Instructional Design: Suicide Prevention Curriculum for Students

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**Rationale**

Students in the United States today are at a very real risk for feeling as though they should kill themselves or knowing someone who feels this way. Suicide is the third leading cause of death in people aged 10-25 with about 4,600 young people dying each year (Center for Disease Control and Prevention, 2014). Schools are in the unique position of having the opportunity to inform young people about suicide and depression to protect them while proactively seeking to prevent this type of tragedy from occurring within their district. This double- purpose for prevention can be effectively carried out by a collaboration of educational professionals within the school system, and is most appropriately approached by the school counselor who has a background in mental health and wellness.

The following instructional design details a three-day instructional unit to be given to all freshman in a high school. In the first year of this program, this information will have to be delivered to all levels. The three day unit will be continued yearly in the fall for the freshman so that all student cohorts will be aware of the risks and reality of suicide and suicide prevention. Designed to facilitate a constructivist classroom, the following basic lesson plans have been organized to work toward student attainment of proposed outcomes while encouraging active student engagement with a very heavy topic. Because this topic is so personal, it is imperative that students actively engage with it so that they can come to a better understanding of their own plan of action for a friend, family member, or themselves should they feel this way. As a school counselor, I feel that it is important to respect my personal counseling philosophy in the classroom in the same way I would in a personal counseling session with a student. As a counselor who strongly believes in appreciating the moment, participating in the here and now, and honoring the individual experience in relation to all of mankind, a constructivist classroom is the most appropriate choice for me to interact with and teach my students (Chiarelott,2006). The basic model provides a solid framework for student learning while allowing for plenty of student questions throughout the lesson.

**Measurable Unit Outcomes**

Unit Length: Three days

Measurable Unit Outcomes categorized by Bloom's taxonomy (Chiarelott, 2006):

1. Students will exhibit understanding of risk factors, warning signs, and statistics for suicide and be able to identify them in pretend scenarios- *application*
2. Students will exhibit a knowledge of community resources and school resources for help in this situation for themselves or for a friend- *knowledge*
3. Students will be able to discern between myths and facts about suicide and comprehend the reasons someone would choose to kill themselves. This will include building empathy and understanding for people in this situation.- *comprehension, analysis*
4. Students will have the ability to communicate with someone who may be suicidal and have a plan for reaching out to a trusted adult with this information. They will partner up and practice this. -*application.*
5. Students will create a plan of action in case of emergency for their friends and classmates if they are suicidal or have attempted suicide.- *synthesis*
6. Students will create a project to show how they plan to relieve stress and anxiety outside of the classroom and in the classroom. This can be a video, a paper, or demonstration of their chosen stress reliever (eg. yoga demonstration). -*synthesis*

**Pre-assessment**

The pre-assessment for this unit will aim to ascertain the level of knowledge students already have about this topic. Knowing the baseline data will ensure that I can cover all of the necessary topics while also giving me a comparison point for post-assessment data.

It will also be used for school counseling purposes of keeping data and tracking the influence the classroom guidance has on the student knowledge and mindset. Without comparing pre and post assessment data, it is impossible to tell if there has been enough of a positive impact to keep the unit the way it is for future students. This data allows for school counselors to evaluate their program, make alterations as needed, and inform interested stakeholders about specific, measurable impacts they have had on the student body.

The pre-assessment will be administered on the first day of the unit. It will be a brief, 10 question survey. The assessment will take a maximum of 5 minutes. An explanation of the purpose for pre and post assessments will be given to ensure that students are honest about their answers and that they know that they are not being graded. Their pre-tests will be private and need to be turned in individually to respect confidentiality. The answer key is located after the post-test.

Pretest

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle your answer the true or false following questions to the best of your ability in the most honest way possible. You will not be graded on this assessment and your answers will remain private.

|  |  |  |
| --- | --- | --- |
|  | True | False |
| 1. I know at least three trusted adults that I could go to if I was worried about myself or someone else. | T | F |
| 2. There are always no warning signs for suicide. | T | F |
| 3. Suicide is the 3rd leading cause of death for youth aged 10-25. | T | F |
| 4. Asking someone if they feel like killing themselves will make them do it or give them an idea. | T | F |
| 5. I can tell the school counselors anonymously about a friend I am concerned about. | T | F |
| 6. All students who self-harm want to kill themselves. | T | F |
| 7. Male suicide rate completion is higher than the female rate. | T | F |
| 8. There is a more popular time of the year for people to kill themselves. | T | F |
| 9. Depression can be a biological problem, not just situational. | T | F |
| 10. If I am really worried about a friend, it is okay to call 911. | T | F |

List three places you can go to for help if you or someone you care about is feeling like hurting themselves:

1.

2.

3.

**Lesson Plan 1**

**Content to be learned:**

Introductory information about suicide and suicide prevention, as well as resources within school and community.

**Unit outcomes:**

1. Students will exhibit understanding of risk factors, warning signs, and statistics for suicide and be able to identify them in pretend scenarios. *application*

2. Students will exhibit a knowledge of community resources and school resources for help in this situation for themselves or for a friend- *knowledge*

3. Students will be able to discern between myths and facts about suicide and comprehend the reasons someone would choose to kill themselves. This will include building empathy and understanding for people in this situation.- *comprehension, analysis*

**Lesson Objectives:**

Students will be able to have a foundation of information about suicide and suicide prevention to build upon for the next two lessons of the unit.

**Time Allotment:** 55 minutes, or one class period.

**Procedures:**

1. **Have students complete pre-assessment.** *3 minutes*
2. **Introductory Activity:** Have each student introduce themselves and Introduce school counseling, ask if students understand what a school counselor does. After brief discussion about the role of a school counselor, transition into first activity by talking about how guidance and proactive prevention is part of your job.
3. **Developmental Activity** *30 minutes*
   1. Ask students "What is your perception of people who choose suicide?"
      1. What reasons might they have?
   2. Have them watch the TED talk by Mark Henick- "Why we Choose Suicide" (https://www.youtube.com/watch?v=D1QoyTmeAYw)
   3. At the end, have students re-answer the perception question. What does Mark mean by collapsed perception? What are your reactions to this clip? What are some things that came up for you?
      1. When he said "nobody would even know you're gone" what were your thoughts? How do you think this feels?
   4. What are some ways that we can help according to Mark? What are some of your other ideas?
      1. Stop saying "committed suicide." Medication, psychotherapy, visiting mental health professionals can help others. Take charge of our own mental health- be your advocate. Challenge the old perception of suicide.
      2. Tell a parent. Talk to the friend of family member and tell them how much you love them and how much they will be missed.
4. **Concluding Activity** *20 minutes*
   1. Bring out the ASCA and suicidology worksheet about facts and myths about suicide (Located in appendix A). Read each of the bullet points as a question, and then talk about the actual answers to each one. It is not necessary to completely read the answer to each question, as long as there is a general idea of the answer.
      1. Explain briefly how antidepressants work in a very biological way.
         1. Neurons communicate within your brain to create thoughts, feelings, memories, motion, the very essence of your being. They talk to each other with chemicals. There are billions of neurons in your brain, so as you can imagine, it takes a little time for them to talk to each other. Not long enough for you to notice, but long enough that your brain is constantly seeking ways to speed it up and simplify. This means that your brain notices patterns and adapts to them, creating quick passage ways of communication.
         2. Neurons use chemicals to communicate. Chemicals, known as neurotransmitters, also control your feelings. If something gets you really down, certain chemicals will be released. This is the same for happiness. If neurotransmitters for sadness are constantly released for sadness over and over, your brain will cling to that pattern and it will be incredibly hard to break this pattern. This is the biochemical imbalance that contributes to depression.
         3. Depression medication helps get this back to a healthy balance, encouraging more "happy" neurotransmitters to have a chance to carry their message. This balance starts the path to helping someone recover. The person will also need to learn new thinking patterns and coping mechanisms so that the same old brain patterns don't re-develop and cause the same depression. This is hard! Medication is only the first step, but it can be essential for some people.
         4. School Counselors do not proscribe medication.
   2. Ask if there are any questions before you go to the next period, tell them your office hours as a school counselor.

**Materials/Resources Needed**

* Wireless access and technology needed to play the YouTube video.
* Board for writing and necessary utensil (chalk for chalk board, marker for wipe board, etc.)
* A print out of this lesson plan to refer to prompts necessary to guide conversation about YouTube video.
* A print out of the ASCA and Suicidology myths and facts sheet.

**Lesson Plan 2**

**Content to be learned:**

Learn how to have a productive conversation about suicide with a friend or family member.

**Unit outcomes:**

1. Students will exhibit understanding of risk factors, warning signs, and statistics for suicide and be able to identify them in pretend scenarios. *application*

2. Students will exhibit a knowledge of community resources and school resources for help in this situation for themselves or for a friend- *knowledge*

3. Students will be able to discern between myths and facts about suicide and comprehend the reasons someone would choose to kill themselves. This will include building empathy and understanding for people in this situation.- *comprehension, analysis*

4. Students will have the ability to communicate with someone who may be suicidal and have a plan for reaching out to a trusted adult with this information. They will partner up and practice this. -*application.*

5. Students will create a plan of action in case of emergency for their friends and classmates if they are suicidal or have attempted suicide.- *synthesis*

**Lesson Objectives:**

* Talk about anything that was unclear from the day before.
* Practice talking with a friend about suicide.
* Engage in discussion of resources within the school for themselves or their friends.
* Gain understanding of what kind of secrets are okay to keep.

**Time Allotment:** 55 minutes, or one class period.

**Procedures:**

1. Ask if there are questions from the prior lesson. *5 minutes*
2. **Introductory Activity:** Review of yesterday to complete today's activity. *15 minutes*
   1. Go over some of the common signs that someone may be feeling very depressed or may be considering suicide. First ask students for some of these, then cover any that were not mentioned. For more visual learners, have these on a slide or poster board to reveal once you have reviewed them.

# Verbal Clues (taken from American Association of Suicidology & American School Counseling Association, n.d.)

* + 1. Direct statement about suicide such as “I want to die.” Or, “I am going to kill myself.”
    2. Indirect or subtle statements indicating a wish to die, of hopelessness and helplessness, or that all problems will soon be solved. Examples are: “I want to go to sleep and never wake up.” “I should never have been born.” “Soon I won’t have to deal with this anymore.” “You would be better off without me.”

# Behavior Clues and Behavior Changes, Indicators of depression

* + 1. Sadness and crying
    2. Withdrawal from social contacts, isolation
    3. Disinterest in previous activities, hobbies, sports, or school
    4. Inability to complete assignments, drop in grades,
    5. Lack of energy
    6. Change of sleep or eating patterns
    7. Neglect of personal hygiene and personal appearance
    8. Giving away prized possessions, making final arrangements
    9. Unusual mood shifts
    10. Impatience or impulsivity
    11. Prior suicide attempts
    12. Increase use of drugs or alcohol
    13. Taking risks, frequent accidents
    14. Saying “good-bye”
    15. Reoccurring death themes in written or artistic expressions
    16. Disorientation, disorganization, confusion
    17. Grief over loss of a significant relationship, including break-ups with boyfriends and girlfriends.
    18. Distress over school failure
    19. Poor communication or relationship with parents
    20. Plan or attempts to secure the means
  1. EMPHASIZE that although their friend may be depressed and need help, they may not be suicidal. Either way, it is important to try to get them help.
  2. Who can they reach out to?
     1. Parent, school counselor, teacher, priest or other religious figure, emergency personnel, school nurse, suicide hotline, older sibling, other relatives, friends.
     2. This is important: this secret is not worth keeping. Part of the problem with both struggling with internalizing and externalizing deep pain like this resides in the fact that often close friends know, but they don't say anything because they are worried about betraying their friends. It is a choice between honoring a promise and potentially losing a life. They will eventually forgive you.

1. **Developmental Activity** *25 minutes, 5 for each scenario and 10 for discussion*
   1. The current classroom teacher and the school counselor will then demonstrate a scenario for the class. The teacher will be given the following scenario to act out, and the school counselor will work with them to come up with a plan as if she were a fellow student, and then as a school counselor. The teacher will read the scenario aloud before acting it out. This way the students have an example of the kind of language to use and also know what it would be like to interact with the school counselor if this were something that would happen to them or a friend.
      1. Make sure that the student's friend is empathetic, doesn't just let the topic drop, emphasizes his desire to help his friend, and doesn't leave the kid alone until he agrees to talk to an adult and promises to talk about it afterwards. He can even go with him if possible.
      2. Alex is a 3 season athlete- he plays a sport every season. He's a vibrant sophomore who has a lot of friends and thoroughly enjoys hanging out with friends and meeting up after practice. He does well in school, he passes all of his classes with at least a "C" average. Recently he has started to miss occasional practices because he is tired. He has become extremely impulsive and agitated both at home and at school, and gets defensive when someone tries to talk about it. He has made comments like "it would be easier if I just weren't here" and "I wish I could just go to sleep and never wake up." His grades are dropping and he is facing ineligibility for his favorite sport of the year- track. His ineligibility doesn't seem to faze him at all.
   2. Now students should be paired up and given scenarios and take turns being the student and being the student's friend. The teacher will read the scenario aloud, and then the students will do the first round. Then the teacher will read the second scenario, and the students will switch roles and practice this scenario. They should pretend this is a real situation and think about their plan of action for a friend or family member.
      1. Scenario 1: Mel is a freshman. She is a transfer student and has been having trouble fitting in the new school, it is hard to make new friends in a sea of people who already have connections with each other. She finally finds a group of friends a month into school, and is very excited. She starts to have a crush on one of the boys in her group of friends. Another girl in the group also has feelings for him, and begins to send anonymous mean messages to Mel online and spreads rumors about her. Mel's twitter starts blowing up with crazy rumors about her, and she gets extremely overwhelmed and depressed. Her transition has already been hard enough, but now she has no idea why people dislike her so much. She starts to miss school and do poorly in her classes. Sometimes she comes out of the bathroom and looks like she has been crying, but will not say anything about it. She tweets something about how she is glad she is alone tonight because she wants to just end it all without her parents around. What do you do?
      2. Scenario 2: Nick is a senior who has been accepted to community college but didn't make the cut for his favorite state school. His grades during his high school career weren't that great and he is now realizing that all of his slacking off is really hurting his ability to do the things he wanted to. He has always been interested in partying with his friends, but he has started to drink on his own nightly in his room while he plays video games. At first you didn't notice, but it's gotten so bad that his gaming skills have been off and he slurs when you guys talk on your headsets while gaming. He talks about how he just wants to shoot himself with the family gun because the games are so stupid, and tells you that he knows where the ammo is. He also tells you that if he dies you are allowed to have all of his video games. The next day in school you notice that he is still drunk first period. He is tired, and tells you that he hasn't really been sleeping at night. What do you do?
   3. Have a group discussion. What specific things did students notice that were red flags for them about their partner? Who did they try to go to? Did their friend resist help? How did they handle this? Any questions about how this could translate into real life? What is their plan of action?
2. **Concluding Activity** *10 minutes, or as needed. May end early.*
   1. Mental Health vs. Mental Wellness.
   2. Taking care of yourself! Homework for tonight: come up with a way that you are going to start taking care of yourself. This can be a list, a padlet, a powerpoint, a poster, a dance, a playlist of music, a painting, a hobby, a demonstration of your favorite physical activity, or whatever you can think of.
      1. Needs to be a real thing- doesn't have to take a lot of time for you to come up with, but it needs to be a real strategy. Write down three reasons why this will work for you. Going to talk about it tomorrow.

**Assessment/Evaluation Strategy**

This will be informal. Evaluate what you hear in the group discussion, listen to the individual discussions about the scenarios. Make sure what they are saying is accurate and helpful.

**Materials/Resources Needed**

Preferred method to display all of the symptoms to look for in a depressed individual.

Ability to read scenarios and also to display them on the board or elsewhere. (Print out directions)

**Lesson Plan 3**

**Content to be learned:**

Ways in which students can relieve stress and make sure that they are focusing on their own mental wellness.

**Unit outcomes:**

6. Students will create a project to show how they plan to relieve stress and anxiety outside of the classroom and in the classroom. This can be a video, a paper, or demonstration of their chosen stress reliever (eg. yoga demonstration). -*synthesis*

**Lesson Objectives:**

* Have students share their projects
* Practice a bit of mindfulness
* Talk about school priorities
* Emphasize

**Time Allotment:** 45 minutes, or one class period.

**Procedures:**

1. **Introductory Activity:** *5 minutes*
   1. Any questions about previous days? Concerns?
   2. Clarify anything you haven't gotten to or was not answered earlier.
2. **Developmental Activity** *35 minutes. 25 for sharing, 7 for the mindfulness, 3 for video*
   1. Have all students move to sitting in a circle formation. Have them share their stress relievers with the class and tell a little bit about why they chose these things and how they work for them. Teacher and School Counselor must also share.
   2. Tell the students you are going to do a mindfulness activity. You should be very still while reading these prompts in a calm and steady voice. Pace yourself, this whole exercise should take a total of 7 minutes.
      1. Have everyone close their eyes, put hands palms down on their knees.
      2. Listen to the sounds of the classroom (point out the air conditioning, other sounds of the room).
      3. Think about your body and where it is. How are you sitting? Think about your feet. Your ankles...are they crossed? Are your shoes tight on your feet? Your hands. Are they cool? Warm? Heavy? Light? Does your stomach feel hungry? Full? Nauseous? Does your chest feel tight or open? Does your neck feel tight? How does your head feel?
      4. Focus on your breathing. In, out, in, out. Are you breathing slow? Fast?
      5. Is your mind wandering? Don't be upset about this, just take note and bring it back to your body, to this moment, to your breath. Everything outside of this moment will be ready for you when you return. Take stock of this. We will try this for a minute silently.
   3. What was mindfulness like? What do you think is the purpose? Would you do this on your own?
   4. Watch this movie if there is time as a little pump up: https://www.youtube.com/watch?v=RwlhUcSGqgs
3. **Concluding Activity** *5-10 minutes.*
   1. Take post assessment.
   2. Express your thanks for their cooperation, mention your open office hours and your willingness to be available. Have students take post test.

**Assessment/Evaluation Strategy**

Post test. Compare to pretest scores.

**Materials/Resources Needed**

Ability to play the YouTube video.

A way to sit in a circle for all students to see each other while they present.

Post-Tests

**Post-Assessment**

The post-test will be composed of essentially the same questions as the pre-test. This will be used for data collection purposes to show growth in knowledge because of the classroom guidance. This will also be used to assess whether or not certain students should be met with individually to discuss certain topics for further discussion. Due to the nature of data collection for school counseling, it is best if the questions are the same to show specific growth in knowledge. The students will not be graded on this post-test.

This post-test will only take 5 to 10 minutes. Following the academic evaluation, there will be a short portion on the post-assessment that will differ from the pre-assessment. The purpose of this portion will be to ask students in a private way if they need help from a school counselor for themselves or for a friend. This will be a quick measure that school counselors can use to meet with students over the next few days about students of concern that they may not of otherwise known about.

The post-test will need to be collected individually and compared to the pre-test scores. Showing an increase in understanding can be conveyed to the community and to the principal to show the efficacy of the program and to show that the program included what you were hoping to cover with the students.

Post-test

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle your answer the true or false following questions to the best of your ability in the most honest way possible. You will not be graded on this assessment and your answers will remain private.**

|  |  |  |
| --- | --- | --- |
|  | True | False |
| 1. I know at least three trusted adults that I could go to if I was worried about myself or someone else. | T | F |
| 2. There are always no warning signs for suicide. | T | F |
| 3. Suicide is the 3rd leading cause of death for youth aged 10-25. | T | F |
| 4. Asking someone if they feel like killing themselves will make them do it or give them an idea. | T | F |
| 5. I can tell the school counselors anonymously about a friend I am concerned about. | T | F |
| 6. All students who self-harm want to kill themselves. | T | F |
| 7. Male suicide rate completion is higher than the female rate. | T | F |
| 8. There is a more popular time of the year for people to kill themselves. | T | F |
| 9. Depression can be a biological problem, not just situational. | T | F |
| 10. If I am really worried about a friend, it is okay to call 911. | T | F |

**List three places you can go to for help if you or someone you care about is feeling like hurting themselves:**

1.

2.

3.

**Please circle one of the following.**

Have you ever thought about harming yourself? yes no

If yes, has this been within the last year? yes no

last month? yes no

Are you experiencing some of the symptoms we mentioned about depression? yes no

Do you have a friend you are worried about and would like to speak with a counselor? yes no

Would you like to speak to a counselor? yes no

Other comments, questions, or concerns:

**Answer key for Pre-Test and Post-Test**

1. varies, hopefully true by the second time around.

2. F

3. T

4. F

5. T

6. F

7. T

8. F

9. T

10. T

References

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Appendix A

Frequently Asked Questions About Suicide

Developed in conjunction with the American Association of Suicidology (www.suicidology.org)

1. What are the warning signs of suicide?

By far the majority of suicidal young people give warning signs of their despair. Some estimate, as many as 80% of those thinking about suicide let others know of their intent because they are ambivalent and want others to be aware of their emotional pain and stop them from dying. A warning sign does not automatically mean a person is going to attempt suicide but it should be taken seriously.

Verbal Clues

Direct statement about suicide such as “I want to die.” Or, “I am going to kill myself.”

Indirect or subtle statements indicating a wish to die, of hopelessness and helplessness, or that all problems will soon be solved. Examples are: “I want to go to sleep and never wake up.” “I should never have been born.” “Soon I won’t have to deal with this anymore.” “You would be better off without me.”

Behavior Clues and Behavior Changes

Indicators of depression:

Sadness and crying

Withdrawal from social contacts, isolation

Disinterest in previous activities, hobbies, sports, or school

Inability to complete assignments, drop in grades,

Lack of energy

Change of sleep or eating patterns

Neglect of personal hygiene and personal appearance

Giving away prized possessions, making final arrangements

Unusual mood shifts

Impatience or impulsivity

Prior suicide attempts

Increase use of drugs or alcohol

Taking risks, frequent accidents

Saying “good-bye”

Reoccurring death themes in written or artistic expressions

Disorientation, disorganization, confusion

Grief over loss of a significant relationship, including break-ups with boyfriends and girlfriends.

Distress over school failure

Poor communication or relationship with parents

Plan or attempts to secure the means

2. Who is at risk?

The risk for an attempt is high (about 1 in 10) but the risk for a suicide death is rarer (about 1 in 10,000). The Surgeon General’s Call to Action lists risk factors for all ages as:

Bio-psycho-social

Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders

Alcohol and other substance abuse disorders

Hopelessness

Impulsive and/or aggressive tendencies

History of trauma or abuse

Some major physical illnesses

Previous suicide attempt

Family history of suicide

Environmental

Job or financial loss

Relational or social loss

Easy access to lethal means

Local clusters of suicide that has a contagious influence

Socio-cultural

Lack of social support and sense of isolation

Stigma associated with help-seeking behavior

Barriers to accessing health care, especially mental health and

substance abuse treatment

Certain cultural and religious beliefs (for instance, the belief that

suicide is a noble resolution of a personal dilemma)

Exposure to, including through the media, and influence of others

who have died by suicide

Additional risk factor information may be found at www.suicidology.org.

3. How can school personnel help students who are at risk?

School personnel can be helpful to students who are at risk for suicide by offering care and support. Encouragement and attention from a teacher can break the sense of isolation that often accompanies suicidal ideation. All adults working with school children, including support staff, can help students develop coping skills and should become aware of the suicide risk factors and warning signs enabling them to identify a student who is thinking about suicide. The next step is to express concern and ask what the student’s intent is. School procedures will require all school personnel to refer a suicidal individual to someone trained in suicide prevention or a mental health professional who will then provide crisis counseling and notify the parents.

The school counselor has additional responsibilities when a suicidal student is referred to the counseling office. At least one counselor on staff needs to have crisis intervention counseling skills, be able to assess the risk that an attempt will be made, and to be familiar with community resources to refer the family.

The administrator’s role is to provide staff development opportunities for counselors to receive crisis intervention training and for all the staff to receive suicide awareness training that includes suicide warning signs and school policies and procedures.

The school nurse is often the first to be aware that a student may be considering suicide because students may seek out a nurse when they are not feeling well. All suicide attempters need to be seen by the school nurse, if there is one available, prior to being sent for additional medical attention outside the school.

4. What is the school counselors’ role when a student does complete suicide?

The school counselor has a vital role in the postvention efforts following a completed suicide on or off campus. The objectives of postvention activities are to prevent contagion and to get emotional and practical help for those students and staff that need it. If the school has a crisis team, the counselor is usually a member of the team and helps carry out the strategies of the school’s crisis plan. The counselor should be knowledgeable of crisis management best practices and postvention strategies and contribute to the development of school crisis plans.

The counselor can be most helpful in identifying students who are close friends and classmates who may need grief counseling either individually or in a group. A community resource list, both private (when permitted by the school district’s policies) and non-profit, needs to be kept current. Postvention guidelines will recommend forming structured support groups and following the deceased child’s schedule to meet with classmates. The counselor can check on vulnerable students and those who have attempted or threatened suicide in the past because a completed suicide of a classmate heightens the risk of an additional suicide.

The counselor may be involved in other assignments following a death such as assisting the principal in writing a letter to parents, making a home condolence visit, offering counseling support for fellow staff, raising awareness of suicide warning signs, helping to plan any school donations following suicide postvention principles and attending the funeral. For further postvention guidelines see the AAS Postvention Guidelines document.

The above responsibilities would be difficult for a counselor who knew the student personally and is mourning the loss. In that case, it would be best for a counselor from another school or another trained crisis team member to step in for the counselor.

5. How can schools and communities work together to prevent suicide?

The Centers for Disease Control recommends that each community form a central committee or task force of local leaders and agencies to address suicide prevention. Local mental health agencies, crisis centers, clergy, health departments, medical organizations, injury prevention agencies, the schools and other interested community entities should develop goals and strategies to prevent suicide.

The first step of the committee would be to conduct a surveillance of suicide attempts as well as completions. This can help identify community problems and create solutions that may bear on youth suicide. The committee can then become an advocate on issues affecting young people by recommending changes in the community’s environment. Some areas have a Child Death Review Team that serves in this function.

The committee could organize community suicide awareness sessions and promote training for the community mental health and medical professionals.

Community members may have expertise in suicide prevention that could be shared with the schools during staff development. Joint efforts to promote family education and child development are helpful. The committee can work with the schools to ensure the availability of treatment facilities and other referral resources for at-risk students. The committee could also be available to assist with postvention efforts to respond to attempts and completions.

6. What percentage of school aged children commit suicide?

Suicide is the third leading cause of death for ages 15-24 and the third leading cause of death for children 10-14 years old. These figures may be an underestimate of the actual numbers. There were 3,971 suicides between the ages of 15-24 in 2001, 10.9 each day or one every 2 hours and 12 minutes. The rate among children aged 10-14 is 1.6 per 100,000, the rate for children aged 15-19 is 9.7 per 100,000, and the rate for young people aged 20-24 is 14.5 per 100,000. You can expect around one teenage suicide a year for a school district with a high school enrollment of 9,700.

7. What do I do if a student tells me they want to commit suicide?

Counselors should take the threat seriously and spend time responding to a student’s disclosure of suicidal intention with sound crisis intervention counseling techniques. Crisis counseling techniques include active listening to the emotions. Active listening decreases the intensity of the emotions and forms a trusting relationship between the counselor and student. Many counselors learn how to do an initial assessment of risk for a suicide attempt. A high risk assessment would indicate the necessity of emergency protection for the suicidal student. A “no-suicide contract” may be used to put off a suicide attempt and to solidify the counselor’s commitment to help. However, even if a “no-suicide” contract is made, seeking further help is usually indicated. Parents always need to be notified and involved in the action plan unless there is suspicion of child abuse. Child Protective Services (Child Welfare Agency) must be contacted if there is suspicion that notifying parents would increase the danger for the child. No student should be left alone until the parents have been notified and an action plan that addresses the source of stress is agreed upon with continuing support from the counselor. Referral to a community mental health professional is usually appropriate. Inform an administrator and document all decisions and actions taken.

8. What are the ethical obligations of school counselors once the youth has been identified as suicidal or has attempted or completed suicide?

Once a suicidal student has come to the attention of a school counselor, the counselor is ethically bound to carry out the school policies and procedures and to use his or her training and skills to prevent the suicide attempt. This includes not leaving the student alone, notifying the parents, assisting with referrals to seek additional help and completing the necessary documentation. If there is a completed suicide the counselor must assist those who are affected by the death and counsel those who are most vulnerable to prevent additional suicides.

There is no ethical obligation to keep the suicide threat, attempt or completion confidential. The school counselor may decide to disclose this information on a need-to-know basis.

9. How do schools work with parents to ensure that appropriate services are provided for a suicidal student?

It can be frustrating for the school to make a referral when the family decides not to take their child for further help. Parents may not have the funds, ability to provide transportation to the services, trust mental health professionals and/or simply not have the time because they are working two jobs and have other siblings to care for. Sometimes the parents do not believe the child is going to carry out the threat and is just trying to get attention.

The counselor should try to convince the parents that the situation is dangerous and that they have an obligation to get help. The counselor needs to provide a community referral list of mental health providers and help make arrangements for the appropriate services, both public and private, if the school district permits private referrals. It is preferable for the family to make their own follow-up appointment, though there may be circumstances, with the parent’s permission, that the counselor will need to make contact with the referring agency and schedule the initial visit. Ask the parents to let the school know when an appointment is made and to check in after the first appointment to let the counselor know how it went. Get written permission from the parents to communicate with the mental health provider.

The counselor’s role then becomes supportive. It is not the school’s responsibility to provide therapy. However, if the parents do not get help and the counselor thinks there is continuing danger because of high risk, the family can be reported to the authorities or child protective services for neglect.

10. Can the school, district, and/or counselor be sued by families after an attempted or completed suicide?

The school district and the individual counselor (or other school staff) are legally in jeopardy if the district’s policies and procedures are not followed. Families can always bring suit but rarely win. Ordinarily, public schools are immune from legal recourse. Private schools are not as well protected. Of the few cases that have been won by families it is when the parents have not been notified of a threat or attempt. However rare these lawsuits are, the counselor needs to be prudent by following the school policies and documenting actions that were taken.

11. What are the different ethnic and gender rates of suicide attempts and completions?

The National Center for Health Statistics reports the following rates per 100,000:

White Male………………………19.5

White Female………………….….4.6

Nonwhite Male……………..……..9.3

Nonwhite Female………………….2.1

Black Male………………………...9.2

Black Female……………………....1.7

Hispanic……………………………5.0

The “Surgeon General’s Call to Action To Prevent Suicide” indicates that males under the age of 25 are much more likely to commit suicide than their female counterparts. The gender ratio for people aged 15-19 is 5:1 (males to females). The reverse is true for suicide attempts. Females attempt suicide around 3 times more often than males.

12. What methods do those attempting and completing suicide most often use? How do these methods vary by gender?

Almost 65% of suicide deaths are committed with firearms. Weapons are lethal and do not leave much chance for intervention. Boys are more likely to use a gun and girls choose drug overdose more often. That accounts for some of the difference in suicide rates between the genders because drugs are not as lethal. A recent alarming trend for girls is the increase in hanging as a means of suicide.

13. What role does the media play, specifically in copycat suicides?

Research indicates a connection between certain ways of reporting and an increase in suicides. In the vast majority of instances, reporting a suicide by the media will not result in a copycat suicide. A consortium of agencies dedicated to the prevention of suicide has published a document, “Reporting on Suicide: Recommendations for the Media”. A copy of the full report can be found on the AAS website: www.suicidology.org. Research found an increase in suicide by readers or viewers when:

• The number of stories about individual suicides increases.

• A particular death is reported at length or in many stories.

• The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast.

• The headlines about specific suicide deaths are dramatic.

14. Are there certain times of the year that have higher suicide rates?

Yes, but it is very slight. Contrary to popular belief, the suicide rate does not increase during the Christmas holidays. There is a small increase in spring.

15. What can be done to reduce the stigma of suicidal and depressed students?

This objective is one of the national strategies for suicide prevention. Schools could look to the county or state public health department, mental health association, or mental health and mental retardation agency for leadership. The strategy would be to increase the availability of information through public awareness campaigns including public service announcements, spokespersons, brochures and conferences. The message is that mental health is fundamental to overall good health and mental illnesses do respond to effective treatment. Suicides should not be normalized nor be viewed as a failure.

16. What screening and prevention programs have been proven effective?

There needs to be further evaluation and research to prove the effectiveness of school suicide prevention programs. The Center for Substance Abuse Prevention Model Programs and the Department of Education Best Practices has outlined dimensions for choosing effective prevention programs: http://www.modelprograms.samhsa.gov.

The Task Force for Child Survival and Development has identified 37 exemplary practices in “Next Steps”. http://www.taskforce.org. The programs are listed according to their focus:

1. School as environment/organization

2. School curriculum and educational activities

3. School as access point

4. School as service provider

5. Special needs schools

Programs that take a comprehensive approach seem to be most effective. These programs involve suicide awareness and gatekeeper training, policies and procedures, and community outreach. They include prevention, intervention and postvention efforts. The more successful programs are supported by the administration, include experts in prevention and have the commitment of the whole staff. Programs that attempt to do only one aspect of prevention often have limited or no demonstrable changes and are often short lived.

17. What is the relationship between mood disorders and suicide?

There is a connection between mood disorders and suicide. Over 90% of suicide victims have a significant diagnosable mental disorder at the time of their death. These are often undiagnosed, untreated or both. (See #2 above.) However, the vast majority of youth with a mood disorder will not die by suicide. Over the life time of adults, those with clinical major depression have about a 15% chance that they will kill themselves.

18. Are LGBTQ youth at high risk for suicide?

Yes. The exact risk is somewhat controversial. According to the Surgeon General’s “Call to Action to Prevention Suicide”, it has been widely reported that gay and lesbian youth are two to three times more likely to commit suicide than other youth and that 30% of all attempted or completed youth suicide are related to issues of sexual identity. There are no empirical data on completed suicides to support such assertions, but there is growing concern about an association between suicide risk and bisexuality or homosexuality for youth. LGBT youth have many additional stressors, often related to coming out or to being harassed.

19. What biological factors increase risk for suicide?

A decrease in the neurotransmitter, serotonin, has been proven to increase the likelihood of depression which is related to high risk for suicide. Identical twins reared apart have a higher correlation for suicide than the general population. There may be some brain abnormalities and hormonal combinations that are related to suicide. Research in this area is promising.

20. Does alcohol and drug use/abuse increase the risk for suicide among youth?

Yes. Drug use and substance abuse are highly correlated to the risk for suicide, especially among youth.