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A Continuum Approach to Identification and Mentoring of the Severely Discouraged for Successful Life Career Management

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A CONTINUUM APPROACH TO IDENTIFICATION AND MENTORING
OF THE SEVERELY DISCOURAGED FOR SUCCESSFUL
LIFE CAREER MANAGEMENT

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By

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IN MEMORIUM

This work is offered in memory of Northwest Arkansas youth who fell to their death through the cracks between society's helping system during the period of this doctoral program from 1980 to this date in 1985.

In special memorium of Stephanie, a heroine who, at four, intervened in saving her mother's life twice, only to die a firey death on June 9, 1985, with her mother in a situation which could only have occurred with cracks so wide between helping system boundaries that the cracks could only have spread through negligence.

Stephanie's life was snuffed out in a subintentioned accident by an oxygen-fed fireflash from a breaking window in an apartment engulfed with heat and flames. Her mother, burned beyond recognition, left footprints with bare feet in the melting carpet as she tried to save her child.

DEDICATION

This research study is dedicated to the future of the youth of the Northwest Arkansas area who struggle through their severe discouragement. It is dedicated especially to those who were willing to share the story of their struggle for survival in order that their experience might help others.

And, most importantly, to "little Robert", a smiling, baby boy of eighteen months whose life was saved from a firey death in a subintentioned accident by the teamwork of a helping volunteer, a mother, and two sisters in spite of their crisis and the cracks between the helping systems.

Little Robert lay, playing on a neighbor's bed with the sister who had carried him from the burning home in the middle of a cold February night, as firemen did their business across the road. The older sister who had managed the fireground by awakening her siblings, phoning for help, and trying to control the blaze, lay in the emergency room with a smile of pride through an oxygen tube, singed hair, and fear after an EMT told nurses the importance of what she had done to save her brother and their home.

ACKNOWLEDGEMENTS

IN APPRECIATION

GLADYS SMALLWOOD

The encouragement and support provided by my mother over these years as she continued to give of herself to help people as a hospital and church volunteer is greatly appreciated.

KAREN SMALLWOOD, M.D.

Comradeship from my daughter who pursued and completed her medical degree and entered her residency in Medicine during this period provided great encouragement and incentive.

CAROLYN SMALLWOOD

To my partner whose effort and struggle on this work in youthful self-harm prevention has been far above and beyond the call of duty, I wish to express my appreciation for the lives the project may have helped to save and those it may help to save in the future, for only this can justify the investment she has made.

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CHAPTER I

INTRODUCTION

Background

There is strong national concern over serious social problems such as child abuse, victims of crime, chemical abuse, family disruptions, teenage problems, and the epidemic death rate of the young, ages 14-24, because of accidents, murder, and suicide (Rosenblatt, 1981). Special groups of concerned citizens are forming across the United States to deal with many of these social difficulties ("A New Challenge," 1985).

These various social problems are considered by many as special interests, each a worthy cause struggling for support. However, discouragement, a psychological concept, appears to be the common factor in individual cases of these varied problems (Mosak, pp. 44-48). Individuals experiencing behaviors counterproductive to their best interests, as well as to others, are most often discouraged because they have had difficulty reaching minimum goals of personal efficiency. These individuals are not accomplishing what they feel and believe are a minimum return on their investment in life (Bednar, 1981). They are discouraged because they do not believe the circumstances they attribute to these conditions will improve (Mosak, 1979, p. 63). Discouragement may take many forms, have complex causes and results, and may lead to or include a clinical chemical depression (Hipple and Cimbolic, 1979, p. 27).

If discouragement were accepted as a common denominator, then it would be beneficial to assess discouragement in individuals. The degree

of discouragement can be thought of as a continuum, ranging from extremely encouraged to severely and totally discouraged. "Suicide is at the end of a continuing line of discouragement and problems (Barnes, 1984, p. 2A)." This continuum could be compared to a thermometer scale for humans with scale increments being peculiar to each individual. Instead of temperature, this instrument would measure the level of hope through the state of encouragement or discouragement (Farber, 1968, pp. 12-16).

The zero point would represent the point located midway on the scale, separating the positive values of encouragement from the negative values of discouragement. Personal and suicidal crisis could be represented as the lower negative values, representing severe discouragement which researchers call the "suicide zone." Ambivalence marks the beginning of the suicide zone. The ambivalent point is the place on the discouragement continuum where the individual both wishes to live and wishes to die (Hipple and Cimbolic, 1979, p. 17).

The last negative marks on the scale would represent a total state of discouragement, despair, and hopelessness. At this point individuals would be capable of taking their own life, but would lack adequate psychic and physical energy to plan and commit the act (Hipple and Cimbolic, 1979, p. 17). After being encouraged enough to rise slightly from total discouragement on the continuum, the individual would then have the psychic and physical energy to display a false front of hope as they plan and decide to commit the act, creating a tremendous sense of relief from unacceptable life conditions (Hipple and Cimbolic, 1979, p. 17). Deliberate and reckless accidents would claim the lives of the

ambivalent and severely discouraged in subintended death, while careless accidents claim the lives of moderately discouraged persons in the upper negative values of the discouragement continuum in self-harm death (N. J. Manual, 1984, p. 8).

Most individuals operate in a state of encouragement. Operating in the positive values of encouragement with an occasional dip into the negative values from day to day, people feel alternately encouraged and discouraged. But, these normal fluctuations in encouragement-discouragement states are usually within the positive values of being encouraged (Mosak, 1979, p. 44).

A series of discouraging external factors in an individual's environment and possible internal factors, physical and psychological, may cause serious setbacks. These setbacks may result in sufficient discouragement for the person to enter the negative values of the discouragement continuum. When normal mood fluctuations persistently leave the individual in a state of continual discouragement, self-destructive behaviors of varying levels and forms may begin and increase with the severity of discouragement (Mosak, 1979, pp. 56-57).

The most severe consequence of discouragement is death which can result from disease, murder, accident, and suicide. "For college students, suicide is second only to accidents as the leading cause of death, but technical schools have the lowest rate when compared with colleges, universities, and graduate schools (Hipple and Cimbolic, 1979, p. 5)." Frequently, the news media report suicide as the second leading cause of death for teenage youth behind the number one cause, accidents. Many deliberate suicides are disguised as accidents. Still other accidental deaths are subintentioned and are the result of self-

destructive behavior, classified by Neuringer (1954) as self-destructive suicide (Hipple and Cimbolic, 1979, p. 12). Therefore, the leading cause of death among young people (ages 14-24) in the United States can be attributed to youthful discouragement. This discouragement can be a focus for predicting and preventing youthful death.

Paraprofessionals and the laity are in a position by their presence to monitor discouraged persons and provide encouragement because they are continually in proximity to these discouraged individuals. However, while the families of discouraged individuals may be continually in proximity, they are more emotionally involved with the discouraged individual. In fact, this involvement may be contributing to the discouragement. Therefore, professionals, paraprofessionals, and the laity who do not share the same emotional involvement and responsibilities for the potential victim are better able to recognize the signs, clues, and cues of impending crisis resulting from severe discouragement. Regardless of the level of discouragement, these signs, clues, and cues can be recognized by those who are near the discouraged person. There is a need to train persons in the proximity of youth to a higher level of awareness to these warning signals of a personal crisis for better recognition (Mack, 1981, p. 148).

Individuals in the proximity of youth are often busy and preoccupied with their occupational tasks. This makes crisis recognition difficult. It is important for subtle warning signals to be internalized for effective recognition of impending disaster. Both cognitive and affective components of training programs should be adjusted to the needs and interests of different groups in the proximity of young people.

When self-harm crisis strikes, individuals from public safety, human services, education, and vocational education often work with the same self-harm victims. Police are called to the scene. Rescue officials transport the victim to human services personnel who treat the person physically and mentally. After the incidient, students may then be returned to education or others may be referred to education. When the victim is referred to a multisensory training program, one of which is vocational technical education, hope for the future is centered around career opportunities that will sustain a new life.

Purpose of the Study

The purpose of this study was to assess the sensitivity levels of general educators, vocational technical education personnel, public safety officials, and human services personnel to the severe discouragement of youthful individuals as related to each group's awareness of youthful discouragement and willingness to act in a crisis situation. The sensitivity levels of different groups should be beneficial in adjusting the content and delivery strategy of self-harm prevention training programs.

Discussion of the Hypotheses

Hypotheses

The purpose of this study was fulfilled by testing the following hypotheses:

1. Vocational technical education personnel will be less aware of the severe discouragement of youthful individuals, but more willing to act in a personal crisis situation than general educators.

2. General educators will be less aware of the severe discouragement of youthful individuals, but more willing to act in a personal crisis situation than human services personnel.

3. Human services personnel will be more aware of the severe discouragement of youthful individuals, but less willing to act in a personal crisis situation than public safety officials.

4. Public safety officials will be more aware of the severe discouragement of youthful individuals and more willing to act in a personal crisis situation than vocational technical education personnel.

5. In the top five percent of the participants, a high level of awareness of severe discouragement of the youthful individual will be positively correlated with the participants' high level of willingness to act in a personal crisis situation.

6. The groups will vary in their awareness of severe discouragement of youthful individuals and willingness to act in a personal crisis situation to such a degree that the procedure for implementing the training program will, of necessity, require alternate content and/or delivery strategies.

Projected Rationale

The hypotheses of this study were based on the theory that the career classifications of this study have different backgrounds. Therefore, this would require different approaches to training in youthful self-harm prevention.

Human services personnel have been trained in mental health and therefore would be considered highly aware of youthful discouragement in terms of the mental health parameter of depression. However, because of

this insight and lack of actual experience in dealing with crisis death situations, human services personnel are predicted to be less willing to take actions than the more practically-experienced public safety officials.

Vocational educators who are primarily individuals from business and industry will have much less human orientation and therefore will be low in awareness. However, because of their practical experience and lifestyle, vocational educators with their close and continual contact with youth are predicted to be more willing to act.

General educators who have at least a four-year, human-oriented, college education are predicted to be well aware. They are in continual contact with youth, but not as close as vocational educators, and their experience is not as practically oriented. Therefore, general educators are predicted to be moderately willing to act.

Public safety officials generally have less education than human services personnel and general educators and, therefore, are predicted to be much less aware. But, public safety officials, who only briefly contact youth under negative circumstances, are frequently on-line in crisis oriented death related situations. Therefore, they are predicted to be higher on Willingness to Act (Figure 1, Appendix B).

It is predicted that approximately five percent of the participants will be very high in both Awareness and Willingness to Act. These participants will come from all four career classifications and will be uniquely different from the rest of the participants because of a combination of aptitudes, education, and life experiences. Similarly, there will be a very low five percent participant extreme. Because of education, experiences, and other background, the groups will vary in

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their interests and abilities to deal with youthful crisis, and therefore it would be inappropriate and ineffective to attempt to train everyone in prevention in the same manner.

Because of the differences in these groups who have contact with self-destructive youth, it will be necessary to train these groups separately with different approaches to fit their needs and interests.

Definition of Terms

The following terms were defined for this research study. Other terms or phrases considered important to the development of training programs are described in the glossary (Appendix C).

1. Attitudinal Variables - The three variables and four criterion categories of this study represented by the first 32 items of the opinionnaire which primarily represent attitudes rather than behaviors. They include Awareness, Willingness to Act, Sensitivity, Grief Recovery Risk, Supportive Mentoring, Crisis Recognition, and Crisis Intervention.

2. Awareness - Knowing from beliefs, senses, and intuition the nature of discouragement and personal crisis possibly leading to self-harm death; a primary variable of this study, consisting of five Grief Recovery Risk and 11 Crisis Recognition items, represented by 16 opinionnaire items.

3. Crisis Intervention - To provide assistance to an individual who is unable to manage, plan or make rational decisions because of a debilitating reaction to a temporary, severe situation; a criterion category subvariable for nine opinionnaire items.

4. <u>Crisis Recognition</u> - The perception of a combination of signs, clues, and cues emanating from an individual that results in an assessment that the individual is in personal crisis; a criterion category subvariable for 13 opinionnaire items.

5. <u>Grief Recovery Risk</u> - The danger and uncertainty after suffering loss that the individual will not fully regain equilibrium and recover adequately from the grief process; a criterion category subvariable for five opinionnaire items.

6. <u>Sensitivity</u> - A variable of this study that combines with equal representation the values of the primary variables of this study, Awareness and Willingness to Act, with respect to self-harm risk, represented by 32 opinionnaire items.

7. <u>Specific Action Variables</u> - The two variables of this study represented by Items 49 and 50 of the opinionnaire that primarily represent a willingness to perform specific acts of assessment and intervention.

8. <u>Supportive Mentoring</u> - To provide additional succorance of a more intense nature than would be expected in the mentoring process because of discouragement and a low sense of competence in order to enhance the development of competencies and the planning of goals in preparation for mentoring or client independence at their existing level of development (a potential life-saving process); a criterion category subvariable for five opinionnaire items.

9. <u>Willingness to Act</u> - The cognitive inclination to make a verbal or physical intervention at personal, social or physical risk on behalf of a person perceived to be in personal crisis; a

primary variable of this study, consisting of five Supportive
Mentoring, two Crisis Recognition, and nine Crisis
Intervention items, which represented 16 opinionnaire items.

Assumptions

The assumptions of this research study were:

1. increased sensitivity to youthful discouragement will result in
organized community self-harm prevention programs;

2. volunteer participants are representative of the study area
population and therefore did not affect the statistically significant
outcomes of this study; and

3. bias of race, sex, religion, and culture were compensated for by
focusing on discouragement as the leading cause of death among the young.

Limitations

The limitations of the research study were:

1. the study included a survey of four career classifications in
Northwest Arkansas which are in the proximity of young people and
therefore are in a responsible position to monitor and map levels of
discouragement to varying degrees.

2. observations of these career classifications and individuals as
they pertain to the purpose and hypotheses of this study.

3. the analysis of data utilizing the attitudinal primary
variables, Awareness and Willingness to Act, and the two specific action
variables, Assessment and Intervention.

4. the subsequent analysis of the data utilizing the subvariables,
Grief Recovery Risk, Supportive Mentoring, Crisis Recognition, and Crisis
Intervention.

Delimitations

The delimitations of this research study were:

1. Participants of the study were volunteer members of selected career groups in the Northwest Arkansas study area that included the four large adjacent school districts of Bentonville, Fayetteville, Springdale, and Rogers, Arkansas. Individuals living outside the study area, but working in the study area, were included.

2. The population sample of this study was limited to portions of the target population that were receptive to dealing with the subject of this study.

3. The focus of this study was directed at the normal, healthy-appearing individual as perceived by the public. In the current technological societal environment youthful self-harm death is now in epidemic proportions as compared with stable percentages of self-harm death in other age groups represented in the study population.

4. Suicide is the ultimate, permanent, negative reaction to temporary, severe discouragement.

Significance of the Study

Practically-oriented people are not aware of the problem and have not had an opportunity to be trained to their full potential for helping severely discouraged youth. Career groups and individuals at the outset may be unaware of their potential to serve. Initial computer searches indicated a lack of writings and research on this subject.

Self-harm prevention programs need to be specifically designed for different groups in order to be effective. Through further research and development, pragmatic programs can be devised that will take into

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consideration the multiple causes and effects of discouragement as well as environmental boundaries across which existing programs cannot transcend. In this manner there is a possibility of making significant limitations in the frequency of youthful self-harm.

Divisions of the Study

Chapter II provides a literature review. This literature review includes current information about the nature and scope of the problem. It discusses a framework and new approach for reducing the loss of life and related tragedies of youthful severe discouragement. The literature review describes current societal responses and pertinent research studies and training information.

Chapter III explains the methodology of this study. It includes information about the planning strategies, data collection, and statistical methods used in the analysis approach.

Chapter IV provides a statistical analysis to answer the six re-stated null hypotheses with respect to the four career classifications of this study. Then assessment and intervention responses to crisis are analyzed for each career classification. In each section data are presented for the top and bottom five percent of participant extremes.

Chapter V includes the summary, conclusions, implications, recommendations, and final analysis of the study.

The appendices include the opinionnaire, validation form, glossary, and other supportive material pertinent to the study.

CHAPTER II

REVIEW OF LITERATURE

Introduction

Youthful severe discouragement is probably the underlying leading

cause of death among many youth (ages 14-24) in the United States through

accidents, murder, and suicide (N. J. Manual, 1984, p. 2). Because of

the rapid advancements in society through technological and social

change, young people are under considerable pressure. In addition to the

traditional pressures, there is new pressure to perform in all areas at

younger and younger ages. It places stress on each individual youth in

their vulnerable areas. This continuing pressure often results in a

feeling of discouragement while adults around the youth fail to realize

the seriousness of the young person's problems. When something serious

happens, it is often too late to help and those around the youth often do

not understand how to help. In those cases where the youth is unable to

pull together enough resources to manage or cope, death often occurs from

various causes linked to a lifestyle resulting from discouragement

(Mosak, 1979, p. 45).

As careers of many kinds disappear and new ones appear with higher

rewards, young people feel both pressure and challenge. Career

preparation represents hope for young people. However, they are often

confused about the choice or have unrealistic expectations. Programs to

build minimal competencies to cope with life and careeer conditions are

rare. Sources indicate not enough is being done by the social and

medical sciences as well as by general education. Mack (1981, p. vii)

suggests that this is because youthful self-harm is a painful area in which to conduct research. Therefore, a practical approach for dealing with youthful discouragement and its consequences is presented in the review of the literature.

The review of literature examined the approaches for dealing with discouragement. Psychotherapies and crisis intervention procedures and emergency procedures for use by the laity and paraprofessionals were considered in regard to self-destructive behavior.

The researcher obtained information directly from professional groups, individuals, media sources, and living victims of severe discouragement. Published psychological autopsies were evaluated. Where there was an opportunity, informal psychological autopsies of self-harm death victims were conducted. Studies of discouraged young people and living victims or survivors of traumatic experiences, losses, violent death, and suicide were conducted in a field investigation. This information was compared with and verified the literature review.

This review undertook the Nature of the Epidemic, Nature of Discouragement, Nature of Help, Societal Response, and the Nature of the Environment. These areas included the study of management, crisis intervention, and the environment as it relates to the problem of the study.

The descriptors used in the computer searches of this study were suicide: children or adolescent; suicide or self-destructive: statistics, prevention, awareness; technical or vocational institute, education or school; suicide: youth, adolescent, young adults, industry, employee or worker; career counseling, counselor role, postsecondary education, vocational schools.

Nature of the Epidemic

Paraprofessionals, the family, and the laity are continually in the proximity of youthful individuals. Although the family is more involved emotionally, regardless of the level of discouragement, those who are near the discouraged person are in a position to recognize the signs, clues, and cues of impending disaster. Aware persons then are in a position to recognize crisis situations and to intercede in order to support, encourage, and refer for qualified help the discouraged individual. Because discouragement results from both internal and external causes, the prevention of discouragement requires the management of both human and environmental conditions (Mack, 1981, p. 148).

Society has changed dramatically, to the point that there is a great pressure on young people that was not felt in earlier years. This new pressure, in addition to normal pressures, is "downward pressure," according to Dr. Samuel Klagsbrun (1983). Klagsbrun stated:

> Everything has to be done at a younger age today. Intimacy, physical intimacy, decision making for the future, relationships of all kinds are more complicated. The rate of change that kids have to adapt to is much tougher today than it used to be.

Dr. Klagsbrun (1983) explained that many young people today have a need to escape because of the lifestyles that are provided for them to choose. He expressed the idea that the value messages sent from adults to youth now are more confusing than those sent in previous decades and that there is a much less clear idea of a right and a wrong way to live.

James Cosse (1983) explained that the idea of "downward pressure," difficult and complex lifestyles for youth, together with confused value system messages from adults, leads to discouragement. Of the various forms of self-harm death, suicide, seems to be contagious by example. It

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is generally believed among experts that suicide by a person with whom other discouraged persons have a relationship or can identify gives permission for the suicidal act to the surviving discouraged persons. Often these high risk persons now feel they, too, can seek relief from the pain and loss of severe discouragement through suicide (Cosse, 1983).

In an article, "Help Prevent Teen Suicides, MDs Urged," the problem of multiple suicides was discussed.

> In the past year, three so-called 'clusters' have made front-page news across the nation. Six teenagers took their lives in Clear Lake City, Texas, this summer; 10 high school students in the affluent suburb of Westchester, N.Y., committed suicide during the first eight months of this year; and between August and October, 1983, 10 teenagers took their lives in and around the Dallas suburb of Plano ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 1).

On a local television news broadcast (KWWL-TV) in Waterloo, Iowa, May 2, 1983, a junior high school principal warned, "Be aware of the epidemic nature of suicide. One kid kills himself and then sometime later another kid from the first kid's friends does it and someone else does it on the anniversary."

In the November 23, 1984, issue of American Medical News Dr. Derek H. Miller said: "The 'endless disregard' in our society for violence may have led some young people to hold the attitude that 'it's OK to do away with yourself'" ("Help Prevent Teen Suicides, MDs Urged," p. 39).

Identifying Factors

According to a New York psychologist, James Cosse, there are two categories of self-harm to consider in preventing youthful suicide. The first is a definite warning; the second is cause for concern. In the first the individual is talking of hurting himself or actually hurts

himself. The second category, according to Cosse, is a "change in pattern of behavior in two or more of the following areas: eating, sleeping, friendships, school work, and the quality of school work."

Cosse continued:

> A change in pattern in two or more of these areas for me represents a sign that I need to pay more attention to what is going on in the life of the child. Not that that child is a suicidal risk, but that the change in pattern for me represents a very, very important visual signal to which I need to pay attention.

Individuals who fall into this second category may be showing signs common to severe discouragement. Even if individuals in the second category are not deliberately, terminally, at self-harm risk, they are at high risk to harm from accident and other indirect methods of self-harm. The individual who is not physically ill and manifests these signs is most likely in crisis either from internal or external sources or both.

The American Academy of Child Psychiatry and the American Psychiatric Association describe the warning signs of adolescents who may try to kill themselves as follows:

1. Noticeable change in eating and sleeping habits

2. Withdrawal from friends and family and from regular activities

3. Persistent boredom

4. A decline in the quality of schoolwork

5. Violent or rebellious activity

6. Running away

7. Drug and alcohol use

8. Unusual neglect of personal appearance

9. Difficulty concentrating

10. Radical personality change

11. Complaints about physical symptoms, often related to emotions, such as a stomachache, feeling of fatigue, or headache

12. Give verbal hints with statements such as "I won't be a problem for you much longer," "Nothing matters," or "It's no use."

13. Put his affairs in order by giving away possessions, cleaning his room, or throwing things away.

14. Becoming suddenly cheerful after a period of depression ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 40)

"The two organizations urged parents, siblings, friends, or teachers who notice any of the above warning signs to try to discuss them with the child or teenager and seek professional help for that person if there is reason for concern" ("Help Prevent Teen Suicides, MDs Urged,", p. 40).

In the book, Vivienne: The Life and Suicide of an Adolescent Girl, John Mack (1981) discussed over thirty signs, clues, and cues of youthful suicide that are specific in nature (pp. 145-150). These identified warnings fall into the categories described by Cosse.

1. Sudden changes in behavior

2. Frequent accidents

3. Increased feelings of sadness

4. Increased feelings of hopelessness

5. Increased feelings of rage

6. Communication breakdown: parents, family members, friends, teachers, physicians, clergy, other contacts

7. Signals – suicidal threats

8. Increased talk of death

9. Increased philosophical talk

10. Increased moodiness

11. Moods of "down" or sad

12. Moods of uncommunication

13. Voicing feelings of discouragement

14. Voicing personal worthlessness

15. Withdrawal from activities

16. Turning to a diary vs. people

17. Friendlessness

18. Breaking off of friendships

19. School failure, lower performance

20. School compositions revealing preoccupation with death

21. School compositions revealing other depressive content

22. Increased drug consumption

23. Increased alcohol consumption

24. Acting-out

25. Antisocial behavior

26. Impulsive behavior

27. Hypochondriacal bodily complaints

28. Increased philosophical preoccupation with death and dying

29. Disappointments in the school setting

30. Failures in the school setting

31. Vocational disappointments

32. Recently dropped out of school for reasons other than academic failure

33. Conflicts over self-image

34. Conflicts over self-worth

35. Academic failure

36. Fear of academic failure

37. Harsh punishments or reproaches by parents (Mack, pp. 145-150)

These circumstances call for the correct kind of friendship and support with or without knowledge of the individual's situation. Such support may be very instrumental in averting disaster.

Recognition Tool

Transactional Analysis, a complete theory of personality originated by Dr. Eric Berne, provides a unique tool for assistance in identifying suicidal crisis. Berne's work is based on ego states: adult, parent, and child. These states are identified by evaluating the nature of conversational transactions. For example, in the communicating person, talking down to a person at a given moment identifies a parental ego state, while talking up to a person identifies a child ego state. The adult ego state is represented by logical objective conversation on the same level to the adult of another person (Dusay, 1984, pp. 392-396).

Berne expanded on the parent and child ego states. The parent ego state was modified into parallel states called the Nurturing Parent and the Critical Parent. The child ego state was modified into parallel ego states, the Free Child and the Adaptive Child. The Critical Child ego could be critical of the self, as well as others, and the Adaptive Child could be a very responsible pseudo adult, appearing to be in a true adult ego state for parent ego approval of another (Dusay, p. 397).

In Berne's model a bar graph called an egogram with five vertical parallel bars represents the ego states of the personality. These ego states of the personality do not fluctuate from day to day and changes

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occur, regardless of the motivation, only as a result of an effort on the part of the person they represent. A bell-shaped egogram represents a well-balanced energy system. With a high adult ego, the center bar on the graph, both Nurturing Parent and Free Child ego states would be represented by lower, but equal, bars on either side of the adult bar graph. Still smaller, but equal, would be Critical Parent and Adaptive Child bar graphs on either side of the Nurturing Parent and Free Child bar graphs (Dusay, p. 398).

The egogram for a depressed or suicidal person would have a very high Critical Parent. This high Critical Parent ego state could be highly internally critical of the depressed person as well as others. The high Adaptive Child ego state of the depressed person would cause them to behave just as the person believed authority figures would want them to behave. An adult ego state, nearly as high as the Adaptive Child state, would produce very sensible behavior in the depressed person. This would help them to be logical and, seemingly, to integrate well into society. The depressed suicidal egogram would have a very small Nurturing Parent ego state which would make it difficult to be supportive of others. With an even smaller Free Child ego state depressed, suicidal persons would have difficulty enjoying themselves or participating in fun and frivolity (Dusay, p. 398).

This egogram is representative of youthful murder-suicide sensationalized in the media. The public is shocked that a nice, responsible, young person would do such a thing. Sometimes the victim is perceived as being almost too nice. This is the result of ego states which produce a "nice, quiet, obedient, keep to themselves, never cause any trouble" personality ("Nice Boy Kills Classmate, Self," 1983, p. 1).

Many immature single parents, experiencing role reversal, or sets of immature parents desiring a model child, unwittingly mold their children into suicidal personalities (Kreider, 1974, pp.365-370). Their reward for molding nice, quiet, obedient children is to have less problems with their children and attain social approval for possessing a model child who is at high suicidal risk. Because the child manifests socially acceptable traits, the parent assumes the child is healthy and so do many teachers, neighbors, friends, physicians, counselors, and psychologists. These people see only the positive behavior and assume that the other positive traits are present and that the youth is balanced (Mack, pp. 145-150).

However, persons trained in self-destructive behavior should become suspicious because of the lack of normal, negative, immature, behaviors. By looking deeper, warning signals of crisis may be discovered which could, in turn, lead to an assessment process to determine the risk of suicide or other forms of self-harm death ("A New Challenge: Suicidal Students," 1985, pp. 2-4).

Many youth communicate and receive help in their struggle. However, many do not communicate well. These very private individuals, often successful, feel they have to keep up their image. When they drift into discouragement, their defense of their image isolates them and they drift further into moderate and then severe discouragement. A number of causes, seemingly small to others, but becoming very large to the discouraged youth, causes them to feel hapless, hopeless, and helpless or out of control ("A New Challenge: Suicidal Students," 1985, pp. 2-4).

Results of Grief and Irrational Thinking

In the youthful good citizen, frustration, leading to anger and hostility, will often be turned inward which results in forms of self-harm, mild at first and later more severe. In earlier stages acts of self-harm may be perceived by others as fun, manly, daring, wild, or just growing up. In many cases there is trouble that brings the matter to the attention of those who help the discouraged person back into an encouraged state. In others deterioration continues undetected until the individual becomes severely discouraged to the point serious harm or death is the end result (Yeagley, 1981).

All too often that death is the result of a deliberate self-harm act with the intent of ending life, even though the intent is not discovered or is not disclosed by officials. This self-harm act is often disguised as an accident and sometimes as murder or justifiable homicide. In the case of justifiable homicide by officials where the victim has knowingly put himself in a hopeless situation, the emphasis of the investigation is put on justification of the homicide, rather than a psychological autopsy to determine if officials were manipulated by a suicide. But, the officers involved often believe they were used to complete a suicide under threat of death for the officer or an innocent victim (Zook, 1984).

Oftentimes those most harmed are the people in proximity to the victim, yet outside the victim's family. These individuals do not receive adequate grief support, pointed out Dr. Jerome Motto in "New Approaches to Crisis Intervention" (1979, pp. 173-176). As a result, their lives are altered forever and not necessarily for the better. Guilt and other negative feelings engulf not only individuals, but

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organizations and whole communities. This psychological damage to these "living victims" reinforces the need to deal with this problem area.

Cultural and Statistical Factors

Statistics of murder, accidents, and suicide, especially these days, among the 14-24 age group are misleading. According to Dr. Michael Peck (1970), the suicide rate is higher for males who show less surface signs of disturbance (pp. 35-40). In the 20-24 age group especially among white males, motor vehicle accidents are the number one cause of death. Suicide is second and homicide is third. However, in the December 1981 issue of Success, the "Cause of Death Probability Table," revealed that in black males and females homicide is first and motor vehicle accidents are second. In black males suicide is the third leading cause of death, while in black females it is the fifth (pp. 60-61).

At a recent medical symposium on teen suicide Dr. Smith noted: "The victim is most typically a white male." He reported that "for the age group 15 to 24, white males have a suicide rate of 21.4 per 100,000 compared with white females, whose rate is 4.6 per 100,000. The rate for black males and females is 12.3 and 2.3 deaths per 100,000, respectively" ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 39).

These statistics indicate, as a study of suicide in Denmark and Norway suggested, that there "is something charcteristic in the culture that produces a certain rate" (Farber, p. 5). Denmark with more submissive culture has a high suicide rate, while Norway with a more aggressive culture has a low rate, although belonging to the same broader cultural area (Farber, p. 5).

In the 20-24 age group American statistics suggest that blacks are better survivors in cases of self-harm than whites, in general, and female blacks are significantly better survivors in particular. However, the black suicide rates are escalating rapidly according to current reports, both published and broadcast. There are cultural conditions that tend to support these statistics. A large number of black females are the heads of households, and it is known that family ties and children reduce the chances of suicide.

Many black males are unemployed and driven from home by federal welfare regulations that will not permit aid to dependent children with an unemployed father living in the home. Other cultural factors, plus this isolation from their families, may explain a higher suicide rate for black males than for black females. Youthful black unemployment far exceeds white as a contributing factor to a higher rate. Yet, large numbers of blacks live in areas of high crime statistics which give blacks the frequent opportunity to consider survival techniques. The banding together of people in aggressive behavior would be a contributing factor to a lower rate of suicide than whites according to the Norway-Denmark study. The death rate statistics suggest that blacks are more likely to use aggression, as do the Norwegians, externally to resolve feelings of frustration, anger, and hostility. Whites, like Danes, are more likely to direct aggression internally and harm themselves.

National statistics list murder as the leading cause of death in young people (ages 14-24) with accidents and suicide second and third.

> When a good-looking, popular teenager commits suicide, the premature death often sparks a chain of events that culminates in the deaths of a handful of other youngsters in the coming months. . . .

The clusters come at a time when teen suicide has become a national epidemic, with 13 people between the ages of 15 and 24 taking their lives each day. Twenty-five years ago, only four people this age committed suicide each day, according to the National Center for Health Statistics. Because so many families deny that a suicide has occurred, the actual suicide rate is believed to be at least twice that ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 1).

When these statistics are then related to incidences of white middle class suicide, the problem is being underestimated as the result of cultural bias and statistical error and by the erroneous reporting of the nation's coroners trying to protect the families of suicides (20/20, April 1983).

Accurate statistics on suicide are difficult to obtain because suicides are often not reported due to the difficulty of establishing suicidal intent, because of practical considerations such as the loss of life insurance benefits, and the social stigma associated with suicide. Experts estimate that as many as two or three adults commit suicide for each one that is documented and reported as such, and among youth the actual figure may be four times as high (Anderson, 1984, p. 3)

Youthful Leading Death Cause

If the violent categories of death - accident, suicide, and murder - are combined under the cause of discouragement with allowance for legitimate accidents where reasonable care and precaution were in use, the message is unmistakable. Discouragement is the leading cause of death among all young people in the United States.

Cosse and Klagsbrun (1983) promote the community approach where the community comes together in groups, both formal and informal. This approach was used in a New York suburb after a series of youthful deaths. A community hospital or mental health center helps groups of teachers, parents, and kids pull together with a seminar for teachers and parents held each fall. In this community approach they have altered the

behavior of the population. The people in the community look for the signs and symptoms of suicide "upfront," not after the fact, according to Dr. Klagsbrun (1983).

Inadequate Societal Response

The problem of severe discouragement leading to death in young people is so widespread it may be impossible to handle at the professional level alone. Human services personnel probably have as much difficulty as anyone dealing with youthful suicide as suggested by John Mack, M.D., Chief of Psychiatry at Harvard Medical School. In his book, Vivienne, it was stated that youthful suicide is so painful for professionals that it results in limited research (Mack, p. vii).

The effect of interactions between systems in the environment can bring about catastrophic human tragedies through economic fluctuations, weather phenomena, man-caused disasters, and wars. The effect of these circumstances is to create unacceptable life conditions which test the ability of individuals and groups to manage or cope.

By looking at the different aspects of the environment in which the individual functions through the managaement perspective of systems theory, it is possible to map objectively the extremely complex cause of discouragement. An individual experiencing difficulties throughout his environment over an extended period of time is an individual who is most likely to be suffering from severe discouragement. Experiencing crisis in all areas at once can lead to a disaster, not only for the person, but for all those who interact with the individual in each of the subsystems to which the person belongs. The concern to help that individual then is not for that individual alone and not just for the immediately involved

systems, but for the entire social system to the extent that an impending disaster would affect the larger system (Bednar, 1981).

The efforts of helping individuals and helping programs today are fragmented into services. These systems are handicapped by boundary lines of different orientation, rules, and other considerations of the helping systems. For these reasons persons experiencing severe discouragement and difficulty in more than one system may not be sufficiently helped with their problems. As a result, such individuals often continue to descend on a discouragement continuum (Bednar, 1981).

Nature of Discouragement

Adler believed that when people begin to act out their feelings of inferiority they have a problem which can lead to a pathology or an illness. However, Adler and his followers prefer not to think in terms of an illness, but prefer to think in terms of the individual being a discouraged person (Mosak, 1979, p. 44).

Discouraged Personalities

Behaviors which call a set of individuals to our attention may be the result of discouragement and represent those individuals' attempts to compensate for this or to obtain hope. Many people come to our attention for very positive reasons—their appearance and mannerisms, their interests, social status, or perhaps their plans for a special career or some special activity that almost seems inconsistent for them. They appear different in varying degrees because of their attitude and behavior as they seemingly tirelessly investigate life (Mosak, 1979, p. 44).

Behavior and appearance that is observable and sets one individual apart from another is definitely a part of a person's lifestyle. And, if "lifestyle is merely the 'spectacles' through which a person views himself in relationship to the way in which he perceives life," as Adlerians believe (Mosak, 1979, p. 45), then a message is being sent by the unique person about the very things that set him apart.

Many discouraged persons are very good at not standing out. These individuals blend into the scenery and often are not noticed. Their very private lives do not mean they are less in need of being encouraged, but many times it means that their struggle to become an encouraged person is an isolated and lonely one. If the individual seems to be involved in personal changes of one kind or another that seem somewhat different from the normal changes that occur as one moves through life, the person may be becoming more discouraged. Reacting differently to a normal situation rather than in an expected way may indicate the person is attempting by himself to treat his own symptoms of discouragement with compensating behavior (Mosak, 1979, p. 45).

Educational Treatment

Adlerians believe in education as a therapy to treat the symptoms of discouragement (Mosak, 1979, p. 45). Over the past thirty years many new educational opportunities have been developed which offer numerous choices to individuals who wish to improve themselves by replacing discouragement with hope. However, choosing the correct education to reduce discouragement and its components and the effective application of this education is increasingly more difficult as society becomes more complex with the advent of increasingly higher levels of technology.

This results from more emphasis being placed on fitting into the system in a specialized function that must be continually updated to satisfy the system. However, this may be counterproductive to personal needs and efficiency (Mosak, 1979, p. 45).

Severe Discouragement Factors

Farber (1968) approaches the idea of a discouragement continuum through a discussion on "A Disease of Hope" in his book, Theory of Suicide. He suggests that hope is the result of:

> . . .the interaction of two factors, one in the personality and the other in the situation. Individuals differ from each other in their ability to sustain hope in the face of a given difficulty: One rejected lover commits suicide; another before very long looks in his address book and telephones another girl (p. 14).

Drawing from Robert W. White's work, Farber (1968) points to "the sense of competence as the personality factor" (p. 14). White suggests a "basic pervasive feeling in the individual that he has the resources within himself to cope with the demands of living" (p. 14). According to White, "I, therefore, introduce competence to describe a person's existing capacity to interact effectively with his environment. Innate abilities play some part in this, but in the human case competence is largely a consequence of learning" (White, 1963, p. 37). Farber joins other psychologists, including Adler, in suggesting that the foundations of this sense of competence are "probably laid down quite early in life" (Farber, 1968, p. 14).

According to Robert W. White:

> Sense of competence describes the subjective side of one's actual competence. As we know, our sense of competence does not always accurately reflect what others judge to be our actual competence. Not all experiences are of equal importance, and certain successes or failures may contribute

disproportionately to our subjective feelings. . . .We can reserve the term "feeling of efficacy" for what is experienced in each individual transaction, using sense of competence for the accumulated and organized consequences in later stages of ego development. . . .It has a great deal to do with confidence and self-respect (White, 1963, p. 39).

Many articles on suicide are discussions of the woundings of the young. These woundings often reflect cultural changes as part of the circumstances that make them possible. The young are wounded in the home, in the neighborhood, and in the schools by many people and circumstances. Farber suggested these woundings contribute to a low sense of competence. As a result of wounding, there is a disparity between what the individual perceives should be and what exists. There is a loss and the attempt to adjust results in a grief process, regardless of the nature of the loss (possessions, relationship, significant other person, reputation, pride, etc.).

The suicidal youth's concept of death evolves from an early, more idealistic, concept that death is reversible. Their backgrounds often include social isolation and family disruption or broken homes. Common is the loss of love, being unloved, or feeling unloveable.

From his research and clinical work in suicidology, Dr. Smith said the victims often were youngsters with "very high expectations of themselves and of their relationships" and were youths "who tend to hold their feelings in, particularly what is hurting them." Often, a suicide in such a person will be triggered by a loss, perhaps of a relationship or of a highly valued idea, or by a humiliation that might be considered "minor" to an adult but is overwhelming to the teenager ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 39).

Ten Stages of Grief

According to Yeagley, when we think of grief, we often think only of death, but other losses bring on almost identical reactions. People experience grief as a result of divorce, loss of health, aging,

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retirement, loss of job, and the "empty nest" syndrome. Young people experience serious grief over losses that many adults do not understand are serious, including the loss of relationships, supportiveness, social status, and school setbacks. Even more serious is the accumulation of several losses which results in overlapping stages of grief (Yeagley, 1981).

Ten stages of grief are often seen by those who deal with these problems (Grief, pp. 2-3).

1. Shock - The person is in a sense temporarily anesthetized against the overwhelming experience he is facing. This state of shock is helpful to him because he does not have to comprehend all at once the magnitude of his loss.

2. Emotional release - This comes about the time it begins to dawn on the person how dreadful his loss is.

3. Utter depression, loneliness, and a sense of isolation - The person feels that there is no help for him. He is down in the depths of despair; nothing could be so awful as his depression.

4. Physical symptoms of distress.

5. Feeling of panic - People become convinced there is something wrong with them as a person.

6. Feeling of guilt about everything related to the loss.

7. Hostility - Expressing hostility toward people he thinks may have contributed to the problem he now faces.

8. Unable to return to his usual activities.

9. Gradually begin to overcome grief.

10. Readjust our lives to reality.

Grief Recovery

According to Larry Yeagley (1981) in his booklet, "Grief Recovery," and his video tape seminar by the same name, humans have to hurt to grieve successfully. Grieving takes a lot of energy and should be worked at in a conscious and deliberate manner until the survivor has successfully completed the process. According to Yeagley in his seminar, grief signs and symptoms include: insomnia, poor hygiene, poor sleep, sighing, sore or tired muscles, tired, forgetfulness, lack of concentration, feeling of lump in chest, lack of saliva, jealous of other relationships, feelings of disloyalty to lost person, strong urge to talk, desire to withdraw, and wave action (lull between grief stages).

In his seminar Yeagley outlined goals for the grief recovery victim:

1. Believe the person is gone, that it has really happened. "It's over."

2. Healthy experiencing of pain.

3. Adjust to the new environment.

4. Invest energy in other relationships.

Assignments made by Yeagley in his seminar included:

1. Thinking about the person who was lost.

2. Making a journal of grief experiences:

   a. Note pain and feeling reactions

   b. List all losses of entire life, animate and inanimate, such as love object and position losses

   c. Hurting or the pain of losses

   d. Healing

   e. Beyond now, plans, hopes, dreams for the future

3. Talk to friends and share the grief experience Program of Grief Recovery.

4. Stretch coping range:

    a. Show gratitude

    b. Show affection

    c. Peace with self and God

    d. Exercise

    e. Balanced diet

    f. Good health habits

    g. Plenty of rest

    h. Avoid emotional, energy consuming entertainment, such as violent television

    i. Focus on others

In his Grief Recovery Seminar Yeagley stated "children grieve in keeping with their environment rather than their chronological age." He believes it is very important to support youngsters in a steady way and explain the cessation of life. They should show sorrow and talk about the person who has died. Yeagley advises avoiding separating children from those they love, letting them fantasize, and helping them tolerate their feelings. Yeagley (1981) concluded in his video tape lecture, "give children space when they need it and closeness and support when needed."

Grief Recovery Risk

The young learn how to grieve by example and instruction. Those who do not learn how to grieve in a productive manner may become stalled at a grief stage and unable to progress past that stage. As a result, the

individual may not get over the loss, becoming to some extent a casualty (Yeagley, 1981). As a result, the individual's sense of competence is lower (Farber, 1968, p. 32).

Those who do not properly and successfully complete grief recovery throughout their lives will be likely to have an inadequate sense of competence. An individual's ability to grieve properly is dependent upon his ability to think rationally and to control destructive behavioral tendencies resulting from the normal components of grief such as anger, guilt, hostility, and rage (Grief, pp. 2-3).

Ellis and Harper (1961) outline ten types of irrational beliefs of which people are often only subconsciously aware. Such beliefs reduce the individuals' ability to deal with the harmful effects of losses for which grieving is a necessary human function.

From their work, A New Guide to Rational Living, (1961) those ten irrational ideas are:

1. You must—yes, must—have love or approval from all the people you find significant (p. 102).

2. You must prove thoroughly competent, adequate, and achieving; or a saner, but still foolish, variation: The idea that you at least must have competence or talent in some important area (p. 113).

3. When people act obnoxiously and unfairly, you should blame and damn them, and see them as bad, wicked, or rotten individuals (p. 124).

4. You have to view things as awful, terrible, horrible, and catastrophic when you get seriously frustrated, treated unfairly, or rejected (p. 124).

5. Emotional misery comes from external pressures and you have little ability to control or change your feelings (p. 138).

6. If something seems dangerous or fearsome, you must preoccupy yourself with it and make yourself anxious about it (p. 145).

7. You can more easily avoid facing many life difficulties and self-responsibilities than undertake more rewarding forms of self-discipline (p. 158).

8. Your past remains all important and because something once strongly influenced your life, it has to keep determining your feelings and behavior today (p. 168).

9. People and things should turn out better than they do and you must view it as awful and horrible if you do not find good solutions to life's grim realities (p. 177).

10. You can achieve maximum human happiness by inertia and inaction or by passively and uncommittedly "enjoying yourself" (p. 186).

In his book, Feeling Good, (1981) Dr. David D. Burns defines ten cognitive distortions which form the basis of all depressions (pp. 31-41). This would include the continuum from encouragement to severe discouragement.

1. "All-or-Nothing Thinking" - The individual thinks in terms of crises being black and white and feels failure if performance does not live up to perceived expectations.

2. "Overgeneralization" - The person views a single negative event as the beginning of a continuous pattern of defeat.

3. "Mental Filter" - A single negative detail is dwelled upon to such an extent that the individual's view of reality is darkened or distorted.

4. "Disqualifying the positive" - Positive experiences are discounted for one reason or another in order to retain a negative belief.

5. "Jumping to conclusions" - The individual makes a negative interpretation even though there are no definite facts that really support the conclusions.

6. "Magnification (Catastrophizing) or Minimizing" - The importance of a mistake, or someone else's success, is exaggerated or these are inappropriately shrunk until they appear much less important than reality. Burns describes this as the "binocular trick."

7. "Emotional Reasoning" - The individual assumes that negative emotions reflect reality and rationalizes that because he feels it, this must be the way it really is.

8. "Should Statements" - Words such as "should," "must," and "ought" are used by individuals to produce guilt for motivational purposes in themselves or others which vents or turns inward feelings of anger, frustration, and resentment.

9. "Labeling and mislabeling" - An extreme form of over-exaggeration. The individual attaches a negative label to himself or others rather than describing the error of offensive behavior. Mislabeling involves highly emotional and colored language.

10. "Personalization" - The individual sees himself as the cause of some negative external event for which he or she is not primarily responsible.

Cognitive or rational emotive therapists confront their clients for distorted cognitive thinking and sometimes ridicule them in order to help the client give up the use of irrational thinking. Therapists believe if they are able to change the thought process they can change feelings and behavior. If the client assumes that death or tragedy were awful and shouldn't have happened, the treatment response could be: "Obviously

it should have happened because it did happen. It may be terrible, sad, and tragic, but it is hardly awful because awful implies it shouldn't have happened and it did happen. So, now what are you going to do to get on with your life and to make it better?" (Ellis and Harper, p. 129)

Cognitive therapists, much like parents, principals, supervisors, and friends, attempt to correct irrational thinking of people every day. However, lay people are often unaware of their own areas of distorted beliefs and practices. They often retain their own distorted beliefs while encouraging others to drop theirs. Parents pass them on to siblings at an early age who may develop other problems as a result. Sometimes when these problems combine with excessive environmental pressures, shocking tragedy occurs, such as youthful murder—suicide.

> Manchester, Mo. (AP) A "nice boy" who had won a good
> citizenship award was taunted about his family by his junior
> high classmates before he pulled out pistols and killed one
> student, wounded another and took his own life, officials said.
> Witnesses told police that Koger and Palmer had made
> disparaging remarks earlier about Lawler's brother and
> stepfather.
> The boys, all eighth—graders, were not disciplinary
> problems at the suburban St. Louis school, according to
> Principal Don Senti. He called Lawler "an above—average
> student" who received a good citizenship award last semester.
> "All three of these kids came to school every day—what
> more can I say?" Senti said.
> Neighbors of Lawler's said they were shocked at the
> shootings.
> "I can't believe he'd do that," Gielea Lavacek said. "He
> was just a nice boy who played around here. It's a total shock
> to me" ("Nice Boy Kills Classmate, Self," 1983, p. 1).

The boy was reported to have uttered the cognitive distortion, "I can't stand it any more," as he began firing at the other youth.

At the high school level a similar tragedy occured between members of the opposite sex.

> Altoona, IA. (AP) Fellow students watched in disbelief as
> a 17—year old youth shot a female classmate to death and then

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turned the gun on himself, perhaps because of a one-sided infatuation with the girl, relatives say.

"She was taking a test in the hall," said Dale Moritz, chief of detectives for the Polk Co., Ia., Sheriff's Department. "He had been in this same class and left. He walked down the hall, turned around and came back. That's when she was shot." . . . she was to graduate on Sunday with honors (Woolson, 1984).

In his chapter, "The Cause of it All," Burns describes vulnerabilities that result from cognitive distortions in seven areas: approval, love, achievement, perfectionism, entitlement, omnipotence, and autonomy. When people have irrational beliefs in these areas they are vulnerable to others' manipulations, as well as the difficulties resulting from their own initiatives (Burns, pp. 233-255). Burns based this on the Dysfunctional Attitude Scale (DAS) developed by a colleague, Dr. Arlene Weissman. Her research indicated that:

. . .while negative automatic thoughts are reduced dramatically between episodes of depression, a self-defeating belief system remains more or less constant during episodes of depression or remission. Dr. Weissman's studies confirm the concept that your silent assumptions represent a predisposition to emotional turbulence that you carry with you at all times (Burns, p. 241).

The Dysfunctional Attitude Scale uses 35 statements or beliefs to which participants agree or disagree on a modified Likert scale. The results provide indications of strengths or vulnerabilities in the seven areas. The more negative the score, the more vulnerable the individual is in each of the seven areas.

1. Approval - A vulnerable score indicates excessive dependence, self-criticism, easily manipulated, and vulnerable to anxiety and depression as the result of others' criticism and anger. A positive score indicates a healthy sense of worth even in the face of criticism and disapproval.

2. Love — A vulnerable score indicates a need for amounts of love difficult to be supplied by others, making the individual dependent on the love of others. Respect for the individual is diminished because of a projected attitude that without the love of others that individual would collapse. When people drift away the individual becomes gripped by a "painful, terrifying withdrawal syndrome." Such individuals may resort to coersion or manipulative behavior to secure intense love, thus driving people away, intensifying the loneliness. A positive score indicates the individual sees love as desirable, but not as a requirement for happiness or self-esteem. With a wide range of interests found to be gratifying and fulfilling, people find the individual attractive because the individual radiates a healthy sense of self-love and exhibits interest in many aspects of living.

3. Achievement — A vulnerable score indicates the individual believes his sense of self-worth and capacity for joy are dependent on his productivity. A positive score indicates one can enjoy creativity and productivity without seeing these as an exclusive or necessary for self-esteem and satisfaction.

4. Perfectionism — A vulnerable score indicates the individual demands perfectionism in himself to the point that mistakes, failure, and negative emotions are unacceptable. The individual expects to look, feel, think, and behave superbly at all times. Achievement of one goal is replaced with a more distant goal such that success is never achieved. A positive score indicates the capacity to set meaningful, flexible, appropriate standards. Processes and experiences provide great satisfaction and the individual is not exclusively focused on outcomes.

5. Entitlement – A negative score indicates the individual feels entitled to things – success, love, happiness – such that demands are placed to fulfill the individual's wants. When demands are not met, feelings of depression, inadequacy, or anger occur, consuming large amounts of energy, invariably resulting in far less of what is desired. A positive score suggests the individual does not feel entitled, but negotiates for what is wanted, often being successful. Negative outcomes are disappointments rather than tragedies, and as a percentage player the individual is patient and persistent with a higher frustration tolerance. Success is frequent.

6. Omnipotence – A vulnerable score indicates inappropriate self-blaming for the negative reactions of others over which the individual has no control, resulting in feelings of guilt and self-condemnation. The attitude that the individual should be all powerful results in an anxious and ineffectual individual. A positive score indicates the individual understands that others are not under his or her control and that the individual is ultimately responsible for only himself. A friendly collaborator, the individual is not threatened by disagreement with his or her ideas or failure of others to follow advice. The individual's attitude gives others a sense of freedom and dignity, causing others to want to be close because the individual has relinquished any attempt to control them, resulting in admiration, love, and respect.

7. Autonomy – A vulnerable score indicates the belief that joy and self-esteem come from the outside. Because external factors are beyond the individual's control, his or her moods are victims of external factors. A positive score indicates the individual's moods are the

result of internal thoughts and attitudes. The individual assumes responsibility for his or her feelings, realizing that meaning and feelings are created in the person's own mind. This vision of autonomy makes possible a full measure of satisfaction, mystery, and excitement (Burns, pp. 251-254).

Burns (1981) suggests that persons considering possible negative beliefs in these areas should raise three questions:

1. Is the maintenance of a particular belief to the advantage of the individual?

2. Is the particular belief really true and valid?

3. What steps can be taken by the individuals that will allow them to rid themselves of self-defeating and unrealistic attitudes and substitute other more objective and self-enhancing ones? (Burns, p. 255). Such self-evaluation is very important for persons involved in the grief recovery process to avoid becoming hung up at a particular grief stage (Yeagley, 1981).

The ability to deal with emotions resulting from grief also depends upon support from those around the grieving person. Important are the attitudes of death as compared in relation to sex, age, social position, and recency of death experience of family or friends (Yeagley, 1981).

Grief processes often are poorly supported in the young because those around the young do not understand the nature of the loss or the duration of the adjustment. Because the young have not developed the insight that comes with adulthood, they often cannot see an end to their grief loss. Their unsatisfactory grief process not only results in tragedies of many kinds, but also in damage to others, who in turn invent their own tragedies (Yeagley, 1981).

Suicidal Outcome

People with a low sense of competence often do not feel comfortable with those who feel competent. Young people tend to turn to peers for support, and the likelihood is great that those who are having difficulty dealing with woundings and grief will get together and reinforce one another's difficulties, as opposed to giving proper grief support (Yeagley, 1981).

Many persons suffer discouragement to the point of total despair and yet they do not take their own lives, while others deliberately bring about their own death. Farber suggests that the difference, the missing link, is vulnerability, emanating from "psychological damage," which he hastens to point out is not psychotic or mental illness. Farber pointed out:

> The great majority of suicides are not psychotic, that is, they are not out of touch with reality, they can care for themselves, they are not committable to a mental hospital on the basis of their symptoms. They may be temporarily depressed, distraught, and desperate at the time of the act, but so are at times many normal people who do not commit suicide (p. 28).

Farber is convinced, as was White, that the difference between those who survive and those who do not is determined by the individual's sense of competence. He believes further that a low sense of competence is the basis of many mental illnesses which have numerous forms and symptoms. Farber stated:

> ...fragility of the ability to sustain hope, we suggested, is based upon an impaired feeling of competence. This feeling, a deep-seated pervasive sense that may be neither easily verbablized nor even conscious, may color much of a subject's behavior. Basically, such a person doubts that his powers are sufficient to handle the demands of life (pp. 28-29).

Asserting that vulnerability is a low "sense of competence" and that deprivation is a threat to acceptable life conditions, Farber has advanced a formula of the probability of self-harm which is a conceptual framework. The derivation of the formula follows. The letter S represents the probability of suicide. The letter f represents "function of," indicating that the probability of suicide is the result of the following interacting factors:

That is, the probability of Suicide varies inversely with the level of Hope and also directly with a Threat to Acceptable Life Conditions and inversely with the level of the Sense of Competence.

$$S = f \left\{ \frac{1}{Hope} \right\} = \left\{ \frac{T}{C} \right\}$$

where: T = Threat to Acceptable Life Conditions
        C = Sense of Competence

Note: Dotted vinculum indicates formulas are not calculable.

The sense-of-competence component in hope is found to be omnipresent when suicides are analyzed (Farber, p. 16).

Severe Discouragement

The discouraged individual often struggles for hope through treating his own symptoms of a low sense of competence, resulting from both earlier and recent woundings (Farber, p. 32). The dynamics of this action, to become somehow encouraged and to sustain hope, produces unique and colorful characteristics in many individuals that help identify them as discouraged persons (Mosak, pp. 56-57).

Sometimes these behaviors develop into larger patterns. In a discussion of hope Farber puts forward the idea of "suicidal migration."

There exists a constant movement of people from places in which they are frustrated and unhappy to places where they hope

they will find gratification. In the modern world, with
transportation and travel easily available, this recourse
occurs on a massive scale. A certain proportion of these
people, motivated by a high but fragile hope, constitute
potential suicides. These movements may justifiably be called
"suicidal migrations" (pp. 22-23).

While suicidal migration would seem to indicate fragile hope, it

could also be described as a borderline symptom of severe discouragement

that can quickly decline on the discouragement continuum into severe

discouragement when obstacles are encountered in these moves.

Farber continues to show how deterioration of hope causes a decline

on a continuum toward disaster.

Thus it is that in the United States there is a flow of
the personally unhappy, the occupationally dissatisfied, the
seekers after love, to California, to Nevada, to Florida,
avidly seeking fulfillment. The hopes of many, often the last
great hope of a series of hopes and disappointments, are
dashed. Suicides and suicide attempts follow (p. 23).

Dependency relationships are one form of compensation. The person

suffering from a low sense of competence feels competent only when

succored, protected, or led by another. Or, the other person in the

relationship feels competent only when others are dependent. Termination

of such relationships frequently results in various tragedies.

Significantly, Farber points out:

The feeling of abandonment, of helplessness, or
incompetence, generates an unassuageable hunger for supplies of
love, succorance, goods, which—it is hoped—will provide
strength and relief. The demands are in the main made upon
people close to the subjects—parents, spouses, lovers. These
individuals cannot supply what is demanded. Out of this
frustration grows a great rage against those who appear to
refuse the demands (p. 29).

This resulting rage, regardless of where it is focused, is

accompanied by guilt which intensifies low self-esteem, self-hatred, and

incompetence. In intense cases self-punishment "adds additional energy

to the basic self-destructive impulses growing out of the shattered sense of competence" (Farber, p. 30). Farber continued: "All the influences in this syndrome act synergistically in an assault upon the basic sense of competence, leading to a feeling of helplessness in the face of environmental blows and demands and thus to hopelessness" (p. 30). In other words, Farber is suggesting that the action of self-punishment, self-destructive impluses, and environmental blows work together to achieve an effect such that each vulnerable person is individually capable of suicide.

Difference Between Life and Death

The injured sense of competence is the deciding factor in completed suicides and other deaths resulting from self-punishing and self-destructive behaviors. When all other variables have been established in a given suicidal situation, if the individual's sense of competence were adequate to cope with the situation, an attempt with the intent to die would not have occurred. It will not occur because the individual's sense of competence helps the individual believe that they can "make it" past the period of difficulty, thus sustaining hope. If the individual's sense of competence is too low for the given circumstances of the suicidal crisis, the ambivalence of life or death will change to death. Unless an intervention occurs artificially to support the sense of competence, an attempt will occur with the intent to die. The plan may be extemporaneous or well thought out, depending on the maturation of the individual (Farber, 1968, pp. 27-34).

Farber maintains that symptoms of loss of hope are probably the best predictor of potential suicides, supporting the idea of monitoring

individuals using the discouragement continuum concept. Severe discouragement and a downward spiral into suicidal crisis are described by Farber in terms of a decreasing sense of competence and succorance with an increase in suppressed rage. This, in turn, results in lowered self-values and another declining spiral on the discouragement continuum toward crisis and possibly death (Farber, 1968, pp. 14-15)

Farber (1968) stated:

> Lacking a basic sense of competence, the victim has a greater need than the healthy for supplies of nurturance. Consequently he hungers and clamors more furiously to elicit these supplies, antagonizes the potential grantor of supplies, and is thus the more deprived. But he does not dare express all his rage, so he is deprived of a chief weapon and feels the more incompetent. Moreover, he feels guilty at his rage and consequently the more worthless, incompetent, and self-punishing. In this emotional maelstrom unbearable pressures develop (p. 33).

In the final act the rage is often expressed through aggression, inflicting punishment upon those who have failed to provide the needed succorance. As a result, such individuals generate, through their own negative emotions, unbearable pressures that aid their descent on the discouragement continuum until a crisis of one kind or another often occurs (Farber, 1968, p. 33).

Individuals vary in their vulnerability which is a function of their sense of competence and the degree to which their personality has been injured. Deprivation may be both a function of circumstances of environmental situations and a low sense of competence. A continuing or worsening situational deprivation can multiply with existing vulnerability to increase the probability of suicide (S). Farber points out these relationships between variables, stating:

> In the construction of the present theory, the initial broad formula indicates the locus and kinds of variables

involved where V = Vulnerability, D = Deprivation, and f = function of. Therefore, the Probability of Suicide equals the function of Vulnerability expanded with Deprivation:

(1) $S = f(V, D)$

It is further maintained that the basic, proximal variable most sensitively related to suicide is Hope, to which it is inversely related where H = Hope. Therefore, as Hope is diminished, the Probability of Suicide increases.

(2) $S = f \left\{ \dfrac{1}{H} \right\}$

Hope itself, however, represents the outcome of the interaction between a basic personality variable, the Sense of Competence (C) and an input variable, a Threat to Acceptable Life Conditions (T). Therefore, as the Threat increases over the Sense of Competence, Hope is diminished or is enhanced as the Threat is reduced.

(3) $H = f \left\{ \dfrac{C}{T} \right\}$

Since Sense of Competence is not easily enhanced, a large Threat to Acceptable Life Conditions raises the Probability of Suicide:

(4) $S = f \left\{ \dfrac{T}{C} \right\}$

(Farber, 1968, p. 74)

Suicide and Theory

In a study, "Suicide in Maine: A Social Psychological Approach," David L. Abbiati tested Farber's 1968 Theory of Suicide. Abbiati's study was based on five social/psychological variables.

Variable 1

The first proximal social psychological variable is Hope in the Future Time Perspective (HFT). . . . A culture with a high level of Hope in the Future Time Perspective is comprised of individuals who strongly believe that the region with which they identify will increasingly become a better place in which to live. They expect that efforts to improve the opportunities of the individuals in their area will meet with success. The individuals believe that their culture has the resources to cope with the problems that the future might offer them.

A social surround that is high in Hope in the Future Time Perspective will tend to encourage and to support a high level of individual sense of competence. As the individual's level of hope is related to the probability of suicide, so Hope in the Future Time perspective in the social surround is related to the probability of suicide (Abbiati, 1977, pp. 81-82).

. . . Hope in the Future Time Perspective concentrates on the emergence of opportunities that are characterized by increasing economic, political, and social growth of the individual's social surround (Abbiati, 1977, pp. 81-82).

Variable 2

The second proximal social psychological variable is labeled Demands for Interpersonal Giving (DIG). This variable is formulated as the exent to which an individual is the object of demands for giving of his effort or goods to others. With the other social psychological variables held constant, the probability of suicide increases as the Demands for Interpersonal Giving increases. . . . e.g., physicians, nurses, sales people, might constitute a higher suicide risk (Abbiati, 1977, p. 82).

. . . the psychologically damaged individual, e.g., an individual with an injured sense of competence, when trapped by situational factors in an inappropriate occupation or overly demanding interpersonal relationship, feels threatened by the Demands for Interpersonal Giving placed on him by the individuals in the social surround.

Other things being equal, the more an individual feels Demands for Interpersonal Giving, the more overwhelmed will be his sense of competence. Therefore, an individual in a high DIG social surround will function with a lower level of hope and exhibit a greater probability of suicide than an individual in a low DIG social surround (Abbiati, 1977, p. 82).

Variable 3

The third proximal social psychological variable to be examined is the Availability of Succorance. The extent to which an individual anticipates help and support from his social surround, especially when he encounters difficulties, bears directly on his level of hope. . . . The more possible avenues of successful resolution of problems that are made salient to the individual, the greater the level of hope for

that individual. . . .where the individual can expect little or
no support from his social surround, reduces the probability of
successfully coping with a problem and lowers the level of hope
for the individual (Abbiati, 1977, pp. 82-83).

. . .The more succorance that is available to an
individual, the higher will be his level of hope. The higher
an individual's level of hope, the less probable is his
committing suicide. The probability of suicide is, thus,
related to the Availability of Succorance (Abbiati, 1977, pp.
82-83).

Variable 4

The fourth proximal social psychological variable is
designated Demands for the Exercising of Competence (DEC). The
level of hope for an individual is related to his sense of
competence. . . (Abbiati, 1977, p. 83).

Demands for the Exercising of Competence may be most
forceful in occupation-related activities. The pressure to
make a living, to support a family, or to "get ahead" may
impose almost inescapable demands on the competence of
individuals. A second aspect of DEC is the area of
interpersonal relationships. A social surround may exert
pressure on an individual to maintain a successful marriage,
produce children, and carry on stable and harmonious
relationships with acquaintances (Abbiati, 1977, pp. 83-84).

Variable 5

The fifth proximal social psychological variable is the
degree of Toleration of Suicide (TS). In contrast to cultures
low in TS, cultures high in the degree of Toleration of Suicide
consider suicide to be a more acceptable behavior over a
broader range of circumstances. . . .

The degree of the TS variable operates as a facilitating or
inhibiting factor toward suicide behavior. The effect of this
variable is to influence the valence of suicide and the
barriers against it for the individual. . .(Abbiati, p. 84).

Farber (1968) suggests that step (4) in his equation above could be

considered the basic equation for the conditions of suicide because "Its

variables, perforce, are psychological" (p. 74). From the first broad

equation, S = (V, D), Farber then expands distally Deprivation (D) and

Threat to Acceptable Life Conditions (T) into the environmental variable

he calls the social surround in the more specific formula to follow.

At a recent symposium on teen suicide:

Psychiatrist Derek H. Miller, MD, professor of psychiatry at Northwestern U. Medical School and director of the adolescent program at Northwestern Memorial Hospital, Chicago, emphasized the 'social determinants' that probably have contributed to the rise in adolescent suicides.

Although people are taking better care of their bodies now than ever before, there also is more "casual disregard for our fragility," he said ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 39).

Within this variable are the factors that have a direct bearing on self-harm. These variables are:

S = Probability of Suicide

DEC = Demands for the Exercising of Competence

DIG = Demands for Interpersonal Giving

TS = Tolerance of Suicide

Su = Availability of Succorance

HFT = Degree of Hope in the Future Time

Perspective of the Society

$$(5) \qquad S = f \left\{ \frac{DEC, DIG, TS}{Su, HFT} \right\}$$

(Farber, 1968, p. 75)

The factors that enhance the probability of suicide are represented in the numerator, while in the denominator are located the factors that reduce the probability of suicide. As factors that increase the possibility of suicide rise in the numerator, helping factors in the denominator also must rise or the probability of suicide is increased. The probability will be dramatically increased if helping factors are reduced.

Farber states: "This may be seen as the basic equation for denoting the variables in the social surround related to suicide" (p. 75). The

probability of suicide, S, derived from the conceptual framework can be an indicator of the needed succorance, supportiveness, training, and education to bring an individual from discouragement into an encouraged state in order to reduce the probability of suicide.

There appears to be a relationship between statements about causes of teen suicide made by Miller and others at their symposium and the variables in Farber's Theory of Suicide.

Variable DEC

Dr. Smith also contends that when a society is more affluent, "when more opulence is present," children, particularly those from wealthy families, think they have more difficulty succeeding. With a higher birth rate, the youngsters have stiffer competition for the best schools, jobs, and other material rewards. . . . Dr. Smith said the victims often were youngsters with very high expectations of themselves and their relationships. . . . ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 39).

Variable HFT

"Interestingly", he added, "we've seen the black youngsters who lived in the ghettos with attitudes that their personal existence had little value. Now we're seeing the more affluent white kids picking up the same beliefs," he said. In part, perhaps young people have been affected by talk of nuclear war and constant media reports of violent death, Dr. Miller said ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 39).

Variable DIG

The increasing suicide rate is related partly to a change in the adolescent psychology, he said, because of the increase in the number of single-parent families, the breakdown of the extended family, the loss of a sense of time and place, and the need of parents to feel supported and loved by their children with a consequent inability to tolerate their child's hostility ("Help Prevent Teen Suicides, MDs Urged," p. 39).

Variable TS

The "endless disregard" in our society for violence may have led some young people to hold the attitude that "it's OK to do away with yourself." Once such a person "cognitively accepts" the premise that suicide is an appropriate action, they will have no protection if they suddenly feel overwhelmed

by despair from a perceived loss ("Help Prevent Teen Suicides, MDs Urged," p. 39).

Variable Su

Dr. Pfeffer urged clinicians to look for a repetitive preoccupation with death. Such a focus may be related to an unconscious need for nurturing and well may be the first warning sign that the child may attempt suicide. . . . Often, in the child's mind, death will "lead to nurturing and concern," she said ("Help Prevent Teen Suicides, MDs Urged," p. 40).

Continuing with his explanation, Farber writes:

If now we reformulate into social terms the variable of vulnerability (V) in equation, S = (V, D), as the frequency of Production of Personalities Injured in their Sense of Competence (PIC), and combine it with equation (5), we obtain:

$$(6) \qquad S = f \left\{ \frac{PIC, DEC, DIG, TS}{Su, HFT} \right\}$$

This may be seen as the basic proximal sociological equation for suicide (Farber, 1968, p. 75).

Therefore, as the number of Persons Injured in their sense of Competence (PIC) increases, then the probability that the rate of suicide (S) will increase is enhanced.

It should be noted that Farber's formulas are not meant to be used quantitatively.

Variable PIC

The study also revealed that teenagers coming to the hospital with suicidal problems were four times more likely to have had a history of abuse or neglect than other teenagers coming to the hospital. This finding suggests the need to target suicide prevention services to teenagers with a history of abuse or neglect (U.S., Congress, Year-End Report, 1983, p. 122).

Therefore, the frequency of suicide in an environment, country, state, community, or organization is a function of the production of personalities injured in their sense of competence (PIC).

Severely Discouraged Clusters

These injured personalities result from vulnerable persons being wounded in their environment. The interaction of injured persons seeking succorance from one another often results in further woundings, a lower sense of competence, and more deaths. These individuals with fragile hope frequently migrate to new environments. Through its public relations and reputation, an environment which transmits the message of hope may, therefore, attract many damaged persons with a low sense of competence and fragile hope. They may then interact with other vulnerable new arrivals, as well as with injured personalities already in the environment, in the search for succorance and hope to satisfy their exaggerated expectations. The resulting interactions between injured personalities and the environment create new damage. This new damage, combining with pre-existing circumstances, is often perceived by the most vulnerable as unacceptable life conditions. All of these things increase the probability of higher frequencies of suicide and self-harm in these attractive and expanding environments. (Farber, 1968, pp. 22-23).

The reduction of the probability of suicide can then be through changes in the environment itself or in the environment directly affecting the individual. The design and implementation of such changes could be described as social engineering.

Nature of Help

If human self-destructive crises of all kinds are to be reduced, it is clear that individual members of society must take responsibility for helping the discouraged individual. They must help the individual make specific plans to change self-destructive behaviors to successful

behaviors. Not only therapists, but also parents, teachers, ministers, employers, co-workers, and friends must help. Often a person with more satisfactory life experiences is better able to help others make plans (Mack, 1981, pp. 147-148).

Calvin Frederick of the National Institute of Mental Health believes:

> The school is a vital resource in an adolescent suicide prevention program. . . . "School personnel are as vital to suicide prevention as parents—and not just counselors and teachers; the secretary from whom the student feels no demands; the nurse who listens; the janitor who lets him help. A wise guidance department will arrange meetings to alert the school staff to the symptoms of suicide and to their role in its prevention." The school, Miller says, needs to function as a "translator" for the meaning of adolescent behavior that may portend a serious problem (Mack, 1981, p. 148).

Safety Net

In order to build a safety net without holes through which youth in crisis could slip, all school personnel would be trained in crisis awareness recognition, intervention, and referral methods. A peer supportive mentoring program (trained kids helping kids) would complete the net as an additional system to facilitate troubled youth in getting help from teachers, counselors, and health professionals. A system of peer counselors is used in the Fairfax County, Virginia, School System after being trained in after-school classes as described by Myra Herbert, Chief Social Worker for the Fairfax County Schools, on Channel 9, "Morning Break," on October 30, 1984.

On October 27, 1983, in testimony before the U. S. House of Representatives Select Committee on Children, Youth, and Families, Dr. Mary Giffin, Medical Director of Harvard School of Public Health, stated:

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Years ago we had as policy that school personnel should withdraw when a child was suicidal; the condition was considered too ill to be seen at school. By following that policy we lost the greatest ally for the child, namely the person who had seen him every day and often for hours at a time.

If the parents were out of communication with the potentially suicidal adolescent, who might be the person-option to catalyze emotional and verbal interchange not possible at home? The classroom teacher was elected without running. She or he could offer a different style, a different set, perhaps a more neutral interchange with the troubled adolescent. If the potential suiciding child was balanced on a narrow fulcrum what might broaden the base? The answer was playful interchange with peers. Our action against suicide had taken form.

With these ideas in mind, we developed a series of seminars for social workers and other pupil personnel service staff to sell them on the idea of accepting still more responsibility than they already carried. Now, three years later, and with the advantage of excellent professional workers in the schools, we have a network of teachers reporting worrisome children to social workers in the school; consultations with the clinic are available but often not necessary. Once it became the accepted assumption that the teacher was the person with the relationship, even if tentative and that she had an advantage over all of the so-called experts in mental health, the teachers were willing to enter the breach.

Buttressed by the school social workers, and aware of our support and encouragement, to say nothing of our gratitude, the teacher is urged to confront the troubled child with what she observes: depressed sounding poetry, a hopeless theme in a short story, declining application in studies, a sense of isolation. As the child begins to feel support to his narrow fulcrum and a holding environment eager to help, communication is restored in most cases (U.S., Congress, Hearing, 1983, p. 72).

Supportive Mentoring

Therefore, there is a need to make all interested and willing individuals aware of the signs of discouragement. And, of those who are willing, these individuals should prepare, through inservice training and workshops, people from all walks of life. This would include family, social, and career systems. Such individuals should be trained in the art of encouragement, enhancement of life competencies, crisis intervention, and referrals to appropriate professionals. Individuals

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with the inclination to help the discouraged and the willingness to spend the time and effort could possess the qualities of a mentor. It is the person normally in the proximity of youth who is available to transcend boundaries as a mentor in order to map, monitor, and encourage the severely discouraged and enhance a low sense of competence (Mack, 1981, p. 148).

Mentor

> When Odysseus, hero of Homer's epic poem, "The Odyssey," set out for the siege of Troy, he was afraid that he was going to be gone for quite a while, so he left his household and his wife Penelope in the care of his trusted friend, Mentor. But once Odysseus was away, things went from bad to worse in his house what with Penelope's suitors drinking up the contents of the wine-cellar and butchering the cattle to their own use. The wise goddess, Pallas Athene, saw all this going on from the Olympian heaven, and became afraid that Odysseus wouldn't have any home to come back to. So, she asked Zeus, the father of the gods, whether she shouldn't go down and help out: He said "yes," so Athene assumed the shape of Mentor and whispered a lot of sound advice into the ear of young Telemachus, son of Odysseus. To this day, a mentor is a wise counselor (Funk, pp. 41-42).

"Mentors believe in their proteges, share their dreams, give their blessings on that dream, and create space in which proteges can work on their dreams" (Wrightsman, 1981, p. 7).

> Primary mentors are those which are considered to be mentors by the proteges, even though they are not always referred to as mentors. They are perceived as people who are unselfish, altruistic, and genuinely caring. Secondary mentors are often mistaken for primary mentors, and one may have several of them. These people are seen as giving help more out of a good business sense, with no measure of "care" added for the protege. Their help is often seen as having strings attached (Phillips, 1982, pp. 62-64).

Phillips (1982) continued by describing the phases and stages of the mentoring process. While she describes an adult-to-adult process, workable also could be the adult-to-youth mentoring/protege

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relationship. However, in this relationship it would be essential that the mentor be of the primary type whose stage of development did not permit him to use a youth, vulnerable and in a crisis situation. The stages and phases are:

I. Initiation: usually an invitation issued by the mentor, although the protege may work hard to gain his attention.

II. Sparkle: characteristics of falling in love, a mutual admiration society, both feel good about themselves and each other.

III. Development: first, one-way help, the mentor does most of the giving but enjoys it, followed by mutual exchange, in which there is some independence on the part of the protege, and some delegation from the mentor.

IV. Disillusionment: psychological disengagement, perhaps the protege gets a promotion.

V. Parting: in order to be successful on his own, the protege must break away from dominance, it is seen as inevitable to avoid pain or bitterness, and there may have to be a physical separation to make it work.

VI. Transformation: the mentor often forgets the name of the mentee, the mentee seldom forgets the mentor, some may become peers in the same organization, or there may be bitterness and anger on either part (Phillips, pp. 89-100).

Phillips (1982) suggests that "The value of the relationship to the protege is obvious. It is his ticket to success, however he may define that." She suggests several reasons why the mentor engages in mentoring. Adult-to-youth mentoring motives could include: "to achieve vicariously, to earn future credit, to repay past favors, to gain friendship, to experience pleasant feelings, to move through the ego state of generativity, and to bask in glory" (Phillips, pp. 77-82).

The idea of mentoring being applied to helping the discouraged has many advantages and limited disadvantages. The greatest disadvantage is that a mentor may fail to recognize the degree of discouragement, as even

professionals often do, and may fail to perform an appropriate and needed act of intervention, as professionals often do. The greatest danger is the possible overinvolvement by a mentor. The mentor may not be able to sustain the relationship because of changes in his/her life. Or, because of his or her own personal need to feel helpful and receive appreciation the mentor may not help the individual regain independence and in effect use and keep the protege captive (Mack, 1981, pp. 14-88).

Helping Tools

Alfred Adler, the father of modern educational psychology as well as many types of mental health therapy, was a protege of Sigmund Freud. However, Adler took a more practical approach and, like Martin Luther, broke away. Considering the high availability of the paraprofessional in dealing with discouragement, think as Adler did, that there is a definite difference between a disease model of treatment and one of encouragement and education. It could be profitable to examine the psychotherapies to determine treatment which could be considered appropriate for use by paraprofessionals. Tools selected for use by paraprofessionals could be used in dealing with discouragement.

Albert Ellis was one of the analysts in the fifties who became disenchanted with psychoanalysis. In an attempt to improve his success as a therapist, he chose the cognitive educational approach of Alfred Adler and his followers. In the book, Humanistic Psychotherapy, Ellis (1973) wrote: "Rational-emotive therapy (RET) owes a great deal to Alfred Adler, so much so that it is reasonable to inquire whether RET could not have developed within the Adlerian framework" (p. 111).

Using this background he developed a specific and practical treatment method based on rational thinking and the elimination of irrational ideas. Ellis believed that humans tend to have strong, irrational, empirically invalid ideas. Most individuals experience ideas of this type fairly consistently. The ten irrational thoughts by Ellis and Harper previously identified under Grief Recovery Risk can result in a great deal of difficulty for those who indulge in their use.

Glasser (1984) suggests that a person must accept responsibility for what he has learned to be correct and act on this if change is to take place (pp. 320-353). Rogers (1984) believes that genuineness and unconditional support are essential for improvement, but unconditional support does not mean unconditional approval of all behavior (Meador, pp. 142-195). Perls' (1979) approach to treatment included an ongoing awareness of the feelings and processes of an individual (Simkin, pp. 260-303). Foley (1984) learned to think of the family as a system and found individuals could be helped more successfully if the family were involved (Foley, pp. 447-490). The attributes of different leading therapists and therapies along with common sense can contribute significantly in helping persons to encourage the severely discouraged.

Proximity Supportive Mentors

Apparently there is an ample supply of helping tools constructed of reason, logic, and common sense. These tools can be applied by paraprofessionals and the laity to provide encouragement to the discouraged. Since it is possible and appropriate to train the laity to deal with discouragement, the time and cost of educating to recognize the signs, clues, and cues of discouragement is justifiable.

Calvin Frederick is quoted in _Vivienne_ as asserting:

> We are suggesting here a vital role for teachers and
> schools, but one that is limited to the identification of an
> adolescent at risk as a step in suicide prevention. When they
> reach out, teachers may go a long way toward "treating the
> hurt" in the child or adolescent to whom they find themselves
> responding with empathy and love. But it is important for them
> to realize the limits of what they can undertake and know when
> to ask for help (Mack, 1981, p. 148).

This kind of supportive mentoring preparation is helpful in applying
techniques of encouragement and in recognition of when to make
interventions and referrals. While awareness of the need to be trained
could be accomplished initially, appropriate application and timing of
helping tools would, of course, require continuing training. Peck stated
that the identification of suicidal adolescents is important and that
help in accepting feelings should be provided, as well as appropriate
interventions (Peck, 1982, pp. 29-47).

It would be reasonable to prepare mentors for the extreme end of the
discouragement continuum. Mentors should be trained to recognize and be
supportive, nonjudgmental managers of suicidal crisis situations.
Reparenting is a technique developed by Jacqui Schiff and others in
Transactional Analysis for severely disturbed individuals having a
natural tendency to regress to early childhood experiences (Dusay, 1984,
p. 422). The Transactional Analysis approach has been found effective in
working with untreatable mental patients over time. The clients are
reparented by positive parenting and there is a direct, active commitment
by the therapist who performs the function of new parents. People in
severe personal crisis, although not necessarily mentally ill, often
regress to a level of development where they feel comfortable. A
supportive mentor in a positive committed role could help provide the

stability to re-establish equillibrium for the client, help him avoid maladaptive adjustment, and establish new, more effective coping methods (Dusay, p. 422).

Caine gave examples of behavioral clues as warning signals that include anorexia, psychosomatic complaints, rebellious behavior, neglect of school work, use of alcohol or drugs, neglect of personal appearance, loss of weight, difficulty in concentrating, and personality changes. Caine (1978) believes all suicidal behavior should be taken seriously (pp. 4-11).

Following a symposium on teen suicide the American Medical News stated:

> In dealing with the suicidal adolescent, the first issue is "to protect the patient against self-destruction," Dr. Meeks added. Often, this may involve urging the family to "sanitize" the house to eliminate lethal devices, although the relatives may deny the seriousness of the situation. The time of discharge from an initial hospitalization after a suicide attempt is a "high-risk period" for another attempt, he warned ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 40).

The removal of lethal devices may necessarily be accomplished through negotiation and education of persons in proximity. Follow-up as often as can be tolerated by the person with the power to remove the devices should be attempted. The person must be convinced of the high risk and understand how to conduct the sensitive negotiations with others for the custody of devices such as valuable guns. It may be necessary to re-educate the person to the real potential nature of the weapon in the hands of a suicidal person. Still another person may need to be convinced of the same message. Perhaps the owner has constitutional views about weapons, the right to bear arms, and the control of such property ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 40).

But, helping skills include more than listening, talking, and being supportive of the suicidal client. They include provoking expressions of anger and hostility. Hengstenberg (1983) asserts that when dealing with students in crisis, it is not enough to take appropriate actions on behalf of the client; crucial mistakes should be avoided also (pp. 1-4). As an example, it is important to be nonjudgmental. Clients' self-esteem may be improved by those helping persons who accept and respect their clients (Sinick, 1979, pp. 89-94). First, the helping person must be alert to warning signs and situational clues and respond directly to the client in a caring supportive manner (Morgan, 1981, pp. 284-286). It is important for the suicidal client to get beyond the sense of helplessness and dread through physical expression. When dealing with a client in crisis, it is important to be accepting, nonjudgmental, and confident.

Impulsive adolescent relations are unpredictable and therefore any expression of suicidal intention must be taken seriously. Children attempt suicide from anger, attempts to manipulate, a cry for help, inner disintegration, or a desire to join a loved one. Treatment must be individualized, and during the three month period following the beginning of improvement from psychotherapy is the time when most subsequent suicidal acts occur (Ross, 1970, pp. 7-10).

The Risk

During this time period the threat is reduced through monitoring the client for warning signals by a person in proximity. Monitoring persons can be educated to look beyond the surface behavior of the improvement which itself is a warning. The monitoring person can soon

observe the mood patterns of the high risk persons and report any deviation to the therapist. Monitoring at this point should be intensified for more definite signs of new crisis that can warrant emergency treatment (Mack, pp. 145-150).

Research indicated that suicidal adolescents suffer from severe early childhood disturbances in terms of parent-child relationships. This tends to become most pronounced in adolescence in terms of severe communication gaps within the family (Mack, pp. 117-122). These facts have led to the implementation of various training and consulting programs for youth workers with secondary schools and colleges so that potential suicides can be recognized and intervention principles applied (Morrison, 1969, pp. 140-153).

The discouragement idea is easily understood by the laity, as well as by professionals. This is important because discouragement is a common denominator of youthful problems (Mosak, p. 63). The discouragement continuum is a consistent commonsense method of evaluating, in a non-moralistic way, humans who may need help in a difficult, modern, complex society (Farber, pp. 15-16). The use of a mentoring process is a practical approach of helping the discouraged because appropriate members of the laity are already in place in the needy person's environment. The risks taken by the use of a trained mentor in aiding the severely discouraged will be less than the risk of the severely discouraged attempting to function in the environment alone with supportive mentoring (Peck, pp. 29-47).

Societal Response

Young people have material things. Often parents of poor families take extra jobs in order to acquire extra things for their children to make up for their poverty. But, like the career conscious middle class and affluent families where parents are busy with careers, social life, and planning for the high powered upward mobility of their children, the child often feels, ". . . yes, they have it nice, but who around them really gives a damn?" (Weiss, 1984, p. 57).

Current expectations at many high schools are: ". . . you'd be odd if you didn't go to college and become successful in your career, . . . and that takes a lot of energy" (Weiss, 1984, p. 167). But, one of the symptoms of severe crisis is a lack of energy. The demand for energy to be competent in all areas of youthful life at a time when energy is drawn by severe discouragement enhances a tremendous feeling of loss of control and hopelessness. Coupled with this is the shortsightedness of youth and the belief that it will never change. Remaining energies are channelled to maintain the appearance of coping, but as performance begins to fail, new pressures are added by teachers, employers, family, and friends, increasing despair and crisis (Klagsbrun, 1983).

Community Response

The community does not understand the loss of what seems like "normal" kids in tragic incidents. As an example, research indicates that living family victims or survivors of female child suicide are often perceived by the public as "most disturbed and the parents as most blameworthy" (Rudestam, pp. 461-462). Real suicides are often described as accidents by coroners. Reckless, self-destructive accidents are

written off as simply accidents, perhaps due to the alcohol or drug problem, by the families and public. And, in youthful murder the social suicide of the offender is hidden in the crime, the legal defense, and sympathy for the victim. ". . .the temptation for a community may be to keep suicides quiet, muzzle the press and discourage adolescents from talking about what's happening" (Weiss, 1984, p. 172).

But, this approach enhances the feeling of isolation that unidentified kids in crisis already have. "Most people who attempt suicide don't really want to die—at least not at first. It's only when no one responds to their signals that they become convinced that their only option is death" (Weiss, 1984, p. 172).

In order for people around an unidentified potential crisis victim to be of help, large numbers of community members of all types and careers must be aware and willing to act. "It seems that when the community begins to openly recognize the problem the suicides stop" (Weiss, 1984, p. 172). "If you're picking up a signal, then it's up to you to say something to the child in a caring, loving way. This kid needs help" (Weiss, 1984, p. 172).

Media Effect

At the same time the reporting of suicidal statistics and suicidal cases in the media does not appear to increase the suicidal rate.

> The idea that suicides normally increase sharply after media coverage of other suicides is discredited by Steven Stack of Pennsylvania State University. He examined monthly national suicide rates for the years 1972 through 1980 and compared them with the number of seconds the three major networks devoted to suicide stories on their evening news broadcasts. He feels that this is a better measure than newspaper coverage since it is national, as the suicide statistics are, and since studies show that most people now rely on television as their chief source of news.

Stack also compared the suicide rates with unemployment statistics, divorce rates and the season of the year, all of which have been correlated with suicide in past studies. He found no significant relationship between suicide and television coverage or suicide and divorce rates ("Crosstalk," 1985, p. 16).

Apparently presentation of facts concerning suicide in the media does not have a harmful effect in raising the suicide rate. But, the expression of community concern about the problem of suicide and prevention information represents a low community tolerance for suicide. Such messages also may communicate to potential suicides the idea of community support or succorance. This apparently has the effect of lowering the suicide rate (Farber, 1968, p. 64).

In a series of articles on suicide, Karen Anderson interviewed community members and professionals. Published interaction from those interviews may have had positive effects. In one article campaign literature from a newly elected coroner stated his view:

Deaths of minors resulting from illegal drug usage should result in findings of "death by illegal homocide," rather than accidental overdosing" or "suicide." Furnishing illegal drugs to minors should not be condoned by the Coroner's office or by any other governmental agency (Anderson, 1984, p. 3).

The reporter brought to the coroner-elect's attention the opinion of several community self-harm prevention leaders who "questioned the wisdom of coroners who purposely list another cause of death on a death certificate in cases of suicide", reasoning that "funding for suicide research and prevention is based on statistics." (Anderson, 1984, p. 3) He was asked "if he realized what implications such a policy might have on funding for suicide research and prevention programs." The coroner-elect replied:

When we're dealing with minors, who are super protected by the law and who under the law we assume do not know the

consequences of their actions, a death by illegal drug
consumption has as much to do with the criminal activity of the
person who supplied that drug as it does with the minor
putting the drug into his own body. . . . I'll be ready to call
it like it is — on the facts. . . without absolving the
actions of others. I'm not trying to say it isn't suicide in
obvious cases — that needs looking into and understanding. .
. . he might consider cooperating in "psychological autopsies"
of suicide victims. Sometimes psychological autopsies are
performed, which include interviews with those who knew and
were around the victims prior to death, to help determine the
circumstances that led to the suicide — useful information for
the family and for professionals who study suicide (Anderson,
1984, p. 3).

Staff Writer Don King in a double article, captioned "Suicide,"

headlined one column "Program Terminated" and the other "Awareness

Improved" as he compared two different communities' schools' self-harm

prevention program. In the community where the program resulted in

improved awareness and the newspaper was located, King quoted the

principal as saying:

It definitely improved awareness of the problem. It's
hard to say how many teachers are actually using the things
they learned. . . .effects would be more noticeable in the
future, since the seminar was conducted at the end of last
school year, and school has not yet started this year. . . .
It helped to make us all aware of some of these things to
look for (King, 1984, p. 1).

In the school where the program was allegedly terminated, King

quoted the superintendent as saying:

. . . .once the project began, it was difficult to know
what to do. Parents, teachers and students had expressed con-
cern about the suicide problem in the city. He said they
decided it wasn't just a school problem, it was a community
problem. Accordingly, a committee was formed made up of
people from all segments of the community (King, 1984, p. 1).

Referring to the community plan to implement a crisis intervention

hot line project as the solution to both the community and school

problem, the superintendent said, "the school system had been following

the recommendations of the committee since it was formed (King, p. 1)."

But, a couple of weeks later Leeanna Walker in the community paper where the program was terminated, captioned an article "Local Teens' Suicide Rate Forces Action." The article quoted the newly appointed director of Effective Teaching and Counseling for the school district where the awareness program had been terminated. The director was quoted as saying the hot line idea has "evolved into a crisis center. . . . We want desperately to get on this (crisis center)." The director said officials are working very carefully to develop programs which "go along with our (the district's) philosophy. We don't want to give anyone an idea (about committing suicide). We want to be very careful." (Walker, 1984, p. 1)

The director, accused of perpetuating the myth in the newspaper that suicide can be caused by talking about it, replied she had been misquoted. The director said, according to Walker:

> In-service training programs for teachers were developed. Although the training sessions are not mandatory, she said all teachers received packets of information about suicide. The information was then discussed in faculty meetings at each school (Walker, 1984, p. 1).

The director described the previous year's in-service sessions (terminated) as "broad overviews of the facts and myths" surrounding suicide and "what anyone should do" if they suspect someone of being suicidal (Walker, 1984, p. 1).

Also in the article the director announced plans for group counseling programs at the high school level, group discussions in eighth and tenth grade health classes, and called for people interested in working with the suicide prevention task force to contact her (Walker, 1984, p. 1).

Approximately six months later as a part of a multi-page series of articles on suicide entitled, "Northwest Arkansas Not Immune to Suicide Trauma," Walker quoted a firefighter emergency medical technician who had, according to Walker, embarked on an "odyssey in search of action that will prevent suicide; now, whether on-duty or off he responds to all such calls in hopes that he will play a role in saving a life." (Walker, 1985, p. 1-B). According to Walker, this began after the EMT picked up a dying suicide victim for whom he had been a little league coach. The EMT said:

> You ask yourself if someone saw the signs; you look at their surroundings, their lifestyle, their families and their friends. . . .I don't know what the big attraction to suicide is. It's final. I wonder if they really know how final it is.
> . . .There is too much emphasis placed on being "someone" instead of being yourself. . . .Parents say "We want you to be this or we want you to be that." What's wrong with letting a child be a child?
> I was in the Fayetteville mall the other day and these little kids were demanding their parents do something or buy something and the parents were doing it. Every parent wants more for their children than they had, but do they have to go overboard?
> . . . In EMT training, all they teach us (about suicide) is to gain access to the person, stablize and transport. What the hell is that?
> . . .If a kid comes and talks to me, I want to be able to give them all the help I can. They don't know who to go to. I want to know that if they need help, that help will be well handled.
> . . .Kids tell me they can't talk to their teachers. . . . I asked her if the kids had been shown pictures of what happens when you drink and drive. She said they hadn't because it would be too crude.
> . . .Admit it. Admit there is a problem. That's a start. If you find out there is a problem, then you will find a way to deal with it.
> . . .Whatever caused someone to become suicidal didn't happen overnight, but a life can end in a second. Who is to say whose child will be next? They can't stop the world and get off. Maybe they're saying "slow down and let me be a child." (Walker, 1985, pp. 1-2B)

According to Walker, a teenager who attempted suicide "leveled" with the EMT. In the emergency room the girl was conscious and talking to the EMT about her reasons when ER personnel told the EMT to stop talking to the girl as the professionals would handle the situation. The EMT's frustration with the system together with his gathering information and training on suicide left the EMT "questioning the sincerity of many of those who profess concern about teenage suicides." The EMT concluded "more education and training is not only the answer for ambulance crews, it is also the answer to saving lives." (Walker, 1985, pp. 1-2B)

In an article, "Detecting Youth Crisis, Preventing Self-Harm," written by the researcher and edited by Jim Morriss, Managing Editor,

> . . .The client must be successfully or positively referred to a qualified professional. That is, the professional qualified in self-harm or prevention accepts responsibility, not only for treating the person and understands that death is a possibility, but accepts the responsibility for qualified emergency on-call service as well. Yet, there is still a need for the referring person or another who is in proximity to continue monitoring the client. . . for signs of rapid deterioration in order to get the client to emergency help for which arrangements have already been made.
> . . .But like anything else, there are cracks in the system through which monitored youth fall, requiring emergency help. That's why caring friends in proximity are important, sooner or later, to everybody. When you are in crisis, you need a supportive friend; so much the better if they are trained. Monitoring, supportive friendship saves lives.
> Recently, a team member convinced a mother of three in severe financial and personal crisis to install a smoke alarm two weeks before fire destroyed her home while the children were sleeping at home alone. But there was a more serious risk than met the eye. The family had been monitored for nine months after a conflict in the family and with the school, during which one child expressed the desire to die.
> Awakened by the smoke alarm, the oldest, 10, got the younger child and the baby out and returned to fight the fire and call for help. Answering the phone around 1 a.m., the team member heard screaming and then before the line went dead, "... we're on fire!" The shrill sound of the smoke alarm and other loud noise was in the background. There was a pop and the line was dead.
> The child, surrounded by fire, had thrown the receiver

down as the plastic phone exploded. But the emergency call could not be placed until the fire had burned through the connection, releasing the dial tone.

As authorities tried to locate the parents, the team member was able to calm the slightly burned child in the emergency room. The child was told, "You have been a perfect adult. Now you can go back to being a kid again." First there was a smile and then a little cough from smoke inhalation. With a deadpan face, the team member told the 10-year-old it was not polite to cough, which got him a gentle slap on the arm.

The other chid, safe at a neighbor's with the baby, was responsible for the carelessness that caused the fire. It was as though subconsciously a fuse had been lit, timed to go off in the night. Despite the heroics of both children, they were discouraged and that discouragement is the stuff of which both self-harm death and heroics are made.

It should be noted that a 10-year old Texas child recently hanged himself at report card time. Devasted parents were not releasing the note or giving details (Smallwood, 1985, p. 3C).

When a teenage suicide was connected to the fourth in a series of murder-suicides, a television station interviewed the researcher concerning prevention strategies on the January 15, 1985, KTVP-TV Newscenter 6:00 Report. Reported by Overton and Perryman:

. . . Perryman: Smallwood is especially concerned because most of the workers who meet the public are not trained to recognize emotional distress. However, the higher level police officers do have that training.

Smallwood: So, if I wanted to be sure some people were alive in the morning that I thought might not be unless I had help, those are the people I would want to contact.

Perryman: Smallwood is trying to get local leaders to adjust their priorities and get training for teachers, patrolmen, and public service workers — training that some day could prevent an incident like this from occurring (scenes of recent murder-suicide). For the Newscenter, Dan Perryman, Fayetteville.

Preview of Nightbeat:

Cannon: Murder-suicides in NW Arkansas are prompting the organization of a crisis hotline.

Overton: We'll learn about a program that could stop the epidemic when we return.

. . . Smallwood: When people perceive that there's a problem going down and it may not be an emergency just about to take

place, the death may not be just about to occur, but it may be getting very serious, you need a resource that you can depend on to go to. And this hot line will fulfill that type of thing. In addition there will be a lot of volunteers trained and they can spread this kind of help throughout the community.

Overton: Smallwood has written Governor Clinton seeking state aid for training.

Congressional Response

Self-harm behavior and suicide can be stopped. It is necessary for a caring person in proximity of the person in crisis to talk to him, listen to him, draw him out, and let him know you are concerned.

Dr. Cynthia R. Pfeffer said at a teen suicide symposium:

> Successful treatment of suicidal preadolescents involved creating a network of available people who have an "interlocking system" of communication. Such a system will provide the suicidal child who may experience sudden or intense feelings with a means of defining these worries. Treatment should include family intervention and should incorporate a follow-up plan, she added ("Help Prevent Teen Suicides, MDs Urged," 1984, p. 40).

According to the Year-End Report of the Select Committee on Children, Youth, and Families, U. S. House of Representatives, "Providing alternatives to prevent destructive behavior is everyone's responsibility, and there are success stories." There is a climate existing between youth and adults that tends to drive youth to their peers and isolate them from badly needed adults. According to Dr. Joan Lipsitz:

> . . .a diminished commitment to providing adult role models, plus a decline in opportunities for adolescents to develop non-academic skills and to participate meaningfully in community life could have long-range negative consequences:
> Because we give adolescents almost no opportunities for acknowledged competence beyond academics and athletics, and because we fail to invite the contributions they are ready to make to their communities, many adolescents are barred from adult recognition. In so doing, we abandon them to the peer group which, while more often than not supportive and generous,

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is equally shaky and needy (U.S. Congress, <u>Year-End Report</u>, 1983, p. 25).

Kim Fields, teenage co-star of the television series, "Facts of Life," stressed the importance of positive adult role models for adolescents, as well as the importance of having an opportunity to contribute meaningfully to their peer group and communities:

> Adults as role models must realize we kids look to them for guidance, support and direction as to how we live our lives. Every time an adult messes up by getting drunk and driving or using drugs it confuses a lot of kids, especially if the adult is a parent, celebrity or sports hero that a kid looks to as a role model (U.S. Congress, <u>Year-End Report</u>, 1983, p. 25).

But, young people in crisis need more than a role model. They need an adult to be supportive, to help them by providing energy, and for selecting adapting, coping methods rather than maladaptive methods that enhance pleasure in a self-destructive way. Chemical abuse, reckless use of automobiles, and inappropriate relationships are examples of common maladaptive behaviors of discouraged youth. Severely discouraged youth may find more bizzare methods of relief.

> Shocking and horrifying as it may seem, some teenage boys engage in the dangerous practice of sexual gratification by near asphyxiation, usually induced by a noose around the neck. They use the technique to heighten orgasm in masturbation, but can slip into unconsciousness and die unintentionally. They don't seem to realize how lethal a rope around the neck can be. In other cases, young people romanticize both the nature of death and the effect that it will have on the people around them (Weiss, 1984, p. 172).

Many teenage girls are turning to pregnancy, accidentally or on purpose, in their attempt to secure comfort and combat discouragement when they are unable to retain someone close to them. "When few options are available to them, youngsters drift into parenthood in the pursuit of a sense of identity, self-worth, and a satisfying role for their future" (U. S. Congress, <u>Year-End Report</u>, 1983, p. 36). Youth not only need a

role model, but in difficult times need a supportive friend to compensate for the loss of energy, adequate for survival. They need a responsible person to help them direct their recovery efforts. They need an adult supportive mentor. In the absence of such a person youth will turn to their peers (U. S. Congress, Year-End Report, 1983, p. 25).

Youthful Testimony

Because adults are often isolated from youth, the Youth Rescue Fund as expressed by Fields, believes:

> The "Youth Helping Youth" philosophy of the Youth Rescue Fund, and my participation on the Fund's "Celebrity Peer Council" are ways for me to reach others to let them know that kids are important, and valuable contributors to society not only for the future but RIGHT NOW.
> Teenagers, she added, are an important resource in improving the quality of life for all people, including teenagers in crisis. Teenagers responding to Youth Rescue Fund media messages are helped to organize state peer councils and local community projects to assist and educate youth about crisis problems (U.S. Congress, Year-End Report, 1983, p. 25).

In her television roles Fields learns how the characters she plays must feel in order to play the part. She told the Committee this gives her an insight into understanding troubled youth, even though her life is going well. She is one of a 15-member celebrity peer council established by the Youth Rescue Fund.

Outreach Programs

In further hearings the Congress learned of an outreach program in the Boston area. The program was funded by the William T. Grant Foundation of New York City. The intervention program utilized the services of a community outreach worker at the Boston City Hospital and a series of conference/workshops specifically targeted for adult human service workers and for student peer leaders in the Boston area

(U.S. Congress, Hearing, 1983, p. 59).

Testimony concerning the Boston program stated:

> Teenagers at Boston who were suicidal or self-destructive
> were contacted by the community outreach worker who went to the
> subjects' homes, talked with them and their families, assessed
> the needs of the entire family, and then developed a strategy
> for meeting those needs. This aggressive, direct outreach was
> based on the belief that adolescent suicidal behavior is the
> final outcome of multiple deficiencies in the adolescent's
> life. By reaching out to, following up and providing direct
> personalized service to at-risk youngsters in the community,
> the program hoped to affect continuity of medical and mental
> health care and to improve the quality of the adolescent's life
> by providing community-based advocacy services to the teenager
> and his or her family (U.S. Congress, Hearing, 1983, p. 60).

Recognizing the lack of understanding about the problem in the

community, the second part of the program was designed to build community

support of dealing with the problem. The testimony continued:

> Concurrent with direct service, we also conducted a
> community based educational program which was designed to
> expand knowledge of adolescent depression and suicide. The
> educational component was targeted, as I mentioned earlier, to
> two separate groups: adult human service workers who had daily
> contact with adolescents—and these included social workers,
> school nurses, clergy, the police, and court personnel; the
> second targeted group consisted of peer counselors in Boston's
> middle and high schools. The curriculum for each of these two
> groups was different and utilized separate educational
> strategies (U.S. Congress, Hearing, 1983, p. 60).

Karen Anderson in the Northwest Arkansas Times quoted Smallwood

after his return from the United States Congress, the National Institute

of Mental Health, and the Fairfax County, Virginia, School System:

> Of special interest to me, Smallwood said, was that they
> (Select Committee on Children, Youth, and Families, U. S. House
> of Representatives) heard from a social worker who has been
> assigned to the Fairfax County, Virginia, school system, where
> they had a series of suicides last year and immediately began
> implementing prevention programs. It included a peer
> counseling program in which teenagers were trained after school
> to work with their fellows, enabling them to counsel their
> peers in trouble and lead them to school counselors and other
> professionals for help (Anderson, 1984).

Alternative Programs

The Congress learned of the Juvenile Resources Center, Inc. of Camden, New Jersey. Stella Horton, Director of the Alternative School in the New Jersey Juvenile Resource Center, testified that Center's "services are designed to meet the total needs of the youth and are provided in a non-threatening, supportive environment" (U.S. Congress, Year-End Report, 1983, p. 123).

"Community-based alternative treatment programs for juvenile offenders work, but they are not reaching enough of the troubled youth in need" (U.S. Congress, Year-End Report, 1983, p. 123).

Before the House of Representatives, Horton's testimony continued:

. . . Services include pre-vocational and vocational training and a wide range of educational and counseling services, including adult basic education, preparation for the G.E.D., remediation of learning disabilities, and individual, group and family counseling. Recently, JRC developed a business which employs some of the youth.
Program results show that many youth can be maintained in the community with the proper community support system:
—80 percent of JRC clients obtain employment in private sector businesses in Camden County.
—Approximately 70 percent of the youth receive their high school equivalency diploma (G.E.D.).
—55 percent of the youth go back to regular schools or vocational schools, and on to college.
—The recidivism rate is less than 20 percent. Nationally, recidivism averages about 50 percent (U.S. Congress, Hearing, 1983, p. 124).

Social Engineering

Farber suggests there is a close relationship between social engineering and effective suicide prevention in his 1968 book, Theory of Suicide. Using Farber's formula, Abbiati, conducted a field study that embraced the social engineering concept. Abbiati's study is described below:

A field study in Maine successfully studied five proximal social psychological variables derived from Farber's Theory of Suicide, a psychometric instrument, a suicide opinion questionnaire was used to assess community problems facing insitutitions, professions, and lay people who work to prevent suicide include lack of knowledge, lack of funding, fear, and social stigma. Ways of dealing with the problems include education for those directly involved with emergency services such as hospital emergency room personnel, recognition and outreach services to clients who are at immediate risk for a suicidal attempt, and support groups for recent suicide attempters. Consideration must be given to the structure efficiency and continued need of crisis intervention programs (Abbiati Abstract, 1977).

As a part of New Jersey's new teen suicide prevention plan, the State Department of Education prepared a suicide prevention manual for state educators to use in the prepartion of prevention programs ("New Jersey Starts Teen Suicide Plan," 1984, p. 17). From the New Jersey Department of Education's Adolescent Suicide Awareness Training Manual (1984, p. 42) the profile of a trainer is presented.

Generally, trainers need to be people who have begun to confront issues of death and dying for themselves, and who are able to face the nature of suicidal death. There also needs to be an ongoing commitment to intervention with and prevention of suicidal acts in youth. To function as a sensitive trainer, one needs not only initial training, but also a readiness to reevaluate and update one's training and skills.
Specifically, the following attributes in a trainer are highly desirable:

1. Ability to create a non-threatening environment when teaching and/or training;

2. Ability to elicit concerns that others may be feeling, and to listen to others non-judgmentally, to respond appropriately and to be sensitive to other's needs, pressures and attitudes;

3. Have some understanding of group interaction and dynamics;

4. Ability to teach a group of people, organize, interpret and communicate the information contained in the Adolescent Suicide Awareness Training manual;

5. Ability to <u>communicate effectively</u> complex ideas and

conceptual issues;

6. Ability to <u>communicate</u> in a <u>direct, organized</u> <u>manner</u>;

7. Given the nature of the topic/problem being addressed, <u>trainers need to have considerable self-awareness</u> regarding the ways in which anxiety and/or stress can manifest itself within themselves, in interaction with the target group to be educated and/or trained; and

8. The trainer should possess values such as: respect for individual worth, confidence in behavior change potential, compliance with codes of professional ethics, respect for other professionals, and respect for individual differences (p. 42).

Training Considerations

There is a need to acquaint individuals in the proximity of

discouraged youth with the nature of discouragement and how it is

claiming lives. This training should be specified through federal

legislation to save time at the state level, according to Dr. Pamela

Cantor of the American Association of Suicidology (Cantor, 1985, p. 87).

Reluctance to deal with this problem is a natural reaction, so it

will be important for training programs to "unfreeze" the participants

which will make flexible their attitudes as they are trained to accept

new concepts. This will reduce the possibility of retaining

misconceptions about the problem. The use of a strong affective-

cognitive presentation to produce cognitive dissonance that is too strong

may sufficiently unfreeze the participants, but may also result in a

negative reaction toward the media used and the presenter (Barker, 1981,

p. 295). This could result in a reluctance to be trained further. A

cognitive presentation with a weak affective component may insufficiently

unfreeze participants and therefore not be conducive to attitude change,

considering the nature of the subject. As a part of the training

program, a method of reducing cognitive dissonance should be provided in order to prevent the participants from having a negative reaction in order to complete a positive learning experience (Barker, 1981, p. 295).

Nature of the Environment

Proximity Considerations

Groups of participants separated by vocational choice have at the same time categorized themselves both in interests and in sensitivity to the problem of this study. They may react differently to a presentation perceived as appropriate for all, rendering a general program ineffective. Information from individuals in the field investigations from the career classifications of general educators, vocational technical education personnel, public safety officials, and human services personnel provided some insight into the differences between potential paraprofessionals of the career classifications. Because people differ, the information must be presented according to common needs and interests of available groups (Center for Vocational Education, pp. 3-12).

General Education

In general education the practice of directing problem youth to special programs and services has become more and more difficult because of increasing numbers of troubled youth at all levels. Discipline became an issue in the seventies and educational quality became the issue of the eighties. School administrators are caught between five groups. Administrators must manage students and teachers in the system and are responsible to the school board and parents. They are controlled by government through legislation and funding. The parents are often ruled

by students in homes with weak or single parents. Minor mistakes in management can result in the school system being disrupted which threatens tenure for the administrators (Delap, 1984).

Under recent pressure from society the number of discouraged children have multiplied and the symptoms of these discouraged children have besieged teachers, creating classroom control problems and discouraged teachers. In this atmosphere the identification of troubled students is more difficult. The National Teachers Association recommends encouragement for teachers as a method of increasing quality education, according to several 1984 press releases (Ch. 29 News - NEA hearing report of Arkansas teachers testing).

Through field investigation the researcher learned that teachers are also concerned about their own personal efficiency under these conditions, lobbying for higher salaries. Many administrators and teachers give the discouragement problem of youth a low priority behind salary negotiations, routine school business, and other programs.

Multisensory Training

Multisensory training programs provide encouragement, resulting in increased self-esteem and a sense of control, creating a sense of hope. This hope, and its accompanying advantages, brings individuals into a state of encouragement, often overcoming tremendous physical and psychological obstacles. These programs serve individuals seeking to maintain a state of encouragement and to avoid discouraging situations in the future. Multisensory programs are a source of hope (Eads, 1983).

The effect of multisensory training programs forestalls many symptoms while the self-destructive individual is in this protective and

constructive environment that is ideal for mentoring the discouraged person. However, one of the most common signs, clues, or cues to self-destructive death is the dropping out of school for reasons other than academic failure (Mack, p. 146). Lack of attendance is another warning sign, as is the loss of a prized possession, a person, a job or school position, because these are indications of crisis. A self-destructive death after dropping out of school would not be reported as a student fatality (Mack, p. 146).

Over the years many discouraged individuals have been referred to programs using a multisensory training approach such as industrial arts, special education, vocational rehabilitation, and vocational education. Individuals often show rapid improvement as they develop competencies and confidence in a multisensory training area. These individuals often also show improvement in other troubled areas of their lives and problems in their personal relationships are often reduced as well.

Vocational Education

Hipple and Cimbolic (1979, p. 5) suggest that technical schools have the lowest suicide rate when compared with colleges, universities, and graduate schools. The highest risks of self-destructive behavior come from those who have already experienced self-harm behavior or a deliberate attempt at suicide (Motto, pp. 173-176). These individuals are often referred to multisensory programs, of which vocational education is one, mental health personnel, professionals, and the courts (Simkin, p. 273). In addition numbers of discouraged self-destructive individuals themselves become involved in vocational education to take advantage of the encouragement that accompanies the various multisensory

training programs within vocational education (U.S., Congress, Year-End Report, 1983, p. 124).

People of all ages are faced with discouragement because of an inappropriate occupation or the loss of one (H. G. Morgan, p. 105). Others are concerned for an unhappy friend or family member with vocational problems. Older individuals may be in an obsolete and vanishing occupation, while younger individuals may be searching for a career with a future. Vocational displacement has a devastating effect on individuals and families. Many are turning to vocational educators as a source of hope and an end to their discouragement (Harris, 1984).

Vocational educators are practical-oriented people who recognize the need for their services in a rapidly changing technological world. They have come to vocational technical education from specialized disciplines and feel it is important to prepare their students "for the job." Vocational technical educators are required to have years of work experience in business or industry where they were generally expected to keep their personal problems separate from their work performance (Harris, 1984).

Symptoms of discouragement are often viewed by vocational educators as personal problems that interfere with a person's ability to learn in the occupational area. If these problems, resulting from discouragement, become too extensive, the student may be viewed as being in the wrong area for vocational success. Unless the student "can learn to apply himself" or can "find himself," it is often considered in the best interest of the discouraged student and the program to change to another occupational area or drop out of school. Yet, vocational technical educators have set themselves apart from other persons with long

specialized occupational experience by the fact that they repeatedly choose to work with young people, many of whom are discouraged (Harris, 1984).

Public Safety

Law enforcement officials must continue to operate in an atmosphere of "negatives." While cooperating with dozens of agencies under the supervision of governing bodies, they must deal with criminals and the demanding public (Slamons, 1983). All of this must be done in the current climate of potential spurious law suits. The role of the policeman is an authoritative role that is constantly challenged on all fronts. Policemen are expected to accept increasing social roles and responsibilities. At the same time law enforcement officers must classify behavior, often discouragement symptoms, according to law and act accordingly. Often this must be done under potential life-threatening circumstances, and, on occasion making split-second life and death decisions (Zook, 1984).

Like fire and rescue teams, police officers see crisis and death resulting from discourgement often, but when it is usually too late to do anything about it. Public safety officials, as human beings, are forced to become objective and pragmatic about this contrasting work in order to adjust personally and to do their job. In this atmosphere it is difficult for public safety officials in their brief contacts to recognize personal crisis cases that do not display the obvious signs of discouragement. Public safety officials feel others around troubled youth also have a responsibility, perhaps a greater one, to recognize the subtle signs, clues, and cues of youth who may harm themselves or others.

Public safety officials are interested and involve themselves and others in prevention efforts because they see first hand the self-harm victims and their families. They suppress a hidden resentment that those around young people do not do more to help (Symposium, 1983).

Human Services Personnel

Human services personnel, in whatever setting, are expected to have the answers to human problems even when these problems are beyond the scope of their training and experiences. Few human services personnel have been trained in self-harm crisis prevention because educational institutions have not yet implemented this kind of training. Their focus is generally directed toward counseling therapy and social work rather than crisis management. Short inservice programs are beginning to be implemented in reaction to the self-harm epidemic, but many human services personnel do not take advantage of these programs. (Thomas, 1984).

Human services personnel are expected to have the answers for discouragement and self-harm behavior even though they often are not trained and to the contrary are disciplined not to intervene personally. They are trained to be sensitive to other people's feelings, but may have unresolved feelings about death, depending on their age and development. Psychiatrists, medical doctors, have at least coped with life and death in teaching hospitals, as have psychiatric nurses. Other human services personnel who have been trained to be very sensitive, but not to exceed professional guidelines, may find themselves withdrawing from discouraged and suicidal persons because of these unresolved personal feelings, while others expect them to perform miracles (Jenkins, 1983).

Summary

In the final analysis it is only common sense that the individual, defending himself against the unpleasantness of discouragement and a low sense of competence, is the one who has taken steps to become inconspicuous or who stands out in a crowd. The use of defensive behaviors, unacceptable, obscure, or colorful as they may be, is one of the things that we notice about the discouraged. People in the proximity of discouraged youth must see beyond the moralistic implications of these behaviors to identify the signs of discouragement and impending disaster (Mack, p. 145).

Most frightening to all members of society is the ultimate result of severe discouragement, the suicide of a youth. Caused by hopelessness, a low sense of competence, and loss of control, under self-perceived unacceptable life conditions, the death of a youth by suicide horrifies everyone. It raises the question of life itself to the most encouraged, the most in control, and the most competent, living in the greatest acceptable life conditions. Yet, if the escalating epidemic of youthful self-destructiveness is to be reduced, understanding the nature of self-harm by these youth appearing to be normal must be understood at both the cognitive and affective levels. This must be done by encouraged individuals who possess an adequate sense of competence. Persons who are encouraged and blessed with personal efficiency must not only be sensitive by being aware of the severe discouragement of youthful individuals and willing to act in a personal crisis situation, but these healthy individuals must in fact "do something" (Farber, pp. 82-95).

In order to have an effective social response to a serious and complex problem, such as youthful discouragement leading to harm and

death on an escalating basis, social engineering is indeed necessary. An important function of social engineering is the training of individuals from various career classifications to deal with the appropriate aspects of the problem as it relates to their particular vocation. This training should reflect the needs and interests of each group. While perhaps not the obligation of the trainer, it is the obligation of the social engineer to develop a set of circumstances conducive to recognizing and accepting the need for training essential for the needs of society.

The nature of the epidemic of youthful self-harm in the United States is complicated and complex with many factors deeply rooted in culture. Individuals in positions to effect changes do not understand these complex causes that contribute to the nature of discouragement. Because of lack of understanding of the problem, the nature of help is equally illusive as leaders fail to realize how much can be accomplished through understanding and supportiveness, reducing the probability of death and injury. Through training considerations, changes can be made that will enhance the societal response to the national epidemic of self-harm behavior and death. But, because of the social stigma and established organizational priorities based on economic and social values, it will be necessary for leaders in self-harm prevention to utilize measures of social engineering to implement effective change in the societal response to the nature of the youthful epidemic.

CHAPTER III

METHODOLOGY OF THE STUDY

Introduction

An approach for investigating the sensitivity levels of human services personnel, public safety officials, general educators, and vocational technical education personnel to the severe discouragement of youthful individuals was developed based on the review of the literature and related research. The approach required the evaluation of each career classification in sensitivity toward discouraged youthful individuals in terms of the two variables: awareness of the severe discouragement of youthful individuals and the participants' willingness to act in a severe situation. The approach also utilized field investigation through interviews, observations, and social interactions for comparison with the sensitivity data.

The incidents on which the rationale for the study was based took place during a two and one-half year time frame, beginning with the deaths of John Lennon, a youthful idol, and two University of Arkansas 19-year old male students.

Design and Precedents

A descriptive field study and survey design was used in this research study. The design represented a means of assessing the sensitivity of the career classifications as related to the stated hypotheses. A similar design was used by Taylor (1982) to survey and confirm the six hypotheses in cooperation with public institutions for

the purpose of developing a training program. Another example was a study in Maine, utilizing five proximal social-psychological variables in a field study that, through correlation, offered support for Farber's Theory of Suicide used in the design of this study (Abbiati, 1977).

Procedure

Preparation for this study began with a preliminary field investigation. This led to planning and the development of an opinionnaire which resulted in the detailed analysis of this study.

The opinionnaire items were designed to be nonspecific in order for the participants to utilize their own experiences, beliefs, and constructs in completing the circumstances of each item and in making a decision on how to respond. Statistical procedures provided a method of evaluating accurately the sensitivity levels from participant responses. Despite the added effort required to respond to an abstract item, it was possible to obtain realistic sensitivity levels through representation of the participants' own beliefs, as opposed to shared common knowledge from specific and direct questions.

Opinionnaire

Design parameters for the opinionnaire included awareness and willingness to act which combined represented sensitivity to youthful severe discouragement and suicidal crisis. Awareness was represented by sixteen items concerning beliefs, while willingness to act was represented by sixteen items concerning behavior. These are represented in four criterion categories of item design: grief recovery risk (five items); supportive mentoring (five items); crisis recognition (thirteen items); and crisis intervention (nine items). These parameters represent

attitudinal variables. Demographics included personal characteristics, background, and experience related to this study. The parameters of assessment and intervention combined to represent a specific action variable.

Parts I and III of the opinionnaire form provided demographic data. Parts II and IV of the form comprised the opinionnaire itself. Part II of the opinionnaire dealt with attitudinal variables of sensitivity to the warning signs of youthful discouragement and part IV of the opinionnaire dealt with specific action variables of assessment and intervention with youthful individuals in personal and suicidal crisis.

Demographic Section

The demographic section followed the first opinionnaire section and preceded the assessment and intervention opinionnaire. Sixteen items provided the opportunity to obtain information about participants' background and experience. Demographic items that sought responses concerning knowledge of self-harm victims prepared the participant with a current mindset collected from their memory. This mindset was freshly recalled as the participant dealt with the items on assessment and intervention.

Assessment and Intervention Instrumentation

The specific action variables were represented by ten questions on assessment and intervention of suicidal crisis which were prepared based on the literature review. The assessment item (49) included five direct questions, as did the intervention item (50), both placed at the end of the opinionnaire. The two items gave participants the opportunity

to agree or disagree about being comfortable to ask a potential victim death risk and referral assessment and intervention questions. Responses to these items provided information, based on frequency percentages, of the participant's conscious cognitive specific action intentions in a severe situation using typical assessment and intervention procedures.

Opinionnaire Validation

A psychologist with extensive experience was consulted about a validation procedure. The validation approach consisted of determining an adequate percentage of agreement with the key by two juries of experts. A modified form of the opinionnaire (Items 1-32) was prepared for use in validation (Appendix A). This instrument was presented to a jury of three experts and to a jury of five career experts in each of the major occupational areas: law enforcement, fire and rescue, medical, education, and vocational education.

Study Approach

Preliminary findings indicated that administrators from the four areas of interest would not involve their organizations in a study involving youthful suicide unless there were a direct productive benefit to the organization. Because of this it was possible to include offering orientation to administrators before the study and youthful self-harm prevention training programs to organizations following the survey. While there was excellent organizational participation in the survey, there was much less participation in all available training programs. This lack of participation was followed by several youthful suicide attempts and completed suicides within and among participating organizations.

With an emphasis on the need for training, the idea of youthful self-harm prevention was promoted at the management level in organizations throughout the study area. Secondly, the need to know the nature of the groups to be trained was suggested to administrators and the survey was offered as part of an evaluation method. Third, a training program without charge and in exchange for the survey time was offered. Hearings were offered to provide feedback opportunities. This procedure provided an opportunity through observational research to evaluate the environment of the career classification participants. This provided information for a comparison with the data of the survey.

This plan was accepted by eighty percent of the target organizations in the four-community study area. Organizations which declined to participate included three hospitals, one municipal police department, and a high school area vocational skills center.

Field Investigation Approach

The field investigation utilized anthropological and industrial psychology research techniques (Borg, 1979, p. 345). These techniques were used along with the situational testing method, a psychological test procedure (Anastasi, 1969, pp. 523-525). Interviews were conducted and observations were made in order to determine pragmatically the true nature of the problem in the study area. The field study information was compared with the reviewed literature and collected data from the opinionnaire.

Population

The study population consisted of volunteer individuals and organizations in Northwest Arkansas. The target population included the

following: all full time vocational technical educators employed by public organizations; high school general educators employed by public school districts; human services personnel, psychologists, social workers, and mental health personnel employed by organizations; and public safety officials, firefighters, paramedics and rescue personnel, hospital emergency room personnel, and law enforcement officers employed by organizations in the geographic area of this study.

There were 25 organizations in the target population. Of that number, 19 took part in the survey and three additional organizations volunteered to participate, providing additional data for future study. In all, 22 organizations participated.

Following promotion of the program, administrators of organizations were contacted personally and by telephone to solicit their organization's participation in the survey and training program. Following this request three of the four school administrators issued an invitation to the researcher for an abbreviated 30-minute presentation on youthful self-harm prevention for the administrative teams. Following these presentations consent was given to contact the principals of the school districts to make arrangements for the administration of the opinionnaire and to promote an inservice training program. In other career classifications, administrators assigned designees and gave consent to contact the designee to make arrangements for implementation of the survey.

Collection of the Data

At the schools the opinionnaire was administered by the researcher at regular afternoon staff meetings. In other organizations the

opinionnaire was administered by an in-house designee who was trained to administer the opinionnaire.

Once approval had been received from the administrators of the public safety and human services organizations, the opinionnaire was delivered to the designee, often the training officer. Each designee was instructed on the administration of the form and the need to prevent interaction between participants on the topic of the study before completion of the opinionnaire. The designees administered the forms and collected the completed data sheets. When the surveys were collected, the designee was interviewed in an attempt to identify possible contaminating circumstances during administration.

<center>Analysis of the Data</center>

This research study examined the sensitivity levels of the attitudinal variables and the response percentages of the specific action variables of the four career classifications. The pattern of frequency responses to assessment and intervention questions was analyzed and compared to the pattern of sensitivity levels between career classifications. The demographic data were analyzed and used to determine demographic frequencies for participants.

The data of this study were analyzed and interpreted with the use of statistics necessary to fulfill the purpose of the study. Several statistical tools were utilized in the analysis of the data, including means, percentages, Univariates, Analysis of Variance, Pearson Moment Correlation, Least Significant Difference (LSD) T-test, Signed Rank Test, Paired-Difference T-test, and Tukey Test Procedure.

There were three variables. Sixteen items on the opinionnaire represented each of the primary variables, Awareness and Willingness to Act. These two primary variables combined to make the third primary variable, Sensitivity, which represented all 32 items of the first opinionnaire section. The variables were based on four criterion category subvariables that represented the 32 opinionnaire items. These subvariables were Grief Recovery Risk, Supportive Mentoring, Crisis Recognition, and Crisis Intervention.

Statistical Testing Methods

Univariate statistics were used to show the differences among various groups. These statistics included stem leaf, box plot, and normal probability plot graphs. The moments section of the univariate statistics provided the mean and other important statistical measures for establishing the nature of the data. The means were calculated, along with other important related statistical data. The Analysis of Variance Procedure (ANOVA) was used to determine Probability values.

A Bartlett's Test was performed to determine if all variances were equal. For variables where the Bartlett Test indicated variances were unequal, transformations were used to stabilize the variance to meet the assumption for the Analysis of Variance Procedure that the variances were equal. Equal variance was demonstrated by similarly shaped histogram curves while the Analysis of Variance Procedure determined if the relative positions of the data were significantly different.

Because the opinionnaire scale had negative values of 2, it was necessary to add a positive 3 to the transformation formula for the purpose of computing square root and logarithm.

The three transformation formulas used were:

where: (V) = Variable

$$(1) \quad V = \frac{1}{Y + 3}$$

$$(2) \quad V = LOG \ (Y + 3)$$

$$(3) \quad V = \text{square root} \ (Y + 3)$$

All data with unequal variances were successfully transformed to stabilize the variances prior to the Analysis of Variance Procedure that provided the levels of sensitivity for this study. The Tukey Test Procedure was used to establish significant differences among groups in order to test the hypotheses of this study. It provided means at a simultaneous lower confidence limit, a simultaneous upper confidence limit, and a true difference between means. The Tukey Test Procedure only reported significant differences between groups. Other classifications, not significantly different, were not mentioned in the Tukey Tables; however, these were listed in the tables of rank order means directly below the Tukey Tables.

The use of transformation procedures resulted in transformed means which may be printed with negative values in the Tukey Tables. This preserved the rank order of the group, having the highest sensitivity levels appearing first, similar to non-transformed data. In addition, for all transformed variables the magnitude of the Difference Between Means were altered. These values cannot be directly compared to the subtracted difference between the appropriate means which appear in rank

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order directly below. Where transformations were used, it is necessary for the reader to re-transform Tukey procedure data for direct comparison with rank order means. The data is retransformed using provided formulas.

Analysis Approach

The analysis of the data was subdivided into several sections. The first section was the testing of the hypotheses. The second section described the responses on each attitudinal variable by establishing the sensitivity levels for each career classification. In the third section responses on the specific action from the assessment and intervention variables from the last section of the opinionnaire, using percentage statistics, were compared between career classifications. These results were compared to the levels of the sensitivity variable across the career classifications in the fourth section, attitudinal specific action comparison.

Time Schedule

Important dates for the research study included the following. The survey was administered from November 1983 to the closing date, February 15, 1984. The final run for the statistical analysis of the program data was completed December 1984.

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CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

Introduction

The data presented and analyzed were computed from 404 participants in the career survey. This research study assessed the opinions of the participants on three variables to ascertain their sensitivity levels on the discouragement of youthful individuals. These sensitivity levels were compared with their demographic data and responses to suicidal assessment and intervention questions. In presenting and analyzing the data, Chapter IV was divided into four sections: Testing of the Hypotheses; Career Classification Considerations; Assessment and Intervention Responses; and Attitudinal Specific Action Comparison.

Demographic Population Profile

The demographic data, recorded by the participants on the General Purpose-NCS-Answer Sheet, were compiled from the instruction and the demographic sections of the opinionnaire form. Appendix A includes the General Purpose-NCS-Answer Sheet and the opinionnaire form.

Of the 404 participants in the study population, 206 were males and 59 females with the balance not identifying their gender. In each area of demographic data, some participants chose not to volunteer information. Fifty did not volunteer their educational level, 85 had completed 12 years, 49 had some college, and 205 were college graduates. Persons reporting no degree were 126. Some individuals reported all of their degrees, while others reported only their last degree. Persons

reporting Associate and Bachelors Degrees numbered 156 and persons reporting Master's Degrees were 110. There were 12 Doctorates reported, but one appeared to be bogus.

There were 278 persons who reported being married, 49 were single, 45 were divorced, and 28 were remarried. Some indicated their marital history by marking more than one category. Persons with one or two children numbered 215, while those with three or more children numbered 91, and those with no children numbered 98. Persons with female children numbered 68 and those with male children numbered 85. Persons with children of both sexes numbered 145, and those not responding numbered 106. The children's ages of the participants were primarily under the age of 12, numbering 183, while participants with children ages 13-24 numbered 88 with 32 persons having parented children over the age of 25. The rest of the participants did not have children or did not respond in this category.

The number of individuals not identifying demographic data were as follows: 27 did not identify employers, 34 did not identify their career classifications, and 40 failed to identify their school district of residence. The career classification data and other codes which were essential were identified for the participants by pointing out the location of the codes and the correct answer spaces on the opinionnaire forms and the General Purpose-NCS-Answer Sheet as necessary.

Participating in the study were 126 general educators, 35 vocational technical education personnel, 160 public safety officials, and 49 human services personnel.

Variable Classification

Responses to the 32 items of the opinionnaire are represented by the combination variable, Sensitivity. Sixteen items each, of the 32, represented the primary variables, Awareness and Willingness to Act.

TABLE 1

Opinionnaire Items Per Variable

Criterion Category	Opinionnaire Item
I. Awareness	1, 3, 4, 6, 8, 10, 12, 14, 16, 17, 19, 21, 23, 25, 27, 31
II. Willingness to Act	2, 5, 7, 9, 11, 13, 15, 18, 20, 22, 24, 26, 28, 29, 30, 32
III. Sensitivity	1 – 32

Means were computed on the varibles for each participant and for career classifications. This was done by computing the means for responses to opinionnaire items assigned to each of the three variables. The Analysis of Variance procedure was used to test for the presence of significant differences. The Tukey Test procedure was utilized to determine significant differences between career classifications and groups. In Tables 6 through 8 significant differences between career classifications were compared on the variables and are represented by a mean difference located between the upper and lower confidence limits and are placed for comparison above the rank order means.

<u>Testing of Hypotheses</u>

The hypotheses of Chapter I were statistically restated and tested in the null form. The rejection of the statistical hypotheses are compared to the hypotheses of Chapter I.

<u>Hypothesis One</u>

There will be no significant differences between vocational technical education personnel and general educators in awareness of the severe discouragement of youthful individuals and willingness to act in a personal crisis situation.

General educators, 126 in number, were significantly more aware than were 35 vocational technical education personnel. There were no significant differences in willingness to act in a personal crisis situation between vocational technical education personnel and general educators.

TABLE 2

Hypothesis One Data at the F Value 8.59 Pr > F 0.0001 Sensitivity Level

Variable	General Education Means	Vocational Personnel Means
Awareness	0.509	0.502
Willingness	0.635	0.525

<u>Hypothesis Two</u>

There will be no significant differences between general educators and human services personnel in awareness of the severe discouragement of youthful individuals and willingness to act in a personal crisis situation.

General educators, 126, were significantly less willing to act in a personal crisis situation than the 49 human services personnel, but there was no significant difference in awareness between the two classifications.

TABLE 3

Hypothesis Two Data at the F Value 8.59 Pr > F 0.0001 Sensitivity Level

Variable	General Educators Means	Human Services Means
Awareness	0.509	0.566
Willingness	0.635	0.881

Hypothesis Three

There will be no significant differences between human services personnel and public safety officials to the awareness of the severe discouragement of youthful individuals and the willingness to act in a personal crisis situation.

Human services personnel, 49, were both significantly more aware and more willing to act than the 160 public safety officials.

TABLE 4

Hypothesis Three Data at the F Value 8.59 Pr > F 0.0001 Sensitivity Level

Variable	Human Services Means	Public Safety Means
Awareness	0.566	0.337
Willingness	0.881	0.512

Hypothesis Four

There will be no significant differences between public safety officials and vocational technical education personnel in awareness of the severe discouragement of youthful individuals and the willingness to act in a personal crisis situation.

There were no significant differences in awareness or willingness to act between 160 public safety officials and 35 vocational technical education personnel.

TABLE 5

Hypothesis Four Data at the F Value 8.59 Pr > F 0.0001 Sensitivity Level

Variable	Public Safety Means	Vocational Personnel Means
Awareness	0.337	0.502
Willingness	0.512	0.525

Hypothesis Five

In the top five percent of the participants on the sensitivity variable there will be no significant correlation between a high level of awareness to the discouragement of the youthful individual and the high level of willingness to act in a personal crisis situation.

In the top five percent a high level of awareness was not significantly correlated with participants' high level of willingness to act in a personal crisis situation (See Table 9).

Hypothesis Six

There will be no significant variation between compared groups in their awareness of severe discouragement of youthful individuals and their willingness to act in a personal crisis situation such that the procedure for implementation of the training program would not of necessity require alternate content and/or delivery strategies.

The significant difference between groups varied frequently in awareness and willingness to act to such a degree that the training program of necessity requires different content and/or delivery strategies.

Actual Findings

The sensitivity variable which combines both awareness and willingness to act was very much an attitudinal variable. Both awareness and willingness to act were positively correlated (Figure I, Appendix B).

Attitudinal Variable

Public safety officials were low on both primary variables. Vocational educators were next, led by general educators. Human services personnel were highest in both variables, but they were higher on willingness to act than on awareness, as were the rest of the career classification groups (Figure II, Appendix B).

Specific Action

However, on the specific action variables of assessment and intervention outcomes changed dramatically. Human services personnel with higher levels of education and sensitivity were at the top of both assessment and intervention; however, they deteriorated on the more

difficult death risk assessment and positive referral intervention questions. Public safety officials, frequently on line in negative and crisis situations, did not experience the deterioration on death risk assessment and positive referral intervention questions. They were second on assessment, ahead of general educators who were similar in intervention responses. But, public safety officials followed general educators on intervention. Vocational educators were clearly at the bottom on both action variables (Figure III, Appendix B).

The following data are offered to support the rejection of the hypotheses of this study. Utilizing the Tukey Test, significant differences among groups on the variables were identified.

Career Classification Considerations

For the purpose of this study, careers were put into four classifications. These classifications were based on their career relationship to young people and included general educators (1), vocational technical education personl (2), public safety officials (3), and human services personnel (4). The hypotheses and the purpose of this study were based on the notion that there would be a significant difference between the sensitivity levels of these groups on the variables of the study.

The chosen level of significance was at the .05 Probability (P) level. This meant there was a 95 percent probability that the significant occurrence was not due to sampling error. Many of the probability values (P) were less than the 0.0001 level which meant that there was a 99.99 percent probability that the significant occurrence was not an accident. The raw data were tabulated by computer into totals and

frequencies for each participant by opinionnaire item. Percentage statistics were used to establish means for each variable and classification for all of the different groups and breakdowns.

Human services personnel were significantly more aware than were public safety officials. General educators were significantly more aware than were vocational educators. However, public safety officials and vocational educators were not significantly different on the awareness variable.

TABLE 6

Main Variable Significant Differences
Analysis of Variance Procedure
F Value 8.59 Pr > F 0.0001
Tukey Test Procedure
Awareness

Career Classification Comparison	Lower Confidence Limit	Difference Between Means	Upper Confidence Limit
Human Services - Public Safety	0.081	0.229	0.378
General Ed. - Vocational Ed.	0.063	0.172	0.280

Rank Order Data
Awareness

Mean	N	Career
0.566	49	Human Services Personnel
0.509	126	General Education
0.502	35	Vocational Education Personnel
0.337	160	Public Safety Officials

Human services personnel were significantly more willing to act than were the other three career classification groups. However, public safety officials, vocational technical education personnel, and general educators were not significantly different from one another on the Willingness to Act variable.

TABLE 7

Main Variable Significant Differences
Analysis of Variance Procedure
F Value 8.59 Pr > F 0.0001
Tukey Test
Willingness to Act

Career Classification Comparison	Lower Confidence Limit	Difference Between Means	Upper Confidence Limit
Human Services - Public Safety	- 0.039	- 0.027	- 0.014
Human Services - Vocational Ed.	- 0.042	- 0.025	- 0.008
Human Services - General Ed.	- 0.031	- 0.018	- 0.005

Note: Transformed Data

Rank Order Data
Willingness to Act

Mean	N	Career
0.881	49	Human Services Personnel
0.635	126	General Education
0.525	35	Vocational Education Personnel
0.512	160	Public Safety Officials

On the Sensitivity variable general education and human services personnel were significantly more sensitive than were public safety officials. However, public safety officials and vocational technical education personnel were not significantly different.

TABLE 8

Main Variable Significant Differences
Analysis of Variance Procedure
F Value 11.19 Pr > F 0.0001
Tukey Test Procedure
<u>Sensitivity</u>

Career Classification Comparison	Lower Confidence Limit	Difference Between Means	Upper Confidence Limit
General Ed. – Public Safety	– 0.020	– 0.012	– 0.004
Human Services – Public Safety	– 0.034	– 0.023	– 0.012

Note: Transformed Data

Rank Order Data
<u>Sensitivity</u>

Mean	N	Career
0.724	49	Human Services Personnel
0.572	126	General Education
0.513	35	Vocational Education Personnel
0.425	160	Public Safety Officials

<u>Top and Bottom Five Percent Extremes</u>

The top five percent consisted of approximately 22 participants.

There was a mathematical difference between the Awareness mean (1.182)and the Willingness to Act mean (1.438) of − 0.256. Using correlation coefficient, it was determined that the two variables were not significantly correlated.

The correlation coefficient between Willingness to Act and Awareness is 0.295 with a Probability value of 0.183.

TABLE 9

Correlation Coefficient Between Participant
Responses of the Top Five Percent
on the Main Variables

Variable	N	Mean	Std. Dev.
Willingness to Act	22	1.438	0.313
Awareness	22	1.182	0.228

Correlation Coefficient / Prob > !R! Under HO: RHO= 0 / N= 22

	Awareness
Willingness to Act	r = 0.295
	p = 0.183

An analysis of the lower five percent of participants, approximately 23 in number, revealed there was a negative correlation between the two variables. A high Willingness to Act mean implied a low Awareness mean, while the opposite, a high Awareness mean, implied a low Willingness to Act mean. The mathematical difference between the Awareness mean (−0.123) and the Willingness to Act mean (−0.071) was 0.052.

The correlation coefficient between Willingness to Act and Awareness is −0.507 with a Probability value of 0.014.

TABLE 10

Correlation Coefficient Between Participant
Responses of the Bottom Five Percent
on the Main Variables

Variable	N	Mean	Std. Dev.
Willingness to Act	23	-0.071	0.188
Awareness	23	-0.123	0.217

Correlation Coefficient / Prob > !R! Under HO:RHO= 0 / N = 23

	Awareness
Willingness to Act	r = -0.507
	p = 0.014

Frequency data were compared for the top and bottom five percentile
of the participants in career classifications on the sensitivity
variable.   Two participants from the bottom five percent did not identify
group membership and were not included.

TABLE 11

Comparison Between Career Classifications of Participant
Extremes Using Percentage Statistics

Career	Top Five Percent N	Percent	Bottom Five Percent N	Percent
General Educators	9	40.909	6	28.571
Vocational Educators	1	4.545	0	0
Public Safety Officials	3	13.636	15	71.429
Human Services Personnel	9	40.909	0	0

Assessment and Intervention Responses

Assessment

Frequency tables were established for responses to opinionnaire Items 49 and 50 which included five crisis assessment and five crisis intervention questions. The tables were prepared for career classifications and the top and bottom five percent extremes of the study population. Statistical tests (Chi Square) were used to determine probability sensitivity levels of significance for homogeneity among groups.

Results

Discrepencies existed between the sensitivity levels of participants on the first opinionnaire section and frequency table data of the assessment and intervention opinionnaire section. In the assessment and intervention section deterioration in willingness to ask questions of increasing difficulty about death were evident in the frequency tables. Some of these results noticeably contrasted with results from the first opinionnaire on the sensitivity variable which included all Items 1-32.

The first opinionnaire dealt with statements that required interpretations by the participants using their own constructs. The assessment and intervention section, Items 49 and 50, sought agreement to ask assessment and intervention questions. This section was direct and asked if the participants would perform specific acts of assessment and intervention by asking a suspected crisis victim questions about suicidal intent.

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Apparent contrast in the results of the data from the first opinionnaire and the last, which cannot be compared statistically, indicated a disparity. The apparent difference in participants was between their inclination to help in a potential situation and their inability to make a cognitive decision to intervene. A decision to intervene was made by expressing agreement to ask a potential victim specific assessment and intervention questions concerning a recognized situation. Participant responses to the assessment and intervention section followed the completion of over 40 items which dealt with self-destructive behavior and suicide. The last item asked participants to recall persons with known suicidal tendencies.

Analysis

Analysis of participant responses to the specific action assessment and intervention questions follows frequency data tables. Percentage statistics of the responses were presented in the first part of the tables in this section. The percentage of change between questions of increasing difficulty were provided for career classifications. The changes each group made in positive responses between questions provided indications of assessment and intervention preparedness by participants.

The assessment tables provided percentages of participant agreement for each question by career classification. The second half of the table provided percentage changes by career classification for responses between questions and the third section provided rank order sensitivity means. The replicated sensitivity table provided an opportunity for convenient comparison between sensitivity levels and responses to assessment questions of suicidal crisis.

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Career Classification

Vocational technical education personnel were significantly less sensitive than both general educators and human services personnel, but they were not significantly different from public safety officials. Yet, vocational educators were 20 to 40 percent lower on the assessment of suspected crisis victims than were general educators and public safety officials. There was a 25 to 55 percent difference between vocational technical education personnel and human services personnel. Vocational educators deteriorated in assessment at much larger percentage rates. (See Table 12, p. 131)

Assessment Item Analysis

Q49 - Would you feel comfortable to ask the following questions of a person whom you suspect of being self-destructive?

Q49A - Are you feeling so badly that the thought of not living has come to mind?

The question referred to the participant's willingness to establish whether or not the individual were experiencing death wishes. The human services personnel career classification, at nearly 80 percent, responded much more positively than the general educators, at 64.29 percent, and public safety officials, at 58.13 percent. Vocational education personnel were very low at 34.29 percent.

The responses of public safety officials seem to be improved over their rank order on the sensitivity variable where they were the lowest. Vocational technical education personnel who were not significantly different on sensitivity from all other classifications were 45 percent lower than human services personnel, 30 percent lower than general

TABLE 12

Career Classification Percentage of Agreement with Assessment
Questions of Self-Harm Risk in Item 49 as Compared to
Rank Order Sensitivity Means

Percentage of Agreement with Assessment Questions

YES	Percent Gen. Ed.	Percent Voc. Ed.	Percent Public Safety	Percent Human Svcs.
Q49A	64.29	34.29	58.13	79.59
B	55.56	40.00	60.63	65.31
C	43.65	20.00	50.00	59.18
D	42.06	11.43	49.38	67.35
E	68.25	51.43	65.63	75.51

Percentage Changes Between Assessment Questions

YES	Percent Gen. Ed.	Percent Voc. Ed.	Percent Public Safety	Percent Human Svcs.
Q49B-A	− 8.73	5.71	2.50	−14.28
C-B	−11.91	−20.00	−10.63	− 6.13
D-C	− 1.59	− 8.57	− .62	8.17
E-D	26.19	40.00	16.25	8.16

Career Classification Rank Order Means
on the Sensitivity Variable

Mean	N	Career
0.724	49	Human Services Personnel *
0.572	126	General Education *
0.513	35	Vocational Education Personnel
0.425	160	Public Safety Officials

Note: Asterisk (*) indicates significant difference

educators, and 24 percent lower than public safety officials in dealing with the desire for death in a severely discouraged person.

Q49B - How often does this happen?

This question referred to establishing frequency of death wishes for the purpose of partially determining the degree of risk to self-harm.

In the career classification groups general educators (55.56 percent) lagged public safety officials (60.63 percent) and human services personnel (65.31 percent). They were followed by vocational education personnel at 40.00 percent. The difference narrowed as human services personnel were less able to assess frequency than they were to identify death desire by 14.28 percent. Public safety officials were slightly more able to deal with the issue by an increase of 2.50 percent over identifying the desire. Vocational technical education personnel were more able by about 5.71 percent to deal with frequency, while general educators were less able by about 8.73 percent. On the sensitivity variable vocational technical education personnel were not significantly different from public safety officials. These were significantly less sensitive than were both human services personnel and general educators who were not significantly different on sensitivity.

Q49C - Has a way of doing this come to mind?

This question assessed risk through identifying the method and the lethality of the self-destructive method. Identifying a lethal method of self-harm resulted in reductions or percentage of agreement by participants across career classifications. Vocational technical education personnel dropped 20 percentage points from identifying the frequency of a death wish to identifying a method of self-destruction,

while the other groups dropped between 6 and 12 percent, general education (11.91 percent), public safety officials (10.63 percent), and human services personel (6.13 percent). But, the rank order of career classification groups on agreement with the method assessment question was different with respect to the sensitivity variable where public safety officials were the least sensitive.

Q49D - Have you thought about when you would do this?

This question assessed if there were a timetable for possible self-destructive death which is important in assessing risk. On career classification groups only 11.43 percent of vocational education personnel could ask the question, another drop of 8.57 percent from the method question. General education (42.06 percent) and public safety officials (49.38 percent) remained about the same, but human services personnel increased on the timetable question by 8.17 percent to 67.35 percent agreement.

Q49E - Can we stay together until we talk to someone we both trust and will you promise me not to try to take your life until we talk again and can talk to a professional?

This question assessed the participant's willingness to act and level of involvement to determine trust that had been established based on results of assessment interaction with the high risk individual. The possibility of a contract is initiated, as well as opening the door for intervention. This creates linkage between the individual at risk and another person who can be depended upon in suicidal crisis in a partnership for survival.

General educators at 68.25 percent were similar to public safety officials at 65.63 percent. Human services personnel were higher at

75.51 percent. Vocational technical education personnel were below the other groups at 51.43 percent. Each group declined considerably in their willingness to get involved. Vocational technical education personnel declined 40.00 percent, general education 26.19 percent, public safety officials 16.25 percent, and human services personnel declined 8.16 percent.

Assessment Disparity

Police investigators, an occupation within the public safety officials career classification, were selected for analysis because of their assessment and intervention experience. They were selected for comparison to the human services career classification, the group to which crisis victims are frequently referred. Police investigators did not deteriorate as the questions increased in difficulty on the death issue. Human services personnel were not as high on assessment as police investigators and deteriorated as the assessment questions increased in difficulty.

TABLE 13

Assessment Percentages Compared with Percentage Differences
between Human Services Personnel and Police Investigators

	Human Services	Police Investigator		Human Services	Police Investigator
Q49A	79.59	75.00	Q49B-A	-14.28	8.33
B	65.31	83.33	C-B	- 6.13	0.00
C	59.18	83.33	D-C	8.17	0.00
D	67.35	83.33	E-D	8.16	- 8.33
E	75.51	75.00			

Vocational educators deteriorated considerably on the death issue, but recovered rapidly from 11.43 percent to 51.43 percent when the death issue was replaced by Question 49E based on supportiveness (Table 12). This substantiated a 40.0 percent improvement.

General educators had higher percentages of agreement with assessment questions. The human services personnel career classification group had lower assessment percentages than police investigators. Investigators not only did not deteriorate as question difficulty increased, but actually improved their percentage of agreement. They maintained it until the last question involving supportiveness where they had the same percentage of agreement as with the first question. This equalled the human services personnel career classification percentage on the last question.

Intervention Responses

The intervention tables provided participant agreement with items in percentage for each question. The second half of the table provided percentage changes for responses between questions and the third section provided rank order sensitivity means.

The sensitivity table provides a convenient comparison between sensitivity levels and responses to intervention questions of suicidal crisis. By comparing sensitivity means of each career classification with deteriorating participant responses on the intervention questions as indicated by the negative percentages, conclusions about the relationship between attitudinal sensitivity levels and the specific action intervention variable can be drawn.

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TABLE 14

Career Classification Percentage of Agreement with Intervention
Questions of Self-Harm Risk in Item 50 as Compared
to Rank Order Sensitivity Means

YES	Percent Gen. Ed.	Percent Voc. Ed.	Percent Public Safety	Percent Human Services
	Percentage of Agreement with Intervention Questions			
Q50A	74.60	54.29	61.88	85.71
B	70.63	34.29	67.50	77.55
C	57.94	34.29	56.88	71.43
D	54.76	22.86	50.63	75.51
E	53.97	37.14	62.50	73.47

Percentage Changes Between Intervention Questions

YES	Percent Gen. Ed.	Percent Voc. Ed.	Percent Public Safety	Percent Human Services
Q50B-A	− 3.97	−20.00	5.62	− 8.16
C-B	−12.69	0.00	−10.62	− 6.12
D-C	− 3.18	−11.43	− 6.25	4.08
E-D	− .79	14.28	11.87	− 2.04

Career Classification Rank Order Means
on the Sensitivity Variable

Mean	N	Career
0.724	49	Human Services Personnel
0.572	126	General Education
0.513	35	Vocational Education Personnel
0.425	160	Public Safety Officials

All four career classification groups deteriorated in their willingness to make a positive referral as they rejected the notion in increasing percentages of dealing with a professional. Every career classification group was more willing to confront the family of a potential victim than take a potential victim to the professional. All four career classification groups were more willing to re-contact the potential victim than to re-contact the professional.

Intervention Item Analysis

The analysis of participant responses to direct questions follows each opinionnaire question. The percentage statistics for the intervention questions of Item 50 are presented in the same manner as Item 49.

Q50 - *Do you feel you would feel comfortable to approach someone whom you feel is in danger of self-destructive harm and to determine if he is in need of external support and possibly. . .*

Q50A - *referral to a professional specializing in crisis self-harm behavior?*

This question referred to the participant's willingness to screen and make a qualified referral. General educators responded favorably with 74.6 percent, while vocational educators lagged with 54.29 percent. Public safety officals led vocational technical education personnel at 61.88 percent, while human services personnel led the other career groups with 85.71 percent favorable response.

Q50B - *contact the professional, explain and enlist help?*

This question referred to the participant's willingness to intercede with a professional and obtain an agreement to help based on the

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participant's observations. In agreement to contact a professional general educators' agreement with the preceding question dropped 3.97 percent to 70.63 percent, while vocational technical education personnel dropped 20.00 percent to 34.29 percent. Human services personnel dropped 8.16 percent to 77.55 percent, but public safety officials increased in their agreement from referring to contacting a professional by 5.62 percent to 67.50 percent.

Q50C - take the person to the crisis self-harm professional?

This question referred to taking personal responsibility for assuring the referral is completed. General educators declined from question 50B an additional 12.69 percent to 57.94 percent, while vocational technical education personnel (34.29 percent) remained the same in percentage of agreement. Human services personnel declined 6.12 percent to 71.43 percent and public safety officials declined 10.62 percent to 56.88 percent.

Q50D - re-contact the individual if he did not keep the appointment?

This question referred to monitoring the individual to assure treatment is received. General education (54.76 percent) fell 3.18 percent further on follow-up, while vocational technical education personnel (22.86 percent) dropped 11.43 percent. Public safety officials (50.63 percent) dropped 6.25 percent, but human services personnel (75.51 percent) were up 4.08 percent on willingness to follow up.

Q50E - intercede with the family and others to help them understand the gravity of the situation until the individual can again cope?

This question referred to the participant's willingness to intercede in the environment to reduce the possibility of a precipitating incident occurring that could set off a crisis in a person the participant

perceives in danger of self-destructive harm. General educators (53.97 percent) were down slightly (0.79 percent), while vocational technical education personnel (37.14 percent) increased 14.28 percent. Public safety officials (62.50 percent) increased 11.87 percent and human services personnel (73.47 percent) decreased 2.04 percent.

Intervention Disparity

Based on assessment data, human services personnel and police investigators were anticipated to demonstrate a disparity in results on intervention questions. The human services personnel career classification group and the police investigator occupational group were compared.

TABLE 15

Intervention Percentages Compared with Percentage Differences
between Human Services Personnel and Police Investigators

	Human Services	Police Investigator		Human Services	Police Investigator
Q50A	85.71	75.00	Q50B-A	− 8.16	25.00
B	77.55	100.00	C-B	− 6.12	− 8.33
C	71.43	91.67	D-C	4.08	−25.00
D	75.51	66.67	E-D	− 2.04	8.33
E	73.47	75.00			

The human services personnel career classification group started out higher and finished lower than police investigators in agreement with intervention questions. While police investigators deteriorated in agreement to contact a professional, they did not deteriorate as much as human services personnel. Human services personnel only surpassed police

investigators in re-contacting the potential crisis victim, but even then the 25.00 percent deterioration was equalled by the initial 25.00 percent improvement in their willingness to contact the professional personally. Human services personnel deteriorated less in re-contacting a potential crisis victim. However, police investigators deteriorated only 8.16 percent on taking the person to a professional over contacting a professional.

Participant Extremes

Frequency data were computed on the assessment and intervention questions of Items 49 and 50 for the top and bottom five percent on the sensitivity variable.

Assessment

On the assessment question of Item 49 the most sensitive group followed a similar pattern of dipping on the death sensitive questions, but were very positive on all items. The least sensitive counterparts were consistently negative to these questions. (See Table 16, pp. 141-142)

Intervention

On the intervention questions of Item 50 the sensitive group were more positive than on assessment, while their least sensitive counterparts were even more in disagreement than they were on Item 49. (See Table 17, pp. 142-143)

Q49: Would you feel comfortable to ask the following questions of a person whom you suspect of being self-destructive?

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TABLE 16

Assessment Percentage Responses and Frequency Comparison of the Top and Bottom Five Percent Extremes

	Top Five Percent		Bottom Five Percent	

Are you feeling so badly that the thought of not living has come to mind?

Q49A	N	Percent	N	Percent
NO	4	18.182	14	60.870
YES	18	81.818	9	39.130

How often does this happen?

Q49B	N	Percent	N	Percent
NO	6	27.273	15	65.217
YES	16	72.727	8	34.783

Has a way of doing this come to mind?

Q49C	N	Percent	N	Percent
NO	7	31.818	17	73.913
YES	15	68.182	6	26.087

Have you thought about when you would do this?

Q49D	N	Percent	N	Percent
NO	6	27.273	15	65.217
YES	16	72.727	8	34.783

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TABLE 16 (continued)

Can we stay together until we talk to someone we both trust and will you promise me not to try to take your life until we talk again and can talk to a professional?

Q49E	N	Percent	N	Percent
NO	1	4.545	17	73.913
YES	21	95.455	6	26.087

Q50. Do you feel you would feel comfortable to approach someone whom you feel is in danger of self-destructive harm and to determine if he is in need of external support and possibly . . .

TABLE 17

Intervention Percentage Responses and Frequency Comparison
of the Top and Bottom Five Percent Extremes

	Top Five Percent		Bottom Five Percent	
referral to a professional specializing in crisis self-harm behavior?				
Q50A	N	Percent	N	Percent
NO	2	9.091	12	52.174
YES	20	90.909	11	47.826

TABLE 17 (continued)

contact the professional, explain and enlist help?

Q50B	N	Percent	N	Percent
NO	2	9.091	15	65.217
YES	20	90.909	8	34.783

take the person to the crisis self-harm professional?

Q50C	N	Percent	N	Percent
NO	3	13.636	18	78.261
YES	19	86.364	5	21.739

re-contact the individual if he did not keep the appointment?

Q50D	N	Percent	N	Percent
NO	3	13.636	17	73.913
YES	19	86.364	6	26.087

intercede with the family and others to help them understand the gravity of the situation until the individual can again cope?

Q50E	N	Percent	N	Percent
NO	6	27.273	17	73.913
YES	16	72.727	6	26.087

Attitudinal Specific Action Comparison

Study Population Data

Study population data were prepared to supplement both attitudinal and action variables. It was derived through averaging the means and percentages on each variable of the four career classification groups. These data appear in Tables 18 and 20 and in Figure III in the Appendix.

Attitudinal Variables

Human services personnel were first on the attitudinal variables (Sensitivity 0.724). General educators were second (Sensitivity 0.572), vocational technical education personnel were third (Sensitivity 0.513), and public safety officials were last (Sensitivity 0.425). All four groups were lower on Awareness than Willingness to Act which was reflected in the Sensitivity variable. Police investigators were fifth when inserted into the career classification rank order (Sensitivity 0.412). The study population was below third place in Awareness (0.479) and just below second place on Willingness to Act (0.658) and Sensitivity (0.559).

Action Variables

On the action variables the rank ordering of groups was different. On the action assessment variable human services personnel were first at an average 69.39 percentage of agreement. Public safety officials were second at an average 56.75 percent. General educators were third at 54.76 percent, while vocational technical education personnel dropped to the bottom at an average of 31.47 percent. Police investigators were in first place on the specific action assessment variable (79.8) when inserted into the career classification rank order.

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On the action intervention variable human services personnel ranked first with an average 76.73 percentage of agreement. General educators rose to second place at an average of 62.38 percent over their third rank place in assessment. Public safety officials at an average 59.88 percent were in third place, while vocational technical education personnel were again last at an average 36.57 percent. Police investigators were in first place when inserted into the career classification rank order on the specific action intervention variable (81.6). The study population was just below second place on assessment at 53.08 percent and on intervention at 58.80 percent.

TABLE 18

Attitudinal and Specific Action Variable
Comparison for Career Classifications
and Police Officer Investigators

| | Attitudinal | | | | * | | Specific Action | | |
| | Aware. | Willing. | Sens. | | * | | Assess. | | Inter. |
Career	Mean	Mean	Mean	R	*	R	Percent	R	Percent
Hum. Svcs.	0.566	0.881	0.724	1	*	1	69.39	1	76.36
Gen. Ed.	0.509	0.635	0.572	2	*	3	54.76	2	62.38
Voc. Ed.	0.502	0.525	0.513	3	*	4	31.43	4	36.57
Pub. Saf.	0.337	0.512	0.425	4	*	2	56.75	3	59.88
Pol. Inv.	0.344	0.479	0.412	5	*	1	79.80	1	81.60
Study Pop.	0.479	0.638	0.559				53.08		58.80

Note: R = Rank Order   Pol. Inv. not in career classification rank order

In order to understand further the disparity between attitudinal variable rank order and specific action rank order the attitudinal variables are broken down into subvariables for examination of specific categories that pertain to the planning of training programs. The opinionnaire items that pertain to each subvariable are listed in Table 19.

TABLE 19

Opinionnaire Items Per Subvariable

Criterion Category	Opinionnaire Item
I. Grief Recovery Risk	1, 4, 6, 16, 27
II. Supportive Mentoring	2, 5, 11, 28, 29
III. Crisis Recognition	3, 8, 10, 12, 14, 17, 19, 21, 23, 24, 25, 31, 32
IV. Crisis Intervention	7, 9, 13, 15, 18, 20, 22, 26, 30

Table 20 provides the means for each career classification group and police investigators on each subvariable. Police officer investigators, when inserted into the career classification rank order, varied across the subvariables. On grief recovery risk (0.000) police investigators were the lowest of any group. On supportive mentoring (0.833) they ranked second, below human services personnel. On crisis recognition police investigators dropped to fourth place, just above their public safety counterparts and on crisis intervention fell to fifth place, below their public safety counterparts which included both fire, emergency, and law enforcement officials. But, on the specific action

variables the police investigators were in first place on both assessment (79.80) and intervention (81.60) variables. The study population was below second place on all four subvariables (Grief Recovery Risk 0.352; Supportive Mentoring 0.864; Crisis Recognition 0.550; and Crisis Intervention 0.516).

TABLE 20

Attitudinal Subvariable Breakdown for Career Classifications
and Police Officer Investigators

| Career | Attitudinal | | | | * | | Specific Action | | |
| | Grief Risk | Supp. Ment. | Crisis Recog. | Crisis Inter. | * | | Assess. | | Inter. |
	Mean	Mean	Mean	Mean	*	R	Percent	R	Percent
Hum. Svcs.	0.494	1.131	0.626	0.766	*	1	69.39	1	76.36
Gen. Ed.	0.430	0.881	0.596	0.489	*	3	54.76	2	62.38
Voc. Ed.	0.280	0.754	0.565	0.425	*	4	31.43	4	36.57
Pub. Saf.	0.203	0.691	0.411	0.385	*	2	56.75	3	59.88
Pol. Inv.	0.000	0.833	0.487	0.296	*	1	79.80	1	81.60
Study Pop.	0.352	0.864	0.550	0.516			53.08		58.80

Note: R = Rank Order   Pol. Inv. not in Career Classification rank order

Demographic Results and Student Responses

The demographic data indicated sensitivity rose with education, willingness to be trained and to make a financial contribution in youthful self-harm prevention. Grief and losses alone did not enhance

sensitivity. The knowledge of one suicide correlated with high sensitivity, while experience with several lowered sensitivity.

Volunteer students, ages 14-24, provided an opportunity for data comparison to career classification groups. The student data indicated youth have low attitudinal sensitivity levels, similar to public safety officials who are first called in an emergency.

Summary

In the discussion of the hypotheses, the restated statistical null hypotheses were tested. The attitudinal and specific action responses of the data illustrated that differences between career classifications existed. The variation was sufficient to justify of necessity alternate content and delivery strategy of youthful self-harm prevention training programs for career classification groups. The data of the study provided indications of how to adjust training programs based on the variables and the opinionnaire of this study.

An approximate five percent of the study population from all four career classifications possessed a uniquely high sensitivity to the discouragement of youthful individuals, while another five percent possessed a unique insensitivity. The assessment and intervention data indicated an even greater need for different emphasis and delivery strategies than would have been expected from the sensitivity data.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, AND FINAL ANALYSIS

Summary

Introduction

There are many societal pressures on children, youth, and families in current technological times. Symbolic of these pressures are the current tragic results of youthful discouragement. Severely discouraged youth from all walks of life and classes are harming themselves and others through teenage pregnancy, chemical abuse, eating disorders, subintentioned accidents, suicide, and murder. Individuals and groups are attempting to deal with these and other categories of social concern, but they are failing to identify and deal with these problems at their root cause – discouragement. Through the combining of subintentioned death categories with suicide, severe discouragement is the leading cause of death among young people.

There was a need for a new approach to deal with youthful discouragement and crisis emanating from environmental conditions and circumstances. The mentoring approach through people normally in the proximity of troubled youth, using a discouragement continuum approach for identification, was conceived. Preparing people through training in their career classification was suggested as a practical approach. It was hypothesized and tested that each career classification group would require different content and delivery strategies. Pragmatic differences were observed in a parallel field investigation.

Very apparent was the need to develop a cognitive-affective training program, adjusted to the needs and interests of each career classification group. It would be appropriate to prepare portions of the training program for some particular occupations within the different career classifications. The literature supported the need for training of individuals in the career classification groups which work together on emergency cases involving discouraged youthful individuals. The most recent literature cites examples of research and program design similar to that conducted by the researcher in this study.

An opinionnaire, designed by the researcher and validated, was used to obtain the sensitivity levels to youthful discouragement from 404 volunteer adult participants in four career classifications. This was achieved through the cooperation of 19 employers. Sensitivity levels, important demographic data, and answers to ten assessment and intervention questions were provided by the participants. The data were analyzed with statistical testing methods.

Purpose

The purpose of the research study was to assess the opinions of participants in four career classification groups. This was done in order to provide data to adjust the content and strategies of the presentation of self-harm prevention training programs for individuals in each career classification. The opinionnaire responses provided an empirical base for the development of affective-cognitive variations of a training program for general educators, vocational technical education personnel, public safety officials, and human services personnel.

<u>Procedure</u>

The study began by developing 32 attitudinal opinionnaire items which were validated through juries of professional and career experts. In two additional sections 16 demographic items and 10 specific action assessment and intervention questions were developed to complete the opinionnaire. The opinionnaire assessed participants in three areas: (1) sensitivity levels to youthful discouragement; (2) personal experience and background of the participant; and (3) willingness to ask assessment and intervention questions of individuals in personal suicidal crisis.

The opinionnaire was delivered to designees of employers for administration in non-educational career classification groups. In the educational career classification groups, the opinionnaire was administered by the researcher in staff meetings. The researcher made a parallel field investigation using situational testing and observational research methods. The opinionnaire was administered to 160 general educators, 35 vocational technical education personnel, 161 public safety officials, and 49 human services personnel in the study area.

<u>Hypotheses Related Findings</u>

The first section provides information based on findings related to the hypotheses.

1. Educators are in continual contact with the young and are more sensitive to the young by virtue of experience and education, as well as other factors. But, they are handicapped by fatigue and by "noise" in the school system which distracts their recognition instincts. As well, they deteriorated in their willingness to make positive assessment and

intervention or referrals. There was continuous difficulty in dealing with both the death issue and in contacting a professional, the potential crisis victim, and the family. While their sensitivity was improved over public safety officials, they deteriorated more on specific action variables.

2. Vocational technical education personnel, on the other hand, were both less sensitive and deteriorated on the specific action variables. However, the assessment and intervention data indicated that vocational educators were willing to be supportive of individuals and families when they recognized crisis. They were, however, very reluctant to become involved with the death issue or involved with a professional.

3. Human services personnel were the most sensitive of the career classifications, but are trained within mental health parameters. The deterioration in assessment and intervention variables provided indications of human services personnel inconsistency in youthful self-harm personal crisis assessment and intervention. Human services personnel deteriorated in their ability to deal with the death issue and in their willingness to deal with the qualified professionals.

4. Public safety officials had lower sensitivity levels on the attitudinal variables of this study. Ironically, when the signs of severe discouragement lead to a crisis situation which may represent a warning of a self-harm death, the people called to the scene are public safety officials who have low sensitivity levels. This was contradicted by their responses on the assessment and intervention questions as compared with sensitivity levels of other career classification groups. Public safety officials, experienced and trained in dealing with crisis death situations, had better responses on

assessment and intervention questions than would have been expected from their sensitivity levels on the attitudinal variables as compared with other groups. When police investigators were examined as a group, they were found to be lowest in sensitivity on the attitudinal variables and highest in the specific action assessment and intervention variables. However, public safety officials who are continually faced with negative situations are handicapped in opportunity for evaluation by their brief contact with youth in crisis.

5. There were two extreme sensitivity groups represented by the top and bottom five percentile. In the top five percentile, membership in this group came from the more sensitive career classification groups, while in the bottom five percentile participants were represented more by the less sensitive classifications.

6. On the specific action variables, assessment and intervention data indicated that all four career classification groups had difficulty with the idea of discussing death with a potential victim. But, vocational technical education personnel dropped disproportionately below other groups on action variables with respect to their sensitivity levels on attitudinal variables. The data indicated this group had difficulty dealing with both the death issue and a professional referral, well beyond the other career classification groups.

7. Responses to the opinionnaire of this study were measured, without being affected by history, indicating the differences measured between career classification groups were significant. While there were different experiences with youthful suicide in the different districts of the study area, there were no significant differences between the districts within the same career classification group, indicating results

of the study were not affected by recent occurrences. This was supported by the fact that significant differences did fall among participants in the career classification groups. Therefore, the opinionnaire was successful in locating differences between groups without results being affected by history.

Field Investigation Findings

The second section provides findings related to the study environment.

1. Of 25 organizations requested to participate in the research survey on self-harm prevention 76 percent, or 19, participated. Six administration teams, or 24 percent, participated in self-harm prevention training. It was observed that five organizations of the 19 offered their staff opportunities to be trained in youthful self-harm prevention from a field of three separate presenters available in the study area. Administrators and their organizations are more willing to participate in research than they are willing to participate in self-harm prevention practices.

2. At the career level individuals are being blocked from helping by administrators of educational, human services, public safety, and other systems. These leaders have other priorities, are inappropriately frightened of the issue, the public response, lack of funding, or for unknown reasons. Seeing each tragedy of youthful death only one at a time as an isolated incident, administrators become more insensitive. Administrators deny the existence of the problem, are too busy to evaluate the problem correctly, and do not understand the seriousness of youthful discouragement.

3. Following the failure of administrators to implement available recognition and specific action assessment and intervention training, available from several sources, several youth in the study area died of self-inflicted wounds. These youth were in contact and talking to appropriate members of different career classification groups of this study. With adequate recognition and prevention training, these proximity persons would have had a higher probability of preventing these losses by having recognized personal crisis and by having performed specific action assessment intervention skills. The school administrators of the three districts whose systems experienced the trauma of student self-inflicted gunshot wounds turned down free self-harm prevention training for their teaching staff.

4. One of the four districts implemented immediately the survey and the free training program and experienced no student disabling attempts or completed suicides during the course of this study from October 1983 to June 1985. When comparing general educators of the four districts, this district was not significantly different in sensitivity, but had the lowest rank order sensitivity mean. Using a post-opinionnaire it was determined that as a result of training in two sessions, the staff had experienced a significant improvement in awareness and their ability to recognize youthful discouragement and crisis. This district's specific action potential, combined with the training received and other unknown environmental factors, isolated them from the several tragedies experienced in the other districts.

Conclusions

The findings support the conclusions which are presented in two sections. The first section provides conclusions related to the study in general. The second section provides conclusions related to the hypotheses.

General Conclusions

1. Experience and training are major factors, reflected in transforming attitudinal sensitivities into specific action crisis assessment and intervention behavior.

2. While education is a major factor in high sensitivity levels on attitudinal variables, high sensitivity levels are not reliable predictors of participants' willingness to intercede in a severe situation of youthful personal crisis. High sensitivity levels in participants with inadequate training and experience in high death-risk crisis intervention situations were predictors of deterioration on specific action assessment and intervention variables.

3. Education on the attitudinal sensitivity variables will contribute to a basis for understanding the problem of this study and possible solutions. But, increased sensitivity without increased intervention skills could permit deaths to occur in proximity after recognition of the victim as a high risk individual.

4. Specific objectives in training participants of the different groups in youthful self-harm prevention are needed. Training needs should be tailored to group characteristics and their relationship and proximity to youth. The criterion for adjusting training programs should include both the nature of the occupation and its environment.

5. The findings indicated that administrators were more willing to involve their employees in research than in self-harm prevention training. While they were sometimes willing to implement awareness training, they were reluctant to train willing staff in specific action intervention skills before and after the self-harm death of youth occurred in their immediate area or the study area. Administrators at all levels do not assign appropriate priorities with respect to youthful self-harm prevention to equip their personnel with resources necessary to combat the problems of youthful discouragement confronted on a daily basis.

6. The outcome of this study on specific action assessment and intervention variables, as compared with attitudinal sensitivity variables, indicated the presence of a disparity between public expectations of helping persons and their actual abilities. This is resulting in a false sense of security for the public which translates into loss of youthful life on a regular basis from the various forms of severe discouragement and personal crisis death.

Hypotheses Related Conclusions

1. General educators, while relatively sensitive, are apprehensive about dealing with youthful crisis pertaining to death risk situations. This will often result in instinctive withdrawal from youth in crisis and failure to recognize high risk youth, isolating them even further.

2. Vocational educators in close contact with youth will, in most cases, reject youth in self-harm crisis, denying the existence of a life-threatening problem. Despite their strong tendency to be supportive, vocational educators will avoid arranging for sources of help or

notifying appropriate persons of a life-threatening situation when the individual at risk drops out of school.

3. Human services personnel, despite high sensitivity, cannot be counted upon to recognize, identify, or make appropriate assessment and interventions with youth at high risk to self-harm death. Human services personnel have a great deal to offer other career classification groups through training on attitudinal variables. However, without specific training on specific action variables of assessment and intervention, they are not qualified to train other career classification groups. Training of other career classification groups by partially qualified human services personnel will create hidden, fatal cracks in the helping system.

4. Public safety officials, while the least sensitive and therefore low in crisis recognition skills, will be the most reliable in assessment and intervention with youthful self-harm high risk individuals, when the situation has been recognized.

5. In about five percent of the population, there exists an attitudinal sensitivity level and specific action assessment and intervention ability that enables these individuals to be effective in recognizing and appropriately referring personal crisis victims. These proximity volunteers, working with police investigators, make a potentially effective life saving team for potential self-harm victims.

6. The individuals who comprise each of the career classification groups are different from one another, but are similar to those within the same career classification group. These similarities within groups comprise the differences between the groups which provide the justification for different training strategies. The interaction of

these differences between career classification groups form varying and shifting cracks in the potential helping system. Through these helping system cracks, youthful crisis victims fall to their death.

Implications

As a result of this study, several implications were drawn. These implications traverse the scope of the problem.

1. Leadership at all local, state, and federal levels must bring about priority changes in self-harm prevention in order to protect society from danger to the public welfare and safety, productivity, and national security resulting from increased percentages of damaged personalities in the population.

2. Self-harm prevention is a cost-effective economic endeavor that will enhance life conditions, productivity, and national security, the effectiveness of which depends upon large percentages of the population having undamaged personalities with an adequate sense of competence.

3. Families and significant others by the nature of their involvement with the discouraged person are handicapped in recognizing and reducing crisis, possibly leading to death. Such crisis and death have a negative effect on everyone; therefore, it is the responsibility of everyone to take an appropriate part in youthful self-harm prevention, a crucial aspect of the public welfare and safety.

4. Personal investment by interested citizens is a necessary step to bring about adjustment of societal priorities to recognize youthful severe discouragement as the leading cause of death between the ages of 14 and 24 years and to bring about effective measures of youthful encouragement and self-harm prevention.

Recommendations

The recommendations for this study are in two sections. The first section includes recommendations for training strategies, while the second section includes recommendations for further study.

Training Strategies

1. General educators should receive self-harm prevention training in every school district, requiring all staff to be trained appropriately during a specified period of time, reinforced with appropriate annual inservice training, and should be prescribed by legislation.

2. Vocational educators, along with general educators, need to be trained on all variables, but special emphasis needs to be placed on dealing with the death issue and how to interact with professionals.

3. New standards of professional proficiency and training should be written in youthful self-harm prevention for all the licensed human services professions. These new standards should be required for the maintenance of existing issued licenses, as well as new applications. Training should include preparatory and inservice training for human services personnel in youthful self-harm prevention with emphasis in awareness, assessment, and intervention and should be required through legislation.

4. A self-harm prevention training program for public safety officials should be developed and implemented. This program should be replicated at appropriate training facilities for public safety officials. Training on all variables is important for public safety officials. Emphasis on sensitivity integrated with self-preservation skills should be required and certified by the appropriate public safety

minimum standards officials. Training should be specified through legislation.

5. The data justified future screening for the identification of the top five percent of the participants on both attitudinal and specific action variables for their needs and interests in advanced training in youthful self-harm prevention.

6. The career classification groups should be divided into three proximity groups: brief contact, occasional contact, and continual close contact. The data for these groups should be analyzed to determine training content and delivery strategies for the different types of proximity persons with respect to youth. These groups would be both appropriate and effective groups around which to plan programs with attitudinal variable content of awareness and willingness to act in youthful personal crisis in the initial stages of training.

7. Occupational groups should be used for training on specific action assessment and intervention variables in the more advanced stages of training. The criterion for occupational group selection would include (1) length of time in occupational contact with the young people, (2) the closeness of the relationship to youth required by the occupational contact, (3) the type of professional training, and (4) the nature of the occupation.

Further Study

1. There is a need to know more about the correlation relationship between the attitudinal variable responses and specific action variable responses of individuals and groups.

2. Further investigation is needed into the sensitivity level and actual assessment and intervention skills of groups already perceived by the public to be trained adequately in these skills.

3. Further investigation should be expanded to include other groups in contact with youth such as the traditional professions, the clergy, physicians, and attorneys. There is a need for expanding the study population to a national sample.

4. New research is needed into the societal responses to youthful self-harm prevention in order to determine effective methods of implementing prevention measures.

5. Young people under the age of 25 should be the focus of research to determine ways in which discouraged youth can be supported through mentoring by adults and peers.

6. A pilot study should be conducted to determine through observational research the nature of the youthful problems and their relationship to the actual societal response of adults in youthful self-harm prevention.

7. Opinionnaire data from a youthful sample should be analyzed to determine youthful sensitivities as compared with adults.

8. Self-harm prevention training sessions should be evaluated, using the opinionnaire for a pre-test/post-test instrument to measure significant differences resulting from training experience.

9. Demographic data should be analyzed to determine the types of life experiences which affect sensitivity to discouraged youth. The effect of demographic data should be compared with sensitivity levels in order to understand more effective means of implementing self-harm prevention training.

Final Analysis

There exists in our society a sense of confusion about the reality of human life expectancy. People tend to confuse their human biological system with that of a clockworks system, a machine, which can be repaired to endure time. They fail to realize that humans are not here very long with respect to the permanency of their physical environment. There is cognitive realization, but there is an emotional denial that the self will cease to exist as a functioning creature of earth. Since these are private thoughts and feelings, the extent of irrational thinking along these lines is rarely exposed. People perpetrate the myth of permanency of life until some personal experience shatters the myth, thrusting the individual into the crisis realization that death is real and really permanent.

The individual, of course, uncomfortable with the idea of death, seeks to return to the day-to-day reality of society. The pressures of day-to-day experiences help the individual put off facing immortality and the importance of smelling the flowers and enjoying the family. Dealing with things as they are now and with the future and death on a cognitive level permits a detachment that perpetrates the myth that humans, are, after all, like self-perpetuating machines, and that unlike other species, people will always have tomorrow, perhaps secured by a mechanical heart and other medical breakthroughs in a kind of "machineness."

The Severely Discouraged

But, when humans are in crisis and considering suicide or are so discouraged they become careless with life, humans face the reality of

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the short term existence of a biological system. They believe the time between their planned death and natural death brings peace of mind and freedom from pain and suffering. The time permitted by life expectation to natural death seems short "on the geological scale of time," but life also seems intensely painful, and therefore painfully too long, so they often choose to die. With low self-esteem and a low sense of competence, these crisis individuals rationalize their premature death with the feeling they "can't make it" through immediate, unacceptable circumstances. They philosophize about the meaning of their life in what they believe is a realistic future time perspective of themselves as biological systems rather than as indestructible machines. They are convinced they are right because they have begun to deal with mortality, an issue of which those around them are afraid and do not face realistically. They feel they have an insight and an understanding into life and death. They feel they have found the answer, the only alternative.

Because of this gap between the "machineness" of modern society and severe crisis, it is difficult for those who are functioning normally in society to understand the person in severe crisis, or for administrators in power to recognize the importance of training people to understand, so people in crisis can be helped. But, it is on this wavelength of understanding that communication with these people can be made and lives saved.

If people are to be trained to understand self-harm crisis and suicide, then they must deal with their own mortality, at least to some extent, and with the myth of "human machineness". It is "machineness" through modern technology that sustains our seemingly, pleasurable way of

materialistic life. Therefore, sometimes it is easier to equate the dying youth with the dying old as just other modern machines, like automobiles, prematurely broken down instead of worn out, which can't be dismissed with the statement, "Isn't that awful." Awful implies that it should not have happened. But, obviously it should have happened because it did happen. So, the real implication is that changes are necessary so that these needless deaths will not occur.

Responsibility of Individuals

In this regard normal people are like the suicidal young; they fail to recognize the value of human life and the vast financial and social investment made in the short life span of the young. That is not to mention the damage done to others when these young lives are lost to self-harm disease, reckless accident, murder, and suicide. It is much easier to deny the Congressional conclusions that everyone shares responsibility. It is to be sure individuals are responsible for their own behavior, and the suicide is responsible for his own act. But he is not responsible for the damage done to him at an early age which destroys his sense of competence to the point he fails to cope with overwhelming challenges from an environment created by others. Nor can he be held responsible for the damage his final act does to others in a ripple effect. When segments of society, such as the young, begin killing themselves in larger and disproportionate numbers as a result of societal changes, individual bystanders, as well, cannot be blamed even though they often blame themselves.

Perhaps the point is not whether individuals can be held responsible, but whether individuals will recognize the need and take

responsibility. Of those who do take responsibility, who will take responsibility not only for helping others, but for the social engineering that must take place to bring about the vaccine of social change to stop the national tragedy of self-destructing youth. If individuals become aware and recognize the problems of youthful self-harm death and somehow become motivated, for whatever reasons, such individuals should take the responsibility for social engineering within their own limitations. Rationalizing the need for personal and organizational gain over progress toward goals or capitulating to politics because of a fear that somehow personal gain will be compromised through social reprisals is self-serving, and therefore should be a part of a commercial, capitalistic endeavor, rather than youthful self-harm prevention. And, perhaps the serving of self is at the expense of someone's life, even though that person may be far removed from the compromised leaders. In the long run, success in reducing the loss and destruction of the nation's youth, its most precious resource, harm to its productivity, and to its security through injured personalities must come from combined individual efforts that expand to reduce the problem in an amplifying effect.

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APPENDICES

APPENDIX A

OPINIONNAIRE INSTRUMENTATION

AND VALIDATION

OPINIONNAIRE INSTRUCTIONS
FOR
NCS ANSWER SHEET

GENERAL INSTRUCTIONS

1. DO NOT MARK ON THE OPINIONNAIRE FORMS (even though there is a sample rating scale).

2. RESPOND TO THE ITEMS IN ORDER.

3. Use the "General Purpose - NCS - Answer Sheet" provided with the Opinionnaire.

4. Carefully follow the directions in the box on Side 2 of the NCS Answer Sheet.

SPECIFIC INSTRUCTIONS

1. The Name block will be used for your occupation and level. From the list in the table of occupations below, choose the name which fits closest your occupation and letter it in the Name block, darkening in the appropriate letters below. If your similar job title is not on the list, mark in the official name of your position.

2. Mark in blocks for Sex, Education, Birth Date. Use your Social Security Number for the Identification Number. (There are not enough spaces in the Identification block for the blank spaces within your Social Security Number.)

   NOTE: The information provided by individuals is highly confidential. Only group results will be made known.

3. Complete the Special Codes Section:

   a. In Columns K-L put the number of your occupation assigned on the list of occupations.

   b. In Columns M-N place the number of your employer from the list in the table of employers.

   c. In Column O place the number from your Career Group listed below:

General Educators........... 1		Vocational Technical Education Personnel..... 2
Public Safety Officials..... 3		Human Services Personnel..................... 4

   d. In Column P place the number of the School District of your residence from the list below:

Bentonville................. 1		Fayetteville................. 2
Rogers...................... 3		Springdale................... 4

4. Turn to the Opinionnaire and complete it using Side 1 of the NCS Answer Sheet. Items 1-50, according to the Instructions.

Column K-L (OCCUPATION CODE)

Ambulance, EMT................... 01	Instructor, Electronics/Elec.... 27	Social Worker, Administrator.... 53
Ambulance, EMT Paramedic........ 02	Instructor, Machine Shop........ 28	Social Worker, Maintenance...... 54
Ancillary (Support Staff)....... 03	Instructor, Metal Work.......... 29	Social Worker, Mental Health.... 55
Attorney, Government............ 04	Instructor, Nursing............. 30	Social Worker, Case............. 56
Attorney, Private............... 05	Instructor, Other............... 31	Student, College................ 57
Clergyman, Catholic............. 06	Nurse, Emergency Room........... 32	Student, Graduate............... 58
Clergyman, Fundamental.......... 07	Nurse, Medical.................. 33	Student, High School............ 59
Clergyman, Protestant........... 08	Nurse, Psychiatric.............. 34	Student, Law.................... 60
Counselor, Clergy............... 09	Physician, Emergency Room....... 35	Student, Medicine............... 61
Counselor, Mental Health........ 10	Physician, Family Practice...... 36	Student, Vocational Technical... 62
Counselor, R.A., Boys' Dorm..... 11	Physician, Psychiatrist......... 37	Teacher, Biological Science..... 63
Counselor, R.A., Girls' Dorm.... 12	Physician, Specialist........... 38	Teacher, Business Skills........ 64
Counselor, School............... 13	Police Officer, Administrator... 39	Teacher, Communication Skills... 65
Firefighter..................... 14	Police Officer, Investigator.... 40	Teacher, Health................. 66
Firefighter, EMT................ 15	Police Officer, Office.......... 41	Teacher, Home Economics......... 67
Firefighter, EMT Paramedic...... 16	Police Officer, Patrol.......... 42	Teacher, Industrial Arts........ 68
Firefighter, Administrator...... 17	Police Officer, Traffic......... 43	Teacher, Language............... 69
Instructor, Agriculture........ 18	Police Officer, Training........ 44	Teacher, Mathematics............ 70
Instructor, Auto Body........... 19	Psychologist, Clinical.......... 45	Teacher, Physical Education..... 71
Instructor, Auto Mechanics...... 20	Psychologist, Experimental...... 46	Teacher, Physical Science....... 72
Instructor, Building Trades..... 21	Psychologist, School............ 47	Teacher, Remedial Skills........ 73
Instructor, Business Skills..... 22	Sheriff, Administrator.......... 48	Teacher, Social Sciences........ 74
Instructor, Civil Technology.... 23	Sheriff, Deputy................. 49	Teacher, Special Education...... 75
Instructor, Diesel Mechanics.... 24	Sheriff, Investigator........... 50	Teacher, Other.................. 76
Instructor, Drafting........... 25	Sheriff, Office................. 51	Other........................... 77
Instructor, Driving Skills...... 26	Sheriff, Training............... 52	

Column M-N (EMPLOYER CODE)

Bentonville Public Schools...... 01	Fire Dept., Bentonville......... 11	St. Mary's Hospital............. 21
Fayetteville Public Schools..... 02	Fire Dept., Fayetteville........ 12	Washington Regional Hospital.... 22
Rogers Public Schools........... 03	Fire Dept., Rogers.............. 13	Northwest Vocational Tech. Sch.. 23
Springdale Public Schools....... 04	Fire Dept., Springdale.......... 14	University of Arkansas.......... 24
Sheriff Dept., Washington Co.... 05	Social Services, Wash. Co....... 15	Central Emergency Med. Svcs..... 25
Sheriff Dept., Benton Co........ 06	Social Services, Benton Co...... 16	Catholic Church................. 26
Police Dept., Bentonville....... 07	Ozark Guidance Center........... 17	Fundamentalist Church........... 27
Police Dept., Fayetteville...... 08	Bates Memorial Hospital......... 18	Protestant Church............... 28
Police Dept., Rogers............ 09	Charter Vista Hospital.......... 19	Self-employed, Professional..... 29
Police Dept., Springdale........ 10	Springdale Memorial Hospital.... 20	Other........................... 30

OPINIONNAIRE

INSTRUCTIONS: You are in a relationship of a potential helping nature. The person may be a student, a client, an employee, a friend, an associate, or a loved one. The individual is showing signs or behaviors you may feel could be leading to serious problems.

Please indicate how you would react under the following circumstances by circling the most appropriate reaction as follows:
(A) Strongly Disagree; (B) Disagree; (C) Confused; (D) Agree; (E) Strongly Agree.

	STRONGLY DISAGREE	DISAGREE	CONFUSED	AGREE	STRONGLY AGREE
	A 1	B 2	C 3	D 4	E 5
1. Success is a sure sign that the person is doing O.K. and has overcome difficulty in the recent past.	O	O	O	O	O
2. Show interest in the person and listen to them.	O	O	O	O	O
3. For a person to change either to being more active and colorful or change to being less outgoing and more withdrawn is a serious warning signal.	O	O	O	O	O
4. Believe that a person has overcome a loss of a relationship, social position, or a supportiveness when that person has stopped talking about the loss.	O	O	O	O	O
5. Offer friendly support that is consistent and reliable.	O	O	O	O	O
6. Believe a person who clearly has value to self and society and acts confident after suffering what appears to be several minor losses is of self-destructive risk.	O	O	O	O	O
7. Be concerned about the person, but do not interfere in someone else's life.	O	O	O	O	O
8. A combination of changes in three or more normal behavior patterns is serious cause for concern.	O	O	O	O	O
9. Enlist the help of someone else who is in a better position to be helpful and drop the matter.	O	O	O	O	O
10. Believe a suicidal individual may appear totally happy, but may let one or two persons know the way they really feel and hurt.	O	O	O	O	O
11. Frequently contact the individual to monitor them in order to be able to offer help during a traumatic experience.	O	O	O	O	O
12. Think a suicide is a depressed, down-in-the-mouth individual similar to depressed persons who do not take their own life.	O	O	O	O	O
13. Monitor the event, but make no move.	O	O	O	O	O
14. Believe suicides are completed by persons who lose hope, a sense of competence to deal with the conditions in their life, a sense of control over their life, and seek to avoid intense emotional pain.	O	O	O	O	O
15. Tell someone else and let them handle the situation.	O	O	O	O	O
16. Decide this very accommodating person who has suffered losses is of obvious great worth to self and society is not a self-destructive risk.	O	O	O	O	O
17. When a suicide is seemingly over love, sex and loss of a supportive relationship, the real causes are loss of hope, self-esteem, and an inadequate sense of competence to cope with what the suicide sees as unacceptable life conditions.	O	O	O	O	O
18. Listen, but not interfere in someone else's life.	O	O	O	O	O
19. Talking of a specific method of suicide is a high risk signal by itself.	O	O	O	O	O
20. Believe suicide is the suicidal person's responsibility.	O	O	O	O	O
21. Talking of or considering death and/or suicide is a warning signal of a potential suicide.	O	O	O	O	O
22. Tell a professional with crisis experience and obtain agreement to be responsible.	U	O	O	O	U
23. Frequent talking of death or philosophical views of life should not necessarily be thought of as a warning sign of suicide.	O	O	O	O	O
24. Talking of lethal methods of self-harm should be acted on as a predictor of suicide in a severely discouraged person.	O	O	O	U	O
25. Talking of suicide even in a light way should be taken seriously as a warning signal of suicide.	O	O	O	O	O
26. Observing serious warning signals of self-harm should result in a discussion in which the person is asked if they are seriously considering suicide.	O	O	O	O	O
27. Believe the loss of a love object and a vocational object at the same time in a person everyone knows as normal and healthy does not bear suicidal consideration.	O	O	O	O	O
28. Decide - it is overly cautious to monitor and chart for later reference every activity of a suicidal person who is functioning successfully.	O	O	O	O	O
29. Be concerned, but do nothing until the individual makes an obvious serious mistake and then tell someone else.	O	O	O	O	O
30. Inquiring about suicidal intention is appropriate when there is a marked change in a person's normal behavior patterns and several other warning signs are present.	O	O	O	O	O

Case: An adolescent male who seems masculine or an adolescent female who is feminine, enjoys being well groomed, but is nervous as in fingernail biting. They have concerns about keeping their act together, such as grades, sports, etc. and experience several losses or disturbances at once in school, work, home and romance. Then they are exposed to a moderately disturbing disappointment such as the cancellation of a date or job offer postponement.

31. This may be a serious self-harm risk.	O	U	O	O	O
32. When the person announces he has immediate plans for taking a trip, tidies up other business, in light of what you have observed, actively intervene to assess risk and, if appropriate, make a referral agreement with a qualified professional who has self-harm crisis experience.	U	O	U	O	O

DEMOGRAPHIC INFORMATION

INSTRUCTIONS: Indicate the appropriate data by marking the applicable responses. Indicate more than one response for each item if applicable.

A B C D E
1 2 3 4 5

33. Marital Status:
(A) Married (B) Remarried (C) Divorced (D) Engaged (E) Single

0 0 0 0 0

34. Number of Children:
(A) 1 (B) 2 (C) 3 (D) 4 (E) 5 or more

0 0 0 0 0

35. Sex of Children:
(A) Male (B) Female (C) Both Sexes

0 0 0 0 0

36. Age Range of Children:
(A) under 6 (B) 6-12 (C) 13-17 (D) 18-24 (E) over 25

0 0 0 0 0

37. Highest College Degree Received:
(A) Associate (B) Bachelor (C) Master (D) Specialist (E) Doctorate

0 0 0 0 0

38. Grief Experience: (Indicate more than one item if applicable)
(A) Parent (B) Sibling (C) Child (D) Spouse (E) Close Friend or Relative

0 0 0 0 0

39. Loss Experience: (Indicate more than one item if applicable)
(A) Close Relationship (B) Volunteer or Vocational Position (C) Prized Possession (D) Source of Supportiveness (E) Other Important Loss

0 0 0 0 0

40. Would you be willing to make a financial contribution to a credible program you believe could reduce youthful severe discouragement, self-harm and suicide?
(A) Yes (B) Consider it (C) Undecided (D) Skeptical (E) No

0 0 0 0 0

Indicate the age of persons involved in self-harm (including wreckless accidents) with whom you have had experience. . .

41. . . . which did not result in death. (Indicate more than one item if applicable)
Age Range: (A) under 12 (B) 13-17 (C) 18-24 (D) over 25 (E) none

0 0 0 0 0

42. . . . which did result in death. (Indicate more than one item if applicable)
Age Range: (A) under 12 (B) 13-17 (C) 18-24 (D) over 25 (E) none

0 0 0 0 0

43. Indicate the age or ages of persons with whom you have had experience in a suicide attempt:
Age Range: (A) under 12 (B) 13-17 (C) 18-24 (D) over 25 (E) none

0 0 0 0 0

44. Indicate the number of persons with whom you have had experience who died of suicide:
(A) 1 (B) 2 (C) 3 (D) 4 (E) none

0 0 0 0 0

45. The suicide victim could best be described as:
(A) Successful (B) Normal (C) Depressed (D) Ill (E) Odd

0 0 0 0 0

46. Indicate the ages of a completed suicide you have known indirectly:
Age Range: (A) under 12 (B) 13-17 (C) 18-24 (D) over 25 (E) none

0 0 0 0 0

47. What length of a self-harm crisis prevention seminar would you be willing to attend?
(A) 2-hour (B) one-half day (C) one day (D) none

(E) have previously attended a self-harm or suicide prevention training program

0 0 0 0 0

48. Does this survey bring to mind anyone whom you know? (A) Yes (B) No

0 0 0 0 0

OPINIONNAIRE

49. Would you feel comfortable to ask the following questions of a person whom you suspect of being self-destructive? (Indicate more than one if applicable)

0 0 0 0 0

(A) Are you feeling so badly that the thought of not living has come to mind?
(B) How often does this happen?
(C) Has a way of doing this come to mind?
(D) Have you thought about when you would do this?
(E) Can we stay together until we talk to someone we both trust and will you promise me not to try to take your life until we talk again and can talk to a professional?

50. Do you feel you would feel comfortable to approach someone whom you feel is in danger of self-destructive harm and to determine if he is in need of external support and possibly. . .
(Indicate more than one if applicable)

0 0 0 0 0

(A) referral to a professional specializing in crisis self-harm behavior?
(B) contact the professional, explain and enlist help?
(C) take the person to the crisis self-harm professional?
(D) re-contact the individual if he did not keep the appointment?
(E) intercede with the family and others to help them understand the gravity of the situation until the individual can again cope?

OPINIONNAIRE EVALUATION PROCEDURE

In order to help validate this accompanying opinionnaire, please evaluate each of the first 32 items in the following manner. The items are of four types as described by the following chart.

	* AWARENESS	# ACTION	
	Category II + *	Category I + #	Positive (+)
	Category III - *	Category IV - #	Negative (-)

1. Beside each item put the symbols of the appropriate category.

2. First, evaluate the item to determine whether the item is an Awareness or Action item, marking the item with the appropriate asterisk (*) or pound (#) sign.

3. Evaluate the item to determine if the item is positive (+) or negative (-) with respect to its appropriateness to the subject.

4. Mark an item positive (+) when the item is stated favorably in facilitating self-harm prevention.

5. Mark an item negative (-) when the item is counter indicated to self-harm prevention.

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1. Success is a sure sign that the person is doing O.K. and has overcome difficulty in the recent past.

2. Show interest in the person and listen to them.

3. For a person to change either to being more active and colorful or change to being less outgoing and more withdrawn is a serious warning signal.

4. Believe that a person has overcome a loss of a relationship, social position, or a supportiveness when that person has stopped talking about the loss.

5. Offer friendly support that is consistent and reliable.

6. Believe a person who clearly has value to self and society and acts confident after suffering what appears to be several minor losses is of self-destructive risk.

7. Be concerned about the person, but do not interfere in someone else's life.

8. A combination of changes in three or more normal behavior patterns is serious cause for concern.

9. Enlist the help of someone else who is in a better position to be helpful and drop the matter.

10. Believe a suicidal individual may appear totally happy, but may let one or two persons know the way they really feel and hurt.

11. Frequently contact the individual to monitor them in order to be able to offer help during a traumatic experience.

12. Think a suicide is a depressed, down-in-the-mouth individual similar to depressed persons who do not take their own life.

13. Monitor the event, but make no move.

14. Believe suicides are completed by persons who lose hope, a sense of competence to deal with the conditions in their life, a sense of control over their life, and seek to avoid intense emotional pain.

15. Tell someone else and let them handle the situation.

16. Decide this very accommodating person who has suffered losses is of obvious great worth to self and society is not a self-destructive risk.

17. When a suicide is seemingly over love, sex and loss of a supportive relationship, the real causes are loss of hope, self-esteem, and an inadequate sense of competence to cope with what the suicide sees as unacceptable life conditions.

18. Listen, but not interfere in someone else's life.

19. Talking of a specific method of suicide is a high risk signal by itself.

20. Believe suicide is the suicidal person's responsibility.

21. Talking of or considering death and/or suicide is a warning signal of a potential suicide.

22. Tell a professional with crisis experience and obtain agreement to be responsible.

23. Frequent talking of death or philosophical views of life should not necessarily be thought of as a warning sign of suicide.

24. Talking of lethal methods of self-harm should be acted on as a predictor of suicide in a severely discouraged person.

25. Talking of suicide even in a light way should be taken seriously as a warning signal of suicide.

26. Observing serious warning signals of self-harm should result in a discussion in which the person is asked if they are seriously considering suicide.

27. Believe the loss of a love object and a vocational object at the same time in a person everyone knows as normal and healthy does not bear suicidal consideration.

28. Decide - it is overly cautious to monitor and chart for later reference every activity of a suicidal person who is functioning successfully.

29. Be concerned, but do nothing until the individual makes an obvious serious mistake and then tell someone else.

30. Inquiring about suicidal intention is appropriate when there is a marked change in a person's normal behavior patterns and several other warning signs are present.

   Case: An adolescent male who seems masculine or an adolescent female who is feminine, enjoys being well groomed, but is nervous as in fingernail biting. They have concerns about keeping their act together, such as grades, sports, etc. and experience several losses or disturbances at once in school, work, home and romance. Then they are exposed to a moderately disturbing disappointment such as the cancellation of a date or job offer postponement.

31. This may be a serious self-harm risk.

32. When the person announces he has immediate plans for taking a trip, tidies up other business, in light of what you have observed, actively intervene to assess risk and, if appropriate, make a referral agreement with a qualified professional who has self-harm crisis experience.

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GENERAL PURPOSE

NCS

ANSWER SHEET

FOR USE WITH ALL NCS SENTRY OPTICAL MARK READING SYSTEMS

EXAMPLES	IMPORTANT DIRECTIONS FOR MARKING ANSWERS
WRONG 1 ① ⊗ ③ ④ ⑤	• Use black lead pencil only (No. 2½ or softer)
WRONG 2 ① ② ⊘ ④ ⑤	• Do NOT use ink or ballpoint pens
WRONG 3 ① ② ③ ④ ⑤	• Make heavy black marks that fill the circle completely
RIGHT 4 ① ② ③ ● ⑤	• Erase cleanly any answer you wish to change • Make no stray marks on the answer sheet

```
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
101 ① ② ③ ④ ⑤  111 ① ② ③ ④ ⑤  121 ① ② ③ ④ ⑤  131 ① ② ③ ④ ⑤  141 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
102 ① ② ③ ④ ⑤  112 ① ② ③ ④ ⑤  122 ① ② ③ ④ ⑤  132 ① ② ③ ④ ⑤  142 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
103 ① ② ③ ④ ⑤  113 ① ② ③ ④ ⑤  123 ① ② ③ ④ ⑤  133 ① ② ③ ④ ⑤  143 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
104 ① ② ③ ④ ⑤  114 ① ② ③ ④ ⑤  124 ① ② ③ ④ ⑤  134 ① ② ③ ④ ⑤  144 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
105 ① ② ③ ④ ⑤  115 ① ② ③ ④ ⑤  125 ① ② ③ ④ ⑤  135 ① ② ③ ④ ⑤  145 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
106 ① ② ③ ④ ⑤  116 ① ② ③ ④ ⑤  126 ① ② ③ ④ ⑤  136 ① ② ③ ④ ⑤  146 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
107 ① ② ③ ④ ⑤  117 ① ② ③ ④ ⑤  127 ① ② ③ ④ ⑤  137 ① ② ③ ④ ⑤  147 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
108 ① ② ③ ④ ⑤  118 ① ② ③ ④ ⑤  128 ① ② ③ ④ ⑤  138 ① ② ③ ④ ⑤  148 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
109 ① ② ③ ④ ⑤  119 ① ② ③ ④ ⑤  129 ① ② ③ ④ ⑤  139 ① ② ③ ④ ⑤  149 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
110 ① ② ③ ④ ⑤  120 ① ② ③ ④ ⑤  130 ① ② ③ ④ ⑤  140 ① ② ③ ④ ⑤  150 ① ② ③ ④ ⑤

        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
151 ① ② ③ ④ ⑤  161 ① ② ③ ④ ⑤  171 ① ② ③ ④ ⑤  181 ① ② ③ ④ ⑤  191 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
152 ① ② ③ ④ ⑤  162 ① ② ③ ④ ⑤  172 ① ② ③ ④ ⑤  182 ① ② ③ ④ ⑤  192 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
153 ① ② ③ ④ ⑤  163 ① ② ③ ④ ⑤  173 ① ② ③ ④ ⑤  183 ① ② ③ ④ ⑤  193 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
154 ① ② ③ ④ ⑤  164 ① ② ③ ④ ⑤  174 ① ② ③ ④ ⑤  184 ① ② ③ ④ ⑤  194 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
155 ① ② ③ ④ ⑤  165 ① ② ③ ④ ⑤  175 ① ② ③ ④ ⑤  185 ① ② ③ ④ ⑤  195 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
156 ① ② ③ ④ ⑤  166 ① ② ③ ④ ⑤  176 ① ② ③ ④ ⑤  186 ① ② ③ ④ ⑤  196 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
157 ① ② ③ ④ ⑤  167 ① ② ③ ④ ⑤  177 ① ② ③ ④ ⑤  187 ① ② ③ ④ ⑤  197 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
158 ① ② ③ ④ ⑤  168 ① ② ③ ④ ⑤  178 ① ② ③ ④ ⑤  188 ① ② ③ ④ ⑤  198 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
159 ① ② ③ ④ ⑤  169 ① ② ③ ④ ⑤  179 ① ② ③ ④ ⑤  189 ① ② ③ ④ ⑤  199 ① ② ③ ④ ⑤
        A B C D E        A B C D E        A B C D E        A B C D E        A B C D E
160 ① ② ③ ④ ⑤  170 ① ② ③ ④ ⑤  180 ① ② ③ ④ ⑤  190 ① ② ③ ④ ⑤  200 ① ② ③ ④ ⑤
```

DO NOT

WRITE

IN THIS

SPACE

NAME (Last, First, M.I.)

SEX
Ⓜ Ⓕ

GRADE or EDUC

GENERAL PURPOSE - NCS - ANSWER SHEET
FOR USE WITH ALL NCS SENTRY OPTICAL MARK READING SYSTEMS
SEE IMPORTANT MARKING INSTRUCTIONS ON SIDE 2

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BIRTH DATE			IDENTIFICATION NUMBER										SPECIAL CODES				
MO.	DAY	YR	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Jan.																		
Feb.																		
Mar.																		
Apr.																		
May																		
Jun																		
Jul																		
Aug																		
Sep																		
Oct																		
Nov																		
Dec																		

Answer grid (questions 1–100), each with options A B C D E:

1–10, 11–20, 21–30, 31–40, 41–50
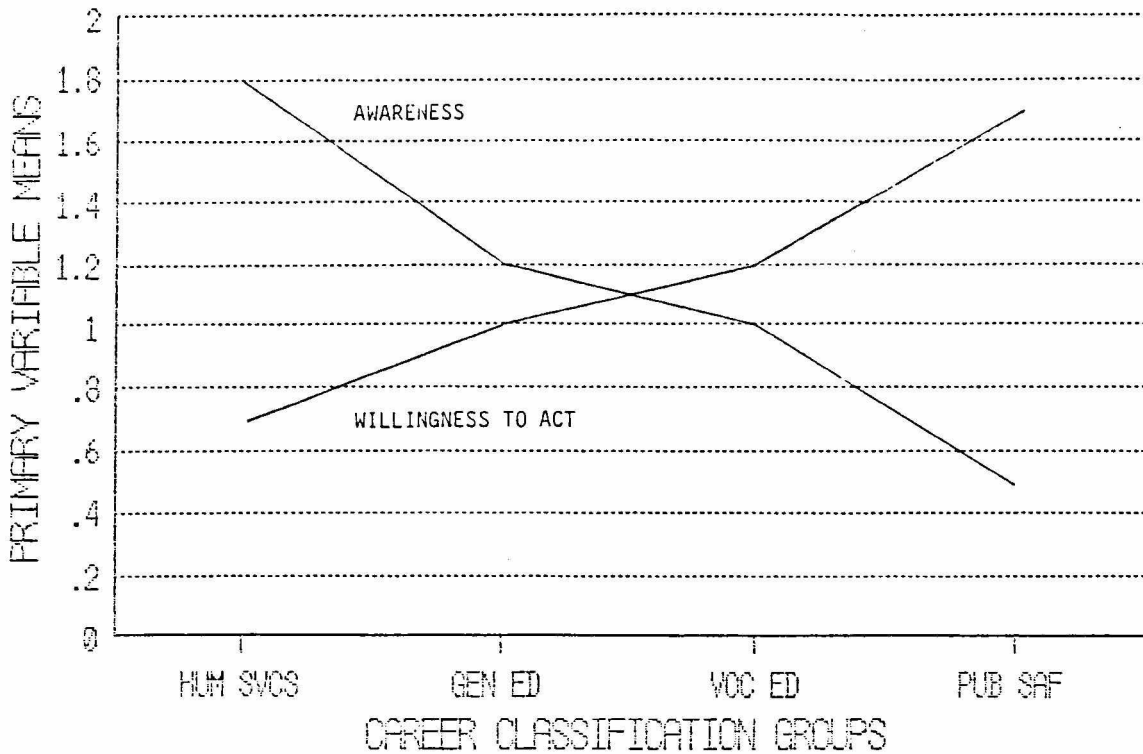
51–60, 61–70, 71–80, 81–90, 91–100

APPENDIX B

GRAPHIC REPRESENTATION

HYPOTHESES

PREDICTED - ATTITUDINAL CURVES
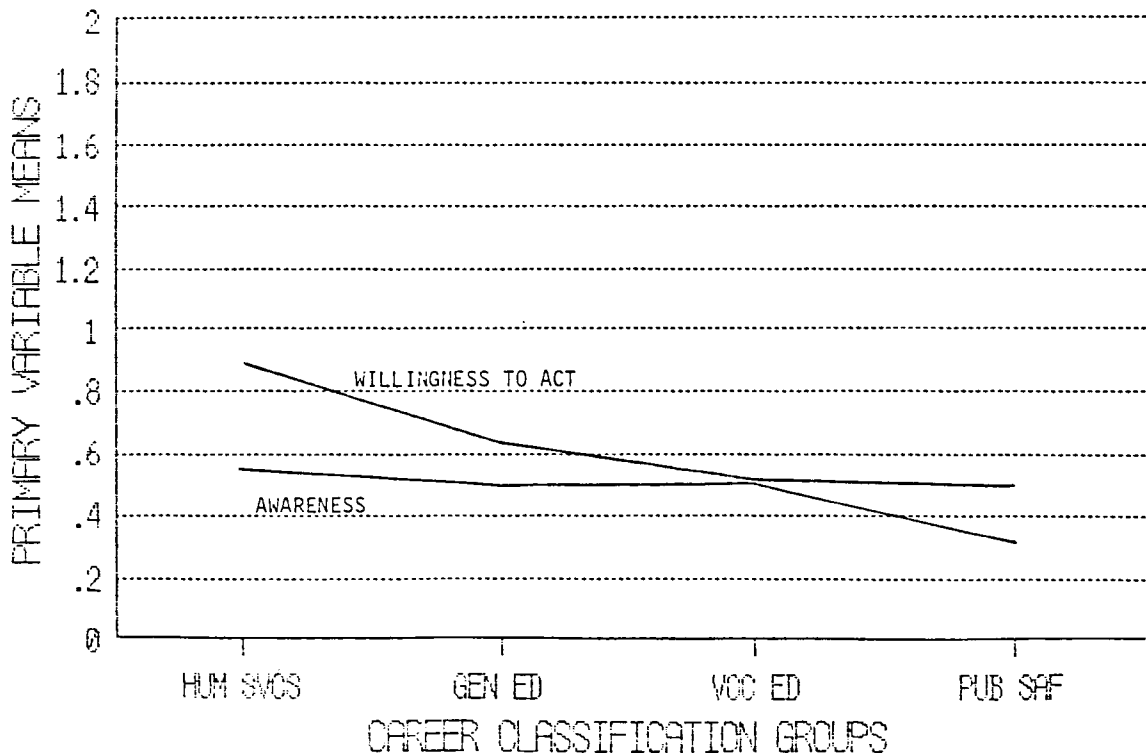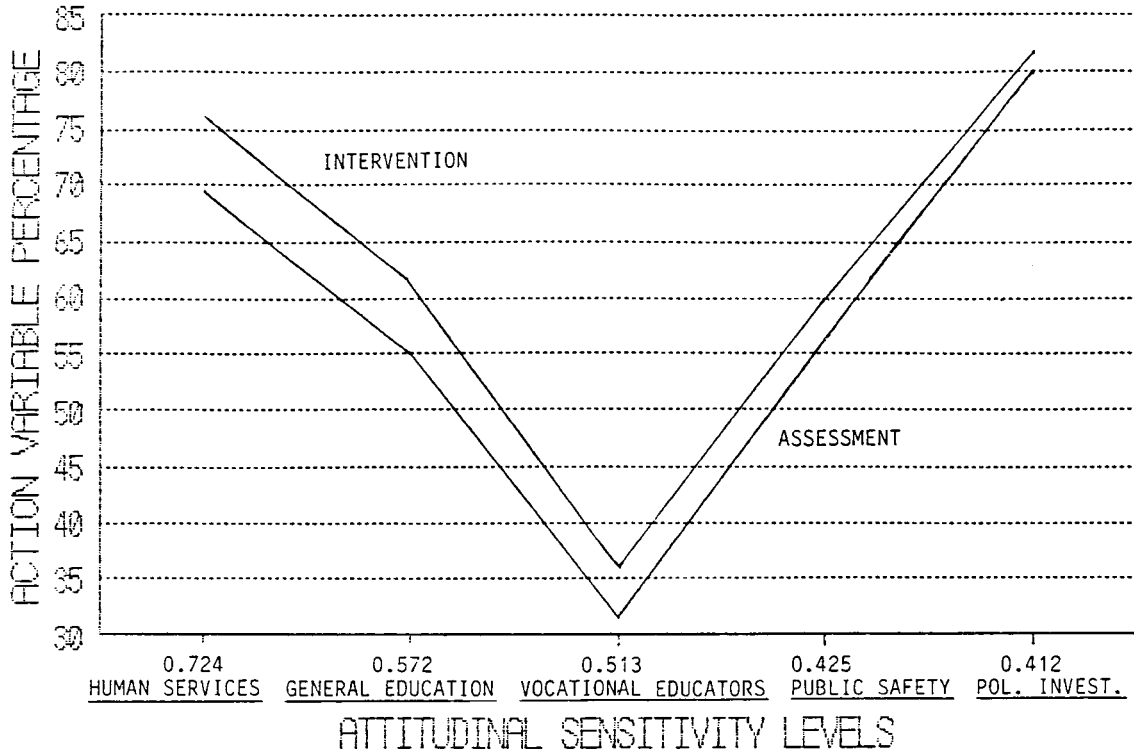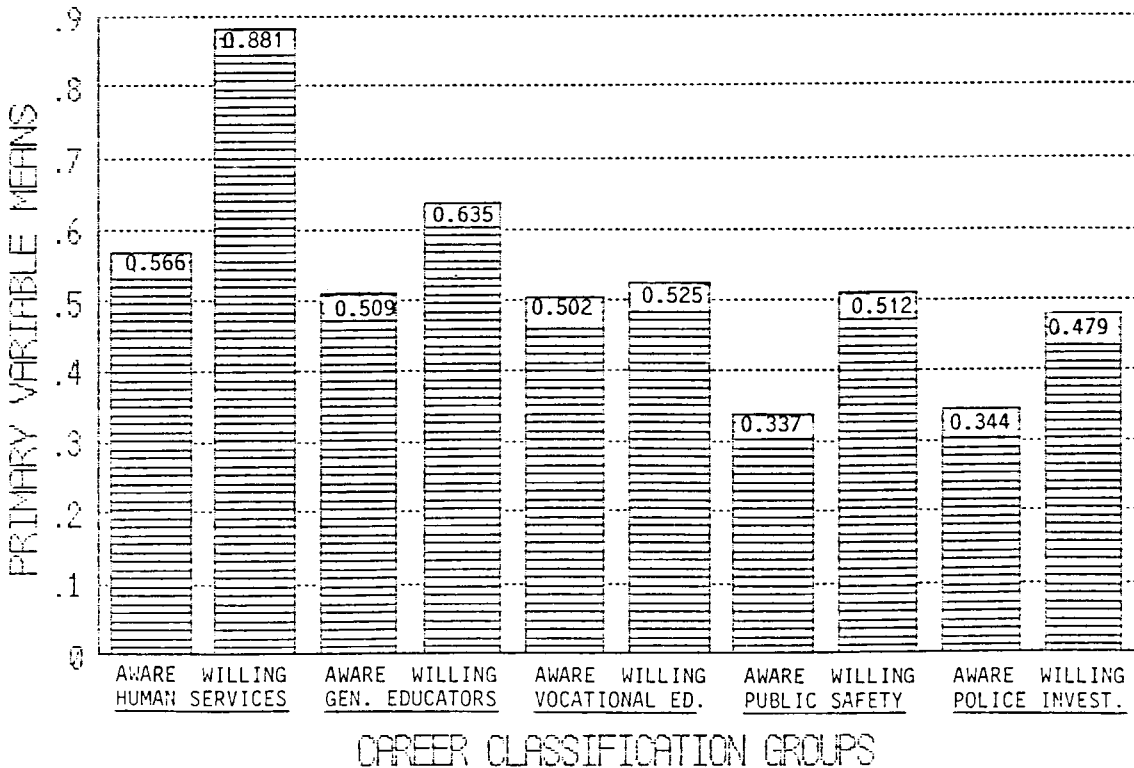
TESTING OF HYPOTHESES

FINDINGS - ATTITUDINAL CURVES

FIGURE I

ATTITUDINAL/ACTION COMPARISON

ACTION VARIABLE PERCENTAGE

INTERVENTION

ASSESSMENT

| 0.724 | 0.572 | 0.513 | 0.425 | 0.412 |
| HUMAN SERVICES | GENERAL EDUCATION | VOCATIONAL EDUCATORS | PUBLIC SAFETY | POL. INVEST. |

ATTITUDINAL SENSITIVITY LEVELS

A COMPARISON OF THE SPECIFIC ACTION ASSESSMENT AND INTERVENTION
VARIABLES WITH THE ATTITUDINAL SENSITIVITY VARIABLE

ATTITUDINAL VARIABLE COMPARISON

PRIMARY VARIABLE MEANS

0.566 0.881 0.509 0.635 0.502 0.525 0.337 0.512 0.344 0.479

| AWARE | WILLING | AWARE | WILLING | AWARE | WILLING | AWARE | WILLING | AWARE | WILLING |
| HUMAN SERVICES | GEN. EDUCATORS | VOCATIONAL ED. | PUBLIC SAFETY | POLICE INVEST. |

CAREER CLASSIFICATION GROUPS

A COMPARISON OF THE ATTITUDINAL PRIMARY VARIABLE MEANS FOR THE
CAREER CLASSIFICATION GROUPS WITH POLICE INVESTIGATORS

FIGURE II
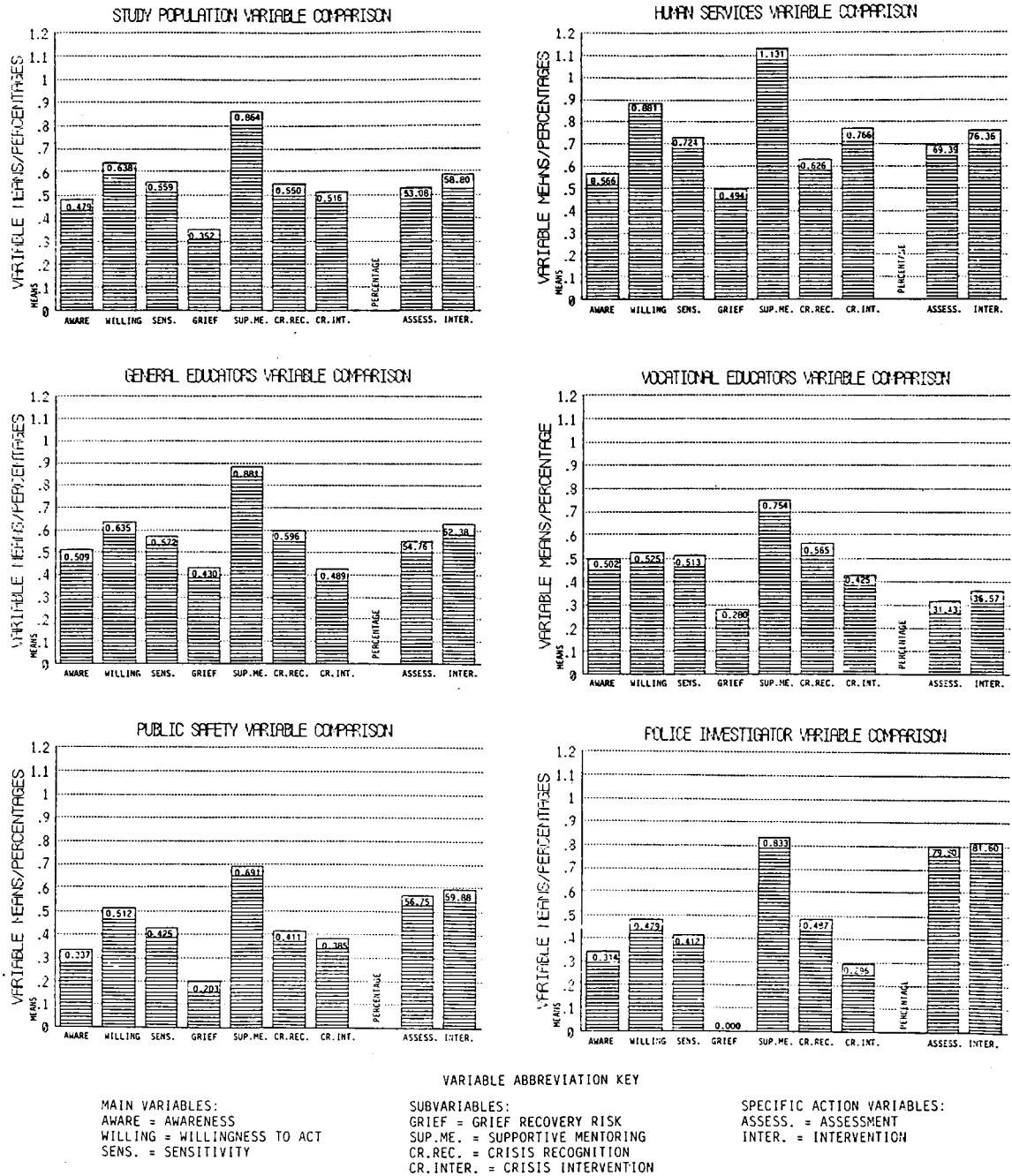
185

A COMPARISON OF STUDY GROUPS ON ALL VARIABLES

STUDY POPULATION VARIABLE COMPARISON

HUMAN SERVICES VARIABLE COMPARISON

GENERAL EDUCATORS VARIABLE COMPARISON

VOCATIONAL EDUCATORS VARIABLE COMPARISON

PUBLIC SAFETY VARIABLE COMPARISON

POLICE INVESTIGATOR VARIABLE COMPARISON

VARIABLE ABBREVIATION KEY

MAIN VARIABLES:
AWARE = AWARENESS
WILLING = WILLINGNESS TO ACT
SENS. = SENSITIVITY

SUBVARIABLES:
GRIEF = GRIEF RECOVERY RISK
SUP.ME. = SUPPORTIVE MENTORING
CR.REC. = CRISIS RECOGNITION
CR.INTER. = CRISIS INTERVENTION

SPECIFIC ACTION VARIABLES:
ASSESS. = ASSESSMENT
INTER. = INTERVENTION

FIGURE III

APPENDIX C

GLOSSARY

Glossary

Affective–Cognitive – An approach to training that utilizes both mental and feeling senses in learning through a thinking and emotional experience with information presented in an objective manner.

Discouragement Continuum – A concept for the evaluation of the level of hope through behavior as a parameter for an indication of the level of discouragement and sense of competence or the state of the human spirit; figuratively represented by a vertical scale without numerical increments, i.e., glide slope.

Encouragement Continuum – A method of evaluating and mapping over time the progress of a client in accomplishing life career goals with respect to placement on the discouragement continuum; figuratively represented by a horizontal scale without numerical increments, i.e., glide slope.

Haplessness – the person believes he is a victim of society and that everything that can go wrong has gone wrong. This allows the displacement of the source of anguish external to the person. In extreme forms the person is paranoid, feeling people are out to get him.

Helplessness – the person believes he is powerless, convinced no matter what he does it will not alleviate his anguish.

Hopelessness – the person cannot see any light at the end of the tunnel and believes that matters, if anything, will only get worse. The person feels there is no hope; therefore, there is no committment to living.

Informal Referral – The act of making known a discouraged person's condition to another person in their common environment, but does not include an arrangement, agreement, or contract to help.

Life-Career Management - A practical approach to personal efficiency for success in accomplishing personal, family, and career goals, using the discouragement-encouragement continuum approach for monitoring and the mentoring process for the enhancement of competencies.

Mentoring - The method of providing appropriate succorance, guidance, and leadership in enhancing the sense of competence, development of competencies, and the planning of life-career goals while monitoring and encouraging progress.

Multisensory Program - An educational term referring to programs that utilize multiple mental and physical functions to learn the required performance tasks for the attainment of personal or career goals.

Personal Crisis - The state of emotional imbalance and diminished capacity because of situational trauma affecting the individual's ability to evaluate, analyze, predict, and make decisions in a struggle to regain equilibrium.

Personal Intervention - To intercede on behalf of an individual in personal crisis to reduce the threat of self-harm and to modify or enhance interactions in the victim's environment through positive referral and supportive mentoring.

Positive Referral - The act of making an agreement with a person, qualified and experienced in the treatment of suicidal crisis, to intercede in the life of an individual in personal crisis and at high self-harm risk.

Self-Harm - Self-destructive behavior that directly or indirectly causes deterioration of individuals and their environment in a direct or indirect way, possibly resulting in immediate or eventual subintentioned death of the individuals engaging in negative behavior.

Severe Discouragement - An intense and persistent overwhelming feeling of hopelessness, helplessness, haplessness, described as a lack of control over one's own life, lack of ability to see into the future, inability to handle personal affairs and environmental life conditions, and a low sense of competence for dealing with self-perceived unacceptable life conditions. Often accompanied by self-harm behavior, mental ambivalence about living, and suicidal crisis, severe discouragement may include chemical or clinical depression.

Social Suicide - Behavior by an individual so socially unacceptable as to result in sanctions by society that make it impossible for the individual ever to regain the previous level of social acceptance and success resulting in personality damage and permanent social dysfunctioning as compared with capability prior to the incident.

Subintentioned Death - Playing a covert or subconscious role in bringing about one's death by placing oneself in an extremely vulnerable position (e.g., a victim-precipitated homicide). (N. J. Manual, p. ii)

Succorance - Furnishing relief, aid, help, in terms of a special one-way love to the client, including attention, companionship, supportiveness, approval, and advocacy to a discouraged person suffering from a low sense of competencein which no demands are placed in return.

Suicidal Gesture - An act that is symbolic of suicide, but which constitutes no serious threat to life; an act of such low probability of being fatal or deadly that it is obvious that no serious intent to die is present. (N. J. Manual, p. ii)

Suicidal Idealization - A glorified or heroic view of taking one's own life, coupled with an incomplete understanding of the finality of death

brought about by lack of death education, exposure to death, and excessive exposure to entertainiment in which actors frequently die and reappear in new programming.

Suicidal Ideation - Having thoughts about killing oneself. (Almost everyone has such thoughts at some time.)(N.J. Manual, p. ii)

Suicidal Threat - Saying or doing something that indicates a self-destructive desire. (Many threats are made with no follow-through and/or no serious intent by people who see no way out of a problem and are merely asking for help. Because it is sometimes difficult to distinguish serious threats from idle threats, all threats should be treated as though they are serious until there is certainty that they are not.) (N. J. Manual, p. ii)

Total Severe Discouragement - The lowest possible state of the human spirit at which the discouraged individual is in such despair he or she does not possess the psychic or physical energy to end his or her own life.

Unacceptable Life Conditions - A combination of interacting personal and environmental factors that create circumstances perceived by the individual as so unsatisfactory that not living seems to be the only solution.

EXPERIENCE PORTRAIT

Education

1956 – University of Iowa High School – Diploma

1965 – Oklahoma State Tech – Associate Diplomas of Technology
        Industrial Electronics, Industrial Electrical Maintenance,
        Machine Drafting, Electrical Maintenance

1971 – Lincoln University – B.S.
        Mechanical Technology, Building Engineering, and Education

1972 – Lincoln University – M.Ed.
        Counseling and Guidance

1982 – University of Arkansas – Ed.S.
        Business Administation Management and Vocational Education

Career Experience

Industrial Technology – Drafting; engineering technology; product design

Teaching – University electrical and mechanical technology
        Community technical college related mathematics and business
        High school drafting and electronics

Entrepreneur – Product design, development, contract manufacturing,
        advertisement, product promotion and distribution

Consulting – Crisis management and human development
        Personal and family counseling
        Crisis counseling and management
        Geriatric social work consulting
        Personal, staff, and organizational development

A CONTINUUM APPROACH TO IDENTIFICATION AND MENTORING
OF THE SEVERELY DISCOURAGED FOR SUCCESSFUL
LIFE CAREER MANAGEMENT

Abstract of dissertation submitted in partial fulfillment
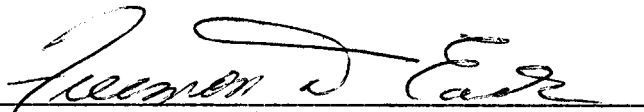of the requirements for the degree of
Doctor of Education

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ABSTRACT

The purpose of the study was to assess sensitivity levels of four career classification groups on attitudinal and specific action variables to the severe discouragement of youthful individuals. Youthful discouragement may be considered the leading cause of death among the young, ages 14 through 24 years of age. Subintentioned and deliberate acts of self-harm resulting from discouragement include death from reckless accidents, substance abuse, eating disorders, suicide, and victim-precipitated homicides.

Adults and peers in proximity of discouraged youth need to be trained appropriately in youthful self-harm prevention. An opinionnaire with three sections was used to assess participants' sensitivity on attitudinal, demographic, and specific action variables. Four career classification groups were selected for their proximity and relationship to youth.

Human services personnel, the most sensitive, receive professional referrals, but often are not adequately trained in recognition, assessment, and intervention strategies, and, therefore, fail to act appropriately. General educators are continually in proximity, but are less aware and generally untrained in self-harm prevention, failing to recognize and act on fatal warning signs. Vocational educators, in close proximity to youth for longer periods of time, are willing to be supportive of discouraged youth, but are less sensitive and are very apprehensive about dealing with death and professionals. They are prone to deny the existence of the problem. Public safety officials, the least sensitive, have emergency responsibility during brief contact with youth who are equally insensitive. Public safety officials were more reliable

on assessment and intervention variables and are action-oriented when they believe there is a crisis. Police investigators, lowest in sensitivity, were more willing to make suicidal assessments, interventions, and referrals than all other groups, but were lowest in understanding youthful grief. All groups were low in understanding youthful grief compared with other variables.

Administrators were reluctant to allow their staff to be trained until a death occurred. Then administrators became confused, but would make token training gestures by providing awareness orientation, believing their responsibility would be fulfilled.

All persons should help reduce youthful discouragement and self-harm death from all causes. Such efforts will be cost effective.