Wisconsin's Middle and High School Public Teachers' Awareness and Preparedness to Address Student Suicide

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ABSTRACT

Suicide, which is the taking of one's own life, is a serious, ongoing public health concern (Mueller & Waas, 2002) that devastates individuals, families, and communities. According to The Mental Health Association in Milwaukee County (2004), more than 30,000 Americans take their own lives each year—an average of one every 17 minutes, 84 successful suicides per day. They also stated that suicide was the tenth leading cause of death in Wisconsin and it was the second leading cause of death for young people aged 15 to 24.

The purpose of this study was to find out how aware teachers in the state of Wisconsin are of identified suicidal warning signs/risk indicators and how prepared they are to respond. Data was collected in October 2006 through an online survey.

This study attempted to answer the following research questions: are Wisconsin teachers aware of identified suicidal warning signs/risk factors; are Wisconsin teachers prepared to respond to the identified suicidal warning signs/risk factors; did the Wisconsin teachers have prior training on suicide before taking the survey, if so, how

much training; was there any relationship between the teachers' awareness of identified warning signs/risk factors and preparedness to respond to the student?

Overall, the findings of this study seem to suggest that teachers in the state of Wisconsin are knowledgeable and aware of student suicide risk factors. However, not all participants were aware of and prepared to intervene with a suicidal student. Recommendations are provided for further education and training for teachers.

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Dedications

I dedicate this thesis to Sarah Christine Formoe, who took her own life at the age of 21. Sarah, you have given me the strength and inspiration to learn about and help reduce student suicide. After learning so much about suicide, I wish there would have been something I could have done to help save your life. Since I cannot turn back time, I can only move forward and touch the lives of other people who may feel that suicide is their only way out as you did. I want everyone to know that their life means so much to so many people, whether or not it seems obvious. If I can help save other's lives, which may otherwise end with suicide, I will do whatever I can. I miss you as my classmate, and most of all as my best friend! You will always be a part of my life Sarah! I love you.

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Chapter I: Introduction

Night falls fast.
Today is in the past.

Blown from the dark hill hither to my door
Three flakes, then four
Arrive, then many more.

– Edna St. Vincent Millay

Kay Redfield Jamison (1999) used this quote by Edna St. Vincent Millay to capture the essence and despair that suicide encompasses in her book, *Night Falls Fast: Understanding Suicide*.

Suicide, which is the taking of one's own life, is a serious, ongoing public health concern (Mueller & Waas, 2002) that devastates individuals, families, and communities. According to The Mental Health Association in Milwaukee County (2004), more than 30,000 Americans take their own lives each year—an average of one every 17 minutes, 84 successful suicides per day. They also stated that suicide was the tenth leading cause of death in Wisconsin and it was the second leading cause of death for young people aged 15 to 24. A 1997 national survey found that "every year, one in thirteen high school students—or about 6 million kids—say that they have seriously considered suicide by the time they graduate" (Portner, 2001, p. 4). In 1999, more teenagers and young adults died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined (*SAVE: Suicide Awareness Voices of Education, 2005*). Is it not time to start equipping today's educators with the necessary skills to help prevent such a horrific trend?

Suicide rates differ between states in the United States, with Alaska having the highest student suicide rate in all the United States. In addition to Alaska, the highest

numbers of completed suicides occur in the Western and Southern regions. Portner (2001) states that "one reason for the high rates in the Western half of the country is that residents of prairie and mountain states are more socially isolated than other parts of the United States. Some also have speculated that the rate is higher because those with a pioneering spirit who migrate West may be disappointed when they arrive at their destinations and their high expectations aren't met," (p.105). In addition, the Western and Southern region high suicide rates may be related to the number of firearms available per capita (Portner, 2001). Wisconsin falls into the category of 5.7 to 6.3 suicides per 100,000 youths, aged 10 to 19. Something needs to be done to help decrease suicide in the United States' and ensure students a positive and healthy lifestyle. However, the actual suicide completion is not the only problem that our society is currently facing.

Again, completed suicides are only part of the problem. Even though "only seven percent of the total population of attempters will commit suicide, approximately 40-45% of those who complete the act of suicide have tried it before, sometimes only days or weeks before the lethal attempt" (*Risk Factors for Suicide*, n.d., ¶ 6). Another source stated that approximately, one third of teen suicide victims have made a previous attempt before actually completing the act of suicide (*Facts for Teens: Teen Suicide*, 2002). More people are hospitalized or treated and released as a result of suicide attempts than are fatally injured. While suicide is often viewed as a response to a single stressful event, it is a far more complicated issue. Suicide results from complex interactions between biological, psychological, social, and environmental factors (Anderson & Smith, 2003).

The percentage of choice method to complete a suicide differs between genders. According to Portner (2001), 67.3% of males tend to commit suicide by firearm most

often, followed by hanging/suffocation (23.4%), poisoning themselves (this also includes overdoses of medication and other substances; 4.5%), falling or jumping (1.4%), and other means (3.4%). Females on the other hand, use a firearm 51.9% of the time. Coming in behind firearms, is hanging/suffocation (23.7%), which is very similar to males. Unlike males, females have a greater chance of poisoning themselves, with a percentage of 17.8%. Females do use the method of falling or jumping 2.3% of the time and use an alternative method unnoted 4.2% of the time. As you can see, each gender will use similar means to take their life, but each method differs slightly. It is important to note that females are at risk to kill themselves more often by poisoning themselves or overdosing on medication. This method is one that females can get their hands on more readily. Males on the other hand tend to act more violently, which could be why they complete suicide five times more often than females, who attempt suicide nine times more often than males, (Kalafat, 1990). All things said any method of choice is still hard for others to comprehend.

Suicide evokes difficult and uncomfortable reactions in most people. Too often, victims are blamed and surviving friends and family members are left without any answers and a lifetime full of regrets for not helping the victim. Consequently, suicide is shrouded in silence. This limits the amount of available information that is crucial to suicide prevention activities and the associated risk factors (Anderson & Smith, 2003).

Research over the past several decades has uncovered a wealth of information on the causes of suicide and the strategies to prevent it. A study that was carried out by the Centers for Disease Control and Prevention (CDC) identified being offered illegal drugs in school, abused by a boyfriend or girlfriend, gender, and ethnicity were found to be new

risk factors (Bae, Ye, Chen, & Rivers, 2005). In addition, other risk factors that are often related to suicide are: impulsivity, depression (whether generalized or specific), relationship breakups, divorce, and any disappointment can become a risk factor that, combined with other risk factors, can lead to suicide ideation (Johnson, 1999). Lastly, King (1999) has found several other risk factors that Johnson (1999) did not include, which are: previous suicide attempts, low self esteem, being homosexual, coming from an abusive home, easy access to a firearm, low grades, and being exposed to suicide or suicidal behavior by another person.

According to Portner (2001), all schools conduct fire drills, and many have detailed plans for flooding, tornados, hurricanes, or earthquakes, but only on in ten schools have a plan to prevent suicide. Since suicide is the second leading cause of death for teenagers, don't you think schools should be making plans to save their school from such a tragedy? Portner (2001) went on to mention that it usually takes multiple deaths on school grounds to grab the administrators' attention, which is a sad thought. Portner (2001) concluded that "a quarter of the deaths on school grounds are suicides, and they tend to happen in highly public places, such as their classrooms or the school parking lot" (p. 48). Why should several students need to commit suicide before the school district begins to make some action plans against suicide? King, Price, Telljohann, Wahl (2000) stated that "teachers and other school professionals need to know the facts and most effective intervention and referral steps to undertake when confronted with a suicidal student. In addition, "these school professionals need to encourage students to help their peers find available support services when necessary" (p. 256). It is important to note

that "suicide is the third-leading killer of ten- to nineteen-year-olds in the United States, yet only one in ten schools has a plan to prevent it," (Portner, 2001, p.47).

Statement of the problem

The purpose of this study will be to find out how aware teachers in the state of Wisconsin are of identified suicidal warning signs/risk factors and how prepared they are to respond. Data will be collected during October 2006 through an online survey.

Research Questions

There are four research questions this study will try to answer. They are:

1. Are Wisconsin teachers aware of identified suicidal warning signs/risk factors?

2. Are Wisconsin teachers prepared to respond to the identified suicidal warning signs/risk factors?

3. Did the Wisconsin teachers have prior training on suicide before taking the survey? If so, how much training?

4. Was there any relationship between the teachers' awareness of identified warning signs/risk factors and preparedness to respond to the student?

Definition of Terms

There are several terms that need to be defined in order to gain an understanding on this topic. They are:

Awareness—The level of how informed or conscious teachers are of suicidal risk factors and warning signs.

Preparedness—The level of training teachers have received on suicide prevention.

Public—Any school in the state of Wisconsin who receives funding from the state.

Student—Children in grades 6 through 12, unless otherwise stated.

Suicide Attempt—Student tries to end their life, but is not successful.

Suicide Completion—Student successfully ends their own life.

Assumptions and Limitations

It is assumed that all participants know what suicide is and do not need to be provided with a definition. In addition, all participants will answer the survey questions openly and honestly, and not try to protect their school district for not providing any type of suicide prevention training.

Chapter II: Literature Review

This chapter will discuss identified suicidal risk factors; followed by the various warning signs and symptoms that appear in adolescents who are suicidal. In addition, appropriate responses/reactions to a suicidal student will be addressed. The chapter will conclude with different types of formal suicide prevention programs/training available to teachers.

Risk Factors

Suicide does not discriminate and pulls people who are upper-class urbanites, poor rural farm children, and middle-class kids crammed into minivans who become class presidents and get scholarships to Ivy League schools (Portner, 2001). There is no single group of people that are exempt, but there are risk factors that may help identify youth who may attempt suicide.

The researcher grouped the risk factors into the following categories: previous attempts, hopelessness, family history of suicide and mental disorders, alcohol/drug abuse, depression, stressful situation or loss, easy access to guns, exposure to other teenagers who have committed suicide, gender and ethnicity, and sexual orientation.

Previous Attempts

Youth who attempt suicide remain vulnerable for several years following an attempt. The risk of a suicide attempt is highest within three months following the first attempt (*Risk Factors for Suicide*, n.d.). According to Life Crisis Services, when looking at all age groups, there are 8 to 20 attempts for every completed suicide. On the other hand, there are 100 to 200 attempts for every completion in the adolescent population (*Risk Factors for Suicide*, n.d.).

Hopelessness

In today's society, youths have a lot of pressures placed on them and in turn, have a hard time managing themselves and becoming the people they want to be. They also have a need for power and control and when that is taken away from them, they tend to have a lack of interest in what they are doing and start to feel sluggish. This change in behavior makes it challenging for them to manage who they are. Kirk (1993) stated that, "expressions (either verbal or written) of excessive fatigue or being tired of life, school, or any other situation may reflect hopelessness, as may social withdrawal, isolation, fear, timidity, and inhibition" (p. 56).

Family History of Suicide and Mental Disorders

Youth can be influenced very easily since they have not yet experienced much in their life time. So, when they have a family member who has committed suicide or has a mental disorder, their children may have a higher rate of trying to do the same. Research shows that youth who kill themselves often had a close family member who attempted or committed suicide (*Facts for Teens: Teen Suicide*, 2002).

Alcohol/Drug Abuse

Although alcoholism has been correlated with 20-30% of all suicides, it is estimated that up to 80% of adolescent suicides are associated with alcohol consumption at the time of their death from suicide (*Risk Factors for Suicide*, n.d.). Kirk (1993) gave four statements on the relationship between substance abuse and suicide and they are as follows:

- Alcohol and drugs are often used to disinhibit and lower the internal controls of an already distressed and troubled youth.

- When alcohol is used to self-medicate, it stimulated a deeper state of psychophysiological depression as a central nervous system suppressant.
- Overdosing with drugs and alcohol is a common method of suicide used by adolescents.
- Parents and other family members of suicidal young people are often addicted to chemicals and therefore provide an unstable home life and model dysfunctional coping for their children. Young people also use their parents' drugs to overdose. (p. 59)

Depression

Depression in youth is often overlooked, unlike depression in adults, where they usually act sad and withdrawn, and teenagers act differently. According to Johnson (1999), "a depressed youth may develop bodily complaints—headaches, muscle aches—or behave in ways that are referred to as 'acting out,' such as skipping classes, failing to do homework, or simply doing poorly in school" (p. 7). In addition, clinically depressed youth are five times more likely to attempt suicide than their nondepressed peers, according to a fifteen-year study that tracked 73 depressed adolescents and compared them with peers who were not clinically depressed (Portner, 2001). Lastly, if a young person is depressed, either in reaction to a crisis or for reasons that are not apparent, he or she can be at risk of suicide (Johnson, 1999).

Stressful Situation or Loss

When a stressful situation or loss occurs, youth may not have the appropriate coping mechanisms, which may cause them to do something impulsively and suicide is an impulsive act some of the times. While impulsivity alone rarely leads to suicide, in

conjunction with other environmental hazards such as abusive parents, vicious classmates, or a loaded gun under the bed (Portner, 2001), it may increase self-destructive behaviors.

According to Crisis Life Services, there are several losses that may be associated with self-destructive behavior which are loss of personal or socioeconomic status, loss of face, loss of job/income, loss of physical or mental health, loss of self-esteem, and loss of a relationship through divorce/separation (*Risk Factors for Suicide*, n.d.). It is important to note that a recent break-up with a significant other may also cause the youth to attempt suicide. Again, it goes back to the youth not having the appropriate coping mechanisms and acting impulsively.

Easy Access to Guns

Youth are much more likely to kill themselves when they have access to guns. When teens shot themselves, they most often do so in their own homes (*Facts for Teens: Teen Suicide*, 2002). The Federal Bureau of Alcohol, Tobacco, and Firearms (ATF) reported that in 1960, 90 million guns were in circulation; in 1999, an estimated 200 million firearms were in private hands (Portner, 2001). Portner (2001) went on to state that "ATF, which traces gun purchasing patterns, says minors usually get handguns in one of three ways: by borrowing, stealing, or buying them illegally" (p. 19). So it is no secret why so many youth have access to guns this day and age.

Exposure to Other Teenagers Who Have Committed Suicide

Youth who have witnessed another youth commit suicide or heard about it through television have a higher risk of committing suicide themselves, which is sometimes referred to as cluster suicides. The youth may not have thought about suicide

as an answer to his/her current problems until he/she heard about someone else doing it. Johnson (1999) stated that adolescent suicides that occur in clusters in the same geographic area and over a short period of time are both puzzling and frightening. Portner (2001, p. 11-12) reported that,

> after the 1999 shootings at Columbine High School, which touched off weeks of intensive coverage by the national news media, there was a spike in teenage suicides across the nation, according to several experts. In Los Angeles County alone, six students killed themselves within six weeks of the shootings. In the four of those cases in which the students left notes, three mentioned Columbine as an inspiration.

As the researcher mentioned earlier, youth look to their peers for new ideas and can be influenced very easily. So if one student commits suicide, another student may mimic him/her.

Gender and Ethnicity

Girls are more likely to attempt suicide, but boys are more likely to be successful. The reason for this is that boys "tend to employ more lethal means, such as firearms and hanging, while girls favor more survivable methods, such as overdosing on pills. "About 17% of teenage girls overdose on pills, a method chosen by only four percent of boys" (Portner, 2001, p. 5).

In addition to gender, ethnicity has been found to be a new risk factor. In a study done by Bae, Ye, Chen, and Rivers (2005), their results showed a higher suicide rate for "Asian girls with odds of two times the corresponding odds for White girls after adjusting by other factors" (p. 4).

Sexual Orientation

Gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth are at higher risk for suicide than heterosexuals. According to Crisis Life Services (n.d.), "many gays and lesbians experience a loss of social acceptance from their families, friends, and employers because of their sexual orientation" (n.p.). Johnson (1999) found that suicides by gay youth constitute from 5% to 30% of completed youth suicides annually, and gay youth are two to three times more likely to attempt suicide than other young people.

Warning Signs & Symptoms

In addition to the many risk factors, there are many warning signs and symptoms that some suicidal students may exhibit. Portner (2001) states "contrary to common belief, about 80 percent of those who attempt suicide do exhibit signs," (p.106). Keep in mind that most people exhibit some, or even many, of these warning signs at different times in the lives, and never go on to commit suicide; however, others do (Marcus, 1996). No one single warning sign or symptom is a definite indicator of suicide, so it is important to look for a pattern and trust instincts (Portner, 2001). This is why it is important for teachers to be aware of the signs and symptoms students may exhibit before committing suicide. It cannot be thrown aside as a "normal" teenage behavior.

The researcher grouped the warning signs/symptoms into the following categories: changes in personality and physical appearance; changes in eating and sleeping habits; withdrawal and isolation; giving away prized possessions and getting life in order; decline in school work and attendance; written and verbal suicidal thoughts/ideation; and getting into trouble with authorities.

Changes in Personality and Physical Appearance

One signal that could lead to suicide is a dramatic change in a student's personality. Johnson (1999) reports watching for extreme mood swings, this includes violent or rebellious behavior, sudden cheerfulness, and sometimes alternating between the two. The sudden appearance of happiness and calmness is one to watch out for. This usually occurs a short while before the act of suicide is completed. The student is finally feeling some sort of relief. Along with the extreme mood swings, depressed moods also need to be taken into consideration. Students may also "display increased emotionality, and their moods may be restless, grouchy, aggressive, or sulky," (Guetzloe, 1991, ¶ 6).

In addition to personality changes, a student's physical appearance will also change. According to Kirk (1993), because of the nature of depressive symptoms, the depressed adolescent will usually manifest some physical deterioration. This deterioration may include, weight loss, fatigue, decrease in activity and personal hygiene, and frequent complaints of illness," (p. 58). Their personal appearance no longer paid attention to. This is extremely important to note if the student once took great pride in the way they dressed, so it is the unusual neglect of their appearance (*Facts for Families*, 2004) that needs to be addressed.

Changes in Eating and Sleeping Habits

This warning sign may be one that a teacher cannot have direct control or observation of, but they will notice if a student is coming in extremely tired or not eating a lot during lunch. This impaired ability to eat or sleep in common among students who are depressed or showing signs of depression. Kirk (1993) states "in particular, constant early morning awakening can indicate a serious problem—more so than the inability to

fall asleep at night. The adolescent becomes reluctant to join the family and friends at mealtimes, often playing with food distractedly," (p.58). The fatigued appearance and not paying attention is a strong signal that something else is going on.

Withdrawal and Isolation

Withdrawal from friends, family and regular activities is something that should not be treated lightly. The student is trying to isolate themselves from everything and everyone they have once loved. Also, King (1999) notes that a students' decreased activity levels or loss of interest in a once-pleasurable activity is a warning sign. In 2003, *The New York Times* (McFadden & Worth, 2003) ran a story about a young man who was a tall, good-looking, popular, star of the football and baseball team that committed suicide because of a break-up with a girlfriend. According to the article, this 17-year-old boy had been showing signs of withdrawal of physical activities for six months, but no one stopped to make sure this boy was alright. He was suffering and nobody noticed.

Giving Away Prized Possessions and Getting Life in Order

A clear signal that a student is going to be self-destructive is when they give away prized possessions. Kirk (1993) shows a wonderful example of what friends of a young woman found under the windshield wiper of her car an hour before she attempted to commit suicide (p.55-56):

If I share my gifts with you

Please hold them dear, hold them dear

Since I'm feeling kind of blue

Please guess the reason for my fear.

I'll hold our relationship close to me

But four's a crowd—never three.

Don't show my body to everyone

Such changes will occur

That only lovers WHO ARE NONE

Only say things with a slur.

Please divide my tapes equally

And let me go peacefully.

For what in life was hurt and pain

Now becomes something so very sane.

--Ruby

P.S. Give my car to the Community Action Club

In addition to a student giving away personal items that mean a lot to them, they may also be getting their life in order. By doing this, a student may be preparing their own will or arranging their funeral. This is a big sign that a suicide is soon to follow.

Decline in School Work and Attendance

Portner (2001) points out that teachers should be alerted when a students' grades are dropping or they have been missing a lot of school. This shows that the student no longer cares what he or she is doing at school. They may be physically in the classroom, but mentally they are in a different world. Besides their grades dropping, they may try cheating on some of their work (Johnson, 1999). Again, it will be an extreme change; going from an A student to a failing student in not that long of a time period.

Written and Verbal Suicidal Thoughts/Ideation

There are some verbal statements to watch for in a student who many be considered suicidal. Portner (2201) states that direct statements like the following need immediate attention: "I want to die," "I don't want to live anymore," "Life sucks and I want to get out," and "I hate myself." In addition, Portner (2001) states that indirect statements like the following can also give clues: "I want to go to sleep and never wake up," "They'll be sorry when I'm gone," and "Soon the pain will be over."

In addition to the verbal cues, written cues also need to be taken into consideration. These written cues may be in the form of poems, notes, and drawings, (Hosansky, 2004; Johnson, 1999; King, 1999; Seligman & Walsh, 2003). The students may leave these notes, poems, drawings, etc. in a strategic spot so a friend, parent, or teacher finds it.

These students will also have a preoccupation with death, which includes talk of hopelessness, helplessness, and/or worthlessness (Marcus, 1996). Kirk (1993) also mentions that students "dwelling on themes of death, dying, and permanent separation is common, and occasionally themes of the desire to be hurt may evolve," (p.57). Along with the obsession with death, they will exhibit sadness through postural problems, slow movement, inattentiveness, or "spaciness," (Kirk, 1993).

Getting into Trouble with Authorities

Getting into trouble with authorities, which could be the school principal or the police, is a warning sign. These students are not afraid of the consequences, whether it is the law or a school policy. They are will to try anything and everything because they do not care what happens to them afterward (Kalafat, 1990).

Appropriate Responses/Reactions

It is important for all staff members in a school district, to be equipped with the appropriate responses to a student who is suicidal. However, teachers are the school professionals who are spending the most time with students, which in turn allows them to get to know the students on a greater level. This is why teachers should be aware of the appropriate steps to take when a student comes to them with their suicidal thoughts or plan. In addition, teachers are then able to help the school counselor identify students who are potentially at risk for suicide (King, Price, Telljohann, & Wahl, 2000). This provides a more cohesive environment, where suicide prevention can be developed.

First, remember that panic or frantic behavior alarms other students or school staff. Inappropriate responses can cause reactions and rumors that are far worse than what should be created. So, it is really important to remain calm and show that the teachers and administrators are in control of the crisis (McKee, 1993).

When talking with a suicidal student, there are several things you should try and do while the student is talking to you. Following is a list of things that should be done (Koch, 2006, 5):

- Try to remain calm
- Do not judge, lecture, or yell
- Do not minimize the severity of the problem
- Try not to solve all the problems
- Listen attentively
- Do not promise secrecy
- Get help and a witness

- Do not leave the student alone
- Slow down process by getting the student to try and talk. You can ask these questions if you'd like:
    - What do you feel this way?
    - Do you have a plan?
    - How would you do it?
    - Where? How?
    - Do you have access to gun, pills, knife, etc. now?
    - If not, where would you get that?
    - Do you have a back-up plan?
    - How long have you felt this way?
    - Does anyone know you feel this way?
    - Have you attempted suicide before?
    - Have you thoughts about the funeral? The headstone? Cremation?
    - What do you think will happen when you are dead?
    - Have you written a note?
    - Has anyone in your family died by suicide?

There have been other ways that people respond to a suicidal student. King, Price, Telljohann, & Wahl (1999) found that teachers should respond the following way (p. 159):

- Do not promise to not tell the student's parents
- Should not have other students help them talk to the student
- Refer to the school counselor

- Listen to the student
- Do not attempt to take the lethal means away by force
- Contact the principal
- Remain with the student until he/she is in the custody of a legal guardian
- Ask the student why he/she feels suicidal
- Contact the parent(s)
- Contact the police

All of these correct responses can be summed up into four items, which is easier to remember. The SLAP method is a great way to evaluate a suicide plan. SLAP stands for: specificity, lethality, availability, and proximity (Shumate, 2005). Within these four words, you want to know how specific the details of their plan is, how lethal the method is, how available the method is, and what is the proximity of helping resources to the student (Koch, 2006).

Formal Suicide Prevention Programs/Training

Education on the topic of suicide is critical in the schools; however, not all school districts provide suicide prevention programs or short trainings on the subject. Students, staff members, and teachers must learn how to identify and response to a suicidal student, and the suicidal or troubled student needs to know what resources and options are available to them before it is too late (Kalafat, 1990). A comprehensive suicide program needs to include the following (Kalafat, 1990, n.p.):

1. Administrative policies and procedures. Include specific, written guidelines for dealing with at-risk students, attempts, completions, and students, returning to school after an attempt.

2. Informed faculty and staff members. All school personnel including support staff should be given an overview of relevant facts about adolescent suicide, the rationale for, and details of the school's response program: their guidelines for responding to troubled students; and the appropriate in-school and community resources.
3. Informed parents. Parents should be apprised of relevant information about adolescent suicide, the school's programs, their responsibilities, and school and community resources.
4. Informed students. Students can be provided with specific lessons presented within a health or family life curriculum.
5. Community liaison. Schools are not expected to deal with adolescents' suicide on their own. Ideally, the implementation of all the elements of a response program should be carried out along with consultants from local health, mental health, or crisis services.

In addition to the previous comprehensive suicide program, there are preventive programs broken down into several different categories published by the Centers for Disease Control (Johnson, 1999; Robbins, 1998):

1. School & Community Gatekeeper Training: This training is designed to help individuals identify students at risk of suicide and to refer to professional mental health services or to support schools' efforts to youth at risk.
2. General Suicide Education: Typically designed for students (can involve educators and parents also) to become aware of suicide and to encourage

self-referral for those with suicidal feelings. An effective program involves self-esteem and social competency development activities.

3. Screening Programs: Involves administering a risk assessment that looks at three areas: indicators of depression, stressors affecting students, and students' methods for responding to and handling difficult problems.
4. Peer Support Groups: Let teens help teens! A friend is often the first to hear about suicidal thoughts and plans, so forming a support group of students who have thought about suicide and those who have not. The hope of these groups is that at risk students will develop supportive friendships and learn better ways of coping with problems.
5. Hotlines and Crisis Centers: These provide students with emergency counseling, 24-hours a day. Many provide information and referral services in addition to crisis responses. Schools should make available hotlines or crisis centers available in the area for the students.
6. Means Restriction: Activities to reduce access to ways of committing suicide. Schools do not play a huge role in this, but districts are able to restrict items on school property (firearms, drugs, alcohol, etc.).

To have an effective suicide prevention program, students at risk for suicide need to be identified. Therefore, school professionals' ability to recognize suicide warning signs and risk factors is crucial in the prevention phase (Bachmann, 2004). According to Guetzloe (1991, n.p.),

> the primary role of all school personnel is to detect the signs of depression and potential suicide, to make immediate referrals to the contact person within the

school, to notify parents, to secure assistance from school and community resources, and to assist as members of the support team in follow-up activity after a suicide threat or attempt.

Lastly, besides these general programs, do not forget about National programs that are made available for all people. Such programs are Yellow Ribbon Suicide Prevention Program, SAVE (Suicide Awareness Voices of Education), National Strategy for Suicide Prevention, SAFE (Self-Abuse Finally Ends), and many more. All of these programs have websites, which are readily available for everyone.

Chapter III: Methodology

This chapter will discuss how the sample was chosen and include a description of the sample. In addition, the researcher will include information on the instrument that was used, along with how the data was collected and analyzed. The chapter will conclude with the limitations of the methodology.

Subject Selection

All middle and high school public teachers in the state of Wisconsin during October 2006 were invited to participate in this study. The researcher contacted 442 Wisconsin superintendents by email and asked them to forward the survey to their teachers if they so choose. According to the Department of Public Instruction (fall 2005), there are 38,569 middle and high school teachers in the state of Wisconsin. A total of 423 teachers filled out the online survey for this study. A calculated response rate is not available because there was no way to track how many teachers received the survey.

Instrumentation

The survey for this study was adapted from a previous suicide study created by Rachel Bachmann (2004). The questions developed for the survey were chosen by examining recent literature addressing the variables of interest in this study in the format used by Bachmann. Because this survey was revised and designed specifically for this study, there are no measures of reliability and validity (see Appendix B—for a copy of the survey).

The online survey consisted of 21 questions and/or statements. The first six statements addressed demographics in order to gain information on the subjects' background. The demographic statements addressed the subject's age, gender, highest

educational level attained, teaching grade level, number of years working in the profession, and the number of students in their school district.

Items one through four addressed the subjects' level of suicide prevention and intervention awareness. The items addressed the subject's education and/or training on suicide prevention and/or intervention; whether or not the school has a crisis intervention team; whether or not the school's curriculum addresses suicide prevention; and whether or not the teachers have ever had a student express suicidal thoughts or intention.

Items five through fourteen were statements used to measure the subjects' opinions on a Likert scale of strongly disagree (1), disagree (2), neutral (3), agree (4), or strongly agree (5). The statements addressed suicidal risk factors and warning signs, along with other information relating to prevention and intervention.

The final item was an open-ended question about the subject's opinion of what the role of the school plays along side suicide. Each subject could write whatever he or she wanted in this question.

Data Collection

Data was collected through an online survey distributed during the fall semester of 2006. The researcher emailed (October 8, 2006) all 442 superintendents in Wisconsin public schools, and asked them to forward the consent letter and survey link to all middle and high school teachers. The last day they could fill out the survey was October 22, 2006. When the survey closed, 423 teachers had responded to the survey addressing student suicide.

Data Analysis

Ordinal, nominal and ratio scales of measurement were used in the survey. The data was analyzed by UW-Stout's Research and Statistical Consultant. Frequencies, percentages, and valid percentages were used on all scales. A crosstabulation, chi square, and independent t-test analysis were all utilized in the analysis of the raw data.

Limitations

Because the survey was only emailed to Wisconsin superintendents, some teachers may not have received the link to the survey, which was the only way the survey could be completed. In addition, some school districts may not have received the researcher's initial email containing the consent letter and survey link because the most current list of superintendent's email addresses the Department of Education could supply was from the fall of 2005. Also, since the topic of suicide can be difficult to address at times, some teachers might have chosen not to participate. As long as the superintendent forwarded the researcher's email, all middle and high school teachers in the state of Wisconsin were given the opportunity to participate.

Chapter IV: Results

The purpose of this study was to find out how aware Wisconsin teachers are of identified suicidal warning signs/risk factors and how prepared they are to respond. Data was collected from an online survey in October 2006 of middle and high school public school teachers.

This chapter will include demographic information, item analysis, and will answer the research questions: are Wisconsin teachers aware of identified suicidal warning signs/risk factors; are Wisconsin teachers prepared to respond to the identified suicidal warning signs/risk factors; did the Wisconsin teachers have prior training on suicide before taking the survey, if so, how much training; was there any relationship between the teachers' awareness of identified warning signs/risk factors and preparedness to respond to the student?

Demographic Information

The researcher gathered the needed email addresses from the DPI and emailed 442 Wisconsin public school superintendents with the survey link in October 2006. Fifteen of the emails were returned "undeliverable." There were 423 teachers who filled out the online survey. Due to the anonymous nature (no identifying information) of the study, response rate cannot be calculated.

The online survey consisted of 21 questions and/or statements. The first six items addressed demographics in order to gain information on the subjects' background. The demographic items addressed the subject's age, gender, highest educational level attained, teaching grade level, number of years working in the profession, and the number of students in their school district.

Of the 423 respondents, 262 (67.7%) were female and 125 (32.3%) were male. The age of the participants were distributed as follows: 72 (18.6%) were aged 20-30 years old, 114 (29.5%) were aged 31-40 years old, 90 (23.3%) were aged 41-50 years old, 107 (27.6%) were 51-60 years old, and 4 (1.0%) were 61 years old or older. The most frequent age group was 31-40 years old.

Participants were asked to indicate the highest educational level they have attained. Of the 423 participants, 1 (0.3%) received a high school diploma, 3 (0.8%) received an associates degree, 153 (39.7%) received a bachelor's degree, 220 (57.1%) received a master's degree plus graduate credits, 5 (1.3%) received their doctorate, and 3 (0.8%) received their educational specialist degree.

The participants were asked to check all grade levels taught. Of the 423 respondents, 103 teach sixth grade, 146 teach seventh grade, 149 teach eighth grade, 190 teach ninth grade, 209 teach tenth grade, 220 teach eleventh grade, and 212 teach twelfth grade.

In addition to the previous demographic information, the participants indicated the number of years working in the profession. The number of years working in the profession ranged from 0 to 37 years. The most frequent number of years working in the profession was 10 years and the mean was 15 years. The distribution of years working in the profession was 0-5 years (n = 74), 6-10 years (n = 83), 11-15 years (n = 63), 16-20 years (n = 53), 21-25 years (n = 36), 26-30 years (n = 32), 31-35 years (n = 36), 36+ years (n = 5), and 41 participants did not respond to this question.

Lastly, the participants were asked to approximate the number of students in their school district. The number of students ranged from 89 to 15000 students. The most

frequent number of students was 1200 students and the mean was 1843 students. Table 6 shows the distribution of the number of students per school district.

Item Analysis

Item 1 asked the participants what education or training on suicide prevention and/or intervention that have had previous to filling out the survey. Of the 423 respondents, 68 have not received any education or training on suicide prevention and/or intervention and 355 have received education/training on the subject. Of the 355 participants who received suicide education or training, 35.2% (n = 125) received suicide training from college, 46.2% (n = 164) from workshops or conferences, 36.1% (n = 128) from on the job training, 47.6% (n = 169) from in-service programs, 41.1% (n = 146) from professional journals, 51.0% (n = 181) from the media, 20.0% (n = 71) from another source.

Item 2 asked the participants if their school had a crisis intervention team. Of the 423 respondents, 59.1% (n = 250) answered yes, 21.3% (n = 90) answered no, and 19.6% (n = 83) did not respond to the question. In addition, participants were asked to indicate who was on the crisis intervention team. Various answers included teachers, administration, guidance counselor, school psychologist, police liaison officer, school nurse, custodian, secretary, support staff, school social worker, special education teacher, school board member, librarian, community clergy, and police department.

Item 3 asked the participants if their school addresses suicide prevention in their curriculum. Of the 423 respondents, 42.3% (n = 179) answered yes, 36.4% (n = 154) answered no, and 21.3% (n =90) did not respond to the question. If the participants answered yes, they were asked to list the subject area that addressed suicide issues in the

curriculum. Various answered included health, classroom guidance, short unit in English, family and consumer science, social studies, family living, sociology, psychology, life skills, homeroom, humanities, and physical education.

Item 4 asked the participants if a student had ever expressed to you suicidal thought or intent. Of the 423 respondents, 40.2% (n = 170) said yes, 51.4% (n = 180) said no, and 17.3% (n = 73) did not answer the question.

Items 5-14 were general statements used to measure the subjects' perceptions on a Likert scale of strongly disagree, disagree, neutral, agree, and strongly agree. The statements were designed to measure teachers' understanding, perceptions, and awareness of student suicide.

Item 5 was eliminated due to a typographical error in which "strongly disagree" appeared twice, leaving out strongly agree.

Item 6 on the survey stated "it is the role of the school to identify students at risk of suicide." Of the 423 participants, 0.9% (n = 4) strongly disagreed, 5.0% (n = 21) disagreed, 23.4% (n = 99) were neutral, 42.6% (n = 180) agreed, 9.9% (n = 42) strongly agreed, and 18.2% (n = 77) did not respond to the statement.

Item 7 on the survey stated "I am aware of the risk factors of youth suicide." Of the 423 participants, 0.7% (n = 3) strongly disagreed, 5.7% (n =24) disagreed, 10.4% (n = 44) were neutral, 48.9% (n = 207) agreed, 16.3% (n = 69) strongly agreed, and 18.0% (n = 76) did not respond to the statement.

Item 8 on the survey stated "I am aware of the warning signs and symptoms of youth suicide." Of the 423 participants, 0.5% (n = 2) strongly disagreed, 5.9% (n = 25)

disagreed, 16.5% (n = 70) were neutral, 43.7% (n = 185) agreed, 15.4% (n = 65) strongly agreed, and 18.0% (n = 76) did not respond to the statement.

Item 9 on the survey stated "I feel I could intervene with potentially suicidal students." Of the 423 participants, 2.8% (n = 12) strongly disagreed, 9.0% (n = 38) disagreed, 25.1% (n = 106) were neutral, 30.5% (n = 129) agreed, 14.2% (n = 60) strongly agreed, and 18.4% (n = 78) did not respond to the statement.

Item 10 on the survey stated "few suicides happen without some warning." Of the 423 participants, 2.6% (n = 11) strongly disagreed, 12.5% (n = 53) disagreed, 9.5% (n = 40) were neutral, 45.2% (n = 191) agreed, 11.8% (n = 50) strongly agreed, and 18.4% (n = 78) did not respond to the statement.

Item 11 on the survey stated "suicidal attempts are merely attention-seeking mechanisms." Of the 423 participants, 17.7% (n = 75) strongly disagreed, 46.6% (n = 197) disagreed, 9.7% (n = 41) were neutral, 7.1% (n = 30) agreed, 0.7% (n = 3) strongly agreed, and 18.2% (n = 77) did not respond to the statement.

Item 12 on the survey stated "suicide is preventable." Of the 423 participants, 0.5% (n = 2) strongly disagreed, 1.4% (n = 6) disagreed, 17.5% (n = 74) were neutral, 50.1% (n = 212) agreed, 12.8% (n = 54) strongly agreed, and 17.7% (n = 75) did not respond to the statement.

Item 13 on the survey stated "talking about suicide causes students to think about or commit suicide." Of the 423 participants, 20.6% (n = 87) strongly disagreed, 44.9% (n = 190) disagreed, 13.9% (n = 59) were neutral, 2.1% (n = 9) agreed, 0.5% (n = 2) strongly agreed, and 18.0% (n = 76) did not respond to the statement.

Item 14 on the survey stated "school counselors are the only people who should work with suicidal students." Of the 423 participants, 21.5% (n = 91) strongly disagreed, 49.9% (n = 211) disagreed, 6.4% (n = 27) were neutral, 3.8% (n = 16) agreed, 0.7% (n = 3) strongly agreed, and 17.7% (n = 75) did not respond to the statement.

Item 15, the last question on the survey, asked the participants "in your opinion, what is the role of the schools in suicide prevention?" Of the 423 participants, 26.5% (n = 112) did not respond to the question. The participants' responses will be discussed in the next chapter.

Research Questions

This section will include analysis of the research questions.

Research Question 1-Are Wisconsin teachers aware of identified suicidal warning signs/risk factors?

Survey items 7 and 8 dealt with this question. The results indicated that a majority of the participants were aware of the warning signs and risk factors. According to independent groups t-test, with the level of education as the independent variable (bachelors or less, n = 135; masters or more, n = 210), the results indicated that there was statistically significant difference found for item 7 ($t = -4.040$; $df = 343$; $p = .001$). In addition, significance was also found for item 8 ($t = -4.830$; $df = 295$; $p = .001$). From the significant differences, the researcher is 99% confident that the higher the education of the participant, the greater the knowledge of suicidal risk factors and warning signs.

Research Question 2-Are Wisconsin teachers prepared to respond to the identified suicidal warning signs/risk factors?

Survey item 9 dealt with this question. The results indicated that a majority of the participants (44.7%) felt they were prepared to respond to suicidal warning signs/risk factors. According to independent groups t-test, with the level of education as the independent variable (bachelors or less, n = 135; masters or more, n = 208), the results indicated that there was statistically significant difference found for item 9 (t = -2.395; df = 341; p = .05). From the significant differences, the researcher is 95% confident that the higher the education of the participant, the greater the chance the teacher will intervene with a suicidal student.

Research Question 3-Did the Wisconsin teachers have prior training on suicide before taking the survey? If so, how much training?

Survey item 7 dealt with this question. The results indicated that of the 423 respondents, 68 have not received any education or training on suicide prevention and/or intervention and 355 have received education/training on the subject. Of the 355 participants who received suicide education or training, 125 (35.2%) received suicide training from college, 164 (46.2%) from workshops or conferences, 128 (36.1%) from on the job training, 169 (47.6) from in-service programs, 146 (41.1%) from professional journals, 181 (51.0%) from the media, 71 (20.0%) from another source not listed.

Research Question 4-Was there any relationship between the teachers' awareness of identified warning signs/risk factors and preparedness to respond to the student?

Survey items 7, 8, and 9 dealt with this question. The results indicated that of the 423 participants, 65.7% (n = 276) feel they are aware of the risk factors of youth suicide. In addition, 59.1% (n = 250) of the participants believe they are aware of suicidal warning

signs and symptoms. However, of the 423 participants, only 44.7% (n = 189) feel they could intervene with potentially suicidal students.

Chapter V: Discussions, Conclusions, and Recommendations

This chapter will include a discussion of the findings in this study, a summary of important results, and recommendations for further research.

Discussion

There is no single group of people who are exempt, but there are risk factors that may help identify youth who may attempt suicide. In addition to the many risk factors, there are many warning signs and symptoms that some suicidal students may exhibit. Because no one single warning sign or symptom is a definite indicator of suicide, it is important to look for a pattern and trust instincts (Portner, 2001). This is why teachers need to be aware of the risk factors, warning signs and symptoms students may exhibit before committing suicide. The researcher's results show that some teachers are aware of these, but it is important to note that the more education a teacher has, the more confident they feel when a suicidal student appears in their classroom.

Besides being able to identify risk factors and warning signs, it is important that teachers and all school professionals receive more education or training on suicide prevention and intervention. According to Portner (2001), all schools conduct fire drills, and many have detailed plans for flooding, tornados, hurricanes, or earthquakes, but only one in ten schools have a plan to prevent suicide. The researcher's results showed that not even half (42.3%) of the schools surveyed addresses suicide prevention in the curriculum.

In addition to not addressing suicide prevention in the curriculum, not all schools participating in the survey (26.5%) have a crisis intervention team. Even if the participant answered that their school had a crisis intervention team, they still did not

know who was on the team. A crisis team should consist of a diverse group of school professionals, such as the principal, counselors, teachers, and school nurse (King, 2001).

Conclusions

Overall, the findings of this study suggest that teachers in the state of Wisconsin are knowledgeable and aware of student suicide. While encouraging, there are still 16.8% (n = 71) of the 423 participants who were unaware of suicidal risk factors and 22.9% (n = 97) who were unaware of suicidal warning signs & symptoms. In addition, 40.2% of the participants had students express suicidal thoughts or intent to them, but only 44.7% of all teachers reported that they thought they could intervene with potentially suicidal students. The results also indicate that teacher gender was significant in whether a student confided to him/her of suicidal thoughts; Female teachers were more likely to have students confide such problem to them than were male teachers.

Approximately 74% (n = 250) of the participants knew that their school had a crisis intervention team. Of those 250 teachers, approximately 100 teachers had no idea who was on their crisis intervention team. From those that knew who was on the team, the members consisted of teachers, administration, guidance counselors, school psychologists, police liaison officers, school nurses, custodians, secretaries, support staff, school social workers, special education teachers, school board members, librarians, community clergy, and police departments. From these results, it appears that schools' crisis intervention teams are not highly visible or known, as is the prevention plan that the team has in place.

Lastly, the results demonstrate that more education and training should be available for teachers and any school professional. Of the 423 respondents, 68 had not

received any education or training on suicide prevention and/or intervention and 355 had received education/training on the subject. Only 35.2% (n = 125) of participants received suicide training as part of their post secondary education/training. Furthermore, results indicated that more than 50% of the teachers received their knowledge of student suicide from the media! Clearly, the availability of suicide education on prevention and intervention is needed.

Recommendations

Results from this study indicate that more education is needed to increase teacher's awareness of suicidal risk factors, warning signs, and symptoms. This could be delivered through in-service trainings on suicide prevention and intervention for all school professionals, not just teachers.

In addition, the results illustrate that not all teachers are aware if their school has a crisis intervention team, or even who is on the team. All teachers and staff members should be made aware of this team and the plan this team has in place. This is important because everyone in the school should know who to approach if a student expresses suicidal thought or intent to them. As the results showed, not all teachers feel they are qualified to intervene with a suicidal student. This is where the knowledge of the crisis intervention team becomes critical.

Lastly, teachers know that school counselors are not the only people who should be working with suicidal students and that the school has a role in preventing suicide. If teachers and staff can be more aware and knowledgeable on the subject of suicide, maybe the results from a 1997 national survey which found that "every year, one in thirteen high school students—or about 6 million kids—say that they have seriously

considered suicide by the time they graduate" (Portner, 2001, p. 4) could be reduced. Educators need to take it upon themselves to increase their awareness of student suicide. Suicide is not ranked tenth as the leading cause of death in Wisconsin and second leading cause of death for young people aged 15-24 for no reason.

Recommendations for Further Research

The researcher adapted the survey from a previous study on youth suicide, which may have had its own limitations. The survey only inquired about the schools' role in preventing suicide and did not mention how families and community members could be of help. A collaborative effort including all parties would provide a better understanding on how student suicide can be prevented. Therefore, research which would validate the reliability of the survey instrument used in this study as well as others could prove useful. Most important, expanding the research to include the perceptions, knowledge and education of all personnel in the K-12 school environment would provide depth to the existing body of literature.

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Appendix A: Consent Letter

This research has been approved by the UW-Stout IRB as required by the Code of Federal Regulations Title 45 Part 46.

Wisconsin's Middle & High School Public Teachers' Awareness and Preparedness to Address Student Suicide

Jennifer Kading of the Guidance and Counseling Program at the University of Wisconsin-Stout is conducting a research project titled, "Wisconsin's Middle & High School Public Teachers' Awareness and Preparedness to Address Student Suicide." She would appreciate your school district's participation in this study. **If you would be so kind to forward this email to all middle and high school (6th-12th grade) teachers in your district that would be greatly appreciated.**

It is not anticipated that this study will present any medical or social risk to you. The information gathered will be kept strictly confidential and any reports of the findings of this research will not contain your name or any other identifying information.

Your participation in this project is completely voluntary. If at any time you wish to stop participating in this research, you may do so, without coercion or prejudice.

The survey, which contains 21 items, will be submitted electronically to the researcher and should not take you more than 15 minutes to complete. The last day to complete the survey is October 22.

This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact: Sue Foxwell, Human Protections Administrator, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 152 Voc Rehab Bldg, Menomonie, WI, 54751, phone (715) 232-1126.

Questions or concerns about the research study should be addressed to Jennifer Kading, the researcher, (218) 590-1483 or Dr. Denise Zirkle-Broulliard, the research advisor, (715) 232-2599.

Click on the link below to access the survey:
http://www2.uwstout.edu/GeneralSurveys/TakeSurvey.asp?SurveyID=9129941K898KG

THANK YOU FOR YOUR HELP!

Appendix B: Online Survey

Teachers' Awareness & Preparedness of Suicide

Page 1: Demographic Information (Please check the response that pertains to you.)

What is your age?

- ☐ 20-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61 +

Gender:

- ☐ Female
- ☐ Male

Highest educational level attained:

- ☐ Associates degree
- ☐ Bachelors degree
- ☐ Masters degree
- ☐ Doctorate degree
- ☐ Other, please specify:_____

Teaching grade level (check all that apply):

- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade

- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade

Number of years working in the profession: _____

What is the approximate number of students in your school district? _____

Page 2: Suicide Awareness & Preparedness (please answer each question that best represents your opinion.)

1. What education or training on suicide prevention and/or intervention have you had? (check all that apply)

	Yes	**No**
College education	☐	☐
Workshops/conferences	☐	☐
On-the-job training	☐	☐
In-service programs	☐	☐
Professional journals	☐	☐
Media	☐	☐
Other	☐	☐

2. Does your school have a crisis intervention team?

- ☐ No
- ☐ Yes—please list, by title, who is on the team: _____

_____

3. Does your school address suicide prevention in the curriculum?

- ☐ No

- ☐ Yes—please list subject area where suicide issues are addressed in the curriculum: _____

4. Have you ever had a student express to you suicide thoughts or intent?

- ☐ No
- ☐ Yes—how did you respond? _____

_____

Page 3: Suicide Awareness & Preparedness (please answer each question that best represents your opinion.)

5. Youth suicide is a serious issue.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Disagree

6. It is the role of the school to identify students at risk of suicide.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

7. I am aware of the risk factors of youth suicide.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

8. I am aware of the warning signs and symptoms of youth suicide.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

9. I feel I could intervene with potentially suicidal students.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

10. Few suicides happen without some warning.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

11. Suicidal attempts are merely attention-seeking mechanisms.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

12. Suicide is preventable.

- ☐ Strongly Disagree
- ☐ Disagree

- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

13. Talking about suicide causes students to think about or commit suicide.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

14. School counselors are the only people who should work with suicidal students.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly Agree

Page 4: Suicide Awareness & Preparedness (please answer this item to the best of your knowledge.)

15. In your opinion, what is the role of the schools in suicide prevention? _____

_____

_____

_____