude with future recommendations for research in the area of understanding effective suicide procedures such as prevention, intervention, and postvention.

Summary

An increased awareness and understanding of suicide prevention procedures with youth is something that deserves much attention in the fields of education and counseling. In addition, understanding the effective procedures in responding to a suicide can enhance the functioning of schools and serve as a platform to address the needs of youth in our schools.

Youth grow up with so many needs and understanding what is best for them is a challenge. The challenge becomes more difficult for youth when they have to deal with an unexpected death by means of suicide. Implementing effective suicide procedures is a must for students, staff, and the community. The three components of prevention, intervention, and postvention are all equally important to assisting the issues that arise with suicide and decreasing its occurrences.

Prevention is the most recognized component of suicide education in the literature. During this portion of the paper information pertaining to why we need to utilize prevention services and defining prevention were well noted. Also, included was information pertaining to the nine primary prevention guidelines where listed and explained in detail about its contribution and usefulness to decreasing suicide (King, 2001). In addition, the Signs of Suicide (SOS) program was identified as a beneficial prevention measure for its evidenced-based background and implementation in many districts nationwide (Peebles-Wilkins, 2006).

This literature indicates that the main contributing factors in prevention are: planning and organization of suicide programming, educating and training among staff about suicidal behaviors and building a team approach or community action to prevent suicide. Based on the research, these are the key points in suicide prevention of youth in schools.

Suicide intervention was the second area of focus in this literature review and it is clear that there is limited published information available for determining the proper way(s) to intervene with those identified as being suicidal. With the limited amount of information found, it was determined that in order for interventions to be successful, it is important to have qualified individuals in the field to help student(s) work through their issues in a more productive manner, instead of considering suicide as the answer to their concerns. Two interventions were presented as effective intervention methods in the literature. The first was the school in Minnesota and the Mental Health center staff collaborating to work on addressing the risk factors of suicide attempts in their community (Morrison, 1987). This community had been impacted by three completed suicides. The community and school worked together on developing and implementing a plan that directly addressed the growing trend in this town. The plan did pay off for the community in that students who were identified as at-risk received services that were appropriate for addressing their condition. The other intervention procedure examined in-depth the contributing factors that leads students to consider suicide (Murray & Wright, 2006). Also thoroughly examined in the Murray and Wright article were ways to address students' issues on a non-confrontational manner much like a Rogerian presence of not being forceful in order for the student to build trust.

Postvention, the last component mentioned, is equally important in the minimizing of suicide attempts and completions. The literature indicates that many schools do not have

postvention programs. However, the need to have a plan in place is beneficial for grieving students, staff, and community members (King, 1999). The research indicates that there are key points to consider in order to have an effective postvention program. The first point mentioned was having the postvention plan in place prior to an attempted/completed suicide (King, 1999). In addition to having the plan in place, the plan needs to be followed according to the steps that are outlined in the school policy. The next point was to coordinate and assign staff into roles on the postvention team (King, 1999). Other notable factors on postvention include: enacting the plan within 24 hours, acting in a concerned, private, and conservative manner, informing all school staff, informing the students at the beginning of the day, and make counseling sites available (King, 1999). It was also noted that an effective postvention plan will not draw attention to the act of suicide, such as honoring the student on school grounds, reducing the possibility that copycat students may do the same to acquire the same attention that the deceased student attained from making the choice of ending her/his life (Capuzzi, 2002).

Critical Analysis

The proper way to address and handle suicide in schools is a very delicate issue. It is also challenging because all students will handle an event such as suicide differently. Yet, this research indicated that from what we do know, procedures *must* be implemented to handle the issue. The chances of encountering a suicide in the professional journey of educators are very high when considering what statistics indicate.

Reviewing the three components of prevention, intervention and postvention, it is apparent that some themes and helpful methods have been beneficial in addressing suicide with the youth population. In the paragraphs to follow common themes for most helpful/supported methods in each category will be analyzed.

Reflecting on prevention, a common theme that exists was the teamwork approach that includes nine primary prevention guidelines that King (1999) had listed. It seems obvious that all nine strategies involved some form of communication among all members of the school, including students, staff, families and the community. Each member has an important role and can put forth the effort to help decrease the high rates of suicide that were indicated in the literature. Perhaps the most important ingredient is having all members of a school community trained to understand the risk factors of suicide and taking into consideration the serious nature of threats or indicators that suicidal youth are presenting. It is then important to collaborate with the appropriate school personnel who can address issues and concerns as needed.

Another common prevention theme includes a philosophy of preventing students from attempting suicide. All nine guidelines presented with the SOS program have one goal-to raise awareness about suicide. In addition, suicide prevention was defined as a program that is geared towards decreasing suicidal thoughts, attempts, and completions (King, 2001). Each prevention method discussed in the literature centered on the common theme of working together. This working together approach incorporated having all members within the school working together to promote a connectedness in looking out for one another.

The common links of intervention are also very closely tied to the prevention theme of working together. Intervention is the second phase of a comprehensive suicide program and it addresses working with the population that has been identified as at-risk for suicide. Therefore, the teamwork approach that took place in the prevention phase carries over to the intervention phase because each procedure impacts the next step in the process. For example, intervening for students would be impossible without the prevention phase to identify the students who needed the services. The teamwork approach still applies in the intervention phase with the school

personnel working directly with the referral worker to get the services the student needs. In addition, as reported by the intervention models that were noted, the student, families, and professionals all need to work together with one goal in mind of reducing the suicidal thoughts that the students has experienced or is currently experiencing. In the example of the Minnesota community, the school and Mental Health team worked together, and in the example using Rogerian techniques (Murray & Wright, 2006) it was noted how the trained professional, the at-risk student and the family must work together. These interventions have indicated they are effective in working with youth who have been identified as being suicidal based on the findings in this research.

The last part of the comprehensive suicide program, postvention also showcases the teamwork approach of the first two procedures. In the postvention section of chapter two, it was noted that the survivors of a suicide often deal with many emotional and psychological issues when coming to terms with the attempted or completed suicide of a friend or family member (Mauk & Gibson, 1994). These intense feelings and not knowing how to feel are part of the reason for postvention. It is in this phase that assistance is provided to survivors impacted by suicide in some way. In order to give the students, staff, and community the assistance they need, having a plan in place beforehand will be of great significance. According to the teamwork approach, it is also important that staff be assigned roles and work together as a team, aiding in the postvention phase. The research has further indicated that enacting the plan, acting in a concerned, private, and conservative manner, informing all school staff, informing the students at the beginning of the day, making counseling sites available and not glorifying the act are effective measures. This listing of postvention steps center on the teamwork approach that this researcher has identified in his analysis as the major contributing factor in working with youth,

and especially in the event of a suicide for the serious nature of the threat or completion of the act.

In conclusion, all three suicide procedures had developing themes of collaboration. For this researcher it is not very surprising that this was discovered in the findings of this research. When identifying effective schools, businesses, athletic teams or any other group that works in partnership, it is usually the case that the most productive entities are those that work together. A team approach requires a lot of work and dedication by all members within an organization. When it comes to operating a school and ensuring the safety of all students, a teamwork mentality is necessary for all members who work within the school. Each team member or staff member is an important link to every student who walks through the doors and into the classroom each day. If one staff member is not on board with the team approach, the possibility of not providing the necessary intervention for a student may increase. Students' lives are a valuable asset to society, and their well-being is important. In order to ensure that there are no missing links in the teamwork approach, this researcher sees educating all individuals on the warning signs of suicide and teaching them to work together as pieces of the puzzle to help reduce the increased rates of suicide that have swept through the pipeline of the American culture. One suicide is one too many.

Recommendations

It is clear from the literature that effective prevention, intervention, and postvention procedures have the potential to reduce suicide deaths. It is well documented from the findings that having no crisis intervention plan places schools in a position of risk. The mission of K-12 schools goes beyond academics, and thus schools should also address personal/social and emotional needs. By using effective prevention and intervention methods, schools will be able to

help reduce the possibility of suicides. In the likelihood that a suicide does occur, moving to the next component, postvention will be necessary in order to prevent another one from occurring.

This researcher recommends continued investigation into what leads one to commit suicide. Professionals may never truly understand all of the factors that arise when one chooses to end her/his life, and learning to minimize future occurrences is critical. Professionals need to investigate all completed suicides and consider what led to the suicide. Often individuals will leave behind signs; these signs may be evident in another adolescent who is struggling with the same issues. By understanding what leads an adolescent to consider suicide and having effective prevention strategies in place, the potential to decrease the number of suicides becomes a possibility.

Another area for further inquiry is that more information on the usefulness of school-based curriculum needs to be investigated. Within the schools, personnel should discover what is working much like the SOS program seemed to be working based on its findings of being evidence-based (Peebles-Wilkins, 2006). While the researcher was able to discover many useful ideas that appear to be important in suicide prevention, many of the findings were not evidence-based. The majority of the information was based on professional suggestions from professionals who have expertise in the area. However, having data-based evidence to support professional opinion may increase the likelihood of schools implementing prevention programs. Suicide attempts are still happening in schools today, and many are reluctant to embrace suicide as an open forum for discussion because they believe that the very talk of suicide may increase the likelihood that a student will engage in the act. However, more information is needed to determine the most effective and efficient way to educate students and staff. It is also recommended that

professionals come to an agreement as to what age is appropriate to begin educating students about suicide.

Furthermore, it is important to continue teaching not only the crisis (postvention) team members how to handle suicide, but everyone in the school. Children will be hurt emotionally and be confused about how to handle their emotions. Staff will have their own emotions to address as well, but being properly trained, they may be better able to take care of the needs of their student population to the best of their ability.

The most critical recommendation for school staff members and professionals is to keep their eyes open to understanding the needs of students. As years go by, youth's expectations and ways they grow up, change. For example, technology is one component that has changed the way youth experience the world. Today's youth are different from children of the 1970s and they will also have a much different upbringing than children in the year 2020. Combining information related to students' well-being from the past and present in order to consider what is best for future students is essential. Parents and professionals alike must keep their eyes open to what our youth are experiencing. This researcher highly recommends knowing students personally, respecting them, talking with them, and listening to them as effective ways to advocate for their well-being. All school personnel can make a positive influence in the lives of youth if they just believe.

References

- American School Board Journal. (2008). An SOS for students, 195 (3) 12. Retrieved April 1, 2008, from: Ebscohost Academic Search Elite.
- Barrio, C. A. (2007). Assessing suicide risk in children: Guidelines for developmentally appropriate interviewing. *Journal of Mental Health Counseling*, 29 (1), 50-66. Retrieved October 1, 2007, from: Ebscohost Academic Search Elite.
- Brookmeyer, K., Fanti, K., & Henrich, C. (2006). Schools, parents, and youth violence: a multilevel, ecological analysis. *Journal of Clinical Child and Adolescent Psychology*, 35 (4), 504-514. Retrieved April 6, 2008, from: Ebscohost Academic Search Elite.
- Capuzzi, D. (2002). Legal and ethical challenges in counseling suicidal students. *Professional School Counseling*, 6 (1), 36-45. Retrieved April 1, 2008, from: Ebscohost Academic Search Elite.
- Carr-Gregg, M. (2003). Suicide, schools and young people--tackling the youth suicide industry. *Youth Studies Australia*, 22(3), 32-35. Retrieved October 1, 2007, from: Ebscohost Academic Search Elite.
- Carter, B., & Brooks, A. (1990). Suicide postvention: Crisis or opportunity? *School Counselor*, 37 (5), 378-390. Retrieved October 31, 2007, from: Ebscohost Eric.
- Colman, A. (1995). Warning signs. *Youth Studies Australia*, 14 (14), 12. Retrieved April 1, 2007, from: MasterFILE Premier.
- DeJames, J. (1997). Saving youths from themselves. *Corrections Today*, 59 (3), 72-76. Retrieved April 1, 2008, from: Ebscohost Academic Search Elite.
- Doan, J., Roggenbaum, S., & Lazear, K. (2003). *Youth suicide prevention school-based guide*. Retrieved September 25, 2007, from: <http://theguide.fmhi.usf.edu/pdf/Statistics.pdf>

- DuPaul, G., & Miller, D. (1996). School-based prevention of adolescent suicide: Issues, obstacles, and recommendations for practice. *Journal of Emotional & Behavioral Disorders, 4* (4), 221-231. Retrieved October 31, 2007, from: Ebscohost Academic Search Elite.
- Fisher, D. (2005). The literacy educator's role in suicide prevention. *Journal of Adolescent & Adult Literacy, 48* (5), 364-373. Retrieved October 31, 2007, from: Ebscohost Academic Search Elite.
- Hamrick, J., Goldman, R., Sapp, G., & Kohler, M. (2004). Educator effectiveness in identifying symptoms of adolescents at risk for suicide. *Journal of Instructional Psychology, 31* (3), 246-252. Retrieved March 16, 2008, from: Ebscohost Academic Search Elite.
- Hnatko, G. (2007). Suffer the children: Mental illness & youth suicide. *Maclean's, 120* (9), 8-9. Retrieved October 31, 2007, from: Ebscohost Academic Search Elite.
- Joe, S., & Bryant, H. (2007). Evidence-based suicide prevention screening in schools. *Children & Schools, 29* (4), 219-227. Retrieved April 8, 2008, from: Ebscohost Academic Search Elite.
- King, K. (2001). Developing a comprehensive school suicide prevention program. *Journal of School Health, 71* (4), 132. Retrieved October 31, 2007, from: Ebscohost Academic Search Elite.
- King, K. A. (1999). High school suicide prevention: Recommendations for an effective program. *American Journal of Health Studies, 15*(4), 217. Retrieved September 25, 2007, from: Ebscohost Academic Search Elite.
- Kutcher, S. (2008). Youth suicide prevention. *CMAJ: Canadian Medical Association Journal, 178* (3), 282-285. Retrieved April 1, 2008, from: Ebscohost Academic Search Elite.

- Lubell, K., Crosby, A., & Kach, D. (2007). Suicide trends among youths and young adults aged 10-24 Years -- United States, 1990-2004. *MMWR: Morbidity & Mortality Weekly Report*, 56 (35), 905-908. Retrieved September 25, 2007, from: Ebscohost Academic Search Elite.
- Maples, M., Packman, J., Abney, P., Daugherty, R., Casey, J., & Pirtle, L. (2005). Suicide by teenagers in middle school: A postvention team approach. *Journal of Counseling & Development*, 83 (4), 397-406. Retrieved October 31, 2007, from: Ebscohost Eric.
- Mauk, G., & Gibson, D. (1994). Suicide postvention with adolescents: School consultation practices and issues. *Education & Treatment of Children*, 17 (4), 468-484. Retrieved October 31, 2007, from: Ebscohost Academic Search Elite.
- Morrison, J. (1987). Youth suicide: an intervention strategy. *Social Work*, 32 (6), 536-537. Retrieved April 8, 2008, from: Ebscohost Academic Search Elite.
- Murray, B., & Wright, K. (2006). Integration of a suicide risk assessment and intervention approach: the perspective of youth. *Journal of Psychiatric and Mental Health Nursing*, 13, 157-164.
- Okrent, I. (2003). David's death doesn't have to be in vain. *Newsweek*, 141 (21), 18. Retrieved April 1, 2008, from: Ebscohost Academic Search Elite.
- Peebles-Wilkins, W. (2006). Evidence-based suicide prevention. *Children & Schools*, 28 (4), 195-196. Retrieved April 8, 2008, from: Ebscohost Academic Search Elite.
- Rowling, L., & Holland, J. (2000). Grief and school communities: the impact of social context, a comparison between Australia and England. *Death Studies*, 24 (1), 35-51. Retrieved April 1, 2007, from: Ebscohost Academic Search Elite.

Schroeder, K. (2006). Education news in brief. *Education Digest*, 71 (9), 49-51. Retrieved April 1, 2007, from: Ebscohost Academic Search Elite.

Shneidman, E. S. (1985). *Definition of suicide*. New York: John Wiley & Sons, Inc.

State of Wisconsin Department of Public Instruction. (2007). *Youth suicide in Wisconsin*.

Retrieved September 25, 2007, from: <http://dpi.wi.gov/sspw/doc/suicythfactsheet.doc>

Stuart, C., Waalen, J.K., & Haelstromm, E. (2003). Many helping hearts: an evaluation of peer gatekeeper training in suicide risk assessment. *Death Studies*, 27 (4), 321-334. Retrieved April 1, 2007, from: Ebscohost Academic Search Elite.

Thomerson, J. (2002). Violent acts of sadness: the tragedy of youth suicide. *State Legislators*, 28 (5), 30-34. Retrieved April 1, 2007, from: MasterFILE Premier.

Ward, B. (1995). The school's role in the prevention of youth suicide. *Social Work in Education*, 17 (2), 92-100. Retrieved October 31, 2007, from: Ebscohost Academic Search Elite.