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Preparing Educators to Teach Suicide Awareness Classes - A New Approach

by

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Preparing Educators to Teach Suicide Awareness Classes - A New Approach" submitted by Janet Ruth Arnold in partial fulfillment of the requirements for the degree of Master of Science.

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ABSTRACT

Procedures for training educators to teach suicide awareness classes primarily focus on the information that will be taught to students. The intent of the study was to identify other issues which are important for suicide awareness presenters to be aware of, and to develop a training program and workshop which included these issues. The program was then evaluated using a non-equivalent comparison group pretest-posttest design.

The four dimensions which formed the core of the training program were (a) attitudes about suicide, (2) important characteristics found in successful presenters, (3) teaching techniques for suicide related material, and (4) risk assessment and crisis management skills. It was believed that knowledge in these dimensions would increase the level of comfort which participants had with regard to teaching suicide awareness classes.

Evaluation of the program was based upon measures on four test instruments, two of which were developed for this study. The Presenter Comfort Scale, and the Teaching Techniques questionnaire were developed and used in addition to the Suicide Intervention Response Inventory [SIRI] and the Suicide Prevention Center Assessments. The Presenter Characteristics questionnaire was also developed for this study. This instrument was used to provide information

about one area of the program and was not used in program evaluation.

Results showed that the Suicide Awareness Presenter Training Program was successful in terms of achieving its objectives. Participants in the program had significantly higher posttest scores on all tests, with the exception of the SIRI.

Based on the findings of the study, recommendations were made to further investigate the concept of presenter comfort level and to determine how comfort level affects the success of suicide awareness presentations. It was also recommended that future research be carried out with the Suicide Awareness Presenter Training Program to determine its influence on actual teaching behavior.

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DEDICATION

To my parents,

two people who really know how to share their love,

and who, by the way they live their lives,

have shown me what a precious gift life is.

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Introduction

Due to the increased concern about suicide and the recognition of education as a means to help curb the incidence of suicide, numerous education programs have been developed for use in schools. These programs are intended to help students and school staff become aware of the topic of suicide, and to provide information which could be used to prevent young people from killing themselves.

Suicide education programs have been thoroughly researched in terms of content and format. As a result, suicide programs are consistent in these areas. One issue which has received little or no attention is the training and preparation of those who conduct these classes in schools.

It is important to look into this issue because people who conduct suicide classes are just as essential to the success of such presentations as the information being presented. It would be an important contribution to the field of suicide education to examine the training procedures that are currently in place for suicide awareness presenters and to determine what improvements can be made.

In most cases, the only help which is available to suicide awareness presenters comes in the form of program manuals which provide lesson plans outlining the information that is to be taught. Because suicide is a topic which is

not routinely discussed, and because other issues are often involved in giving presentations (eg. the possibility that a student is considering suicide, or knows someone who attempted or died by suicide), it is important that presenters have more information than that which they get from manuals.

There is more to giving a suicide awareness presentation than just knowing the material to be presented. It is important that program developers and the presenters themselves understand the special circumstances and concerns that are related to suicide presentations. Many of these issues are not considered in program manuals, or if mentioned, are only touched upon superficially. This fact alone means that those people who are preparing to become presenters are missing some critical information.

Presenters need to know what to teach but they also need direction in terms of how to teach the material in the most effective way possible. Presenters should also be apprised of the situations that can occur during a presentation and they should be made aware that they may be identified by students as being a source of help. Most importantly, presenters and those involved in their training need to be aware that suicide presentations involve more than just reciting information.

Suicide is a topic which cannot be discussed without touching upon other issues. Personal experience with suicide, societal values about suicide, ethics, religion, science, psychology, medicine, and a host of other issues and subjects

are all connected with suicide. The complexity of the topic of suicide can be overwhelming to those who are expected to talk about it to students. For this reason, it is essential that individuals who will be giving suicide presentations have as much information and knowledge at their disposal as possible.

Suicide is a topic unlike most others which are taught in schools. Suicide classes deal with the basic issues of life and death, and as such, must not be taught as one would teach a math or science class. The issue of suicide is one that touches emotions and fears, therefore it must be taught with compassion and understanding. It is also a topic which many people are uncomfortable talking about.

The issue of comfort is an important one in terms of suicide awareness classes, and in terms of the people who will be conducting these classes. Despite its importance it is an issue which has not been included in research pertaining to suicide awareness programs. It is helpful to explore this issue further and to determine why it is an important factor in the training and preparation of suicide awareness presenters.

The Importance of Presenter Comfort Level

The comfort level of suicide awareness presenters is important because it will have an effect on the success of the presentations they conduct. A high level of comfort indicates that the presenter is at ease discussing the topic of suicide

and feels prepared to handle the activities involved in presenting a class on suicide awareness.

Due to the sensitive nature of the material, presenters must be comfortable with the topic of suicide (Fitchette, 1982; Hill, 1984). When students identify a presenter as being comfortable talking about suicide, three things can occur. Firstly, students will participate more in the class and will learn more as a result of this increased participation. Secondly, there would be a greater chance that the presenter would be identified as being someone who could help a student in distress. This would increase the likelihood that a suicidal student would receive appropriate help. Thirdly, students who have the opportunity to discuss suicide in a relaxed and open manner may feel more comfortable themselves talking about suicide outside of class. This may result in the spread of important information to students who may not otherwise have a chance to learn it.

Suicide awareness presenters need to feel comfortable and confident about their presentation. Without enough background information and preparation with regards to issues beyond the facts that will be presented, it would be difficult for the presenter to feel adequately prepared.

Suicide is an issue which most people are uncomfortable talking about. Because of this discomfort, it is even more important that people leading discussions on suicide be at ease with the topic. Comfort level will increase when presenters are fully aware of all of the issues specific to

suicide awareness classes. This can only happen if they are given the opportunity to have training which provides them with all of the information that is necessary for them to feel prepared to do their task to the best of their ability.

The Purpose of the Study

The purpose of this study is to develop and evaluate a suicide presenter training program which will give potential presenters the background knowledge and support they need to be able to give effective suicide awareness presentations. Comfort, in terms of teaching something, is related to the level of knowledge one has about the issue to be taught. The more one knows about a subject, the more comfortable one will be educating others about that subject. It would follow then, that the amount of training and knowledge that presenters receive with regards to teaching suicide awareness classes will have an effect on how comfortable they are teaching such classes.

Current literature on the subject of training suicide awareness presenters will be reviewed in order to identify those areas which are important aspects of presenter training, but which do not include basic suicide information. The issues identified in this process will then be used to form the basis for the development of the Suicide Awareness Presenter Training Program.

The unique aspect of this training program will be that it focuses on issues that go beyond the usual content of suicide awareness manuals. It is thought that knowledge of these issues will contribute to an increase in the level of comfort a presenter has with regards to performing the tasks involved in teaching suicide awareness classes. Therefore, the primary objective of this training program is to increase presenter comfort level.

Presenter comfort is thought to have a direct effect on suicide awareness presentations. In this way, the more comfortable presenters are giving presentations, the more effective the presentations will be. An effective presentation is one in which the audience feels comfortable interacting with the presenter, the audience is kept interested through the use of a variety of presentation methods, and the audience learns the information that is given.

For the purpose of this study, evaluation will be based on the subjective experience of the individuals who receive training with this program. Because the primary goal of the program is to increase the presenter's level of comfort in giving a presentation, this will be the focus of evaluation. In order to determine whether or not the program was successful in providing information related to the issues covered, it will be necessary to evaluate changes in participant knowledge with regards to these issues. It may be beneficial for future research to examine the effect of

this program on actual presentation behavior.

Contributions of this Study to the Field of Suicide Education

This area of study is important to the field of suicide education because it remedies a large gap in the present training of suicide awareness presenters. Much more than the distribution of information is involved in a suicide presentation. This fact has been ignored. The presenter is an integral part of any suicide awareness presentation, and up to now this role has been taken for granted. The importance of having well trained presenters who are competent in areas beyond basic suicide information needs to be addressed.

Suicide awareness programs are now becoming a standard part of the education system. An example of this can be seen in Calgary where the Board of Education has developed compulsory units in suicide prevention for grade nine health and grade eleven career and life management classes (Holmstrom, 1989). It is important to the welfare of all students that the people who teach suicide awareness classes have the most comprehensive training possible. Suicide is not an area in which the education of young people can be compromised.

This study hopes to clarify the special needs of people who will be presenting suicide awareness programs to students. It also intends to meet these needs through a specially

developed training program which will be designed and evaluated. This training program will be based on a workshop format, and as such, is not intended to be used in the same way as other training manuals. Most program manuals are designed to be read, this program will be designed to be experienced.

The Suicide Awareness Presenter Training Program will not focus on the information that will be presented to classes. However, some of this information is included briefly when it relates to the issues discussed in the program. It is hoped that this program could be used in conjunction with the different suicide awareness programs that are presently in use. Various communities have already developed program curriculums and teaching manuals which are successful in terms of providing information about suicide. The program to be developed could be used to supplement the information covered in these materials. The benefit of this combination would be that the individuals who receive training which uses both types of programs would be better informed and more competent presenters. In this way, everyone would benefit. The presenters would be more comfortable conducting the classes, and the students would experience the best presentations possible.

Chapter Two

Literature Review Concerning Suicide Education

Suicide awareness has become an important part of the education process. It is helpful to understand why this is so and how schools can be used in efforts to decrease the numbers of young people who turn to suicide. It is also necessary to determine what steps have been taken in these efforts and what programs have been established to assist in the education process. In order to determine how these programs operate, one must first evaluate the training of the people who are conducting the suicide awareness programs.

The process of training individuals to conduct suicide awareness presentations in schools is a complex one. There are many issues which must be addressed. Previous research in the area of adolescent suicide has provided a great deal of information which is valuable for the understanding of the process of teaching adolescents about suicide. Most of this work has focused on the content of the presentations, with little emphasis placed on information specifically designed to help program presenters. The material that is missing deals with background information and knowledge that would help presenters be more fully prepared to discuss the issue of suicide.

This section will examine research which has been done in the field of suicide awareness education. The need for suicide awareness classes will be explored, and the content

of suicide awareness programs will be discussed. Information pertaining to methods used to train presenters will be described in the following chapter. This discussion will investigate four issues which have been identified as being important to the preparation of presenters. These issues are: (1) self awareness with regards to death and suicide related issues, (2) personal characteristics of the presenter and the effect of these qualities on the presentation, (3) presentation strategies and techniques, and (4) training in suicide risk assessment and intervention skills.

The information included in this section comes from the literature on school suicide awareness programs and suicide intervention training programs. There has been no published material, as far as the author is aware, that concerns itself solely with methods used to train suicide awareness presenters in the school setting. Most of the research on school programs focuses on the type of information presented, the change in knowledge level of participants in school based programs, the number of referrals to counsellors or suicide crisis centres, or the suicide rate of communities and schools who have suicide education programs. Little, if any, research has been done on those individuals who actually present the material. This study hopes to contribute some useful data to an area which has been sorely neglected.

Suicide - A Growing Concern

Adolescent suicide is an issue of growing concern in today's society. In order to have an accurate understanding of the number of people who are affected by adolescent suicide, concern must be given to the number of young people who die by suicide, as well as to those who make non-fatal attempts, and those who think about ending their lives.

The number of young people who die by their own hand is now thought to have reached epidemic proportions (B.P. Allen, 1987; Seidon, 1984; Stupple, 1987), and according to Stupple (1987) this trend is likely to continue. "At present, suicide by adolescents amount to about one-fifth of all suicides yearly in the Western world" (Diekstra & Moritz, 1987, p. 14).

In terms of suicide attempts, it has been estimated that one in every ten teenagers will attempt suicide by the age of twenty (Cole & Brotman, 1985; Suicide Prevention Center [SPC], 1988). In Canada, it has been estimated in one year, close to 10,000 young people try to kill themselves (Calgary Board of Education, no date).

These types of suicidal activities are but the tip of the iceberg. A general guideline of the total number of young people who experience some type of suicide related behaviour was provided by Peck in 1982. At that time it was estimated that each year in the United States, one million people under the age of 25 "move in and out of suicidal crises, thoughts, ideations, episodes, and so on" (p. 32). No similar estimates of this kind have been generated for the Canadian population,

however, given the number of attempts that have been estimated, it could be forecast that up to several hundred thousand young Canadians each year would have some type of suicidal experience.

The Need for Suicide Prevention Programs in Schools

Efforts to decrease the incidence of suicidal behaviours in young people in Canada and the United States have increased. All levels of the population, ranging from community groups to National governments have become involved in the goal of decreasing the incidence of adolescent suicide. The common factor in these efforts is education.

"The use of educational programs as an effective approach to the reduction of suicidal deaths is well established in the field of suicidology" (Ross, 1984, p. 7). In support of this argument are estimates that education programs could reduce teen suicide by as much as 20% (Cantor, 1987). Education has also been called the "cornerstone of prevention" (Delsey, Barr & Syer-Solursh, 1985, p. 179).

Although suicide education takes place in a wide variety of settings, schools have been identified as being the best place to target such programs.

> Secondary schools and their staff may play a strategic role in the early identification and possible prevention of adolescent suicidality. This potential arises from the unique position of the school. Adolescents spend more time in school than in most other structured

> settings outside the home and have their most consistent and extensive contact with trained professionals in school. In addition, students' behavior, interpersonal relationships, and academic performance - all important indicators of mood and the ability to cope - are subject to ongoing scrutiny. (Becker-Fritz, 1984, p. 164).

Research has found that many suicidal adolescents are first identified in the school (Powers, 1979; SPC, 1986). A research project by SPC (1986) found that slightly more than 40% of the students in the study had thought about suicide, and 12% had actually made a suicide attempt. Other researchers suggest that "for a school of approximately 1,500 students, there are approximately 300 attempts per year and one completed suicide every three years" (Brooymans, Day & Ridge, 1985, p. 2).

The need for suicide education in schools is supported by evidence that adolescents are more likely to turn to peers for help with suicidal feelings than to parents, teachers, school counsellors, or other adults (Ross, 1981, 1985). This preference may be dangerous if the friend is not equipped with information which would allow him or her to respond in an appropriate manner.

It is imperative for adolescents to have adequate information about suicide since peers are usually the first to find out about the suicidal feelings of a friend (B.P. Allen, 1987; Barrett, 1985, Frantz, 1987; Hals, 1985; Joan, 1986).

> If young people know more about what causes suicidal feelings, how to recognize when a friend is suicidal, and some ways to help and get help, they will be more likely to take each other's feelings seriously. Consequently, they will be more effective as rescuers for each other. (Joan, 1986, p. 42)

It cannot be assumed that adolescents will learn the facts on their own. Ross (1985) states that:

> When youngsters who want to learn about suicide are not provided with reliable information, they often seek out what they can as best they can. Often, their sources are rumor and speculation, and their experts are other teenagers. With a subject as fraught with dangerous myths, half-truths, and misconceptions as suicide, the results of inquiry can be tragic. (pp. 147-148)

Not only is it important for students to learn what they can do to prevent suicide, it is also essential for teachers to recognize their role in suicide prevention. Teachers are in a unique position in that they usually have daily contact with their students, and they are often the most available adults in the lives of many adolescents (Fridstein, 1984; Hart, 1978; Mckenry, Tishler & Christman, 1980; Osborne, 1985; Ryerson, 1987).

Due to the close contact teachers have with many of their students, they are in a good position to become aware of problems individual students may be having. Alberta Education (1987) states three reasons which explain why teachers are

able to identify students who may be in need of help. Firstly, teachers are often seen as confidants and usually are aware of the family difficulties and personal problems that students are dealing with. Secondly, teachers know the usual quality of work and the normal behavior of individual students. This knowledge would enable them to recognize when negative changes occur in either of these areas. Thirdly, teachers have a good understanding of normal developmental changes. This knowledge would allow them to identify behaviors which do not correspond to the usual pattern.

The teaching role offers many opportunities for teachers to identify and refer students who may be at risk of suicide (Ryerson, 1987). Therefore, teachers need to be aware of the indicators of suicide, and need to be prepared to do whatever is necessary to help students who may be at risk of harming themselves. Barrett (1985) and Powers (1979) argue that teachers be prepared to do this because it is inevitable that all teachers will, at some point in their careers, come into contact with a suicidal student.

Suicide prevention in the school setting involves the efforts of both teachers and students. Each role encompasses unique opportunities to assist in the identification and protection of young people who may be at risk of suicide.

The school setting itself is an ideal location for suicide prevention programs due to the large numbers of people who can be reached with relative ease. Steps can also be taken in the school to ensure that all people get accurate

information and they have access to people who can provide adequate support and assistance.

The Development of School Programs

As a result of the identification of schools as an effective avenue for suicide education, many suicide awareness programs have been developed across North America. It is difficult to get an accurate count of how many of these types of programs are currently available. In 1986 there were over 100 school based suicide prevention programs in the United States alone (Shaffer, Garland, Gould, Fisher & Trautman, 1988). While some of these programs have been published and are available for outside use, many more are not accessible to people outside the city, province, or state where the programs were developed.

Who Conducts Suicide Awareness Classes?

Three factors are important to the success of any type of education program. The first factor concerns the information that is to be taught. The second factor involves the person who will be teaching the material and the third factor deals with the type of training and preparation this person receives. Many of the manuals reviewed for this study did not mention who was expected to deliver the information to students. Other manuals made the assumption that a teacher would be the one to lead the class discussion about suicide.

The point these manuals fail to recognize is that people

other than teachers are often called upon to teach suicide awareness classes. School counsellors, resource teachers, administrators, nurses, volunteers from community agencies, and police officers are often asked to assume the role of suicide educator. For the purpose of this study, these people will be referred to as suicide awareness presenters.

There is a great deal of responsibility to be accepted by suicide awareness presenters. They will be talking about a very sensitive issue which has the potential for raising a myriad of questions and a variety of emotional reactions. Presenters must know more than what will be taught. They need this additional information in order to be able to effectively and confidently control any situation that may develop.

The need for well trained suicide awareness presenters seems to be an unstated assumption in the literature. There are very few references made to specific attempts to train these people. Preparation for the task of teaching suicide awareness classes often involves reading a program manual or teaching guide which has been prepared and approved for use in the school district. These manuals are designed to be used by presenters as teaching guides. They provide information that is to be taught to the students, and often include class outlines.

It is helpful to examine the contents of suicide awareness program manuals in order to get an accurate understanding of the kind of material that suicide awareness presenters have to work with.

Information Included in Suicide Manuals

The Suicide awareness program manuals reviewed by the author were alike in that they all provided presenters with the purpose of the program and list specific goals the program is designed to meet.

The purpose of suicide awareness programs is best described by Ross (1981):

> Generally, training programs seek to present facts about suicide in a manner that leads both to an understanding of, and empathy with, the suicidal person, and to an improved ability to identify and respond to those who may be in danger of ending their lives. In other words, an effective educational program seeks not only to impart knowledge and to teach specific skills, but also to make an impact upon attitudes and behavior [italics in original] -- a somewhat more difficult task. (p. 635)

A compilation of the goals of various suicide awareness programs reveals a wide range of items. These goals are to: (a) Draw attention to fact that suicide is preventable; (b) give a sense of permission to talk about suicide; (c) provide information on adolescent suicide - adolescent depression, warning signs, causes, and myths; (d) heighten awareness of personal and societal attitudes towards suicide; (e) teach strategies for dealing with stressors and disappointments; (f) increase a sense of confidence and competence in crisis management skills; (g) give a sense of permission to seek help

for personal problems; and (h) provide information about appropriate sources of help (Barrett, 1985; Brooymans et al., 1985; Burnett Strothers, 1986; Delsey et al., 1985; Haywood, 1985; Jaco, 1987; Joan, 1986; Suicide Crisis Center [SCC], 1984).

Despite the variety of topics in the programs which were reviewed, some issues were common to all. These issues are: facts and myths, warning signs, risk assessment, techniques for crisis management, and community resources. Other topics which are covered in suicide awareness manuals are statistics, personal attitudes about suicide, communication skills, strategies for coping after a suicide, and strategies for coping with personal problems (N.H. Allen, 1982; Barrett, 1985; Becker-Fritz, 1985; Burnett Strothers, 1986; Cantor, 1987; Delsey et al., 1985; Ryerson, 1987; Swanson, 1984; Tillman & Marks, 1984).

It is very useful for the presenter to have a clear understanding of the goals of the program and of the information which is to be covered. For these uses the program manuals are satisfactory. However, there is more information that needs to be given to suicide awareness presenters.

Chapter Three

Training Suicide Awareness Presenters

There are few studies which mention special training or preparation for the presenter beyond learning the basic information that they themselves will be presenting. The amount of preparation considered to be necessary for suicide awareness presenters varies across programs.

Barrett (1985) stressed the importance of having a minimum of 8 hours training for presenters. Burnett Strothers (1986) recommended that those who teach suicide awareness programs undergo 14 hours of training including crisis intervention. One of the most intensive presenter training programs was described by Waelde (1986). Volunteer presenters in this study participated in a 20 hour program which included communication skills, suicide information, crisis intervention, a demonstration of the curriculum, and practice teaching.

Many program manuals do not offer the length or intensity of training suggested by Barrett (1985) or Burnett Strothers (1986). An example of this can be found in the SCC (1984) manual. Here it is suggested that presenters become thoroughly familiar with the materials to be presented, and that they complete the exercises in the manual before using them with students. Johnson (1985) similarly recommends that those who will be teaching the material will "have taken the time and effort to prepare themselves with some advance study

and preparation" (p. 1).

In many manuals there is no additional information or assistance in terms of background information, support, and training for the special needs of a suicide awareness presenter. The subject of suicide is one that demands that those who teach it receive more preparation than simply reading a manual.

Content of Presenter Training Programs

It would be appropriate to look more closely at the few training programs and program manuals which do provide more information than that which is to be taught. In this way it will be possible to gain an understanding of the issues which are thought by some to be an important part of the training that suicide awareness presenters receive.

Ross (1980) reported that school personnel who were trained to give suicide presentations attended a workshop in which they learned a modified version of the methods and techniques that were taught to lay workers in suicide prevention. This program taught risk assessment and intervention skills as well as basic suicide information. Participants also took part in exercises that helped them identify their own attitudes towards suicide. In addition to the training sessions, participants received ongoing support and follow up from training staff who were available for support, consultation, and back-up assistance. A research project conducted by Ashworth, Slaby, Spirito, Morgan and

Colella (1986) used teachers who participated in a workshop similar to that reported by Ross (1980).

It can be seen that training in crisis intervention skills is thought to be important for presenters to have. However, it should be noted that the skills needed in a classroom situation may be somewhat different than those used in a community suicide prevention setting. As such, it would be beneficial for a suicide awareness presenter training program to address these differences, and to provide presenters with information and skills that are appropriate to the classroom setting.

In some programs, teaching techniques were provided in addition to the material that was to be taught. The Fairfax County (1985) program and the program developed by Joan (1986) included content information in conjunction with techniques for discussing the issues of depression, stress, and problem solving. Additional presentation skills were available in the Joan (1986) program. This information included teaching methodology concepts and visual aid suggestions.

Both of the above programs lacked the training in risk assessment and intervention skills that were covered in the Ross (1980) and Ashworth et al (1986) programs. Alternatively, the aforementioned programs did not contain any teaching techniques that would have assisted presenters with their presentations.

A review of teacher training programs for death education classes can provide information which is useful for training

programs for suicide awareness presenters. Death education focuses on death as the major issue and does not deal specifically with suicide. The program developed by Klingman (1987) for teachers who would be conducting death education classes was intensive. The goals of this workshop were to (a) desensitize teachers to death related issues; (b) enrich awareness of the participants' feelings, thoughts, and attitudes towards death; (c) increase their sensitivity to student's needs in coping with bereavement, both before and after it occurs; and to (d) provide teachers with strategies and skills to deal with these topics in classroom.

Many of the issues covered in the Klingman (1987) training program would be appropriate and useful for a suicide presenter training program. This, in conjunction with the counselling and crisis intervention skills which were taught as part of the death education program developed by Bluestein (1976), would provide more thorough training than what is currently available for suicide presenters.

It would be beneficial for the developers of manuals for suicide presenters to learn from Bluestein (1976) and Klingman (1987). They should realize the importance that is placed on self awareness, teaching techniques and intervention skills for teachers of death education classes, and should see its relevance for the training of suicide awareness presenters.

Critical Issues to be Included in Presenter Training Programs

There are many suicide program manuals which are intended

to prepare suicide awareness presenters for their task. The program content in these manuals often focuses on the information that is to be taught to the students. An examination of the few programs which provide more information than most, reveals four issues which are not traditionally included in program manuals. These issues are thought to be essential in the training of effective suicide awareness presenters. They are: (1) self awareness about attitudes towards suicide, (2) the presenters' personal contribution to a presentation, (3) knowledge of appropriate teaching techniques, and (4) suicide risk assessment and crisis management skills.

The programs that are currently available may touch briefly on some of these issues, but no program has yet been developed which addresses all of these concerns in the manner and depth which is needed to make an impact on the training of suicide awareness presenters. In order to develop a program which will address these issues, it is important to examine each one in detail.

Self Awareness

Self awareness for suicide presenters, with regard to death related issues has been examined by several researchers. Barrett (1985), Fitchette (1982), Johnson (1985), and SCC (1984) stipulate that it is crucial for someone leading discussions on suicides to be aware of and be able to identify his or her own attitudes towards death and suicide. The primary reason for this is that these attitudes will affect

the presentation process, and may come into play when talking with a suicidal student.

This argument is supported by Steele's (1983) advice to potential presenters:

> Unless you have spent time discussing and trying to understand why a person resorts to suicide and how you feel dealing with suicide, you will find it very difficult, perhaps impossible to respond to the young person who makes either direct or indirect references to dying. (p. 182)

It is also possible that during a presentation some unresolved issues in presenters' lives may surface and may bring feelings of pain, loss, and rejection (Joan, 1986). This is especially true if presenters have had previous experience with suicide. Given the prevalence of suicidal behaviours in society today, it is highly likely many presenters would know someone or know of someone who has attempted or completed suicide. It is also possible that some presenters themselves may have considered or attempted suicide in their past. The emotional impact of any of these experiences may last a long time and could resurface as a result of the material covered in a presentation.

It is essential for people who are considering becoming suicide awareness presenters to be able to come to terms with any suicidal experiences they may have had. Presenters must be able to achieve a certain level of comfort with their feelings and should be able to "put death and suicide into a

reasonable perspective" (Barrett, 1985, p. 46).

The process of becoming aware of how one feels about a certain issue allows the individual the opportunity to demystify that issue. In the case of suicide, this process also has the effect of decreasing the fear and anxiety that so often accompanies the subject (Frantz, 1987).

When people are faced with something that they do not understand, fear and anxiety are common reactions. These emotions have the potential to inhibit the effectiveness of the individual (Steele, 1983) and can often immobilize them (Ross, 1985). Another reaction that stems from these emotions is denial (Brooymans, Day & Ridge, 1985; Ross, 1981). Often it is too threatening to one's own belief in the value of life to accept that a young person may feel that life is no longer worth living. For all of these reasons, it is important that people who are working with suicide come to terms with the issues of death and suicide.

Presenters need to know that it is important for them to understand their fears about suicide, as well as their feelings about it in order to be able to comfortably discuss the subject with others. If they are comfortable talking about suicide, the presentation will be more relaxed and open, thereby enhancing the learning process. Another benefit to this awareness is that the presenter will become familiar with the language of death and will be more at ease using terms related to death and suicide (Levinton, 1969). This level of comfort will be transferred to the class, who will then be

more open to discussing the topic.

A few program manuals provide some type of attitude exploration exercise. In many cases these exercises are designed to be used in the presentation to students. However, it is possible to use them as part of the training program for presenters.

Two types of exercises are most common. The first is a forced response exercise in which various statements about suicide are given and the individual chooses to what degree he or she agrees or disagrees with the statement. For example: "Suicide is justified under some circumstances". This type of exercise is found in the Suicide Prevention Training Program [SPTP] developed by Ramsey, Tanney, Tierney and Lang (1985).

Another format for attitude exploration is one in which several open ended statements about suicide are listed. One example is: "People who attempt suicide are..." The individual is then asked to complete the statement. This type of exercise can be found in the SCC (1984) manual.

Both of the above exercises can also be used in a group setting. This would allow participants the opportunity to discuss their responses with others. The process of having small group discussions allows individuals to gain a broader view of the issues and concerns related to suicide. Discussions would help participants understand aspects of the issue that they may not have been aware of, or may not have understood before.

Understanding the Influence of Personal Characteristics

Many of the suicide manuals reviewed fail to address the effects of presenters' personal characteristics on suicide presentations. The personal characteristics and qualities that presenters have will influence the presentations they conduct. Presenters bring with them certain personal qualities and abilities which contribute to the effectiveness and impact of a presentation. The way in which presenters approach the topic of suicide may influence students' attitudes toward both the subject of suicide and their perception of the presenter as a rescuer (Ross, 1987). For these reasons, presenters should be aware of the qualities which have been found to be most beneficial for suicide awareness presenters to have. If presenters could understand the potential effects their characteristics can have on a presentation, they would be able to ensure that they were doing all they could make their effect a positive one.

The manner in which a suicide awareness presentation is conducted can enhance or hinder the session. The introduction in the SPC (1982) training manual for elementary school death education classes presents this concept in the form of a challenge. This challenge would also be fitting for those involved with suicide awareness presentations:

> As teachers, you will guide the reactions of your students. We trust each of you will handle this sensitive material with discretion and tender concern.

> As with any sensitive subject, we must seek a balance that encourages children to communicate -- a balance that lies between confrontation and avoidance. Balances are not always easy to achieve. (p.1)

In addition to learning about the influence presenters have on the presentation of material, it is also helpful to identify the opportunities that presenters have to influence their students. Many of the opportunities for presenters are not clearly defined in the literature, however, it is important to examine those that have been identified. In the situation of suicide awareness presentations these opportunities go beyond teaching valuable life saving information and reach into the arena of the students' personal growth and well being.

Desirable Characteristics of a Suicide Awareness Presenter

"The manner and nature in which the sessions are conducted by the teacher may be even more essential and important to the experiential effectiveness [of a presentation] ... than the actual content of the material being presented" (Help Hotline, 1984, p. 9). This point reinforces the concept that in suicide awareness presentations, the qualities of the presenter may have more of an impact than the information being taught. Barrett (1985) agreed with this by stating that "caring and a desire to help are more important than knowledge about suicide prevention. The knowledge can be gained through readily

available resources but the motivation must come from within" (p. 6). Comments directed to the reader of the Johnson (1985) manual echo this belief: "The most important thing you bring to the process is you: your sincerity, your honesty, your concern, and your willingness to help" [italics in original] (p. 36).

Several crucial characteristics of suicide presenters have been identified. It is thought that people who conduct suicide awareness presentations should:

(a) demonstrate interest, concern, and a willingness to help (Help Hotline, 1984; Powers, 1979),

(b) be understanding and supportive (Martin & Dixon, 1986; SCC, 1984),

(c) express honesty (Joan, 1986),

(d) show respect and genuine concern for the students' feelings (Help Hotline, 1984; Jaco, 1987),

(e) be accepting, understanding, and nonjudgemental (Baucom, 1986; Fairchild, 1986; Ross, 1980),

(f) convey respect and warmth, a sense of caring, and an empathic understanding of the students' perceptions (Finlay & Mynatt, 1981), and

(g) be able to communicate their understanding while being nonjudgemental and providing an atmosphere which allows for an honest and direct interchange between students and themselves (Fairchild, 1986).

Presenters need to communicate these qualities both verbally and nonverbally. This enables rapport and trust to

be developed with the students and is an important factor in the establishment of an effective learning environment.

Opportunities for Presenters

The role of suicide awareness presenter provides many opportunities which are often either overlooked or are taken for granted. People who take on the responsibility of presenting information about suicide should understand that their role includes special opportunities which need to be recognized.

There are three specific opportunities that can be attributed to the role of suicide awareness presenter. The first opportunity is that presenters can be positive role models by the way they conduct themselves in class. Presenters can also contribute towards the development of a positive self image for all students. A third opportunity that presenters have is the chance to help students develop a hopeful outlook for the future.

Role Model.

It has been well established that teachers are powerful role models (Elkind, 1984; Hart, 1978). Hart (1978) has stated that:

> On a daily basis, teachers, or anyone who has frequent contacts with teenagers, should be mindful of the fact that they are serving as role models and examples for these young people. Perhaps each person should first look inward and discover what philosophies and ideals are

> guiding his [sic] own life so that he [sic] can then reach out to another who is in pain and help that person choose life instead of death. (p. 373)

In the situation of a suicide awareness presentation, role modelling may take place at a more personal level than it could with many other school subjects. This occurs because suicide is a topic which touches personal values, beliefs, and experiences. In this situation, there is an opportunity for presenters and students to share information which reflects their personal views and opinions. This type of interaction transcends the usual boundaries of the roles of teacher and student.

The opportunity for positive role modelling in suicide awareness presentations has been discussed in the literature. Swanson (1984) believes that suicide awareness presenters can model such behaviors as how to share feelings and experiences; how to be a good friend; how to use friends as resources; and how to receive positive feedback. Non judgemental listening is another important behavior presenters can model in class (Joan, 1986).

Self image.

Interpersonal relationships between students and teachers have a direct bearing on the students' self concept and subsequent mental health (Albert & Beck, 1975). Thus "the development of a positive self concept is seen as an important part of the educational process" (Cole & Bratman, 1985, p. 20). As such, suicide awareness presenters have the ideal

opportunity to use their presence to help those in the class fell better about themselves (Cantor, 1987). Adolescents may need special support and encouragement to help them develop positive self images (Suicide among school aged youth, 1984), and to increase their self esteem.

Helping improve a student's self image can take many forms, from the obvious to the less obvious. Baucom (1986) offers a general view of this occurrence by stating it is very powerful for a young person to be acknowledged just for "being". It does not take much time or effort to give praise for an insightful comment or question, or to give someone a compliment. It also does not require much effort to comment on an adolescent's ability to do something well (Rotheram, 1987).

It is difficult to say how much effect a short presentation can have on the self image of an adolescent. Despite this, it is still important for presenters to do as much with their role as possible. The first step to being able to do this is the ability to see the potential that this role has in terms of being able to positively influence a young person's self image.

Generating hope.

In addition to helping adolescents value themselves for who they are, presenters can also use their role to create an atmosphere of hopefulness and optimism. Adolescents lack the knowledge which comes with experiences that teach that things do get better in time (Seidon, 1984). Adolescents also tend

to believe they are the only ones who feel the way they do. A suicide awareness presenter can help students understand that every human being can hurt (Joan, 1986), that problems do go away (Fairfax County, 1985), and that there is hope for the future (Baucom, 1986) as long as they are alive to see it.

People who are trusted and respected by students can provide hope to those who are feeling depressed or troubled. By expressing problems and depression as temporary occurrences, and by offering the view that problems can be used as opportunities for growth (Joan, 1986), presenters can help students overcome feelings of hopelessness.

It is important for people who are being trained to be suicide awareness presenters to understand their impact on the audience. They must be aware of the responsibility that comes with this role, and they must be certain that everything they do while talking to a class or to an individual student is geared toward life and hope.

Presentation Techniques

Related to the personal qualities suicide awareness presenters bring to the teaching situation, are the various teaching methods and techniques which are used to teach the information. It is possible to teach the same material in several different ways.

People who are being trained to give suicide awareness presentations need to know the material to be taught, and the

methods to use to increase the likelihood that the information will be learned. N.H. Allen (1976) stressed that presenters "need to be aware of the proper communication methods to use in order to get the appropriate message across in the best way possible" (p. 198). This idea has been reinforced by the SPC (1985), who stated that "the method of education is as critical as the content" (p. 3).

There are a variety of techniques which can be used to present information to students and it is important that suicide awareness presenters know them. If a presenter has an extensive repertoire of teaching techniques, it is easier to develop a presentation which is flexible enough to adapt to the characteristics and learning needs of different classes (Help Hotline, 1984).

Presenters should know as much as possible about the group of students to whom they will be teaching. This knowledge will make it possible for presenters to select the teaching methods that will be most appropriate and effective for the class (Help Hotline, 1984). When preparing for the class, suicide awareness presenters should also keep in mind that the "curriculum should be structured and designed in such a way that it does not inhibit or threaten the students, thereby discouraging participation and involvement" (Help Hotline, 1984, p. 9).

Having a variety of teaching options also provides presenters with the opportunity to develop a presentation which enhances their own style of teaching. This is much more

desirable than having presenters feel forced into presenting material in a certain way because they were unaware of other methods.

There are a variety of teaching techniques which can be gathered from suicide awareness manuals and curriculum guides. These techniques can be divided into five different categories. These are: lecture, discussion, simulation techniques, paper and pencil tasks, and guided activities.

Lecture

In a lecture, the presenter would provide information to the class without engaging in any type of discussion. This method is suitable for the presentation of factual information and is useful when there is a lot of information to be given in a relatively short period of time. Lectures are often an important part of a suicide awareness presentation, however, they are ineffective if used for the entire session (SPC, 1988).

Discussion

People who are being trained to be suicide awareness presenters must understand the value of discussion. Discussions are helpful for students because they give students permission to voice their concerns and experiences with suicide related issues (Joan, 1986). Discussions also allow students the opportunity to discover that many concerns affect them all. This awareness can help to increase group cohesion.

Joan (1986) believed that a major part of any suicide presentation is the discussion that develops between the class and the presenter. Research supports this idea with the finding that discussion with a class is superior to frontal teaching in which there is no discussion (Kulessa, Vogel & Bohme, 1985).

A good discussion leader increases the effectiveness of a presentation by getting the students actively involved. Because of the social restrictions placed on the discussion of suicide, students are often reluctant to begin asking questions or sharing ideas.

Suicide awareness presenters need to be able to encourage and facilitate meaningful discussions both during and after the presentation. "Allowing the audience to leave without the question and processing time can be risky. Information may have been misunderstood by the audience and questions can go unanswered" (Becker-Fritz, 1984, p. 27).

Simulation techniques

Simulation techniques such as role plays, anticipatory guidance, and video theatre, serve to bring an element of reality into the learning experience. These techniques use various mediums to imitate a real life situation. Klingman (1987) believes these techniques are valuable for presenters because they provide a method of teaching that gets the class involved in task-oriented activity. This serves to increase class interest and participation.

Role plays.

The use of role plays for the purpose of suicide prevention training has been widely accepted (Johnson, 1985; Steele, 1983; Stupple, 1987; Swanson, 1984). Steele (1983) explained that the purpose of role playing is to:

> act out with as much reality as possible the situation you fear encountering. By acting out the situation you can see what areas you need to work on as well as those areas you do well with. The more you practice and prepare for a particular situation the more confidently you will handle it when it occurs (p. 44).

Role plays are useful in suicide awareness presentations because they help students learn from each other. Role plays encourage participation and provide a safe place to learn valuable life saving techniques without the pressures of an actual life and death situation.

Anticipatory guidance.

Anticipatory guidance, or guided imagery, is another type of simulation technique. Unlike role plays where the medium is action, anticipatory guidance uses verbal and mental imagery to create an experience through which students can learn about their possible reactions to a specific situation.

Anticipatory guidance exposes students to certain dangers and problems they face in life situations. With this technique, students can become familiar with the nature of the situation, can be desensitized to some extent to the emotions it arouses, and can begin to prepare themselves to

cope with it by visualizing behaviours and attitudes within the context of managing the situation (Jaco, 1987).

Video theatre.

The third type of simulation technique utilized in suicide awareness presentations is video theatre. This technique has been described by Steele (1985). Video format is thought to be one of the most influential mediums for adolescents due to the great amount of time this group spends watching movies (Steele, 1985).

Video theatre typically includes a segment of no more than five minutes during which a student acts out a problem which is familiar and common to many adolescents. Each segment should provide enough material for 15 minutes of discussion. After viewing the video the audience could either: (a) discuss what was said, (b) develop their own solutions as if they were in the situation, or (c) recreate the same situation using audience members (role play).

Paper and pencil tasks

Paper and pencil tasks include activities which can be completed in a short period of time and use pre-made questionnaires or stimulus sheets. These exercises are usually completed individually by each student. In many cases, the responses serve as a basis for group discussion.

The purpose of this technique is to encourage active participation from the students, and to allow students the opportunity to formulate their own answers before discussion

takes place. The most common forms of paper and pencil tasks are true-false questionnaires, attitude questionnaires, and question sheets.

Guided activities

Guided activities can include a variety of exercises. This is primarily a catch-all category which includes those activities which require more time and effort than paper and pencil tasks. Guided activities are often less structured than other types of exercises and are limited only by the imagination of the presenter and the students.

Guided activities may include such tasks as writing assignments, art projects, and research projects. They may be used as take home or in-class assignments and may be developed for individual or group use. Because of the flexible nature of this teaching technique, guided assignments can be created to match the needs and characteristics of a particular class.

The greatest advantage to this technique is that it has the potential of allowing students to tap their own creative resources. Research has found that:

> creative assignments emerged as most helpful in areas of self expression, examination of problem-solving alternatives, values clarification and the development of positive personal philosophies. All of which seemed vital in helping the students grapple with their own feelings about life, death, and suicide. (Wendt & Cummings, 1987, p. 115).

There are many teaching techniques which are known to be successful in helping students learn new material. It is important that suicide awareness presenters receive training in the various teaching techniques which they have at their disposal. Well prepared presenters are effective teachers and it is essential that they be knowledgeable about the information to be taught, and about the best methods to teach it.

Risk Assessment and Crisis Management

Another issue that is not discussed in many of the suicide program manuals is the fact that suicide awareness presentations provide settings which encourage students to approach presenters for help. Presentations also provide the opportunity for presenters to identify and approach students who may need assistance.

Presenters need to be aware of the possibility that these types of situations are likely to occur. They also should know what to do if something like this does happen. Knowing that something could happen and having knowledge of ways to respond to these situations would develop a greater sense of self confidence in the presenter (Tillman & Marks, 1984).

One situation that can occur during a suicide presentation is the disclosure of suicidal ideation by one of the students. Although students usually make their intentions known to peers first (Ross, 1980, 1985), they may not receive the help they need. As a result of a presentation about suicide, the student may feel that the presenter could help.

It may also be the case that the student feels unable to confide in a friend and would view the presenter as being the only one who might be able to help. Another situation for concern occurs when students who are worried about a friend request help from the presenter. In both of the above situations, the presenter must have knowledge of suicide assessment skills and crisis management techniques.

Sometimes during a presentation, a student "whose life has been affected by suicide...[may] say or do things to bring [their] distress to the attention of the speaker" (SPC, 1986). Emotional outbursts may also occur as a result of intense emotions that can be brought out during presentations. In these situations it is important for presenters to know how to help calm the student, or students involved, and to know how to deal with the situation.

Presenters may be faced with any of the above situations, and the manner in which they respond may have a significant impact on a young person's life. Although some of these events may never occur, it is necessary for presenters to be prepared. When presenters know they have the knowledge and feel competent to deal with a problem they will be more inclined to approach the situation and will be more effective.

It is highly likely that a suicide awareness presenter will eventually come into contact with a suicidal individual. It has been stated that people who give suicide awareness presentations should know how to identify students who may be at risk, how to assess suicide risk, and should be

knowledgeable about suicide prevention techniques (Hill, 1984; Ross, 1980; E.J. Smith, 1981; Tillman & Marks, 1984). It is believed people who have this knowledge will be able to respond to a troubled student in an effective way, and will be more confident doing so (Ross, 1980; Tillman & Marks, 1984).

One of the difficulties that has been identified in the area of suicide prevention training is the problem of transferring knowledge learned into a change of behavior. Ross (1981) found one effective way to overcome this lack of transference was to relate the material to the participants' own life experiences. A technique was developed to help teachers understand their feelings about suicide and suicidal people by helping them see that they had personal experiences which could be used to help them relate better to someone who was feeling suicidal.

It has been found that participants in suicide prevention programs seemed to lack information which would allow them to transfer knowledge about suicide into a change of behaviour when dealing with a suicidal person. As a result of this finding, Ross (1981) developed an approach that was designed "to give teachers a clearer understanding of their own depressive behavior and feelings, thereby helping them to understand and recognize signs of depression in their students" (Ross, 1987, p. 163). This knowledge was achieved by asking a series of questions related to a time in the participants' lives when they were depressed. This approach

contains an implicit suggestion that:

> depressive episodes have endings as well as beginnings and, therefore, serve to remind the participants that they have survived past depressions and learned from them. Also, by demonstrating that many feelings and reactions to depression are similarly experienced, this approach can serve to reduce feelings of fear, shame, or guilt, and help to replace judgemental attitudes with feelings of empathy (Ross, 1985, p. 162).

Ross concluded that this method of training was found to help participants "understand the implications of various responses and interventions, and to facilitate the thoughtful choice of an appropriate course of action" (Ross, 1987, p. 63).

The personal experience exercise would be of great value to people who are being trained to give suicide presentations. As stated previously, suicide awareness presenters may be required to assist suicidal students. Having the knowledge and personal insight that this exercise brings could be of tremendous value to the presenters and to the students that rely on them for help.

Suicide is an issue many people are uncomfortable talking about. As a result of this discomfort there is a wide range of reactions that students may have to a suicide awareness presentation (Barrett, 1981). These reactions may range from curiosity and interest, to fear and uncertainty. Suicide awareness presenters need to monitor individual reactions to

the presentation (Bluestein, 1976), and should be able to identify those behaviors which may indicate anxiety. Presenters must also be able to assess those reactions in terms of the possibility that a student may be suicidal.

Suicide awareness presenters need to have some guidelines about how to begin the helping process and how to follow through effectively. Programs which are developed to train presenters must provide this information and should stress the important role that presenters have as confidants and possible rescuers. Presenters may be called upon to help with a number of personal issues and they must have the communication skills to be able to maintain the trust that students place in them.

Presenters have a certain responsibility to approach those students for whom there is a concern about personal safety. Presenters may also be approached by students who are in need of help. In these situations presenters need to be aware of the fact that when a student approaches a particular individual to reveal suicidal thoughts, the student believes that the individual chosen will be able to help (Powers, 1979).

Jaco (1986) explained that by talking to an adult who is understanding and supportive, and who validates their feelings, students may feel more in control of their feelings. By talking about their feelings the adolescents may also begin to put their problems into a perspective where they can be more easily managed.

Presenters can help students by allowing them to express

the suicidal feelings that need to be released. Ross (1980) emphasized that the concept of asking and talking about suicidal feelings was the single most helpful thing that a potential resource person could offer. This issue needs to be included in the training of suicide awareness presenters.

Talking to the student to gather the information needed to make an assessment can be considered to be the first step in the intervention process. In order to complete the process presenters need to know what information is needed in order to make an assessment.

The general criteria which are used to make an assessment for the degree of risk are: suicidal history, suicide plan, resources, and the ability to communicate (E.J. Smith, 1981). Barrett (1980) suggested that an accurate assessment of suicidal potential is "contingent upon the ability of the interventionist to be direct" (p. 37). This reinforces how important it is that presenters be well trained in the area of risk assessment.

Suicide awareness presenters need to be aware of the potential situations that may arise during a suicide awareness class. They also need to feel confident that they are prepared to deal with any type of situation that may occur. Training programs which are developed to prepare suicide awareness presenters need to provide the information which would allow this to happen.

Conclusion

The above material has concentrated on information and research concerned with issues involved in the training of suicide awareness presenters. Four issues were identified as being important for suicide awareness presenters to know, and were discussed as being important components of a training program for presenters. Effective suicide awareness presenter training programs should: (1) allow presenters to examine their own attitudes about death and suicide, (2) inform presenters of the personal qualities that contribute to an effective presentation, (3) provide them with a variety of teaching techniques, and (4) prepare them to deal with any kind of crisis situation that may occur. It was thought that knowledge in these areas would contribute to an increase in the level of comfort that presenters have with regards to teaching suicide awareness classes.

The four areas mentioned are traditionally treated only superficially in most program manuals. People who intend to teach suicide awareness classes need to have the most comprehensive training possible in order to feel comfortable doing their task. They need to know the material that they are expected to teach and they need information related to helping them be effective presenters. This information could be considered to be the "invisible backbone" of the presentation. If this information is included in training programs it will contribute to well prepared, efficiently conducted presentations in which the presenters are confident

and comfortable that they can deal effectively with any type of situation that may arise.

The intent of this study is to develop a suicide awareness presenter training program which includes the four issues mentioned. These four issues are: (1) increasing personal insight about the presenters' feelings, values, and beliefs about death and suicide, (2) helping presenters' understand their personal contribution to the effectiveness of suicide presentations, (3) exposing presenters to a variety of techniques that can be used to teach suicide related material, and (4) teaching risk assessment and crisis management skills for situations that may occur in the classroom setting.

It is believed that there is a need for such a program because educators are beginning to realize that suicide is a topic which requires understanding and training in order to be able to teach it effectively. People who are expecting to teach suicide awareness classes know that reading an information manual will not prepare them for the potential situations that may occur. They know they need information which will help them teach the topic to the best of their ability.

The level of comfort that a presenter has with regard to teaching the topic of suicide awareness is important to the effectiveness of the presenter and ultimately to the effectiveness of the presentation. It is thought that this comfort level can be increased by the introduction of a

specially designed training program which addresses the issues which have been found to be important factors in the area of suicide education.

It is expected that those individuals who participate in this training program will: (a) gain personal insight into their feelings, attitudes, and values about death and suicide; (b) will understand the value of their personal contribution to the presentation; (c) will be able to use a variety of teaching techniques; and (d) will become knowledgeable of risk assessment and crisis intervention techniques. Participants are also expected to learn basic suicide information as a result of their exposure to this program. As a result of being exposed to information about these issues, it is believed that participants in the program will ultimately feel more comfortable doing the tasks that are involved with presenting suicide awareness classes.

Chapter Four

Methodology

There is a need for a comprehensive training program for suicide awareness presenters. Adolescent suicide is receiving more attention in schools than ever before and it is imperative that people who conduct suicide awareness presentations have the best training possible. It was the intent of the author to develop a program which addressed some of the issues that had previously been treated superficially.

In order to determine if the program had achieved it's purpose it was systematically evaluated. Most published evaluations of school-based suicide programs are concerned with the programs themselves and provide little information about the people who present them. As a result, there are no published instruments which have been developed specifically for evaluating presenter training programs. For this reason, it was necessary to use evaluation instruments which were designed for school suicide programs and for suicide intervention training programs. It was necessary to develop evaluation instruments for certain areas which needed to be evaluated but for which no testing instrument currently existed. Because these instruments had not been tested for reliability or validity, this study must be viewed as being a preliminary investigation into the area of program evaluation.

This chapter will detail the development of the Suicide Awareness Presenter Training Program, and will describe the procedure used to evaluate the program. Included in this section will be a discussion of the research design and a description of the assessment instruments used in the study. The hypotheses that form the basis for the evaluation will also be discussed.

The Development of the Suicide Awareness Presenter Training Program

The Suicide Awareness Presenter Training Program (see Appendix A) was developed after reviewing existing suicide awareness manuals and suicide intervention programs. Four key issues were drawn from these manuals and from current literature. These issues were used as the core topics which formed the program. These topics were:

1) attitudes about suicide
2) important characteristics found in successful presenters
3) teaching techniques for suicide related material
4) risk assessment and crisis management

The information that was presented in the program was compiled from the literature and from existing presenter manuals. Included in the program manual was the rationale and purpose for each topic, background information about the specific issues, presentation information, exercises,

overhead foils and a participant information package. The manual was designed to provide users with the material needed to conduct the Suicide Awareness Presenter Training Program themselves.

Once developed, the manual was reviewed and critiqued by people in the City of Calgary who have extensive knowledge in the areas of suicide, program development, and education. These individuals were G. Herrington, Director of the Suicide Information and Education Centre/Suicide Prevention Training Programs; D. Franssen, Coordinator of the Suicide Prevention Training Programs; and D. Foster, Education Coordinator for the Canadian Mental Health Association (Calgary). Minor changes were made to the manual in accordance with suggestions made by these individuals.

Evaluation of the Suicide Awareness Presenter Training Program

Program evaluation involves the application of social research procedures to assess the efficiency of a program (Rossi & Freeman, 1982). " The purpose of evaluating an instructional program is to provide the means for determining whether the program is meeting its goals; that is, whether the measured outcomes for a given set of instructional inputs match the intended or pre-specified outcomes" [italics in original] (Tuckman, 1985, p. 3).

The primary purpose of the Suicide Awareness Presenter Training Program was to increase the level of comfort that participants had with regards to conducting suicide awareness presentations. Therefore, the primary outcome measure that was examined in the evaluation of the program was comfort level. As there were other issues which were to be addressed by the program, an evaluation also had to take outcomes related to these issues into account.

Research Design

Quasi-experimental designs resemble true experimental designs but do not have the same control over research conditions. In quasi-experiments the treatment and comparison groups are not randomly assigned. This type of research design is often found in applied research settings and is useful in the investigation of the effectiveness of educational programs (Conrad & Maul, 1981).

The present study used a quasi-experimental design with a pretest-posttest model. This model has been used previously in the evaluation of suicide awareness programs (SPC, 1986). Posavac and Carey (1985) have stated:

> If the pretest-posttest design could be duplicated with another group that did not receive the program, a potentially good research design would result. So long as the groups are comparable, nearly all the internal

validity tests are satisfied by this design. (p. 212)

The treatment group and comparison group for the study were assumed to be similar because they were taken from one subject pool. Random assignment to each condition was not possible. Those subjects in the comparison group were self-selected due to their inability to attend the Suicide Awareness Presenter Training Program workshop.

Hypotheses

The primary hypothesis for this study was that participation in the Suicide Awareness Presenter Training Program would lead to an increase in comfort levels. For the purpose of this study, comfort level was defined as the degree of ease that the subject believed he or she would experience when performing certain activities which were associated with suicide awareness presentations.

Several factors were thought to contribute to the level of comfort experienced by individuals. The factors which were assessed in this study were:

1) knowledge of beneficial presenter characteristics
2) knowledge and comfort using a variety of teaching techniques
3) knowledge of suicide risk assessment techniques and crisis management skills
4) knowledge of factual suicide information

The program was developed with the intent of increasing participants' knowledge in each of these areas. Therefore, the hypotheses regarding these issues related to changes in participants scores on test instruments which evaluated knowledge in these areas. It was expected that participant scores on each of the following test instruments would increase.

1) Teaching Techniques

2) Suicide Intervention Response Inventory

3) Suicide Prevention Center Assessment

No research had been conducted previous to this study which assessed presenters opinions about the value of certain characteristics. As such, the Presenter Characteristic questionnaire was used to provide an introductory exploration of this issue.

Method

Subjects

Subjects for this study were recruited from the Calgary Board of Education, the Calgary Catholic Board of Education, and the Calgary Police Service. Notices were directed to people who expected to or were interested in teaching suicide awareness classes. The target group included teachers, counsellors, and school resource officers.

Forty-three people indicated an interest in participating. The comparison and treatment groups were selected from the subject pool. The treatment group was formed with those people who were available to take part in the Suicide Awareness Presenter Training Program workshop on either of the two dates specified. There were 28 people in this group, (14 male, 14 female).

Subjects who were not available for the workshop were assigned to the comparison group. There were 15 people in this group (6 males, 9 females). These individuals were offered an opportunity to take part in the workshop after the study was completed.

Procedure

All subjects were given an identification number to use on all questionnaires they completed. Each subject was given two sets of questionnaires. The first set consisted of 6 test instruments. These were:

1) Suicide Information Questionnaire (see Appendix B-1)
2) Presenter Comfort Scale (see Appendix B-2)
3) Presenter Characteristics (see Appendix B-3)
4) Teaching Techniques (see Appendix B-4)
5) Suicide Intervention Response Inventory (see Appendix B-5)
6) Suicide Prevention Center Pre Assessment (see Appendix B-6)

The questionnaire package was delivered to the subjects 2 weeks before the workshop.

The second set of questionnaires consisted of 5 test instruments. These were:

1) Presenter Comfort Scale
2) Presenter Characteristics
3) Teaching Techniques
4) Suicide Intervention Response Inventory
5) Suicide Prevention Center Post Assessment (see Appendix B-7)

This package was given to the treatment group subjects immediately following the workshop. It was delivered to the comparison group subjects the day of the second workshop.

Subjects were given 7 days to complete each package. The questionnaire packages were delivered to and picked up from the subject's place of employment with the exception of those that were given to the treatment group subjects after the workshop. All return envelopes were identical in appearance.

The Suicide Awareness Presenter Training Program was attended by all treatment group subjects. It was a one day, 6 hour workshop. In order to accommodate the needs of the subjects in the treatment group, the workshop was held on two occasions, one day apart. Eleven people attended the first session, while the remaining 17 participated in the second session. Results from all treatment group subjects were analyzed together.

Assessment Instruments

Suicide Information Questionnaire.

In a study of this nature, subjects' previous level of knowledge and experience with the topic of suicide could affect their scores on the assessment instruments. For this reason, it was important to gather information about subjects' backgrounds with the topic of suicide.

The Suicide Information Questionnaire was designed to provide demographic information about the subjects' backgrounds in suicide training and experience. Questions related to the subjects' experience with students' suicidal behaviors, the subjects' personal development in terms of reading or taking classes on the subject of suicide, their experience teaching classes about suicide, and their concerns about teaching the topic of suicide.

The questionnaire consisted of 6 items which were answered as either "yes" or "no". Some items asked for further information if certain responses had been given.

Suicide Presenter Comfort Scale.

The Suicide Presenter Comfort Scale includes 25 items which represent a variety of activities which are associated with suicide awareness presentations. These activities range from those which are directly related to the presentation of suicide information to those which may occur indirectly as a result of the presentation. Examples of

these two types of items are: "Discussing a film about adolescent suicide with a group of adolescents", and "Telling the school counsellor that you believe a particular student is suicidal".

The items in the scale were presented with a 5 point Likert-type scale which subjects used to indicate the level of comfort that they would experience if they were to perform the activity. The scale ranged from 1-very uncomfortable to 5-very comfortable. The subjects' scores were determined by adding item scores. The higher the score on the scale, the greater the level of comfort experienced by the subject.

Item content was derived from the author's personal experience conducting suicide presentations and from accounts of others who have experience as suicide awareness presenters. Effort was made to include items which would accurately represent a range of activities which are related to suicide awareness presentations.

Presenter Characteristics.

The Presenter Characteristics questionnaire asked subjects to rank order seven characteristics in terms of their importance to a successful suicide presenter. The characteristics used in the instrument had been identified in the literature as being important for suicide awareness presenters to have. In some cases, several similar qualities were represented by one term. For example,

understanding, sense of caring, and compassion were represented by the term "compassion".

The seven characteristics chosen for the questionnaire were thought to describe separate characteristics which could be differentiated from each other. Two of the seven characteristics related to knowledge about suicide, while the remaining five were representative of behavioral attributes such as concern and compassion.

Teaching Techniques.

The Teaching Techniques questionnaire includes 21 items which represent a variety of techniques used to present information in a classroom setting. These activities were collected from suicide awareness program manuals, and from teacher training guides.

The questionnaire was designed to measure the subject's comfort level or degree of ease with using each technique. The assumption was that the more a person knows about a certain technique, the more comfortable they will be using it.

The items were presented using a 5 point Likert-type scale which ranged from 1-very comfortable to 5-very uncomfortable. The subject's scores were determined by adding item scores. The higher the score on the scale, the greater the comfort using a variety of techniques.

Suicide Intervention Response Inventory (SIRI).

The SIRI was originally developed by Neimeyer and MacInnes (1981). It was designed to assess the subject's knowledge of crisis intervention responses, and represented situations encountered in a telephone counselling situation.

For the purposes of the present study, changes had to be made to make the SIRI applicable to a classroom teaching situation. Five items were taken out completely and minor word changes were made to three items. Permission was given to the author by R.A. Neimeyer to use the SIRI and to make the above adjustments (personal communication, September 30, 1987). Neimeyer believed these changes would not affect the integrity of the instrument.

The SIRI includes 20 items, each of which consists of an initial "student" remark followed by two possible "presenter" replies, one of which is facilitative from the standpoint of crisis theory, while the other is deleterious to effective intervention. Participants were instructed to record the reply they felt to be the most appropriate. The score on the SIRI represented the number of correct answers endorsed by the subject.

The items in the SIRI cover a range of problem situations which are often encountered by a suicide interventionist. These include such events as talking with a depressed, angry, or confused person, and dealing with indirect expression of suicidal intent. The responses include a variety of techniques which are important to

crisis intervention. Such skills as reassurance, direct inquiry regarding suicidal intent, and avoidance of professionalism are considered to be among those response classes that are beneficial when working in a suicide intervention capacity.

Research has established the convergent (Neimeyer & Oppenheimer, 1983) and construct validity (Neimeyer & Diamond, 1983; Neimeyer & MacInnes, 1981) of the SIRI, as well as internal consistency and test-retest reliability (Neimeyer & MacInnes, 1981).

Suicide Prevention Center Assessments.

Two assessment tests were developed by the Suicide Prevention Center [SPC] (1986). These equivalent form questionnaires were used as pre and post assessments for the evaluation of a suicide awareness program for students and teachers in elementary and secondary schools. The questionnaires that were used in the present study were originally developed for secondary teachers who were involved in the SPC (1986) study. Permission was given to the author by L.L. Sattem, Executive Director of SPC, to use these instruments (personal communication, April 25, 1988).

The questionnaires consist of 32 items in the pre-assessment form and 31 items in the post assessment form. Some of the items provide demographic information about the subjects such as sex, years of teaching experience, and position within the school setting. The

remainder of the assessment forms focus on four specific areas:

1) recognition of depression and suicidal behavior
2) recognition of appropriate crisis intervention skills
3) knowledge of school and community resources,
4) knowledge of factual information about suicide.

Items were analyzed using frequency distributions. Subject scores for the assessment form could be determined by adding the number of correct responses made to certain items. There were three sections which could be analyzed using this technique: recognition of indicators of depressed or suicidal behavior, recognition of appropriate intervention skills, and knowledge of factual information.

Pretesting of Instruments

The questionnaires were pretested by administration to individuals working in a counselling and/or teaching capacity. The pretest was done to ensure that the newly developed questionnaires would be understood, and completed correctly. The pretest resulted in minor changes in wording to the instructions for the Presenter Characteristics questionnaire.

The individuals were asked to complete all six questionnaires that were to be used in the study. This was done to determine if the length of the questionnaire package

would be daunting to some respondents. It was found that this was not the case as all questionnaires could be completed in a short period of time.

Ethical Considerations

Subjects were asked to sign an informed consent form, and were assured of confidentiality. Each subject received an information letter stating what activities they would be asked to participate in. Subjects had the right to refuse participation or to withdraw from the study at any time.

Chapter Five

Results

Results from this study will be reported in two sections. The first section will describe the groups in terms of their demographic characteristics. This information reflects the level of experience that the subject groups have with the issue of suicide, and provides a framework from which the rest of the data can be interpreted.

The second section in this chapter provides the results from each of the test instruments used in the study. The primary focus of the study was level of comfort. As such, results from this questionnaire will be presented first. Results from the other four questionnaires: Presenter Characteristics, Teaching Techniques, Suicide Intervention Response Inventory [SIRI], and the Suicide Prevention Center Assessments [SPC Assessments] will follow.

The format for the presentation of the data will begin with descriptive analysis of the results in terms of individual questionnaire items. This information is provided for purposes of tentative exploration only. Statistical evaluation of items was not possible due to the small sample number.

Following this discussion will be the presentation of results from the statistical analysis carried out on each test instrument. The results were determined by utilizing

subjects' total scores for the questionnaires. For all instruments, except the Presenter Characteristics questionnaire, the data were analyzed by two-way analysis of variance [ANOVA] with subject group and time of testing as the independent variables. Due to the fact that the Presenter Characteristics questionnaire used rank orders rather than scores, the data were analyzed using a two-way Friedman ANOVA. The level of statistical significance for this study was set at $p < .05$.

Demographic Information

Demographic information about the subjects who participated in the study was collected from the Suicide Information Questionnaire (Table 1) and from parts of the SPC Assessment Forms (Table 2). The data are reported in percentages.

There were several differences between the comparison and treatment groups in terms of position in the school setting, years of experience in the school setting, and experience and training in the field of suicide.

Position and Years Experience in the School Setting

There were some differences in the occupational make-up of the groups. Because subjects could use more than one category to describe their position, the percentages exceed 100. The majority of the treatment subjects were school

Table 1

Demographic Characteristics of Subjects as Reported in the Suicide prevention Center Assessment Questionnaire
(N=43)

	Treatment Group (28)		Comparison Group (15)	
	No.	%	No.	%
1. Position within the school setting:				
- staff: school nurse, secretary, etc.				
- administrator	1	3.6		
- psychologist, counsellor	8	32.1	3	33.3
- teacher	5	17.9	12	80.0
- other: resource officer	17	60.7		
2. Years of professional experience within the school setting:				
- 1- 5	16	57.1	1	6.7
- 6-10	2	7.1	6	40.0
- 11-20	8	28.6	8	53.3
- 21-30	2	7.1		
3. Sex				
- male	14	50.0	6	40.0
- female	14	50.0	9	60.0
4. Has attended a workshop or inservice on teenage depression or suicide	17	60.7	5	33.3

Table 2

Data from the Suicide Information Questionnaire (N=43)

		Treatment Group (28)		Comparison Group (15)	
		No.	%	No.	%
1.	Has had personal experience with a suicidal student	24	85.7	9	68.8
2.	Type of experience:				
	- suicidal ideation	16	57.1	6	40.0
	- suspected suicidal behavior	18	64.3	5	33.3
	- suicidal themes in school work	9	32.1	5	33.3
	- known suicide attempt	18	64.3	5	33.3
	- hospitalization due to an attempt	15	53.6	3	20.0
	- death by suicide	5	17.9	2	13.3
2.	Has taught the topic of suicide to a class	13	46.4	6	40.0
3.	Has done personal reading or research on suicide	25	89.3	11	73.3
4.	Has taken a workshop or seminar on suicide	26	92.9	9	60.0
5.	Has a concern regarding the presentation of information about suicide to students	8	28.6	5	33.3
6.	Has a concern about his or her ability to give suicide presentations to students	11	39.3	4	26.7

resource officers (60.7%) while the comparison group consisted primarily of teachers (80%). There was also a wider range of positions represented in the treatment group. This group included resource officers, counsellors, teachers, and one administrator. The comparison group was made up of teachers and counsellors. It should be noted that the percentage of counsellors in each group were similar (treatment 32.1% and comparison 39.9%).

The treatment group had much less experience in the school setting than did the comparison group. 57.1% of the subjects in the treatment group had less than 6 years experience while 53.3% of the comparison group had more than 10 years experience.

Experience With Suicidal Behaviors

The treatment group reported having more experience with student suicidal behavior and more personal development in terms of knowledge about suicide than did the comparison group. 85.7% of the treatment group had some type of experience with a suicidal student compared to 60% of the comparison group. All types of suicidal behavior that were listed in the questionnaire had been experienced by subjects in both groups. The treatment group had more experience with behaviors such as attempts (64.3%), hospitalization (53.6%) and death (17.9%) than did the comparison group. The experience of the comparison group with these behaviors was reported as attempts (33.3%), hospitalization (20%), and

death (13.3%).

Experience Teaching Suicide Awareness Classes

Both groups reported similar experience with teaching suicide classes although there was a difference in experience with personal reading on the topic, and with attendance in suicide workshops, seminars, and in-services. Less than half of both groups have taught suicide classes. This includes 46.4% of the treatment group and 40% of the comparison group.

Personal Reading About Suicide

The majority of subjects in both groups have done personal reading about suicide. Those in the treatment group who have done so (89.3%) represent a larger percentage than those in the comparison group (73.3%) who have done personal reading about suicide.

Attendance in Suicide Workshops

A question concerning this activity was included in both the Suicide Information Questionnaire and the SPC Assessment. Results were consistent across groups with the treatment group reporting greater attendance in both questionnaires. In the Suicide Information Questionnaire, 92.9% of the treatment group compared to 73.3% of the comparison group attended workshops on suicide. The SPC Assessment results indicated that 60.7% of the treatment

group and 33.3% of the comparison group reported attendance in such workshops during the past year.

Presenter Comfort Scale

The Presenter Comfort Scale was used to indicate the degree of comfort subjects experienced when given the prospect of having to perform activities which are associated with conducting suicide awareness classes. Examination of the individual items in the scale can be useful to determine which activities subjects found to be the most comfortable to perform, and which were the most uncomfortable to perform. It was also possible to determine which activities seemed to be influenced the most by subject participation in the training program.

For the purposes of this analysis, group mean scores were calculated for each item (see Appendix C-1). Mean scores were determined by adding the scores assigned to the item by all members of the group and dividing that score by the number of subjects in the group. A mean score below 3.0 indicated discomfort with the activity, a mean score between 3.0 and 3.9 indicated neutrality, and a score above 4.0 reflected feelings of comfort doing the activity. These divisions were set in accordance with the scales used on the questionnaire.

Items which received the highest mean scores (>4.1) from both subject groups in both pre and posttest situations

were: referring a potentially suicidal student to a community agency, talking with a student about his or her personal concerns, talking about suicide with an adolescent, telling the school counsellor about a suicidal student, discussing suicide symptoms and warning signs, talking with a student about his or her family concerns, talking to a group of adolescents about suicide, teaching students to identify people at risk of suicide, and being asked by a student to discuss their personal views about suicide.

When evaluating the influence of the training program on the comfort level assigned to each activity, it is useful to examine whether changes occurred in the group means across testing situations. Results from the treatment group showed an increase in group mean score for 24 of the 25 items. The item "referring a potentially suicidal student to a specific community agency to get help" showed a slight decrease in comfort level (pre 4.86, post 4.57).

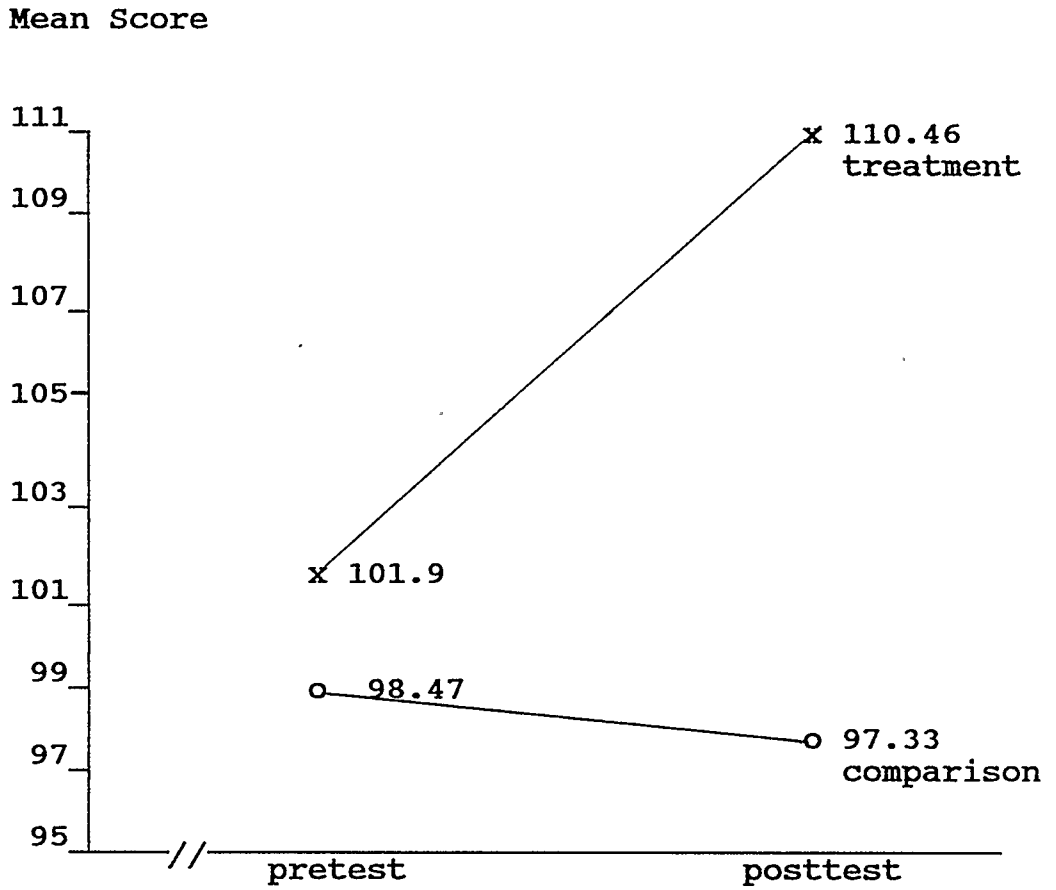
The smallest increase in mean comfort level was for the item "telling the counsellor that you believe a particular student is suicidal" (change +0.07). The largest increase in mean comfort level was for the item "being expected to identify students in the class who may be at risk of suicide" (change +.61). The average change calculated across all items was +0.32. Results from the comparison group showed an increase in 8 items, a decrease in 12 items, and no change in 5 items.

The four items which experienced the largest increase from pre to posttest in group mean score for the treatment group were: being expected to identify students at risk of suicide (pre 3.39, post 4.00), preparing and presenting a class on adolescent suicide (pre 4.04, post 4.64), telling a parent that his or her child may be suicidal (pre 3.46, post 4.00), and being asked by a group of students to help them help a friend who they believe is suicidal (pre 4.04, post 4.50).

Group scores for the Presenter Comfort Scale were calculated in order for a two-way ANOVA to be performed. Group scores, as shown in Figure 1, show that the treatment group score increased from the pretest (M=101.90, SD=15.21) to the posttest (M=110.46, SD=12.09), while the comparison group scores decreased slightly (pre: M=98.47, SD=12.15; post: M=97.33, SD=11.37).

The results from the ANOVA (see Table 3) determined that a significant interaction had occurred, $F(1,1) = 16.35$, $p < .0002$. The analysis also found that the interaction was due to a change in scores across occasions rather than a difference between the two groups $F(1,1) = 9.61$, $p < .003$.

It was possible to determine which group produced this effect by doing a one-way ANOVA for each group using occasion as the independent variable. The results (Table 4) showed a highly significant effect across testing occasions for the treatment group $F(1,27) = 26.39$, $p < .00001$, but not for the comparison group.



Note: Maximum Score = 125

Figure 1. Interaction Graph of Group Mean Scores for the Presenter Comfort Scale

Table 3

Summary Table: Two-way ANOVA for the Suicide Presenter Comfort Scale (Occasion by Group)

	SS	DF	MS	F	P
Occasion	270.19	1	270.19	9.61	0.003*
Group	1337.82	1	1338.82	4.25	0.05
O x G	459.96	1	459.96	16.35	0.0002*
Error	1153.29	41	28.13		

* Significance level surpasses the set level of p<.05

Table 4

Summary Table: Repeated Measures ANOVA for the Suicide Presenter Comfort Scale (Occasion)

Source	SS	DF	MS	F	P
Occasion (Treatment)	1028.57	1	1028.57	26.39	0.0001*
Error	1052.43	27	38.98		
Occasion (Comparison)	9.63	1	9.63	1.34	0.27
Error	100.87	14	7.20		

* Significance level surpasses the set value of p<.05

This finding strongly supports the major hypothesis of the study. Those subjects in the treatment group were significantly more comfortable performing tasks associated with conducting suicide awareness classes after they took part in the program than they were before they participated in the program.

Presenter Characteristics

The Presenter Characteristics questionnaire was developed to determine if subjects could differentiate between the characteristics in terms of their importance to a suicide awareness presenter. All characteristics had previously been identified in the literature as being important.

Rank orders were determined by adding the rank scores assigned to each characteristic by all members of the subject group (see Appendix C-2). The resulting total rank score was then used to rank order the seven characteristics. The lower the total rank score, the higher the level of importance. Therefore, the characteristic with the lowest total rank score was assigned a group rank of 1. The next lowest was assigned a group rank of 2, and so on.

One constant finding across both groups and both occasions is that the characteristic "concerned" always ranked 7. "Comfort" was ranked most important by the treatment group for both pre and post tests, and by the

Table 5

Two-Way Friedman ANOVA for the Presenter Characteristics Questionnaire

Characteristic	Mean Rank	N	x^2	DF	P
Knowledge about crisis intervention					
Pre	1.43	43	0.84	1	0.54
Post	1.57				
Compassionate					
Pre	1.55	43	0.37	1	0.54
Post	1.45				
Comfortable talking about suicide					
Pre	1.60	43	1.88	1	0.17
Post	1.40				
Desire to help					
Pre	1.58	43	1.14	1	0.29
Post	1.42				
Nonjudgemental					
Pre	1.58	43	0.02	1	0.88
Post	1.51				
Knowledge about accurate suicide information					
Pre	1.38	43	2.33	1	0.13
Post	1.62				
Concerned					
Pre	1.42	43	1.14	1	0.29
Post	1.50				

comparison group in the post test. This characteristic was ranked second by the comparison group in the pretest.

Three characteristics consistently ranked the highest in importance for both groups. These were "comfort", "knowledge about crisis intervention", and "knowledge about accurate suicide information".

Statistical analysis performed on this data (see Table 5) revealed that there was no statistical difference in the rankings of the characteristics between groups or between occasions. This means that subjects did not differentiate between the importance of the seven characteristics.

Teaching Techniques

The Teaching Techniques questionnaire provided information about techniques which could be used to present suicide related information. Group responses could be used to determine which techniques subjects were most comfortable using, and which techniques were the least comfortable to use. This questionnaire also provided information about the techniques which were most affected by subject participation in the Suicide Awareness Presenter Training Program.

For the purposes of analysis, group means for each item were calculated (see Appendix C-3). This was done by adding group members' ratings of each item and dividing the total score for that item by the number of subjects in the group. A mean score of less than 3.0 represented some degree of

discomfort with using the technique. A score of 3.0 to 3.9 was considered to be neutral, while a score of 4.0 or higher was representative of a level of comfort which would increase the chance that the technique would be used in a suicide presentation. These score divisions were set in accordance with the scales used on the questionnaire.

Items which received the highest mean scores from both groups on both testing occasions were: directed small group discussion, use of films or videos, directed large group discussion, guest speakers and use of hand-out materials.

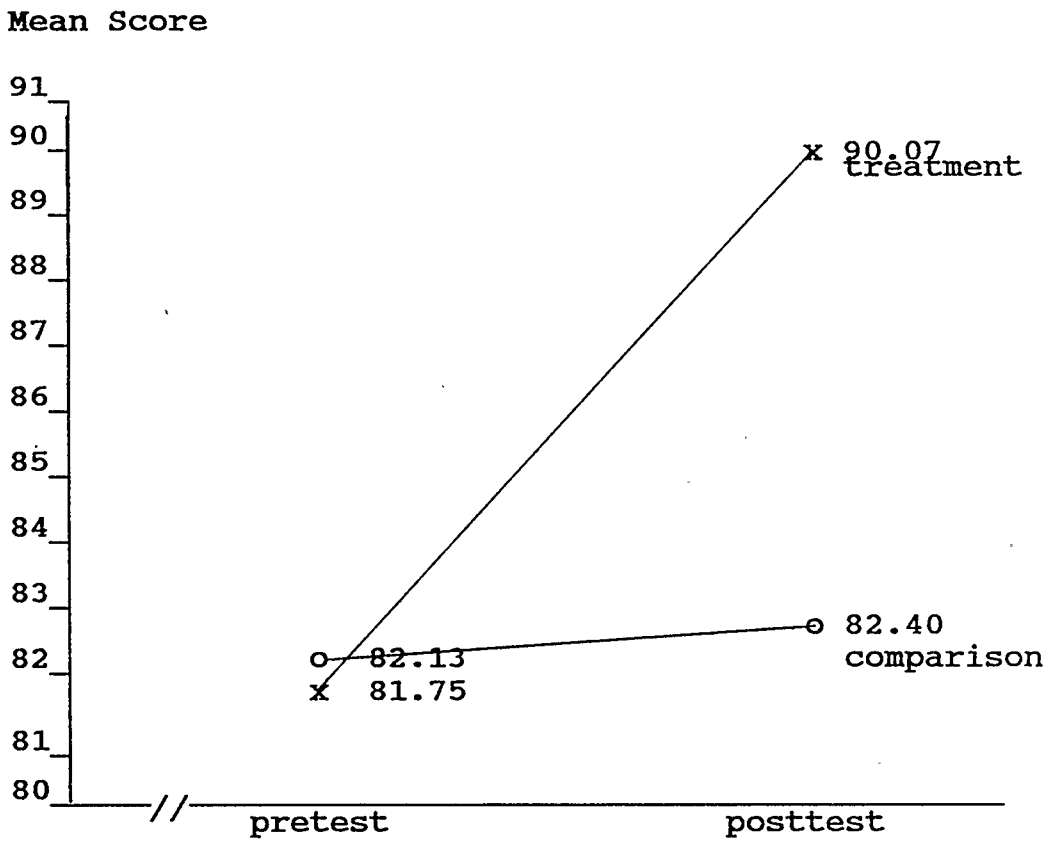
In order to determine the possible influence of the training program on the degree of comfort assigned to the items by subjects it was necessary to compare pre and posttest scores. In the comparison group there was an increase in comfort for 8 items, a decrease in 8 items, and no change in 5 items. Results from the treatment group showed an increase in group mean scores for all 21 items. The smallest increase was for the item "assignment of research papers" (change +0.17), the largest increase was for "use of filmstrips" (change +1.0), while the average change was +.42.

The five items which experienced the largest increase in group mean scores for the treatment group were: use of film strips (pre 3.25, post 4.25), open large group discussion (pre 3.71, post 4.32), use of hand-out materials (pre 4.11, post 4.71), and guided activities (pre 3.86, post 4.39).

To test the hypothesis that the treatment group scores would increase from pre to post test while the comparison group scores would remain constant, the group mean scores were calculated. The change in scores can be seen in Figure 2. Scores for the treatment group in the pretest (M=81.75, SD=12.59) were similar to those for the comparison group (M=82.13, SD=9.80). However, posttest scores show that the treatment group score increased to a mean of 90.07 (SD=9.51) while the comparison group score stayed much the same (M=82.40, SD=10.12).

To test the significance of this result a two-way ANOVA was calculated (Table 6). The results were found to be significant $F(1,1) = 19.82$, $p < .0001$, meaning that the group scores did not change at the same rate. This interaction effect was due to a significant difference in scores across occasions $F(1,1) = 22.53$, $p < .000001$, rather than a difference between the two groups.

In order to determine if this effect was due to a change in scores in the treatment group or the comparison group further analysis was required (Table 7). The results confirm the hypothesis. There was a significant difference across occasions for the treatment group $F(1,27) = 42.63$, $p < .00001$. but not for the comparison group. The results suggest that the workshop did have a significant effect by increasing participant scores on the teaching technique questionnaire.



Note: Maximum score = 105

Figure 2. Interaction Graph of Group Mean Scores on the Teaching Techniques Questionnaire

Table 6

Summary Table: Two-way ANOVA for the Teaching Techniques Questionnaire Occasion by Group

Source of Variation					
Occcasion	360.20	1	360.20	22.53	0.000001*
Group	259.40	1	259.40	1.20	0.28
O x G	316.85	1	316.85	19.82	0.0001*
Error	655.52	41	15.99		

* Significance level surpasses the set value of p<.05

Table 7

Summary Table: Repeated measures ANOVA for the Teaching Techniques Questionnaire Occasion)

Source of Variation	SS	DF	MS	F	P
Occasion (Treatment)	969.45	1	969.45	42.63	0.00001*
Error	614.05	27	22.74		

	SS	DF	MS	F	P
Occasion (Comparison)	0.53	1	0.53	0.18	0.68
Error	41.47	14	2.96		

* Significance level surpasses set value of p<.05

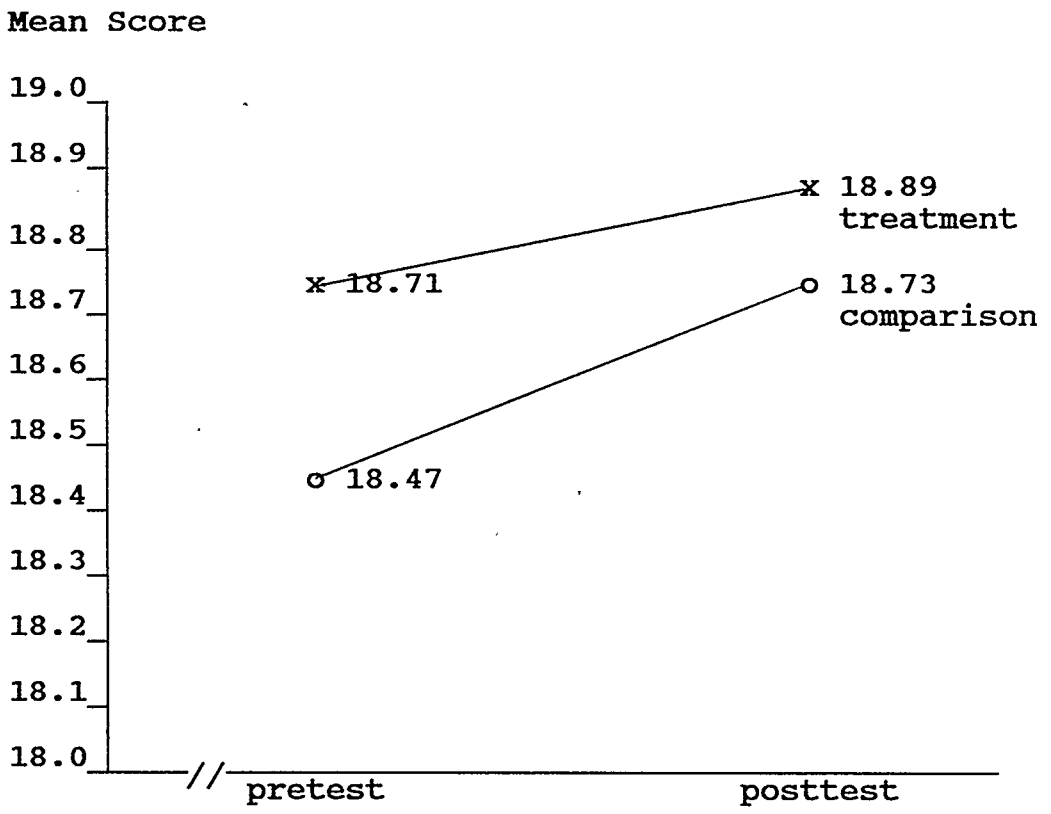
Suicide Intervention Response Inventory (SIRI)

Subject scores on the SIRI reflect a total score for the inventory. The items in the test were examined in terms of the percentage of subjects in each group who responded to each item correctly (see Appendix C-4).

The majority of items in the SIRI elicited correct responses from at least 85% of the subjects in both groups on both testing occasions. Three items did not meet this standard. Item number 10 was concerned with making a no-suicide contract. The treatment group had 100% correct responses for both pre and posttests. 66.67% of the comparison group responded correctly to this item in the pretest, while 73.3% did so in the posttest.

A correct response to item number 14 revealed the subject's ability to confront, rather than deny the threat of suicide. Results indicated an increase in correct responses to this item for both groups from the pretest to the posttest. The percentage of subjects who had this item correct were as follows: treatment group pretest 67.86%, posttest 73.57%, comparison group pretest 73.33%, posttest 80%.

The final item which was not responded to correctly by at least 85% of the subjects on both testing occasions was item number 17. A correct response to this item demonstrated the subject's ability to restate the negative



Note: Maximum score = 20

Figure 3. Interaction Graph of Group Mean Scores on the Suicide Intervention Response Inventory

Table 8

Summary Table: Two-way ANOVA for the SIRI (Occasion by Group)

Source Variation	SS	DF	MS	F	P
Occasion	0.97	1	0.97	1.22	0.27
Group	0.81	1	0.81	0.23	0.63
O x G	0.04	1	0.04	0.05	0.83
Error	32.52	41	0.79		

feelings of the student rather than to intellectualize the situation. The percentage of subjects who responded correctly to this item from pretest to posttest for either group did not change (treatment group 82.14% and comparison group 73.33%).

Group scores for the SIRI from pre to posttest occasions are shown in Figure 3. Both groups showed a slight increase in scores. The treatment group went from a pretest mean of 18.71 (SD=1.32) to a posttest mean of 18.89 (SD=1.75), while the comparison group scores increased from 18.47 (SD=1.13) in the pretest, to 18.73 (SD=1.44) in the posttest.

A two-way ANOVA (see Table 8) confirmed that there was no significant difference between these scores $F(1,1)=.15$, $p. <.83$. This finding does not support the hypothesis that the treatment group score would increase as a result of participation in the training program.

Suicide Prevention Center Assessments

The results for the SPC. Assessment tests are presented in sections corresponding to the items included in the questionnaire. Although only three items are pertinent to the hypotheses of this study, the other items provide information which is interesting from an investigative point of view.

In keeping with the format that has been established to present the findings of this study, results will be reported in descriptive terms first, followed by the results of the statistical analysis. The first section utilizes frequency distributions to describe subject responses to the various questions. It is recognized that these findings are exploratory in nature and that they are not statistically relevant. All items are included in this section.

The second part of these findings reports the statistical analysis of three specific items. These three items: indicators of adolescent depression and/or suicide, crisis intervention strategies, and the true/false section were the only parts of the questionnaire for which responses could be scored.

For the purpose of analysis, subject scores for the "indicators" and "strategies" sections were combined. The subject scores on the true/false section were analyzed separately. These two scores were not added together because they measured different types of knowledge. The first score measured subjects knowledge regarding identifying and assisting a suicidal student, while the true/false section measured subjects knowledge of general suicide information.

Frequency Results

Indicators of Adolescent Depression and/or Suicide

The percentage of subjects in each group who correctly replied to each item was of interest in this question (see Appendix C-5). Two items had a lower correct response rate than the others. This was consistent with both groups and on both testing occasions. These items are: behaving in a hostile, aggressive manner and being unable to concentrate in class.

An examination of pre and posttest differences for the comparison group shows that the percentage of correct responses stayed the same for four items and increased for one item. Results from the treatment group showed that the percentage of correct responses remained the same for two items, increase for two items, and decreased for one item.

The items that showed no change for the treatment group were: talking about death and dying (100%), and withdrawing from activities with peers (96.43%). The items for which there was an increase in correct responses were: behaving in an aggressive, hostile manner (pre 60.71%, post 78.57%), and being unable to concentrate in class (pre 75%, post 89.29%). The one item which experienced a drop in correct responses was expressing feelings of hopelessness and helplessness (pre 100%, post 96.43%).

Crisis Intervention Strategies

Responses for the questionnaire topic regarding subject knowledge of appropriate crisis intervention strategies were categorized according to the percentage of subjects in each group who responded correctly to the individual items (see Appendix C-6).

A comparison of percentages of correct responses across testing occasions for both groups revealed that changes did occur. In the treatment group, two items stayed constant, three increased, and one showed a decrease in percentage of correct responses. The two items which had no change were trust building (100%) and listing options for problem resolution (67.86%). The item "asking directly about suicidal intent" showed an increase from 96.43% to 100% correct responses. "Empathy" increased from 89.29% to 100%. The item that recorded the most change across testing sessions for the treatment group was concerned with ignoring the threat. In the pretest 82.14% responded that this intervention was not helpful. In the posttest the percentage of correct responses increased to 96.43%.

The comparison group also reported changes from pretest to posttest. However, of the four items that did change, all showed a decrease in the number of correct responses. The items in this group were: list options for problem resolution (pre 80%, post 73.33%) trust building (pre 93.33%, post 86.67%) and asking directly about suicidal intent (pre 93.33%, post 86.67%). The other item that

reported a change was concerned with ignoring the threat. In the pretest, 93.33% of the comparison subjects said this should not be done, while in the posttest 73.33% said ignoring the threat would not be appropriate.

Behaviors Which Would Prompt Intervention

The percentage of subjects in each group who would approach a student if the student was displaying a particular behavior was the focus of this question (see Appendix C-7).

Three behaviors were conspicuous because of the low percentage of subjects who would respond to them. These were: dropping out of activities, dropping grades, and asleep/nonattentive in class. The low percentage of response was consistent for both groups and both testing occasions.

The behaviors which would generate the most attention from the subjects also showed similarities between the two subject groups. Subjects would be more likely to approach a troubled student when approached first by the student, or when they were approached by another concerned student.

An examination of the difference in group responses from the pretest to the posttest showed that the treatment group responses changed in 6 of the 8 items (5 of the 6 showed increases), whereas the comparison group stayed the same in 6 items and decreased responses in the other two.

The five behaviors which experienced an increase in the percentage of treatment group subjects who would respond to the behavior were: dropping grades (pre 57.14%, post 60.17%), asleep/nonattentive in class (pre 50%, post 64.29%), dropping out of activities (pre 60.71%, post 71.43%), isolating self from peers (pre 85.71%, post 89.29%), and any change in behavior or routine (pre 64.29%, post 78.57%). The one activity for which fewer treatment subjects would respond to in the posttest than in the pretest was crying behavior (pre 92.82%, post 89.29%).

The comparison group responses from pre to posttest remained constant for all behaviors except isolating self from peers (pre 86.67%, post 80%) and any change in behavior (pre 93.33%, post 86.67%).

Resources

The percentage of subjects in each group who would consider using the specific resource when confronted with a depressed or suicidal student was the issue of concern in this question (see Appendix C-8). The treatment and comparison group subjects report similar use of resources.

The most popular resources, as indicated by the largest percentage of responses by both groups were: the subject as resource, school psychologist/counsellor, parents, local mental health centre, and other resources. The one resource that consistently received the lowest response was administrators (treatment: pre and post 71.43%, comparison:

pre 66.67%, post 53.33%).

The local resources that were identified by the subjects were also similar. Subjects identified the following resources as places they would use: Distress centre/Drug Centre, Teen Line, Hospital Emergency Unit, Woods Treatment Centre, and physicians.

A comparison of pretest and posttest results for the treatment group showed no change in the percentage of subjects considering using themselves (96.43%), the student's peers (89.29%) and administrators (71.43%). There was a slight decrease in the use of parents (pre 96.43%, post 92.86%), other teachers (pre 92.86%, post 89.29%), and a larger decrease in the use of other resources (pre 85.71%, post 71.43%). The treatment groups' perceived use of the Local Mental Health Centre increased from 85.71% to 96.43%.

The use of resources which would be considered by the comparison group from pre to posttest sessions showed no change in one item (the student's peers), and a decrease in use of the remaining 7.

Experience with Students' Problems

Subjects' experience with a variety of student problems is reported as the percentage of subjects in each group who have been approached by a student with the specific concern addressed by the item (see Appendix C-9).

Data from the treatment group show that 100% of the subjects in both pre and post tests had been approached by

students with family problems, emotional problems, and peer problems. There was a slight increase in the percentage of subjects who had helped students who had boy/girl problems (pre 96.43%, post 100%), and students who expressed suicidal thoughts or behavior (pre 82.14%, post 85.71%).

Comparison group subjects reported less experience with all types of student problems than the treatment group subjects. There was also no change in pre to post test response for any of the five items. 93.33% of the comparison group had been approached by students who had family problems, peer problems, and boy/girl problems. 53.33% of the comparison subjects had been approached by a student who expressed suicidal thoughts or behavior.

Suicide Knowledge

The true/false portion of the SPC Assessment was designed to evaluate subjects knowledge of basic suicide information and knowledge of the myths about suicide. Data from this section is presented as the percentage of subjects in each group who responded correctly to the item (see Appendix C-10).

The majority of the questions were answered correctly by at least 80% of the subjects in both groups and for both occasions. The two items which recorded the lowest percentages of correct responses from both groups in the pretest situation were: very few people under age 14 commit suicide (treatment 50%, comparison 73.33%) and most suicides

occur around holidays such as Christmas (treatment 28.57%, comparison 53.33%).

A comparison of the changes in percentages of correct responses for each group between pre and post test occasions showed important differences. Results from the treatment group showed an increase in 8 items, decrease in 3 items, and no change in 6 items. Results from the comparison group showed an increase in 6 items, decrease in 6 items, and no change in 5 items.

The treatment group results comparing pre and posttest data showed that for some items there was a large increase in the percentage of subjects who responded correctly. Four items had an increase of at least 20%. They were: most suicides occur around holidays such as Christmas (pre 28.57%, post 82.14%), suicidal persons are fully intent on dying (pre 50%, post 89.29%), people who talk about suicide are not likely to be the ones to commit suicide (pre 71.43%, post 96.43%), and very few children under age 14 commit suicide (pre 50%, post 71.43%).

Data from the comparison group show only one item which had an increase of this magnitude. It was "most suicides occur with no prior warning" (pre 80%, post 100%).

Comfort Discussing Suicide

The percentage of subjects in each group who reported that they were comfortable discussing suicide in the

situation given is reported for this question (see Appendix C-11).

In terms of discussing suicide with individual students, the treatment group reported more comfort in the posttest (100%) than in the pretest (92.86%). The comparison group reported a decrease in comfort with this activity (pre 93.33%, post 86.67%).

The item concerning discussing suicide in a classroom was not included in the pretest questionnaire however results from the posttest showed treatment group subjects to be more comfortable doing this than the comparison group subjects (treatment 100%, comparison 86.67%).

Setting for the Discussion of Suicide

Subject choice of home or school as being appropriate settings for the topics of death, depression and suicide was the issue of concern for this item (see Appendix C-12). Results indicated that all subjects in both groups agreed unanimously that both settings were appropriate. There was no change from pretest to posttest.

Balance of Compassion and Discipline

The number of occasions subjects reported the need to balance their feeling of compassion with the need to maintain order and discipline in the school was represented by the percentage of subjects who chose each alternative (see Appendix C-13).

The results of the treatment group showed that in the pretest the majority of subjects (53.57%) felt they occasionally had to balance compassion with discipline. In the posttest, this choice was selected by 39.29% while the responses to the alternative "seldom" increased from 32.14% (pre) to 50% (post).

Comparison group responses did not change from pre to posttest. For this group, 66.67% reported they occasionally had to balance compassion with discipline, while 20% did this frequently. The response "seldom" was chosen by 13.33% of the comparison group.

Opportunities to Influence Children

The level of opportunity that subjects felt they had to influence students is reported as the percentage of subjects in each group who selected each alternative (see Appendix C-14).

At least 80% of the subjects in both groups felt they had frequent opportunities to influence students. Although there was a slight change from pre to post results, this finding is consistent. The treatment group showed a slight increase in the percentage of subjects who chose the "frequent" response (pre 82.14%, post 85.71%), while the percentage of comparison group subjects who chose this response decreased from 86.67% (pre) to 80% (post).

Statistical Analysis

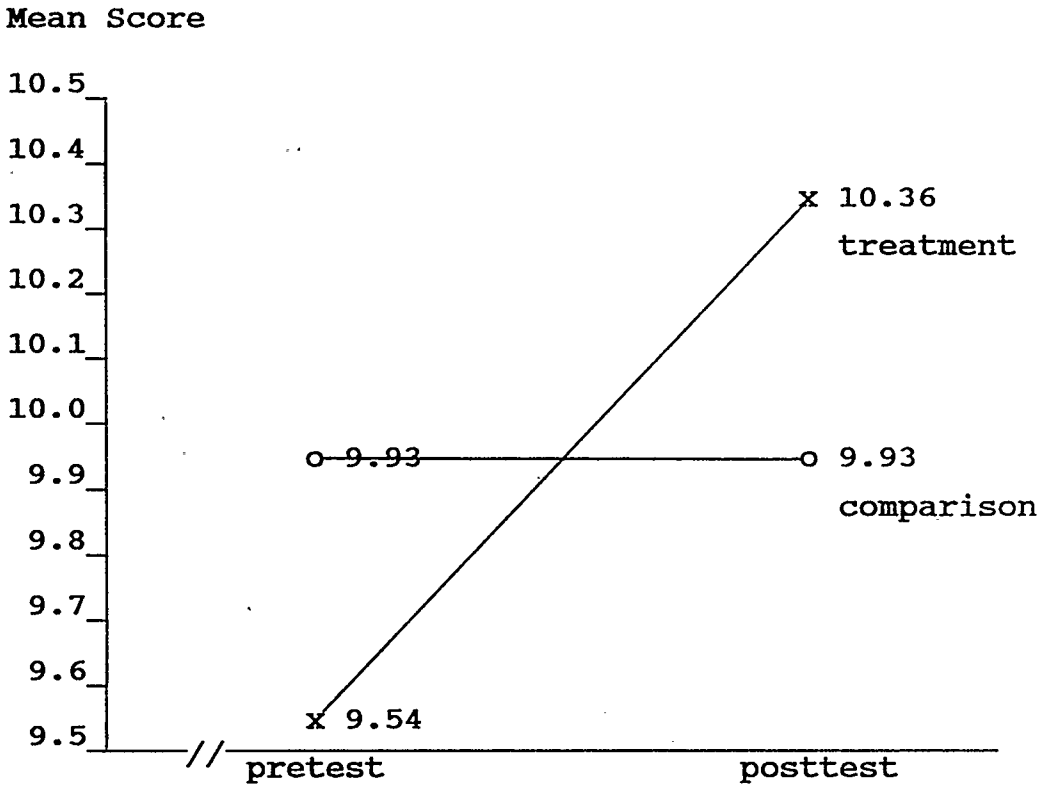
As stated earlier, statistical analysis was carried out for two sections of the Suicide Prevention Center Assessment test. The first section reflects subjects' combined scores for the items concerning indicators of depression and suicide, and knowledge of crisis intervention strategies. This section will be entitled "Identifying and assisting a suicidal student". The second section uses the subjects' scores on the true/false section of the test. This section will be referred to as "Suicide knowledge".

Identifying and Assisting a Suicidal Student

Group scores for this measure are displayed in Figure 4. The comparison group scores remained the same from pre to post test with a mean score of 9.93 (SD pre=1.71, SD post=1.75), while the treatment group scores increased from a mean of 9.54 (SD=1.71) in the pretest to a mean score of 10.36 (SD=0.99) in the posttest.

A two-way ANOVA (see Table 9) revealed that there was a significant interaction effect $F(1,1)=4.99$, $p < .03$, and that the effect was due to the testing occasion $F(1,1) = 4.99$, $p < .03$ rather than a difference between the two groups.

Further analysis was carried out (see Table 10) to determine if the significant finding was because of a change in the comparison group scores from pre to post test occasions, or because of a change in the treatment group.



Note: Maximum score = 11

Figure 4. Interaction Graph of Group Mean Scores on the section "Identifying and Assisting a Suicidal Student" of the SPC Assessment

Table 9

Summary Table: Two-way ANOVA for the Section "Identifying and Assisting a Suicidal Student" in the SPC Assessment (Occasion by Group)

Source of Variation	SS	DF	MS	F	P
Occasion	3.29	1	3.29	4.99	0.03*
Group	0.003	1	0.003	0.00	0.98
O x G	3.29	1	3.29	4.99	0.03*
Error	27.05	41	0.66		

*Significance level surpasses the set value of p <.05

Table 10

Summary Table: Repeated Measures ANOVA for the Section "Identifying and Assisting a Suicidal Student" in the SPC Assessment (Occasion)

Source of Variation	SS	DF	MS	F	P
Occasion (Treatment)	9.45	1	9.45	10.18	0.004*
Error	25.05	27	0.93		
Occasion (Comparison)	0.000001	1	0.000001	0.00	1.00
Error	2.00	14			

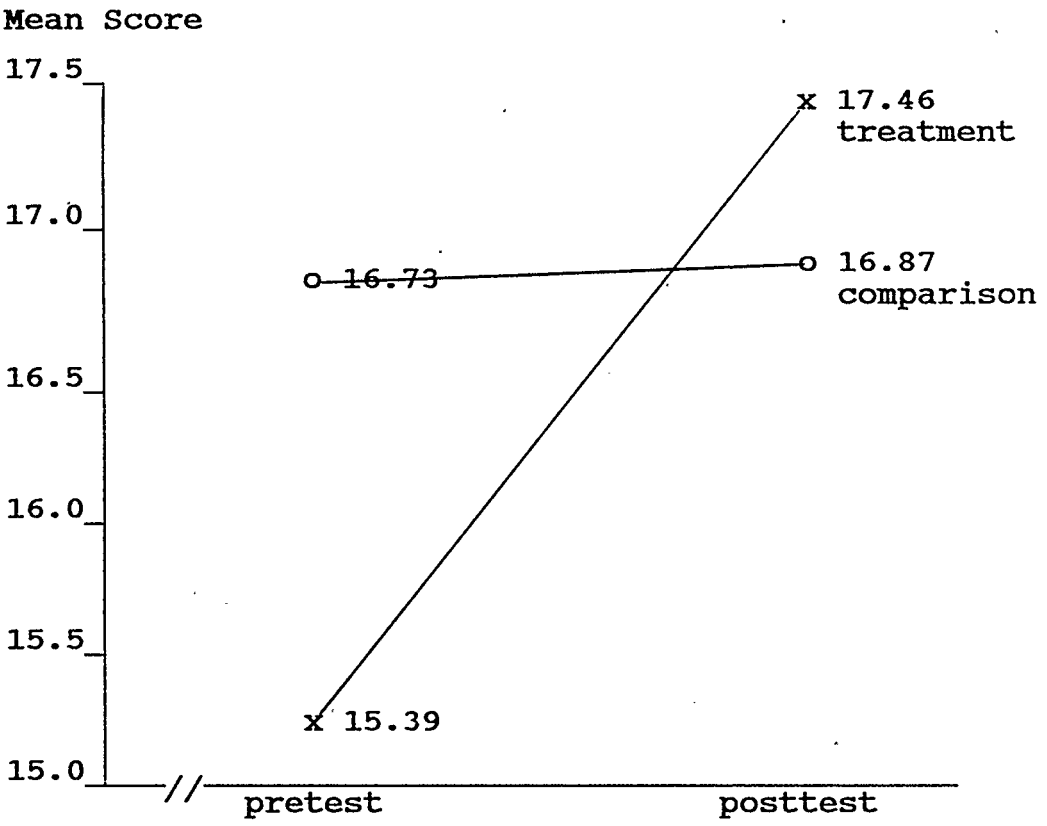
*significance level surpasses set value of p <.05

The results of the ANOVA confirmed the hypothesis that the treatment group scores with regards to knowledge concerning identifying and assisting suicidal students would increase after participating in the training program $F(1,27) = 10.18$, $p < .004$.

Suicide Knowledge

Results of the true/false section of the SPC Assessment are shown in Figure 5. The comparison group scored slightly higher than the treatment group on the pretest. The mean score for the comparison group was 16.73 (SD=1.83), while the mean score for the treatment group was 15.39 (SD=1.57). The posttest scores showed the treatment group (M=17.46, SD=1.26) increased more than the comparison group (M=16.87, SD=2.20) and that they now had a higher score than the comparison group.

Results from the two-way ANOVA (see Table 11) show that there was a significant interaction effect $F(1,1) = 18.00$, $p < .0001$, and that this was due to a variation in scores across testing occasions $F(1,1) = 23.29$, $p < .00001$. Further analysis (see Table 12) determined this variation was a result of changes in the treatment group scores from pre to post test $F(1,27) = 54.19$, $p < .00001$. This result supported the hypothesis that subjects in the treatment group would experience an increase in their knowledge regarding factual information about suicide after participating in the training program.



Note: Maximum score = 19

Figure 5. Interaction Graph of Group Mean Scores for the "Suicide Knowledge" section of the SPC Assessment

Table 11

Summary Table: Two-way ANOVA for the "Suicide Knowledge" Section of the SPC Assessment (Occasion by Group)

Source of Variation	SS	DF	MS	F	P
Occasion	23.74	1	23.74	23.29	0.00001*
Group	2.69	1	2.69	0.61	0.44
O x G	18.34	1	18.34	18.00	0.0001*
Error	41.79	41	1.02		

*Significance level surpasses the value set p <.05

Table 12

Summary Table: Repeated Measure ANOVA for the "Suicide Knowledge" Section of the SPC Assessment (Occasion)

Source of Variation	SS	DF	MS	F	P
Occasion (Treatment)	60.07	1	60.07	54.19	0.000001*
Error	29.95	27	1.11		
Occasion (Comparison)	0.13	1	0.13	0.16	0.70
Error	11.87	14	0.85		

*Significance level surpasses the set value of p <.05

Chapter Six

Discussion

Evaluation of the Suicide Awareness Presenter Training Program took place in two ways. The first was to evaluate the program in terms of its success in meeting its primary goal - that of increasing the comfort level which participants had regarding conducting suicide awareness classes. The second aspect of the evaluation was to determine if the program was successful in terms of increasing participant knowledge regarding the issues that were addressed in the program. The areas of assessment were:

(1) awareness of the personal characteristics which have been identified as being important for suicide awareness presenters to have,

(2) comfort using a variety of teaching techniques,

(3) knowledge of risk assessment and crisis management skills, and

(4) knowledge of factual suicide information.

In general, the results of the study were positive. The use of the pretest-posttest design using a comparison group allowed for several extraneous variables to be controlled, and thus made it possible to conclude that the training program was the most likely factor to account for changes in responses to the various test instruments.

When subjects were selected and put into either the

comparison or treatment group, there was no reason to believe that there were major differences between the groups. The demographic data however, revealed there were some differences between the two groups that may have affected the results of the study. The major difference concerned subject experience with suicidal students and subject experience with opportunities to learn suicide information.

The treatment group overall reported having more experience with suicidal students. This group also reported more personal interest in suicide than did the control group. This was reflected by the larger percentage of subjects who attended suicide related workshops and who did personal reading on the topic of suicide.

Due to the fact that subject placement in either group was done according to their availability for the workshop, it may have been the case that those who were more interested in the topic of suicide would have made more of an effort to be available to participate in the training program, than the other subjects. This self-selection process may account for some of the differences mentioned between the two groups.

If these differences had an affect on the results of the study it would have appeared in two ways. Firstly, experience and knowledge in the area of suicide may have affected subject scores on some of the test instruments, in particular, the SIRI and the parts of the SPC Assessment which dealt with basic information. If this was the case,

one might expect that the treatment group and the comparison group would have significantly different pretest scores on these tests. This did not occur.

Another way that the results could have been affected by the different knowledge levels of the two groups was if the treatment group subjects had more knowledge with regards to the issues addressed in the test instruments, it would have been more difficult for them to experience significant increases because of a ceiling on test scores. Again, the results show this was not the case. In all test instruments, except the SIRI, the treatment group showed significant increases in scores on the questionnaires while the comparison group experienced no significant change.

These points illustrate that for this particular study, it is unlikely that the differences in knowledge and experience between the groups had an effect on the outcome of the study.

Presenter Comfort Scale

The Suicide Awareness Presenter Training Program was successful in terms in increasing participants scores in the Presenter Comfort Scale. The increase in comfort level for the treatment group was highly significant and it is unlikely that other factors could have accounted for the change. This is especially true given that many variables

were controlled for by the use of the comparison group.

It is useful to look at the changes in specific items in the Comfort Scale to get an understanding about which activities seemed to be most affected by the training program. Although these findings cannot be supported statistically they do indicate trends which may be important.

The two items which experienced the greatest increase in reported comfort levels were concerned with being expected to identify students in the class who may be at risk of suicide, and preparing and presenting a class on suicide. These two activities were directly related to the primary objective of the program.

An increase in subject comfort with the task of identifying students at risk of suicide suggests that the treatment group subjects felt they had more information about how to identify students at risk and felt better able to deal with the situation appropriately. This information was included in the section of the program dealing with risk assessment and crisis management.

The item concerned with preparing and presenting a class on suicide reflects the major purpose of the training program. An increase in the comfort level of the group with regards to this activity supports the general finding that the program did achieve its purpose.

Presenter Characteristics

No hypothesis was made regarding this test instrument as no similar investigation has previously been conducted. This test instrument was included in the study to determine if people could differentiate between the seven characteristics in terms of their importance to a presentation. All characteristics have been identified in the literature as being important for presenters or crisis workers to have. Each of these characteristics was mentioned during the Presenter Characteristics section of the training program but none were discussed as being more important than the others.

The results showed that the subjects did not make any distinction between the characteristics in terms of their perceived level of importance. This finding was true across groups and occasions. It may have been assumed that because the focus of the program was on presenter comfort level, subjects may have been more inclined to choose this as being the most important characteristic. Although most subjects did in fact do this, there was no statistical significance to this choice.

The design of this questionnaire may have had some affect on the results. It might be helpful for future researchers in the area to develop a study which evaluates the reliability and validity of this instrument. Another factor that may have had an effect on the results of this

questionnaire was that it may have been susceptible to influences which were not involved with the study. This would include the subjects' evaluation of their own characteristics or the subjects' perception of the qualities which they desire to have.

Teaching Techniques

One of the goals of the Suicide Awareness Presenter Training Program was to expose participants to a variety of techniques which could be used to teach suicide related information. The rationale for this was that presenters who knew a variety of techniques would be able to design presentations which would address the specific needs of the class, and which would also allow them to enhance their own teaching style. The result would be that presenters would feel more comfortable teaching the class because it would be tailor-made for both the class and the presenter.

The results show that participation in the training program had a significant effect on subjects perception of comfort using the techniques discussed in the workshop. Subjects who participated in the training program reported higher scores on the Teaching Techniques questionnaire in the posttest than in the pretest. This suggests that the training program was successful in terms of providing participants with information about teaching techniques. Total test scores were used in this analysis, thus it is

impossible to say whether the increase was due to techniques moving up from the uncomfortable range, or whether techniques which had already been designated as being comfortable to use were increased.

Because of the small sample size it was not possible to run a statistical analysis on changes for the individual items. However, all 21 items did experience an apparent increase in level of comfort assigned to them by the treatment subjects. This supports the statistical results showing that there was a training effect.

The two techniques which seemed to benefit the most from the training program were use of filmstrips and open large group discussion. It is possible that participants had an increase in comfort using filmstrips because discussion on this technique centered around participant use of filmstrips and their suggestions on how these could be used in class. It is interesting that the discussion on use of films and videos brought up the same kinds of suggestions but this technique did not experience an increase as large as that for filmstrips. This may be because filmstrips are not as widely used as films or videos. In the pretest many people may not have felt comfortable with them because filmstrips are often assumed to be out of date and perhaps not as stimulating as films or videos. After the discussion in the workshop during which some participants shared their experiences and suggestion with this technique, those who may have been wary of using filmstrips may have felt

somewhat more informed, and therefore were more comfortable with the possibility of using them.

The other technique which showed a relatively large increase in comfort level was open large group discussion. The increase in this item may reflect an increase in the participants overall sense of confidence being able to handle an unstructured discussion on suicide. When people are unsure about teaching a topic it is more comfortable to keep the discussion very structured to decrease the likelihood that a situation might arise which would challenge their control of the class or which would put them in an unfamiliar role (eg. having to comfort a student who starts to cry during the presentation). An increase in comfort using an open discussion may suggest that participation in the workshop helped subjects feel more informed about the issue of suicide, and better prepared to cope with most situations that could occur during an unstructured discussion.

Knowledge of Risk Assessment and Crisis Management

An evaluation of the training programs success in terms of teaching participants information regarding risk assessment and crisis management utilized results from two test instruments. The SPC Assessment contained items which related to risk assessment in terms of knowledge of indicators of suicide risk, and crisis management in terms

of appropriate response behaviors and use of resources. The SIRI dealt only with crisis management as it related to appropriate verbal responses to suicidal students.

Results from the SPC Assessment showed that the training program had a positive effect on participants' knowledge with regard to identifying suicidal students, and knowing what to do to help. The two sections for which responses were combined to provide a means for statistical analysis were: identifying indicators of suicide and knowing appropriate intervention behaviors. Results showed that those subjects who took part in the Suicide Awareness Presenter Training Program demonstrated a significant increase in correct responses to these issues.

The items which reported the largest increase in correct responses (although not statistically significant) in terms of being identified as indicators of suicide risk were those which relate to masked behaviors such as behaving in a hostile, aggressive manner and being unable to concentrate in class. As these behaviors often go undetected as potential warning signs of suicide, it is especially helpful that the training program seemed to have a positive effect on creating an awareness about these behaviors.

The items regarding knowledge of appropriate responses also showed a favorable trend. The erroneous belief adopted by many people was that it was best to ignore the threat of

suicide. The results of this study indicated that more people in the treatment group disagreed with this action in the posttest than in the pretest. This suggests that participation in the training program helped participants to realize that all suicide threats must be taken seriously.

The use of resources is an important part of crisis management. It is important for presenters to know the resources that are available within the community and that they would utilize those resources which are appropriate. Statistical analysis could not be carried out on this item due to the small sample number, however it was possible to make some general observations. There did not appear to be much change in use of resources from pretest to posttest for either group. There were some similarities between groups in terms of the resources which were more likely to be accessed, and those which were less likely to be used.

Subjects tended to select the more traditional resources for help. These included school cousellor/ psychologist, self, parents, mental health agencies and other agencies. Subjects were less likely to go to other teachers or the students peers, and were least likely to contact school administrators for help. It is interesting that administrators received the lowest response rate. One explanation for this finding is that administrators are often viewed as being more out of touch with students personal concerns than other school personnel.

The results from the SIRI, which determined subjects knowledge regarding appropriate verbal responses to a suicidal student were not significant. This should not be perceived as a reflection that the program did not achieve its goal of teaching crisis management skills. Subject scores on the SIRI were fairly high at the time of the pretest, and the posttest results support the concept of a ceiling effect with this instrument. Although the potential of a ceiling effect was known to the author at the time the test was selected, there was no way of knowing that the subjects' level of knowledge would be as high as it was.

Knowledge About Factual Suicide Information

Although factual suicide information was not specifically addressed as a section in the workshop, it was expected that participation in the program would lead to an increase in general knowledge regarding suicide. This hypothesis was supported by the data. The suicide knowledge section of the SPC Assessment was used as the test instrument for this hypothesis. Statistical analysis showed that there was a significant increase in subjects correct responses to true/false questions after participating in the training program.

The items that demonstrated the largest increase in percentage of correct responses reflected some of the most popular myths about suicide. These myths include: most

suicides occur around the holidays, suicidal persons are fully intent on dying, and people who talk about suicide are not likely to be the ones to commit suicide. Although these increases cannot be said to be statistically significant, it is helpful to know that participation in the program appeared to successfully debunk these myths.

Limitations of the Study

A study which depends on the generosity of volunteer subjects is often at the mercy of many outside forces. This is especially true when the population of interest included individuals who work full time, and when participation in the study required from a few hours to a whole day of commitment. As a result of these factors, the sample population was much smaller than desired, and the subject group sizes were unequal. This created many limitations on the type of statistical analysis which could be done, especially with regards to item analysis on some of the testing instruments.

Differences in the characteristics of the groups could not be controlled for in the selection procedure. It is possible that these differences may have had an effect on the results of the study.

Another limitation of this study is the fact that several test instruments had to be constructed specifically for this study. This study should be regarded as being

exploratory and investigative with the purpose of bring a new focus to an unexplored issue.

Recommendations for Future Research

Further research with the Suicide Awareness Presenter Training Program is recommended. Long term effects of the program could be investigated. The length of time between the workshop and posttest evaluations could be expanded to allow for this type of research. One suggestion for this would be to include a post-posttest approximately one month after the posttest.

Due to the fact that the current study focused on outcome measures which were subjective in nature it would be beneficial for future research to evaluate the program on behavioral measures. This might include such things as evaluating subjects' suicide awareness presentations or evaluating their crisis management skills in role play situations.

The concept of presenter comfort is one which can also be investigated further. It would be especially useful to determine what effect comfort level has on actual presentation behavior. This is an area which does not have to be specific to the topic of suicide. It could have implications for any field which uses presentations as a vehicle for information exchange.

Conclusion

Presenting suicide awareness classes to students is a task which requires many skills. The one skill that has been traditionally considered to be the prerequisite for conducting suicide awareness classes is knowledge about suicide. It has been the premise of this study that knowledge about suicide is not the only factor involved in successful suicide presentations.

The issue of comfort has been identified as being an essential factor to suicide awareness presenters. This concept is believed to encompass several other issues related to suicide awareness presentations, knowledge being one of them. The Suicide Awareness Presenter Training Program was developed for the sole purpose of addressing the issue of comfort level, and to introduce the concept as a major issue to the field of suicide education, especially as it relates to suicide awareness presenters. Although this concept has been identified in the literature, it has not had the level of status or recognition that it should.

In this study, four issues were identified as being components of, or contributing factors to comfort level. These are:

(1) awareness of attitudes about suicide,

(2) awareness of presenter characteristics which contribute to a successful presentation,

(3) knowledge of appropriate teaching techniques for suicide information, and

(4) knowledge of risk assessment and crisis management techniques.

These four issues, in addition to knowledge of basic information were thought to be essential issues in the training of suicide awareness presenters. As a result of this, the Suicide Awareness Presenter Training Program was developed for the sole purpose of providing this information to educators who intended to teach the topic of suicide.

It was believed that training in these four areas would result in an increase in the level of comfort that participants had with regard to conducting suicide awareness classes. Results from the study show that this did happen. The pretest-posttest design found that subjects who participated in the training program were found to have significant increases in comfort as shown in the Presenter Comfort Scale.

Significant changes were also seen regarding an increase in comfort using various teaching techniques, an increase in knowledge pertaining to risk assessment and crisis management skills, and an increase in knowledge regarding general suicide information. No comparable changes were found in the subjects who did not take part in the program.

Differences in group characteristics were greater than desired and we must keep in mind the possible impact of

these differences on the results. This study has shown evidence of an impact of the program on target behavior, but we can have less confidence regarding differential impact. Despite this, it can be concluded that the Suicide Awareness Presenter Training Program seems to have achieved the goals for which it was intended.

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APPENDICES

APPENDIX A

EXECUTIVE SUMMARY OF THE

SUICIDE AWARENESS PRESENTER TRAINING PROGRAM

Appendix A

Executive Summary

Suicide Awareness Presenter Training Program

The Suicide Awareness Presenter Training Program was developed to address the gap in information that is given to educators who are preparing to teach suicide awareness classes. In most cases, the only material that these educators receive is an information manual that suggests what is to be taught to students.

There is more to giving a suicide awareness presentation than simply reciting information from a manual. Suicide awareness presenters need this information, but they also need to be aware of the special role they play in the class, and they need to be prepared for the special circumstances that can arise during a suicide awareness presentation. More importantly however, is the need for presenters to feel comfortable with the subject of suicide and comfortable with the task of presenting this information to a group of students.

The Suicide Awareness Presenter Training Program was designed to provide participants with information which would help them feel more comfortable teaching the topic of suicide. The material included in the program was considered to be the "invisible backbone" of an effective and complete suicide awareness presentation. This term is

used because the issues addressed in the program had not previously been recognized as being fundamental to the training of suicide awareness presenters. The issues have been addressed superficially in some manuals, but they are not always included. This program sought to bring these issues to the forefront, and by doing so, to provide suicide awareness presenters with information that is essential to successful classroom presentations.

Information or content manuals, which provide presenters with the actual material to be presented have been developed and approved for use in several school districts. It was not the intention of this program to duplicate this information. This workshop was to be used in conjunction with content manuals. It was believed that educators who had access to both types of materials would feel adequately prepared to teach suicide awareness classes.

The program was designed to be presented as a one day, seven hour workshop. The manual was to be used to prepare individuals who intended to conduct workshops, and was not meant to be used as a training guide for suicide awareness presenters. The information which formed the core of the program was divided into four sections:

1. Self awareness with regards to death and suicide related issues.
2. Beneficial characteristics of a presenter and the impact of these characteristics on a suicide awareness presentation.

3. Presentation methods and techniques for teaching suicide related material.
4. Suicide risk assessment and basic crisis management skills.

The manual provided the workshop leader with the rationale and objectives for each section, background information about the issues, recommended presentation formats, the information to be taught, participant worksheets, and a participant information package.

People who intend to teach suicide awareness classes need to be aware of the issues which will enhance their presentation, and enable them to feel comfortable about their ability to do their task well. The Suicide Awareness Presenter Training Program was designed and developed with this goal in mind.

Section I: Self Awareness

A suicide awareness presenter's attitudes towards suicide affect the presentation process. If presenters are comfortable talking about suicide, the presentation will be more relaxed and open, thereby enhancing the learning process. Attitudes about suicide will also come into play if the presenter must talk with an identified suicidal student. In order to help the student it is important for the presenter to be as nonjudgemental as possible. If the presenter is aware of his or her attitudes about suicide this will be easier to achieve.

This section of the workshop consists of a series of exercises which encourage and assist participants in their examination of their attitudes about suicide. The exercises initially help participants become familiar with the topic of suicide in general, and then focus on specific issues related to attitudes about adolescent suicide. The final exercise uses a visualization technique which provides an opportunity for participants to become aware of feelings which may affect their ability to help a student at risk of suicide.

Section II: Presenter Characteristics and Opportunities

An important component of any teaching situation is the personal interaction between the presenter and the students. As such, any presentation will be influenced by the characteristics of the person giving the presentation. If educators were to understand the potential affect of their personal characteristics on a presentation, they would be able to ensure that they were doing all they could to make their effect a positive one.

In addition to learning about the influence that presenters have on the presentation of material, it is important to note that presenters also have an opportunity to positively influence their students. In the situation of suicide awareness presentations, these opportunities go beyond teaching valuable life saving information and reach

into the arena of the students' personal growth and well being.

The information in this section of the workshop has been divided into two parts. The first part uses lecture and discussion to help participants identify specific characteristics and qualities which can enhance their effectiveness as presenters. The second part discusses the opportunities that suicide awareness presenters have which fall outside the more obvious teaching component. These opportunities relate to specific areas which will enhance students' abilities to cope with difficulties. The three opportunities outlined in the program are as follows:

1. Presenters can be role models for positive behaviors and coping techniques.
2. Presenters can contribute to the development of a positive self image in their students.
3. Presenters can provide a hopeful outlook for the future which may be adopted by their students.

<u>Section III: Presentation Techniques</u>

People who are being trained to give suicide awareness presentations need to know the material to be taught, and the methods to use to increase the likelihood that the material will be learned. There are a variety of techniques which can be used to present information to students. If presenters know several teaching techniques, they can

develop a presentation which will enhance their style of teaching, and will meet the needs of their students.

This section of the workshop presents a variety of teaching techniques which have been suggested for use in suicide awareness presentations. Included in this section is a compilation of exercises which have been used successfully in suicide awareness programs.

Section IV: Assessment and Crisis Management

It is highly likely that a suicide awareness presenter will eventually come into contact with a suicidal student. As such, it is important that presenters are aware of this possibility and that they know what to do should such a situation arise.

This section of the workshop is designed to teach participants suicide risk assessment and crisis management techniques as they relate to suicide awareness presentations. The information in this section is designed to provide participants with a basic level of understanding about the steps they should be prepared to take in terms of front line crisis intervention. Individuals who are interested in further intervention training are directed to the Suicide Prevention Training Program coordinated by the Suicide Information and Education Centre in Calgary, Alberta.

The information in this section is divided into three parts. The first part consists of an exercise which helps

participants recognize they have had experiences which could help them help adolescents who may be considering suicide. Participants learn about student anxiety in the second part of the section. They are familiarized with behaviors that indicate anxiety and are taught strategies to use to decrease the tension in the class. Part three deals specifically with suicide intervention. Participants learn the warning signs of suicide, and are taught the steps to take if suicide intervention is warranted. The information in this section focuses on short term intervention and emphasizes the need to access community resources.

Summary

The Suicide Awareness Presenter Training Program provides participants with knowledge pertaining to four issues. Each of these issues is thought to be important to the training and development of individuals who intend to teach suicide awareness classes.

The program was developed in order to provide participants with an opportunity to learn about issues which have previously been neglected in the training of suicide awareness presenters. The goal of the program was to help participants feel more comfortable with the prospect of teaching a subject which is inherently disturbing. Suicide is a topic which is difficult to separate from tragedy, unhappiness and hopelessness. Therefore, it is essential that those individuals who discuss suicide in a classroom

situation are able to do so comfortably, with compassion, honesty, and respect - for both the topic, and the students.

APPENDIX B

QUESTIONNAIRES USED IN THE STUDY

Appendix B-1

Suicide Information Questionnaire

Identification Number:

Please answer all questions by marking an X for your response. Where applicable, please make any necessary comments.

1. Have you had personal experience with a suicidal student? Yes____No____
   If yes, please indicate what type of situation you encountered.
   _____ Suicidal ideation
   _____ Suspected suicidal behaviour
   _____ Suicidal themes evident in schoolwork
   _____ Known suicide attempt
   _____ Hospitalization due to a suicide attempt
   _____ Death by suicide

2. Have you ever taught the topic of suicide to a class? Yes____No____

3. Have you done any personal reading or research on suicide? Yes____No____

4. Have you taken any workshops or seminars which dealt with suicide? (Not including this one) Yes____No____

   If yes, please indicate the name and approximate dates:

5. Do you have any particular concerns regarding the presentation of information about suicide to students? Yes____No____

   If yes, please comment:

6. Do you have any concerns about your ability to give suicide presentations to students? Yes____No____

   If yes, please comment:

Appendix B-2

Suicide Presenter Comfort Scale

Identification Number:

Beside each of the following statements please indicate your level of comfort by circling the number that corresponds to how you feel about doing the activity stated. The scale to guid your response is as follows:

1. - very uncomfortable
2. - uncomfortable
3. - neutral
4. - comfortable
5. - very comfortable

	very uncomfortable				very comfortable
1. Talking with a student who has attempted suicide	1	2	3	4	5
2. Referring a potentially suicidal studen to a specific community agency to get help	1	2	3	4	5
3. Talking with a student about his or her personal problems	1	2	3	4	5
4. Teaching students how to help a suicidal friend	1	2	3	4	5
5. Talking with a student you think may be suicidal	1	2	3	4	5
6. Talking about suicide with an adolescent	1	2	3	4	5
7. Telling the school counsellor that you believe a particular student is suicidal	1	2	3	4	5
8. Being confronted by a student who disagrees with information about suicide that is being presented in class	1	2	3	4	5
9. Answering student's questions about suicide	1	2	3	4	5
10. Being asked by a group of students to help them help a friend who they believe is suicidal	1	2	3	4	5

Appendix B-2 (continued)

11. Telling a parent that his/her child may be suicidal	1	2	3	4	5
12. Discussing a film about adolescent suicide with a group of students	1	2	3	4	5
13. Discussing a film about adolescent suicide with a group of students	1	2	3	4	5
14. Talking with a student about his or her family concerns	1	2	3	4	5
15. Managing a group of noisy inattentive students during a suicide presentation	1	2	3	4	5
16. Talking with a student who has a family member who committed suicide	1	2	3	4	5
17. Talking about suicide with a group of adolescents	1	2	3	4	5
18. Helping a student who becomes visibly upset during a presentation about suicide	1	2	3	4	5
19. Teaching students to identify people at risk of suicide	1	2	3	4	5
20. Being asked by a student to discuss your personal views about suicide	1	2	3	4	5
21. Talking about suicide	1	2	3	4	5
22. Preparing and presenting a class on adolescent suicide	1	2	3	4	5
23. Dealing with a student who is disrupting a class about suicide with rude comments and behaviour	1	2	3	4	5
24. Talking with a student who has a close friend who committed suicide	1	2	3	4	5
25. Being expected to identify students in the class who may be at risk of suicide	1	2	3	4	5

Appendix B-3

Presenter Characteristics

Identification Number:

The following items have been used to describe qualities that are identified as being beneficial for a person conducting a suicide awareness presentation.

Please rank these items according to the degree of importance you believe they have, compared to each other, in terms of their importance to a successful suicide presentation. Please place the assigned number on the space provided to the right of the item. The ranking goes from 1 through 7 where:

(1 = the most important, 7 = the least important).

A. Knowledge about crisis intervention _____

B. Compassionate _____

C. Comfortable talking about suicide _____

D. Desire to help _____

E. Nonjudgemental _____

F. Knowledgeable about accurate suicide information _____

G. Concerned _____

Appendix B-4

Teaching Techniques

Identification Number:

There are many different ways that information can be presented to a class. Several teaching techniques are listed below. Please indicate the degree of comfort you would experience if you were to present suicide related information using each of the techniques listed.

Indicate your response by circling the number that corresponds to how you feel. The scale to guide your response is as follows:

1 - very uncomfortable
2 - uncomfortable
3 - neutral
4 - comfortable
5 - very comfortable

	very uncomfortable				very comfortable
1. Guided imagery (visualization)	1	2	3	4	5
2. Use of overhead projector	1	2	3	4	5
3. Field trips	1	2	3	4	5
4. Directed small group discussion (2-9 students, answering specific questions)	1	2	3	4	5
5. Assignment of art projects	1	2	3	4	5
6. Use of blackboard	1	2	3	4	5
7. Use of film strips	1	2	3	4	5
8. Use of films or videos	1	2	3	4	5
9. Directed large groups dicussions (10 or more students, answering specific questions)	1	2	3	4	5
11. Guest speakers	1	2	3	4	5
12. Paper and pencil tasks (eg. questionnaires)	1	2	3	4	5

Appendix B-4 (continued)

13. Role plays	1	2	3	4	5
14. Use of audio tapes	1	2	3	4	5
15. Open large group discussion (10 or more students, no preset list of items to discuss)	1	2	3	4	5
16. Use of hand out materials	1	2	3	4	5
17. Reading assignments	1	2	3	4	5
18. Guided activities	1	2	3	4	5
19. Use of flip charts	1	2	3	4	5
20. Open small group discussion (2-9 students, no preset list of items to discuss)	1	2	3	4	5
21. Lecture	1	2	3	4	5

Other techniques not listed:

Appendix B-5

Suicide Intervention Response Inventory

Identification Number:

The following items represent a series of excerpts from situations that may arise following a classroom presentation on adolescent suicide. Each excerpt begins with an expression by the student concerning some aspect of the situation he/she faces, followed by two possible presenter responses to the student's remark. You are to select the response that you feel is the appropriate reply to the student's comment, recording either "A" or "B" to the left of the item to indicate your preferred response. Be sure to select only one response per item, and try not to leave any item blank.

1. Student: I decided to talk to you because I really feel like I might do something to myself...I've been thinking about suicide.

   Presenter A: You say you're suicidal, but what is it that's really bothering you?
   Presenter B: Can you tell me more about your suicidal feelings?

2. Student: But my thoughts have been so terrible...I could never tell them to anybody.

   Presenter A: You can tell me. I'm a professional, and have been trained to be objective about these things.
   Presenter B: Some of your ideas seem so frightening to you that you imagine other people would be shocked to know you are thinking such things.

3. Student: No one can understand the kind of pain I've been through. Sometimes I just feel like I have to hurt myself, so I cut my wrists.

   Presenter A: It seems like you've been suffering so much that cutting your wrists is the only way you can make the pain go away.
   Presenter B: But you're so young, you have so much to live for. How can you think of killing yourself?

Appendix B-5 (continued)

4. Student: What are you anyway? Are you a doctor? How do you know what I've been going through? You've probably always had it pretty soft.

   Presenter A: So you're wondering if I can understand how you feel?
   Presenter B: You're not even giving me a chance. I've had a pretty rough life too; you're not the only one who's seen some hard times.

5. Student: I realy need help...it's just...(Voice breaks; silence.)

   Presenter A: It must be hard for you to talk about what's bothering you.
   Presenter B: Go on, I'm here to listen to you talk.

6. Student: When you sum up my problem like that, it makes it seem less confusing and not so scary.

   Presenter A: See, it really isn't so bad after all. It certainly isn't anything you would think of killing yourself over, is it?
   Presenter B: Sometimes talking about problems does make them a bit clearer. I think you realized how dangerous your suicidal feelings were, and that's why you decided to contact me.

7. Student: You were suppossed to help me, but you've only made things worse.

   Presenter A: I'm sorry. I was only trying to help.
   Presenter B: You sound pretty angry.

8. Student: How could you ever help me? Have you ever wanted to kill yourself?

   Presenter A: It sounds like you're concerned about whether I can understand and help you.
   Presenter B: Sure, I've thought about suicide sometimes. But I always found more realistic solutions to my problems.

Appendix B-5 (continued)

9. Student: I don't know...this whole thing with my parents really gets to me. (Sobs.) I try so hard to keep from crying...

   Presenter A: Do you think that the reason it's hard for you to cry is because you're a man?
   Presenter B: With all the hurt you're feeling, it must be impossible to hold those tears in.

10. Student: I have to go now. My mother's coming home soon, and I don't want her to know I've been talking to you.

   Presenter A: Okay, but if you keep feeling suicidal, remember you can always talk to me.
   Presenter B: All right, but first I want you to promise me you won't do anything to hurt yourself, until you talk to me again. Will you repeat that promise?

11. Student: Is that really true, that many people feel this way? I thought I was the only one who had such dreadful ideas.

   Presenter A: No, there are many people who suffer from mental illness. But with appropriate treatment by a qualified physician, some of these patients can be cured.
   Presenter B: It is true. You're not the only one who has suicidal thoughts. And you can be helped to get through this crisis, just as others have been.

12. Student: I'm so lonely, so tired (crying). There just isn't anywhere left to turn.

   Presenter A: You seem so alone, so miserable...Have you been feeling suicidal?
   Presenter B: Come on now. Things can't be all that bad.

13. Student: It's hard to talk here, with all these people...

   Presenter A: Would it help if I asked questions?
   Presenter B: Why don't you come back some other time when you can talk more easily?

14. Student: I have a gun pointed at my head right now, and if you don't help me, I'm going to pull the trigger!

Presenter A: You seem to be somewhat upset.
Presenter B: I want you to put down the gun so we can talk.

15. Student: Why should you care about me, anyway?

Presenter A: I've been trained to care about people. That's my job.
Presenter B: Because I think your death would be a terrible waste, and it concerns me that things are so bad that you are considering suicide. You need help to get through this critical period.

16. Student: I really hate my father! He's never shown any love for me, just complete disregard.

Presenter A: You must really be angry at him for not being there when you need him most.
Presenter B: You shouldn't feel that way. After all, he is your father, and he deserves some respect.

17. Student: I don't think there's really anyone who cares whether I'm alive or dead.

Presenter A: It sounds like you're feeling pretty isolated.
Presenter B: Why do you think that no one cares about you anymore?

18. Student: I tried going to a therapist once before, but it didn't help...nothing I do now will change anything.

Presenter A: You've got to look on the bright side! There must be something you can do to make things better, isn't there?
Presenter B: Okay, so you're feeling hopeless, like even a therapist couldn't help you. But has anyone else been helpful before - maybe a friend, relative, teacher, or clergyman?

Appendix B-5 (continued)

19 Student: My psychiatrist tells me I have anxiety neurosis. Do you think that's what's wrong with me?

Presenter A: I'd like to know what that means to you, in this present situation. How do you feel about your problem?

Presenter B: I'm not sure i agree with that diagnosis. Maybe you should seek out some psychological testing, just to be certain.

20. Student: I can't talk to anybody about my situation. Everyone is against me.

Presenter A: That isn't true. There are probably lots of people who care about you, if you'd only give them a chance.

Presenter B: It must be difficult to find hlep when it's so hard to trust people.

* Adapted from the Suicide Intervention Response inventory developed by R. A. Neimeyer and W. P. MacInnes (1981). Used with kind permission Dr. R. A. Neimeyer.

Do Not Duplicate

Apendix B-6

Suicide prevention Center, Inc. *

PRE-ASSESSMENT

Identification Number:

Please answer all questions by marking an X for your response.

1. Position within the school setting:

   a. _____ administrator
   b. _____ psychologist; counsellor
   c. _____ teacher
   d. _____ staff: school nurse, secretary, etc.
   e. _____ other: _____

2. Sex: M _____ F _____

3. Years experience within an education setting:

   a. _____ (0- 5 years)
   b. _____ (6-10 years)
   c. _____ (11-20 years)
   d. _____ (21-30 years)
   e. _____ (31-40 years)
   f. _____ (41+ years)

4. From your experience, which of the following are indicators of adolescent depression and/or suicidal behaviour?

   a. _____ Yes _____ No Adolescent feels helpless and hopeless.
   b. _____ Yes _____ No Talks about death and dying.
   c. _____ Yes _____ No Agressive behavior.
   d. _____ Yes _____ No Isolation from peers.
   e. _____ Yes _____ No Inability to concentrate in class.

5. What basic crisis intervention skills are appropriate with the depressed/suicidal adolescent?

   a. _____ Yes _____ No Empathy.
   b. _____ Yes _____ No Ignore the threat.
   c. _____ Yes _____ No List options for problem resolution.
   d. _____ Yes _____ No Trust building.
   e. _____ Yes _____ No Ask directly.
   f. _____ Yes _____ No Offer advice.

Do Not Duplicate

6. _____ Yes _____ No As an adult working with adolescents, I am comfortable discussing suicide, death, and depression on an individual basis with students.

7. Where do the subjects of death, depression, and suicide belong?

a. _____ Yes _____ No In the home.
b. _____ Yes _____ No In the school.
c. _____ Yes _____ No Both in the home and in the school.

8. Do you ever find it difficult to balance your feeling of compassion with the need to maintain order and discipline in the school setting?

a. ___ Seldom b. ___ Frequently c. ___ Occasionally

9. At which point(s) would you be willing to approach a troubled student?

a. _____ Yes _____ No When approached first by the student?
b. _____ Yes _____ No When approached by another concerned student.
c. _____ Yes _____ No Dropping grades.
d. _____ Yes _____ No Crying behaviour.
e. _____ Yes _____ No Asleep/non-attentive in class.
f. _____ Yes _____ No Dropping out of activities.
g. _____ Yes _____ No Isolating self from peers.
h. _____ Yes _____ No Any behavioural change.

10. As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?

a. _____ Yes _____ No Yourself
b. _____ Yes _____ No Parent(s)
c. _____ Yes _____ No Other teacher(s)
d. _____ Yes _____ No Administrator
e. _____ Yes _____ No School psychologist/ counsellor
f. _____ Yes _____ No The student's peers
g. _____ Yes _____ No Community resources, such as: _____
h. _____ Yes _____ No Mental Health Unit

Do Not Duplicate

11. In your present position, how much opportunity do you have to influence students?

a. ___ non-existent b. ___ minimal c. ___ frequent

12. _____ True _____ False Most suicides occur with prior warning.

13. _____ True _____ False Children under age 10 are not capable of committing suicides.

14. _____ True _____ False People who talk about suicide are likely to be the ones to commit suicide.

15. _____ True _____ False Suicidal persons are not fully intent on dying.

16. _____ True _____ False Once a person is suicidal they are likely to be suicidal forever.

17. _____ True _____ False Suicide occurs more often among the middle-class than among the poor or the wealthy.

18. _____ True _____ False Suicidal persons are mentally ill.

19. _____ True _____ False There are several predictors of suicide which are not considered absolute.

20. _____ True _____ False Suicidal tendencies can be inherited.

21. _____ True _____ False Teenage depression resembles adult depression.

22. _____ True _____ False Very few children under age 14 commit suicide.

23. _____ True _____ False Most suicides do not occur around holidays, such as Christmas.

24. _____ True _____ False — Appropriate intervention with suicidal persons does not include a willingness to acknowledge that suicide is an option.

25. _____ True _____ False — A knowledge of the indicators of teenage depression is essential to effective intervention skills with suicidal adolescents.

26. _____ True _____ False — Improvement following a suicidal crisis means that the suicidal risk is over.

27. _____ True _____ False — A suicidal person be both helped and cured.

28. _____ True _____ False — There is no point in introducing the topic of death to young people until they ask about it.

29. _____ True _____ False — Funerals are too traumatic for children under age 6 to attend.

30. _____ True _____ False — Suicide occurs most frequently among teens with poor academic records.

31. Has a student ever approached you with:

a. _____ Yes _____ No — Family problems?
b. _____ Yes _____ No — Emotional problems?
c. _____ Yes _____ No — Peer problems?
d. _____ Yes _____ No — Boy/girl problems?
e. _____ Yes _____ No — Suicidal thoughts or behaviours?
f. _____ Yes _____ No — Have you attended a workshop or in-service training session on teenage depression or suicide during the past year?

PLEASE FEEL FREE TO INDICATE AREAS OF PARTICULAR CONCERN THAT YOU HAVE REGARDING THIS ISSUE. THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY.

*Used With Kind Permission of the Suicide Prevention Center Inc.

Do Not Duplicate

Do Not Duplicate

Appendix B-7

Suicide Prevention Center, Inc. *

Assessment

Identification Number:

Please answer all questions by marking an X for your response.

1. Position with the school setting:

   a. _____ administrator
   b. _____ psychologist; counsellor
   c. _____ teacher
   d. _____ staff: school nurse, secretary, etc.
   e. _____ other: _____

2. Years of professional experience within an educational setting:

   a. _____ (1 - 5 years)
   b. _____ (6 - 10 years)
   c. _____ (11 - 20 years)
   d. _____ (21 - 30 years)
   e. _____ (31+ years)

3. Which of the following can be indicators of adolescent depression and/or suicidal behavior?

a.	_____Yes_____No	Adolescent expresses feelings of helplessness and hopelessness.
b.	_____Yes_____No	He/she talks about death and dying.
c.	_____Yes_____No	He/she behaves in an aggressive, hostile manner.
d.	_____Yes_____No	He/she withdraws from activities with peers.
e.	_____Yes_____No	He/she is unable to concentrate in class.

4. What basic crisis intervention skills are appropriate with the depressed/suicidal adolescent?

a.	_____Yes_____No	Empathy.
b.	_____Yes_____No	Ignore the threat.
c.	_____Yes_____No	List the options for problem resolution.
d.	_____Yes_____No	Trust building.
e.	_____Yes_____No	Ask directly about suicidal intent.
f.	_____Yes_____No	Offer advice.

Do Not Duplicate

Do Not Duplicate

5. _____Yes_____No As an adult working with adolescents, I am comfortable discussing suicide, death, and depression on an individual basis with students.

6. _____Yes_____No As an adult working with adolescents, I am comfortable discussing suicide, death, and depression in classroom situation.

7. Where do the subjects of death, depression, and suicide belong?

   a._____In the home b._____ In school
   c._____Both in the home and school

8. Do you ever find it difficult to balance your feeling of compassion with the need to maintain order and discipline in the school setting?

   a._____Seldom b._____Frequently c._____Occasionally

9. At which point(s) would you be willing to approach a troubled student?

a. _____Yes_____No When approached first by the student.
b. _____Yes_____No When approached by another concerned student.
c. _____Yes_____No Dropping grades.
d. _____Yes_____No Asleep/non-attentive in class.
f. _____Yes_____No Dropping out of activities.
g. _____Yes_____No Isolating self from peers.
h. _____Yes_____No Any change in behavior or routine.

10. As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?

a. _____Yes_____No Yourself.
b. _____Yes_____No Parent(s).
c. _____Yes_____No Other teacher(s).
d. _____Yes_____No Administrator(s).
e. _____Yes_____No School psychologist/counsellor.
f. _____Yes_____No The student's peers.
g. _____Yes_____No Local Mental Health Centre.
h. _____Yes_____No Other resources, such as:

_____

Do Not Duplicate

11. In your present position, how much opportunity do you have to influence students?

a._____non-existent b._____minimal c._____frequent

12. ___True___False Most suicides occur with no prior warning.

13. ___True___False Children under age 10 are not capable of committing suicide.

14. ___True___False People who talk about suicide are not likely to be the ones to commit suicide.

15. ___True___False Suicidal persons are fully intent on dying.

16. ___True___False Once a person is suicidal they are likely to be suicidal forever.

17. ___True___False Suicide occurs less often among the middle-class than among the poor or the wealthy.

18. ___True___False Suicidal persons are mentally ill.

19. ___True___False There are several predictors of suicide that are absolute.

20. ___True___False Suicidal tendencies have not been proven to be genetically linked.

21. ___True___False Teenage depression is frequently masked by other behaviors.

22. ___True___False Very few children under age 14 commit suicide.

23. ___True___False Most suicides occur around holidays, such as Christmas.

24. ___True___False Appropriate intervention with suicidal persons includes a willingness to acknowledge that suicide is an option.

25. ___True___False A knowledge of the indicators of teenage depression is essential to effective intervention skills with suicidal adolescents.

Do Not Duplicate

26. ___True___False Improvement following a suicidal crisis means that the suicidal risk is over.

27 ___True___False When evaluating suicide potential among adolescents it is important to consider both verbal and behavioral indicators.

28. ---True---False There is no point in introducing the topic of death to young people until they ask about it.

29. ___True___False Funerals are too traumatic for children under age 6 to attend.

30. ___True___False Suicide occurs most frequently among teen with poor academic records.

31. Has a student ever approached you with:

a._____Yes_____No Family problems?
b._____Yes_____No Emotional problems?
c._____Yes_____No Peer problems?
d._____Yes_____No Boy/girl problems?
e._____Yes_____No Suicidal thoughts or behaviors?

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY

* Used with kind permission of the Suicide Prevention Center, Inc.

APPENDIX C

DATA FROM THE TEST INSTRUMENTS

Appendix C-1

Group Means by Item for the Presenter Comfort Scale
(N=43)

	Treatment Group (28)		Comparison Group (15)	
1. Talking with a student who has attempted suicide.	4.21	4.32	3.67	3.80
2. Referring a potentially suicidal student to a specific community agency to get help.	4.86	4.57	4.60	4.60
3. Talking with a student about his or her personal problems.	4.64	4.79	4.40	4.33
4. Teaching students how to help a suicidal friend.	4.07	4.39	3.87	4.07
5. Talking with a student you think may be suicidal	4.18	4.43	3.93	3.87
6. Talking about suicide with an adolescent.	4.18	4.50	4.13	4.13
7. Telling the school counsellor that you believe a particular student is suicidal.	4.64	4.71	4.67	4.60
8. Being confronted by a student who disagrees with information about suicide that is being presented in class.	3.75	4.18	3.33	3.53
9. Answering student's questions about suicide.	4.14	4.57	4.47	4.00
10. Being asked by a group of students to help them help a friend who they believe is suicidal.	4.04	4.50	4.00	3.00

Appendix C-1 (continued)

11. Telling a parent that his/her child may be suicidal	3.46	4.00	2.87	2.73
12. Discussing a film about adolescent suicide with a group of students.	4.25	4.64	4.20	4.00
13. Discussing symptoms and warning signs of suicide with adolescents.	4.39	4.79	4.40	4.33
14. Talking with a student about his or her family concerns.	4.46	4.64	4.13	4.20
15. Managing a group of noisy, inattentive students during a suicide presentation.	3.68	3.93	3.33	3.13
16. Talking with a student who has a family member who committed suicide.	3.93	4.25	3.27	3.40
17. Talking about suicide with a group of adolescents.	4.21	4.64	4.13	4.13
18. Helping a student who becomes visibly upset during a presentation about suicide.	3.86	4.36	3.27	3.33
19. Teaching students to identify people at risk of suicide.	4.14	4.57	4.27	4.27
20. Being asked by a student to discuss your personal views about suicide.	4.18	4.39	4.20	4.20
21. Talking about suicide.	4.32	4.64	4.87	4.40
22. Preparing and presenting a class on adolescent suicide.	4.04	4.64	4.00	3.87
23. Dealing with a student who is disrupting a class about suicide with rude comments and behaviour.	3.71	4.04	4.00	3.87

Appendix C-1

24. Talking with a student who has a close friend who committed suicide.	4.07	4.36	3.87	3.67
25. Being expected to identify students in the class who may be at risk at suicide.	3.39	4.00	3.73	3.00

Appendix C-2

Treatment Group Mean Score and Group Rank Order for Each Characteristic in the Presenter Characteristics Questionnaire (N=28).

Characteristic	Mean Score Pre	Mean Score Post	Rank Order Pre	Rank Order Post
Knowledge about Crisis Intervention	98	(110)	3	(3)
Compassionate	125	(125)	5	(4)
Comfortable Talking about Suicide	77	(53)	1	(1)
Desire to Help	133	(126)	6	(6)
Nonjudgemental	122	(128)	4	(6)
Knowledge about Accurate Suicide Information	90	(97)	2	(2)
Concerned	139	(151)	7	(7)

Comparison Group Mean Score and Group Rank Order for Each Characteristic in the Presenter Characteristics Questionnaire (N=15)

Characteristic	Mean Score Pre	Mean Score Post	Rank Order Pre	Rank Order Post
Knowledge about Crisis Intervention	36	(44)	1	(2)
Compassionate	77	(64)	6	(6)
Comfortable Talking about Suicide	40	(42)	2	(1)
Desire to Help	70	(62)	5	(4)
Nonjudgemental	63	(62)	4	(4)
Knowledge About Accurate Suicide Information	47	(61)	3	(3)
Concerned	87	(85)	7	(7)

Appendix C-3

Group Means by Item for the Teaching Technique Questionnaire (N=43)

Item		Treatment Group (28) Pre	Treatment Group (28) Post	Comparison Group (15) Pre	Comparison Group (15) Post
1.	Guided imagery	3.46	3.82	3.53	3.53
2.	Use of overhead projector	4.21	4.57	4.07	4.20
3.	Field trips	3.43	3.75	3.47	3.53
4.	Directed small group discussion	4.11	4.64	4.40	4.47
5.	Assignment of art projects	3.18	3.61	3.53	4.07
6.	Use of blackboard	4.18	4.43	4.13	4.07
7.	Use of filmstrips	3.25	4.25	4.20	4.27
8.	Use of films or videos	4.46	4.71	4.47	4.47
9.	Directed large group discussion	4.14	4.57	4.27	4.13
10.	Assignment of research papers	3.86	3.93	3.60	3.40
11.	Guest speakers	4.46	4.79	4.53	4.40
12.	Paper and pencil tasks	4.07	4.46	4.07	4.13
13.	Role plays	3.75	4.11	3.40	3.33
14.	Use of audio tapes	3.75	4.07	3.40	3.47
15.	Open large group discussion	3.71	4.32	3.40	3.47
16.	Use of hand out materials	4.11	4.71	4.33	4.27
17.	Reading assignments	3.68	4.07	3.73	3.87
18.	Guided activities	3.86	4.39	4.87	4.07
19.	Use of flip charts	3.93	4.21	4.07	4.07
20.	Open small group discussion	3.86	4.21	4.07	4.07
21.	Lecture	3.82	4.29	4.07	4.00

Appendix C-4

Data for Correct Responses to Each Item in the SIRI by Group

	Treatment Group		Comparison Group	
	Pre	Post	Pre	Post
Item	%	%	%	%
1.	96.42	100.00	100.00	100.00
2.	100.00	100.00	93.33	93.33
3.	100.000	100.00	100.00	100.00
4.	100.00	96.43	93.33	86.67
5.	85.71	92.86	86.67	100.00
6.	100.00	100.00	100.00	100.00
7.	89.29	89.29	93.33	93.33
8.	92.86	85.71	100.00	93.33
9.	92.86	89.29	100.00	100.00
10.	100.00	100.00	66.67	73.33
11.	100.00	96.43	100.00	100.00
12.	96.42	100.00	100.00	100.00
13.	85.71	89.29	86.67	86.67
14.	67.86	100.00	100.00	100.00
15.	92.86	100.00	100.00	100.00
16.	100.00	100.00	100.00	100.00
17.	82.14	82.14	73.33	73.33
18.	100.00	100.00	100.00	100.00
19.	100.00	100.00	100.00	100.00
20.	92.86	92.86	80.00	86.67

Appendix C-5

Correct Responses to the "Indicators of Adolescent Depression and/or Suicide". Item on the SPC (N=43)
Correct answers in Brackets

	Treatment Group (28)		Comparison Group (15)	
Which of the following are indicators of adolescent depression and/or suicidal behaviour?	Pre %	Post %	Pre %	Post %
a. Adolescent expresses feelings of hopelessness and helpless-ness (Yes)	100.00	96.43	10.00	100.00
b. He/she talks about death and dying (Yes)	100.00	100.00	100.00	100.00
c. He/she behaves in an agressive, hostile manner. (Yes)	60.71	78.57	100.00	80.00
d. He/she withdraws from activities with peers. (Yes)	96.43	96.43	93.33	93.33
e. He/she is unable to concentrate in class. (Yes)	75.00	89.29	86.67	86.67

Appendix C-6

Correct Responses to the "Crisis Intervention Strategies" Item on the SPC (N=43).
Correct answers are in brackets

Which basic intervention skills are appropriate for depressed/suicidal adolescents?	Treatment Group (28)		Comparison Group (15)	
	Pre %	Post %	Pre %	Post %
a. Empathy (Yes)	89.29	100.00	100.00	100.00
b. Ignore the threat (No)	82.14	96.43	93.33	73.33
c. List options for problem resolution (Yes)	67.86	67.86	80.00	73.33
d. Trust building (Yes)	100.00	100.00	93.33	86.67
e. Ask directly about suicidal intent (Yes)	96.43	100.00	93.33	86.67
f. Offer advice (Yes or No)	85.71	82.14	80.00	80.00

Appendix C-7

Affirmative Responses to the "Student Behaviors Which would Prompt Intervention" Item on the SPC Assessment (N=43)

At which point would you be willing to approach a troubled student?	Treatment Group (28)		Comparison Group (15)	
	Pre %	Post %	Pre %	Post %
a. When approached first by the student.	100.00	100.00	93.33	93.33
b. When approached by another concerned student.	100.00	100.00	93.33	93.33
c. Dropping grades.	57.14	60.17	80.00	80.00
d. Crying behavior.	92.82	89.29	86.67	86.67
e. Asleep/nonattentive in class.	50.00	64.29	80.00	80.00
f. Dropping out of activities.	60.71	71.43	73.33	73.33
g. Isolating self from peers.	85.71	89.29	86.67	80.00
h. Any change in behavior or routine.	64.29	78.57	93.33	86.67

Appendix C-8

Data on the Selection of Resources
as Reported in the SPC Assessment (N=43)

As a member of the school staff, which of the following resources would you consider when confronted with a depressed or suicidal student?		Treatment Group (28)		Comparison Group (15)	
		Pre %	Post %	Pre %	Post %
a.	Yourself	96.43	96.43	100.00	93.33
b.	Parents	96.43	92.86	100.00	93.33
c.	Other Teachers	92.86	89.29	86.67	73.33
d.	Administrators	71.43	71.43	66.67	53.33
e.	School psychologist/ counsellor	96.43	96.43	100.00	93.33
f.	The student's peers	89.29	89.29	73.33	73.33
g.	Local mental Health Centre	85.71	96.43	100.00	93.33
h.	Other resources	85.71	71.43	100.00	80.00

Appendix C-9

Experiences with Students' Problems as Reported in the SPC Assessment (N=43)

Has a student ever approached you with:		Treatment Group (28)		Comparison Group (15)	
		Pre %	Post %	Pre %	Post %
a.	Family problems?	100.00	100.00	93.33	93.33
b.	Emotional problems?	100.00	100.00	93.33	93.33
c.	Peer problems?	100.00	100.00	93.33	93.33
d.	Boy/girl problems?	96.43	100.00	93.33	93.33
e.	Suicidal thoughts or behaviors?	82.14	85.71	53.33	53.33

Appendix C-10

Correct Responses to the True/False Portion of the SPC Assessment (N=43)

Item	Treatment Group (28) Pre %	Treatment Group (28) Post %	Comparison Group (15) Pre %	Comparison Group (15) Post %
12. Most suicides occur with no prior warning (False)	92.86	100.00	80.00	100.00
13. Children under age 10 are not capable of committing suicide (False)	100.000	100.00	93.33	100.00
14. People who talk about suicide are not likely to be the ones to commit suicide (False)	71.43	96.43	86.87	100.00
15. Suicidal persons are fully intent on dying (False)	50.00	89.29	93.33	93.33
16. Once a person is suicidal they are likely to be suicidal forever (False)	100.00	96.43	100.00	93.33
17. Suicide occurs less often among the middle class than among the poor or wealthy (False)	89.23	100.00	73.33	180.00
18. Suicidal persons are mentally ill (False)	96.43	96.43	86.67	80.00
19. There are several predictors of suicide that are absolute (False)	100.00	89.29	100.00	86.67
20. Suicidal tendencies have not been proven to be genetically linked (True)	67.86	75.00	93.33	80.00

Appendix C-10 (continued)

22. Very few children under age 14 commit suicide (False)	50.00	71.43	73.33	80.00
23. Most suicide occur around holidays such as Christmas (False)	28.57	82.14	53.33	60.00
24. Appropriate intervention with suicidal persons includes a willingness to acknowledge that suicide is an option (True)	64.23	75.00	80.00	90.00
25. A knowledge of the indicators of teenage depression is essential to effective intervention skills with suicidal adolescents (True)	100.00	92.85	93.33	93.33
26. Improvement following a suicidal crisis means that the suicidal risk is over (False)	100.00	100.00	100.00	100.00
27. There is no point in introducing the topic of death to young people until they ask about it (False)	100.00	100.00	100.00	100.00
29. Funerals are too traumatic for children under 6 to attend (False)	92.96	92.86	93.33	86.67
30. Suicide occurs most frequently among teens with poor academic records (False)	96.43	96.43	96.33	86.67

Note: The items used in this table are from the post-assessment questionnaire.
Items 21 and 27 are not included as they cannot be compared to the corresponding pre-assessment questionnaire.

Appendix C-11

Affirmative Responses Regarding the Experience of Comfort Discussing Suicide as Reported in the SPC Assessment (N=43)

	Treatment Group		Comparison Group	
	Pre	Post	Pre	Post
Item	%	%	%	%
As an adult working with adolescents, I am comfortable discussing suicide, death, and depression on an individual basis with students	92.86	100.00	93.33	86.67
As an adult working with adolescents, I am comfortable discussing suicide, death and depression in a classroom situation	-----	100.00	-----	86.67

Note: The second item was not included in the pre-assessment.

Appendix C-12

Responses Regarding the Setting for the Discussion of Death, Depression and Suicide as Reported in the SPC Assessment (N=43)

	Treatment Group (28)		Comparison Group (15)	
Where do the subjects of death, depression and suicide belong?	Pre %	Post %	Pre %	Post %
a. in the house	100.00	100.00	100.00	100.00
b. in school	100.00	100.00	100.00	100.00
c. both in the home and school	100.00	100.00	100.00	100.00

Appendix C-13

Group Responses Regarding the Balance of Comparison and Discipline as Reported in the SPC Assessment
(N=43)

Do you find it difficult to balance your feeling of compassion with the need to maintin order and discipline in the school?		Treatment Group (28)		Comparison Group (15)	
		Pre %	Post %	Pre %	Post %
a.	Seldom	32.14	50.00	13.33	13.33
b.	Frequently	14.29	7.14	20.00	20.00
c.	Occasionally	53.57	39.29	66.67	66.67

Appendix C-14

Group Responses Regarding Opportunities to Influence Students as Reported in the SPC (N=43)

In your present position, how much opportunity do you have to influence students?		Treatment Group (28)		Comparison Group (15)	
		Pre	Post	Pre	Post
		%	%	%	%
a.	Non-existent	0.00	0.00	0.00	6.67
b.	Minimal	17.89	14.29	13.33	13.33
c.	Frequent	82.14	85.71	86.67	80.00