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## Preservice Teachers Knowledge of Adolescent Suicide

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PRESERVICE TEACHERS KNOWLEDGE OF ADOLESCENT SUICIDE

By

ANNETTE N. JOHNSON, Bachelor of Science

Presented to the Faculty of the Graduate School of

Stephen F. Austin State University

In Partial Fulfillment

of the Requirements

For the Degree of

Master of Arts in School Psychology

STEPHEN F. AUSTIN STATE UNIVERSITY

December, 2019

PRESERVICE TEACHERS KNOWLEDGE OF ADOLESCENT SUICIDE

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## ABSTRACT

Teacher preparation programs have a responsibility to prepare future teachers to teach and mentor students through their academic years. With the rise of suicide in school age children, responsibility has fallen to teachers to better recognize and understand students who may be suicidal. This study sought to answer the question: to what degree does teaching certification, teaching experience, and suicide awareness embedded coursework predict preservice teachers' knowledge of suicide awareness and prevention? Data from the Adolescent Suicide Behavior Questionnaire and a demographic survey which asked about participants' preservice training was sent to universities and colleges in Texas with an undergraduate teacher preparation program. It was found that Texas preservice teachers have less knowledge and awareness of suicide than participants in other regions. Furthermore, preservice teachers seeking a secondary (middle level or high school) teaching certification were more knowledgeable about adolescent suicide than elementary certification seekers.

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## TABLE OF CONTENTS

Abstract.....	iii
Acknowledgements.....	iv
List of Tables.....	ix
CHAPTER 1. Introduction.....	1
CHAPTER 2. Literature Review.....	5
Statistics and Demographics of Adolescent Suicide.....	5
Adolescent Suicide Factors.....	5
Risk Factors.....	5
Warning Signs.....	6
Protective Factors.....	7
Adult Knowledge and Attitudes of Suicide.....	7
Teacher Knowledge and Attitudes of Suicide.....	8
National Research.....	9
International Research.....	10
Preservice Teachers' Knowledge of Suicide.....	11
CHAPTER 3. Method.....	15
Participants.....	15
Design.....	16

Procedure.....	17
Demographic Survey.....	18
ASBQ.....	18
Teaching Certification.....	21
Courses Discussing Suicide Awareness.....	21
Teaching Experience.....	21
CHAPTER 4. Results.....	23
Suicide Knowledge and Awareness.....	23
ASBQ Domains.....	23
Teaching Certification.....	24
Courses Discussing Suicide Awareness.....	24
Teaching Experience.....	24
Personal Experience.....	25
Predictors of Knowledge and Awareness of Adolescent Suicide.....	25
CHAPTER 5. Discussion.....	28
Limitations.....	32
References.....	34
Appendix A.....	41
Appendix B.....	43
Appendix C.....	50
VITA.....	56



LIST OF TABLES

Table 1: *Predictors of Knowledge and Awareness of Adolescent Suicide*.....26

## **CHAPTER 1**

### **Introduction**

In the United States, suicide is the second leading cause of death from age 10 to 34 (CDC, 2019). Since 2007, 19 states have adopted the Jason Flatt Act (JFA), which requires every educator to obtain two hours of suicide prevention and awareness professional development. In Texas, the JFA was enacted in 2015 and beginning in the 2016-2017 school year, and every year afterwards, Texas requires all school districts to provide suicide prevention training to all new school district employees and educators as a part of new employee orientation (Lieberman & Poland, 2017; Texas Administration Code, 2016). In comparison to the 19 states that have enacted JFA and 13 additional states with similar legislation, Texas is one of only ten states that mandate annual training. The other states include some combination of district provided suicide professional development and/or mandated school suicide prevention policies. The one notable exception is Montana, which has no requirements (Lieberman & Poland, 2017). The JFA and similar mandates are an important step towards reducing the rate of completed suicides; simply participating in suicide awareness and prevention training has led educators, adults, and students to believe this type of training is imperative to working with adolescents (Bean & Baber, 2011; Cerel, Padgett, Robbins, & Kainer, 2012; Crawford & Caltabiano, 2009; Scoullar & Smith 2002; Wastell & Shaw, 1990).

However, the JFA does not mandate teacher preparation programs provide suicide awareness and prevention training.

Programs are being implemented in school districts to raise awareness, enhance interventions, and reduce the stigma surrounding suicide within the school setting (Bean & Baber, 2011; Cerel et al., 2012; Crawford & Caltabiano, 2009; MacDonald, 2004; Schilling, Lawless, Buchanan, & Aseltine, 2014; Scouller & Smith, 2002). The Texas Education Agency (TEA) webpage offers multiple approved suicide prevention training lists for schools that include face to face and online trainings, ranging from one hour to two days (TEA, 2019b). Some of these programs are headed by school psychologists who have an abundance of training in mental health, behavior interventions, crisis preparedness, response and recovery, and risk assessments (National Association of School Psychologists, 2015). However, there are no mandatory programs related to suicide awareness and prevention for preservice teachers (Heitkamp, 2011; MacDonald, 2007; Wastell & Shaw, 1990). Preservice teachers are in teacher preparation programs, while in-service teachers have completed their teacher preparation programs and hold teaching certifications. Preservice teachers are in the process of training to become teachers, where writing lesson plans and pedagogical practices are emphasized, but suicide awareness is rarely considered (Heitkamp, 2011; Rishel, 2006; Wastell & Shaw, 1990). Thus, preservice teachers are often not adequately prepared to recognize and respond to students who are exhibiting suicidal ideations or behaviors (Heitkamp, 2011;

Knight, Furnham, & Lester, 1999; MacDonald, 2007; Rishel, 2006; Wastell & Shaw, 1990).

This study sought to answer the question: to what degree do teaching certification, experience, and coursework predict preservice teachers' knowledge of suicide awareness and prevention? This question was answered by correlating the participants' answers from the Adolescent Suicide Behavior Questionnaire (ASBQ; Scoullar & Smith, 2002) to factors on the demographic sheet (i.e., number of courses taken that included suicide awareness and prevention coursework, the type of teaching certification being sought, and the amount of classroom teaching experience) to determine what predicts preservice teacher knowledge of adolescent suicide. It is hypothesized that preservice teachers will exhibit low levels of suicide awareness and prevention given the lack of mandated awareness and prevention training programs in Texas. Preservice teachers who have taken more courses that address suicide awareness and prevention are expected to score higher on the ASBQ. Similarly, those with more teaching experience and those seeking teaching certification for an older age group will demonstrate higher levels of suicide awareness and prevention knowledge given the greater likelihood of suicidal ideation of older students.

If the hypotheses are supported, then the results will resemble six previous studies (completed at Cleveland State University, University of Southern Mississippi, University of Oakland, University College in London, Hong Kong, and in Australia) which examined preservice teacher's awareness of suicide (Chan, 2002; Davidson & Range,

2001; Heitkamp, 2011; Knight, et al., 1999; MacDonald, 2007; Wastell & Shaw, 1999). The results will also extend the limited research base by providing information on what factors are correlated with increased suicide prevention and awareness. In addition, this will be the most comprehensive study of its kind because this study will receive input from preservice teachers attending undergraduate teacher preparation programs at colleges and universities throughout the state of Texas. The findings from this study may result in teacher preparation programs implementing intentional suicide prevention and awareness training programs within required courses. Furthermore, it is hoped that suicide prevention and awareness will be taken more seriously in Texas as exemplified through increased legislation. For example, mandated training for both in-service and preservice teachers in combination with school suicide prevention policies could ultimately result in fewer attempted and completed suicides. Researchers reported that preservice teachers and teachers lack adequate knowledge and training when it comes to working with students who are suicidal (Cerel et al., 2012; Crawford & Caltabiano, 2009; Heitkamp, 2011; Rishel, 2006; MacDonald, 2007). Furthermore, research from Australia, London, Hong Kong, and various Universities in the United States indicate that preservice teachers should be receiving youth suicide training before entering the schools (Chan, 2002; Davidson & Range, 2001; Heitkamp, 2011; Knight, et al., 1999; MacDonald, 2007; Rishel, 2006; Wastell & Shaw, 1999).

## **CHAPTER 2**

### **Literature Review**

#### **Statistics and Demographics of Adolescent Suicide**

The Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5, 2013) defines suicide as the act of intentionally causing one's own death. The Centers for Disease Control and Prevention (CDC, 2018), defines suicide attempt as a non-fatal, self-directed potentially injurious behavior with an intent to die as result of the behavior and defines suicidal ideation as thinking about, considering, or planning suicide. Knowing current definitions allows for consistency and understanding of the literature discussed.

In 2013, suicide was the 10<sup>th</sup> leading cause of death in the United States (Drapeau & McIntosh, 2017). Over time, suicide rates have risen among adolescents. In 2017, 3,008 persons aged 10 to 19 died due to suicide (CDC, 2019). Currently nationwide, suicide is the second leading cause of death for those aged 10-34 (CDC, 2019). According to Texas statistics, suicide is the second leading cause of death for those aged 15-34, and the third leading cause of death for ages 10-14 (American Foundation for Suicide Prevention, 2017).

#### **Adolescent Suicide Factors**

**Risk factors.** Individuals who die by suicide experienced social (bullying and/or harassment), psychological (mental health and/or physical health problems), and/or

environmental (access to lethal means, prolonged stress, and/or exposure to another's suicide) risk factors (American Psychological Association, n.d.). Suicide is not limited to a certain age range, gender, or ethnic group (Suicide Prevention Resource Center, n.d.). More than 90% of people who die by suicide show common risk factors (American Psychological Association, n.d.). Risk factors are described as factors related to suicide and suicidal behavior but are not suicidal behaviors (Walsh & Eggert, 2007). Common risk factors for suicide include; emotional/family distress, stress, a recent or serious loss, psychiatric disorder(s), prior suicide attempts, substance abuse disorder(s), lack of social support, bullying, access to lethal means, stigma associated with asking for help, experiencing violence/victimization, and cultural and religious beliefs (Kaslow, n.d.; Gould, Greenberg, Velting, & Shaffer, 2003; Walsh & Eggert, 2007). Teachers have some familiarity with research-identified risk factors, but more education and awareness in schools is imperative (Westefeld, Kettmann, Lovmo, & Hey, 2007). Risk factors can be exhibited in a variety of settings such as home, school, and community.

**Warning signs.** Warning signs include; talking about dying, recent loss, fear of losing control, low self-esteem, no hope for the future and change in personality, behavior, sleep pattern, and eating habits (American Association of Suicidology, n.d.; American Psychological Association, n.d.). A common myth about suicide is that individuals who attempt or say they want to kill themselves are not being serious (Cardoza, 2016). This is not accurate, individuals who talk about or attempt suicide are seeking help, and regardless of intent, it is essential they are taken seriously (The Jason

Foundation, 2018). In a study done with teachers in Canada a high number of common myths about suicide were endorsed, such as oppressive weather, that suicide rates are higher among the young than the old, and shooting oneself is more common than drug use in Canada (MacDonald, 2004). People who die by suicide show one or more warning signs (i.e., mental and physical health conditions, stressful life events, prolonged exposure to stress, previous exposure to another person's suicide, previous suicide attempts, childhood trauma or abuse, and family history of suicide; American Foundation for Suicide Prevention, n.d.).

**Protective factors.** The chance of someone attempting or dying by suicide is reduced by the presence of protective factors (Kaslow, n.d.; Gould et al., 2003; Walsh & Eggert, 2007). Protective factors include self-esteem and purpose in life, problem solving and coping skills, social and personal resources, the ability to adapt to change, access to mental health resources, school connectedness, and school-based suicide prevention programs (Suicide Prevention Resource Center, n.d.; Marraccini & Brier, 2017; Walsh & Eggert, 2007). Adolescents who have a strong sense of self and a good support system are less likely to attempt or die by suicide (Suicide Prevention Resource Center, n.d.). The more protective factors present in a student's life, the less likely the person is to attempt suicide.

### **Adult Knowledge and Attitudes of Suicide**

Adults play key roles in young lives. Adults can be parents or guardians, family members, mentors, teachers, and more. Some of these individuals possibly have known



someone who was suicidal. Individuals who participate in suicide awareness and prevention trainings often leave with a heightened sensitivity to suicidal ideation (Bean & Baber, 2011; Cerel et al., 2012).

Understanding adults' attitudes toward suicide will enhance suicide awareness training (Bean & Baber, 2011). Preparing adults to work with suicidal adolescents allows students to gain protective factors (e.g., an adult who genuinely cares) that help restore their well-being. Individuals who have had less than a year of suicide prevention training conveyed less confidence in their ability to identify family members who might be suicidal than those who have had one to five years of training (MacDonald, 1999). Most adults have had some experience with suicidal youth or a suicidal relative (Bean & Baber, 2011; Thornhill & Gillies, 2000). Although adults may feel they have inadequate knowledge of suicide and are ill-equipped to respond to suicidal ideation, they acknowledge the importance of suicide awareness and prevention education, discussion, and training (e.g., talking openly, support for school-based suicide awareness education programs; MacDonald, 1999; Thornhill & Gillies, 2000; Bean & Baber, 2011). After participating in suicide awareness and prevention trainings, adults increased their overall knowledge and self-efficacy and reported satisfaction with the training (Bean & Baber, 2011; Cerel, Padgett, Robbins, & Kainer, 2012).

### **Teacher Knowledge and Attitudes of Suicide**

Teachers are well positioned to provide support and implement prevention strategies, given the amount of time they spend with students each day (Thornhill &

Gillies, 2000; Miller, Eckert, & Mazza, 2009). Educators are trained to prepare students academically and are evaluated on their ability to academically prepare students.

However, students' emotional needs must also be addressed (Rishel, 2006).

**National research.** Suicide is a major concern for teachers and other school personnel (Westefeld et al., 2007). Responsibility for suicide prevention has fallen to the schools because of the amount of time youth spend on campus (Schepp & Biocca, 1991; Hamrick, Goldman, Sapp, & Kohler, 2004; Miller et al., 2009). Due to the increase in adolescent suicides, it is important to examine schools' suicide identification and prevention processes (Aspiranti, Pelchar, McCleary, Bain, & Foster, 2011; Hamrick et al., 2004). Given that students spend a majority of their day within schools, teachers are in position to recognize behavior cues or changes (Schepp & Biocca, 1991). Teachers believe that it is an important part of their role as educators to be able to recognize students who might be suicidal and stop a student from committing suicide (King, Price, Telljohann, & Wahl, 1999). School professionals state that they would take suicide threats seriously and discuss the matter with students further, but teachers often are unsure of suicide prevention resources available or lack confidence in their ability to support suicidal students (King et al., 1991; Wanner, 2007; Westefeld et al., 2007; Stein, Kataoka, Hamilton, Schultz, Ryan, Vona, & Wong, 2009). Teachers must be prepared to assist students who come to them with suicidal thoughts or feelings. Lack of confidence could be because of inadequate training or knowledge of resources (Wanner, 2007; Westefeld et al., 2007). Teachers say that they are aware of some factors related to

suicide but feel they need more education and more knowledge of the resources available (Schepp & Biocca, 1991; Westefeld et al., 2007). School professionals who have been a member of a crisis team, or know the district/school has a crisis team, have stated they felt more prepared and confident to support suicidal adolescents, but most educators are not aware that these teams exist (King et al., 1991). Educators have benefitted from participating in suicide awareness and prevention training and refresher sessions (King et al., 1991; Wanner, 2007). Suicide prevention efforts within the schools are more effective if efforts are organized, clearly communicated, and possess strong administration support (Stein et al., 2009).

**International research.** Suicide is a worldwide phenomenon and studies have been conducted in Hong Kong, Canada, and Australia to assess teachers' knowledge of suicide (Chan, 2002; Crawford & Caltabiano, 2009; MacDonald, 2004; Scouller & Smith, 2002). In Hong Kong, several factors contribute to teachers' understanding of suicide, some of which pertain to cultural or religious beliefs (i.e., suicide is a method of solving problems; suicide is a violation of the body). Nonetheless, according to these studies, teachers understand the difference between myths and facts, believe suicide can be prevented, and that there should be interventions for suicide prevention (Chan, 2002). In contrast, Canadian teachers endorsed a high number of common myths and only a few of the participants had any previous suicide awareness training (MacDonald, 2004). Secondary school teachers in Australia were given the Adolescent Suicide Behavior Questionnaire (ASBQ) to assess their knowledge and attitudes of suicide. In Australia,

students between the approximate ages of 11 to 18 are taught by secondary school teachers (Highschool Australia, 2019). The secondary school teachers possessed low levels of knowledge regarding risk factors, precipitating factors, and warning signs, suggesting they do not have adequate knowledge and skill to intervene on behalf of adolescents considering suicide (Crawford & Caltabiano, 2009; Scouller & Smith, 2002).

### **Preservice Teachers' Knowledge of Suicide**

Teacher education programs concentrate on the need to develop lesson plans, instructional techniques to teach academic content and professional dispositions. Suicide awareness and prevention training is not the focus of teacher preparation programs, if addressed at all (King et al., 1999; Rishel, 2006). Although, early intervention within teacher preparation programs could prepare future teachers by discrediting suicide myths and equipping future teachers with adequate suicide awareness and prevention knowledge (Hamrick et al., 2004; Heitkamp, 2011; King et al., 1999; MacDonald, 2004; Wastell & Shaw, 1999). Helping preservice teachers understand things like warning signs, risk factors, and protective factors supplies these future teachers with correct information about what suicide can look like. Preservice teacher training is the ideal time to provide suicide awareness and intervention training (Heitkamp, 2011; King et al., 1999; MacDonald, 2004; Rishel, 2006; Wastell & Shaw, 1999).

Given the rise of completed suicides, suicide awareness and prevention should become part of the preservice training curriculum. Teachers who believe myths about adolescent suicide dismiss or ignore warning signs, possibly exacerbating the student's

suicidal ideation. For identification of suicidal ideation to occur it is important that teachers possess accurate knowledge of suicide awareness and are willing to assist the student (King & Knox, 2000; Walsh & Eggert, 2007). The lack of suicide awareness and prevention education for preservice teachers allows miscommunication and myths to persist. This results in risk factors and warning signs being ignored or incorrectly identified (Hamrick et al., 2004). Too often, teachers believe that students who admit to being suicidal are doing so to manipulate others or to gain attention (Rishel, 2006; Wastell & Shaw, 1999). Though there is no stereotypical profile for an adolescent who is suicidal, when exposed to suicide awareness training, preservice teachers are more likely to notice common risk factors and take appropriate action (King et al., 1999). Given that there is a strong possibility for future teachers to be involved in suicide prevention, it is necessary that they receive suicide awareness and prevention training (Chan, 2002). For example, being aware of common risk factors and warning signs could help teachers identify at-risk students before a suicide occurs. Relatedly, teachers that are aware of protective factors and work within the school and within the community to provide or build strong relationships with students.

Students spend over eight hours in schools with teachers, coaches, administrators, and other school staff. Time in school is meant for learning academic lessons, learning athletic skills, and building relationships that allow for success in life. Building rapport with students allows adults the opportunity to become role models or mentors to these students. Rapport is needed for students to feel comfortable enough to confide thoughts

of harming themselves or wanting to die to others, especially adults (King et al., 1999). Teachers and educational staff are more perceptive to behavioral changes in adolescents than family members (Davidson & Range, 1997). This puts school teachers and staff in a unique position to aid students, but only if rapport is already built with the student. However, preservice teachers often feel uncomfortable at the thought of confronting a student who is suicidal (Davidson & Range, 1997; Rishel, 2006). These findings reinforce the need to equip school professionals with adequate knowledge and skills to understand and assist students who are at risk of suicide, preferably before they set foot in schools (Hamrick et al., 2004; MacDonald, 2004; Rishel, 2006).

Research regarding preservice teachers' suicide training suggests a need for increased knowledge of suicide (i.e., warning signs, protective and risk factors, and intervention) from the onset of a teacher education program (Bean & Baber, 2011; Crawford & Caltabiano, 2009; Hamrick et al., 2004; Heitkamp, 2011; King et al., 1999; MacDonald, 2004, 2007; Rishel, 2006; Schilling et al., 2014; Scoullar & Smith, 2002; Wastell & Shaw, 1999). However, there are currently no mandatory programs related to suicide awareness and prevention designed specifically for preservice teachers (Heitkamp, 2011; MacDonald, 2007; Wastell & Shaw, 1990).

The purpose of the current study is to examine Texas preservice teachers' knowledge of adolescent suicide behaviors and symptomology. Suicide awareness and prevention programs would likely be most impactful when incorporated into preservice teacher preparation programs. Preservice teachers would then be better prepared to assist

the mental health of their future students the first day they step into the classroom, and consequently their students' ability to focus on academic instruction. This study adds to the limited research of preservice teachers and their ability to recognize suicidal behaviors by extending the scope of the existing literature. Similar studies only involved preservice teachers from a single university's preservice teacher preparation program (Davidson & Range, 1997; Heitkamp, 2011; MacDonald 2007; Rishel, 2006). In contrast, the present study will incorporate all universities and colleges in Texas with an undergraduate teacher preparation program. Information gathered from this study could influence the curricular design of preservice teacher education programs by requiring preservice teachers to have access to an in-depth training in suicide awareness and prevention.

This study posed the question: to what degree do teaching certification, teaching experience, and suicide awareness embedded coursework predict preservice teachers' knowledge of suicide awareness and prevention? This question was answered by correlating the participants' answers from the ASBQ to factors on the demographic sheet (i.e., taken a course that addressed suicide awareness and prevention, teaching certification being sought, and classroom teaching experience) to determine what predicts preservice teacher knowledge of adolescent suicide. It is hypothesized that preservice teachers will exhibit low levels of suicide awareness and prevention knowledge, but preservice teachers with exposure to courses incorporating suicide awareness training;

those with teaching experience; and those seeking an older age group teaching certification will have more knowledge to respond to students with suicidal ideations.



## CHAPTER 3

### Method

#### Participants

Participants were preservice teachers enrolled in a teacher preparation program at a four-year college or university, seeking an elementary, middle-level, or high school teaching certification, within the state of Texas. To be included in the study, participants had to be working on a bachelor's degree in education and complete the entire survey. Participants were excluded from the study for pursuing a major other than education, pursuing a degree higher than a bachelors, failing to complete the entire survey, and/or for already holding a teaching certification. The number of participants needed for this study was calculated using cases-to-independent variables ratio provided by Tabachnick and Fidell (2013). The formulas used were  $N \geq 50 + 8m$ , which is used to test multiple correlations, and  $N \geq 104 + m$ , which is used to test individual predictors ( $m$  is the number of independent variables). These rule-of-thumb formulas result in a sample size that assumes a medium effect size ( $\beta = .20$ ), with critical  $\alpha = .05$ , with power of 80%. The sample size was calculated using both formulas provided and taking the larger number (Tabachnick & Fidell, 2013). According to the formulas provided, the minimum number of participants needed is 107. A total of 178 participants responded to the study. However, 55 participants were eliminated from the study for not meeting the inclusion criteria. Thus, the sample population included 123 participants who were preservice

teachers enrolled in a teacher preparation program at a four-year college or university in the state of Texas. Participants consisted of 95.9% women ( $n = 118$ ) and 4.1% men ( $n = 5$ ). Of these participants, 70.1% reported their racial background as Caucasian/White, 20.3% Hispanic/Latino(a), 4.9% African American/Black, 2.4% Biracial/Multiracial, 0.8% Asian/Pacific Islander, and 0.8% Other. Participant demographics are consistent with current teacher demographics provided by the Texas Education Agency (Ramsey, 2018).

### **Design**

A standard multiple regression was used to answer the primary research question. This design assesses the relationship between the dependent variable with the independent variables. Use of this regression technique allows for a real-world problem to be conducted outside of a laboratory setting. The criterion variable used was the ASBQ, which surveys participants' knowledge of suicide. Courses that included suicide awareness and prevention, the type of teaching certification being sought, and classroom teaching experience were the variables used to predict the criterion variable.

An independent sample  $t$ -test was used to determine the teacher certification level associated with having the most accurate knowledge of adolescent suicide. In other words, this analysis was used to determine if preservice teachers seeking a teacher certification associated with older students (middle level and high school teaching certifications), possessed more accurate knowledge of suicide than certifications associated with teaching younger students (early childhood teaching certification).

## **Procedure**

Teacher preparation program directors or department chairs of institutions in Texas were contacted with an explanation of the study and request for assistance recruiting participants from their programs leading to certification. The State Board of Educator Certification Online Center (The State of Texas, State Board for Educator Certification) lists 65 universities and colleges with certification programs, all of which were contacted. Of the 65 universities and colleges, seven universities participated (four from North Texas, one from Central Texas, one from South Texas, and one from East Texas). Several attempts were made to include all 65 universities and colleges identified in the study. Six email requests were sent from October 2018 through January 2019 and two separate follow-up phone calls were made to an East Texas college and to an East Texas university to clarify the nature of the request. In addition, two universities indicated they required additional approval from their institution. The university located in South Texas required their Institutional Review Board (IRB) to approve the study independently. An IRB application was completed and sent to the university, but the university did not respond before the conclusion of the study in February 2019. The second university, located in North Texas, required approval from their Graduate Council. Again, no response was received from the university before the conclusion of the study.

The survey was provided online using the Qualtrics system. A link was sent via email to program directors or department chairs for them to disperse to their students.

The study was estimated to take 30 minutes to complete. All information collected was coded through the online security system within the Qualtrics program to maintain confidentiality. No identifying information was collected from participants.

### **Demographic Survey**

The demographic survey was created to understand the composition of the sample population and the extent of their educational experiences (see Appendix A). Questions on the demographic questionnaire include information pertaining to the participant's sex, age, race, academic standing, institution currently enrolled in, academic major(s)/minors(s), degree and/or certification held, enrollment in courses taken that addressed suicide awareness, which teaching certification the participant is seeking, teaching experience in a classroom, and if the participant had personal experience(s) with suicidal ideation.

### **ASBQ**

The ASBQ, developed by Scoullar and Smith (2002), is a 40-item questionnaire that assesses knowledge of adolescent suicidal behavior (see Appendix B). It is comprised of five domains: demographics and statistics, risk factors, precipitating factors, warning signs, and prevention and intervention. Participants state whether they 1 (*strongly agree*) to 5 (*strongly disagree*).

Smith and Scoullar (2001) developed the ASBQ and it has subsequently been used by other researchers to study adolescent suicide in Australia and at Cleveland State University (Crawford & Caltabiano, 2009; Heitkamp, 2011; Scoullar & Smith 2002).

Smith and Scoullar (2001) gave the first draft of items to 1639 general practitioners, while Scoullar and Smith (2002) gave the questionnaire to general practitioners and secondary-school teachers for feedback on the items. Scoullar and Smith (2002) also distributed their revised questionnaire to the manager of the Victorian Health Promotion Foundation in Australia to establish content validity. After amendments, the ASBQ was then shared in a meeting with the clinical staff of the Child and Adolescent Psychiatry Department of a teaching hospital. From that meeting, there was a consensus agreement on the answers to the items that the items were “comprehensive, clear, and useful” (Scoullar & Smith, 2002, p. 70). The ASBQ was then compared to checklists and the Suicide Potential Rating Scale. Content from checklists and rating scales that pertained to risk factors and knowledge of suicide overlapped with 90% of the ASBQ content. The questionnaire was then deemed to have adequate concurrent validity (Smith & Scoullar, 2001).

To establish reliability, Mason, Smith, and Meuwissen (as cited in Heitkamp, 2011; Scoullar & Smith, 2002) used the ASBQ to examine the levels of knowledge about youth suicide in 67 Australian secondary school teachers and this sample yielded almost identical item by item responses. Findings have supported the reliability of the ASBQ as an instrument to assess knowledge of adolescent suicide (Crawford & Caltabiano, 2009; Heitkamp, 2011; Scoullar & Smith 2002; Smith & Scoullar, 2001).

For the current study, the ASBQ was revised to reflect participants in the United States. Given that the ASBQ originated in Australia, the original version included

statements referencing Australia. These statements were changed to refer to the United States. For example, “suicide is one of the principal causes of death to young people in Australia,” and “across all age groups, there are more deaths caused by suicide in Australia than traffic accidents.” These items were changed by replacing “Australia” with “United States,” after checking for accuracy. Lastly, the question “Adolescent suicide in Australia has not substantially increased in the past 20 years” was changed to state, “Adolescent suicide in America has not substantially increased in the past 15 years”.

The ASBQ contains 40 five-point Likert scale items. The items relate to how informed preservice teachers consider themselves to be about adolescent suicide; these statements were measured with a Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The 40 statements are categorized as true, false, or uncertain. True statements are those that participants correctly believed to be factual, and false statements represent items that participants believed to be factual but were false. Uncertain responses are those participants believed lacked enough information to determine whether or not a statement was true or false (Smith & Scoullar, 2001). Items considered to be false/incorrect were reverse scored, with responses of 4-5 considered overall correct, while responses of 1-2 were considered incorrect, and midpoint responses of uncertain were also considered incorrect (Heitkamp, 2011; Scoullar & Smith, 2002). The percent correct was calculated for each of the five content domains of the ASBQ.

The percent correct ASBQ scores were examined by each domain to determine which areas are considered strengths or weaknesses.

### **Teaching Certification**

Participants were asked to report the type of teaching certification (early childhood [EC-4], middle level [5-8], and high school [9-12]) they were seeking. After participant information was gathered, the middle level and high school teaching certification options were combined into one category of Secondary. Secondary is considered a proper name for this group due to the certifications being within the higher-grade levels (P. Griffin, personal communication, July 4, 2018). The reason for combining these two teaching certification groups is because suicide is the second leading cause of death for those aged 10-14 and 15-24 (CDC, 2019). Thus, the expectation is that those seeking middle and high school teaching certifications will have similar levels of knowledge, but significant differences will emerge between those seeking early vs. secondary teaching certification.

### **Courses Discussing Suicide Awareness**

Participants were asked if they had taken any courses that addressed suicide awareness. Suicide awareness could have been presented as a class discussion, online modules, guest speakers or presentations, and/or face-to-face trainings.

### **Teaching Experience**

Preservice teachers are currently in teacher preparation programs, while in-service teachers have completed their teacher preparation programs and hold teaching

certifications. For the purposes of this study, teaching experience was defined as any time a preservice teacher spent within a classroom throughout the education preparation program, aside from observation. Teaching experience included, but was not limited to, paraprofessional/substitute teaching, practicum/internship field experiences, or student teaching. Teaching experience was assessed by asking participants if they had any classroom teaching experience.



## CHAPTER 4

### Results

#### Suicide Knowledge and Awareness

Participants, on average, rated 56% of the items correct, 28% incorrect, and 16% uncertain. A one-sample *t*-test was performed to determine if a statistically significant difference existed between the average percent correct on the ASBQ of Texas preservice teachers from an average percent correct of previous studies where the ASBQ was used with other preservice and in-service teachers. Participants in Texas reported significantly lower average percent correct ASBQ scores ( $M = 56\%$ ,  $SD = 15\%$ ) when compared to Scoullar and Smith (2002), Crawford and Caltabiano (2009), and Heitkamp (2011),  $t(122) = -5.22$ ,  $p = .000$ . The previous studies mentioned were Scoullar and Smith (2002) with 59% correct; Crawford and Caltabiano (2009) with 69% correct; and Heitkamp (2011) with 61% correct.

#### ASBQ Domains

The ASBQ has five domains; demographics and statistics, risk factors, precipitating factors, warning signs, and prevention and intervention. Participants rated 30.8% of the demographic and statistics items correct, 63% of the precipitating factors items correct, 70.1% of the warning signs items correct, 69.5% of the prevention and treatment items correct, and 54.9% of the risk factor items correct. The risk factor domain has four categories; prior attempt, psychiatric disorder, cognitive factors, and

familial and social environment. Participants rated 58.5% of the prior attempt items correct, 47.5% of the psychiatric disorder items correct, 66.6% of the cognitive factors items correct, and 53.3% of the familial and social environment items correct.

### **Teaching Certification**

Of the 123 participants, 83.5% ( $n = 101$ ) sought an Elementary teaching certification (EC-4) and 16.5% ( $n = 20$ ) sought a Secondary teaching certification (5-12).

### **Courses Discussing Suicide Awareness**

Participants were asked if any of their courses addressed suicide awareness, which could have been presented as a specific lesson, planned discussion, and/or presentations conducted by student(s) or faculty/staff. Out of the 123 participants, 24.6% ( $n = 30$ ) stated that suicide awareness was discussed, while 75.4% ( $n = 92$ ) stated that suicide awareness was not discussed. Participants were then asked how many of their courses included suicide awareness training, 16.2% ( $n = 20$ ) reported one course, 3.3% ( $n = 4$ ) two courses, 2.4% ( $n = 3$ ) three courses, 0.8% ( $n = 1$ ) reported four courses, 0.8% ( $n = 1$ ) five courses, and 0.8% ( $n = 1$ ) more than five courses. Participants also described how their courses included suicide awareness: class discussions (74.8%), online training/modules (13%), guest speaker/presentation (4.1%), participating in a training that was not online (1.6%), and 0.8% did not specify.

### **Teaching Experience**

Participants were asked if they had taught or are currently participating in classroom teaching. Classroom teaching included: paraprofessional/substitute,

practicum/internship field experience, or student teaching. It was reported that 85.1% ( $n = 103$ ) had completed some type of classroom teaching, while 14.9% ( $n = 18$ ) indicated having only participated in course work or observations.

### **Personal Experience**

Results from the demographic survey also indicated that 40.7% of participants have had some personal experience with suicide. Personal experience with suicide ranged from personal experience, to knowing a coworker with suicidal ideation or that died by suicide. Some participants reported both struggling with suicide themselves and knowing others who struggle(d) with suicide.

### **Predictors of Knowledge and Awareness of Adolescent Suicide**

Participants' knowledge of adolescent suicide, teaching certification, teaching experience, and coursework were examined to determine to what degree each variable predicted knowledge and awareness of adolescent suicide. A multiple linear regression was calculated to predict the average number of correct ASBQ scores based on teacher certification participants were seeking, enrollment in courses that addressed suicide awareness, and teaching experience. A significant regression equation was found ( $F(3, 115) = 2.981, p < .034$ ), with an  $R^2$  of .072. Participants' predicted average number of correct ASBQ scores is equal to  $.568 + .085$  (teacher certification participants were seeking)  $- 0.14$  (courses that addressed suicide awareness)  $- .075$  (teaching experience), where teacher certification participants were seeking is coded or measured as 0 = Elementary, 1 = Secondary, courses that addressed suicide awareness were coded as 0 =

Yes, 1 = No, and teaching experience was coded as 0 = Yes, 1 = No. The ASBQ score increased 8.5% for participants seeking elementary certification and 17% for participants seeking secondary certification. In addition, the ASBQ score decreased 14% when participants indicated that they had taken a course that included suicide awareness content and decreased 28% when participants indicated that they had not taken courses with suicide awareness content. Finally, the ASBQ score decreased 7.5% when participants indicated that they had teaching experience and decreased 17% when participants indicated that they had no teaching experience. The individual predictors were examined further and indicated that teaching certification was the significant predictor in the model ( $t = 2.95, p = .004$ ). The other factors, courses that addressed suicide awareness ( $t = -0.45, p = .651$ ) and teaching experience ( $t = -1.61, p = .110$ ), were not found to be significant in predicting the average number of correct ASBQ scores.

Table 1  
*Predictors of Knowledge and Awareness of Adolescent Suicide*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>
Teaching Certification	.085	.029	.328	2.95
Teaching Experience	-.075	.046	-.179	-1.61
Courses Discussing Suicide Awareness	-.014	.031	-.014	-.45

Note: \*  $p < .000$

### **Teacher Certification Level**

Middle-level and high school teaching certification seekers were combined to form one group labeled, Secondary. An independent samples *t*-test was conducted to

determine if elementary or secondary teaching certification seekers have more knowledge of adolescent suicide. On average, participants who are seeking a secondary teaching certification have more knowledge ( $M = 0.65, SE = 0.03$ ) than elementary certification seekers ( $M = 0.54, SE = 0.01$ ) and this difference is significant  $t(119) = -3.13, p = .002$ . The independent samples  $t$ -test results in a Cohen's  $d$  of 0.86, which represents a large effect size  $r = 0.86$  (Cohen, 1988), indicating that the difference between secondary and elementary teaching certification seekers is large.

## **CHAPTER 5**

### **Discussion**

The current study found that Texas preservice teachers were less prepared than participants from Ohio and Australia. Participants of the current study, on average, scored 56% correct, 28% incorrect, and 16% uncertain on the ASBQ; Ohio participants scored 61% correct, 17% incorrect, and 21% uncertain (Heitkamp, 2011); and Australian participants scored 59% correct (Scoullar & Smith, 2002) and 69% (Crawford & Caltabiano, 2009). The JFA was enacted in Ohio in 2012, while Texas did not adopt this mandate until 2015 (Lieberman & Poland, 2017). Beginning with the 2016-2017 school year, Texas requires all school districts to provide suicide prevention training to all new school district employees and educators as part of their new employee orientation (Texas Administration Code, 2016). Though JFA requires suicide awareness training to obtain and maintain a teaching certification, it does not require more than two hours of training or a program to be in place within teacher preparation programs (Lieberman & Poland, 2017). Given that TEA recently approved suicide prevention trainings for current teachers, teacher preparation programs should consider incorporating these trainings in their coursework.

The ASBQ is comprised of five domains: demographics and statistics, risk factors, precipitating factors, warning signs, and prevention and intervention. The ASBQ focuses on demographics and statistics for the nation as a whole. Participants scored

30.8% correct on the demographics and statistics domain, while previous participants scored 53.7% correct (Heitkamp, 2011) and 71% (Crawford & Caltabiano, 2009). Ohio participants showed more knowledge on demographics and statistics on adolescent suicide than the Texas preservice participants. Australian participants also scored better than Texas participants in this category, meaning Australian school professionals have a better understanding of adolescent suicide demographics and statistics within their country. This was the lowest scoring domain for Texas preservice teachers. Risk factors is a domain that has four subcategories that go into the different areas within a person's life that might be a trigger for a suicide attempt. Texas preservice teachers received 54.9% of the risk factor items correct, while Cleveland State preservice teachers got 57.88% correct and Australia participants got 51% correct. Heitkamp's (2011) and Crawford and Caltabiano (2009) participants scored higher than the current studies participants within this category. Though all studies were within the 50%-60% range, previous studies exhibited a better understanding over risk factors of adolescent suicide. Texas participants received 63% of the precipitating factors items correct, while Cleveland State University participants got 64.75% correct and Australia participants got 56% correct. Though Texas and Ohio participants did score higher than the Australian school professionals, participants in Ohio received a slightly higher score in the precipitating factors area, suggesting that they might have a little more of an understanding of events that could occur before an adolescent attempts suicide. People who die by suicide show one or more warning signs (American Foundation for Suicide

Prevention, n.d.). Participants in the current study scored 70.1% of the warning signs items correctly, while participants in the Heitkamp study received 75.43% of the warning signs correct and participants in Crawford & Caltabiano scored 69% correct. Texas preservice teachers are more confident than Australian school professionals in this domain, but still below Ohio preservice teachers. Texas preservice teachers scored highest in this domain, giving some confidence that these participants have an understanding of the warning signs before an adolescent suicide attempt. For the prevention and treatment statements participants scored 69.5% of the prevention and treatment items correct, while in the Heitkamp study participants received 61.50% correct, and in Crawford & Caltabiano scored 79% correct. Texas participants scored higher than Ohio, but lower than the Australian school professionals. This domain is the second highest of the five, Texas preservice teachers have a slightly better understanding of things to do to assist adolescents when they are struggling with suicide.

This study found that teacher certification level was more predictive of preservice teachers' knowledge of adolescent suicide than taking courses that addressed suicide awareness and teaching experience ( $R^2$  of .072). As hypothesized, preservice teachers seeking a secondary teaching certification were significantly more likely to demonstrate greater suicide awareness and knowledge. It was hypothesized that secondary certification seekers would score higher because they work with students that are more likely to express suicidal ideation and attempt suicide. However, it is also possible that secondary certification seekers scored higher than elementary certification seekers



because the ASBQ is designed to assess one's knowledge of adolescents, not elementary age children.

Despite finding that having coursework addressing suicide knowledge and awareness was not a significant predictor, it is worth examining for meaningful differences. Participants that had coursework addressing suicide exhibited a 14% ASBQ; however, when participants had no such coursework their ASBQ scores decreased twice as much (28%). This indicates that overall participants did poorly on the ASBQ, as evidenced when compared to previous studies, but when participants were exposed to suicide awareness and knowledge training in their coursework, they did not perform as poorly. Therefore, training modules and coursework addressing suicide awareness, knowledge, and prevention should still be considered for curricular inclusion.

Similarly, participant's ASBQ score decreased 7.5% when they had teaching experience, compared to 17% when they had no teaching experience. This indicates that experience makes a difference, although it was statistically nonsignificant. More robust findings may be found after field-based supervisors have taken suicide awareness and prevention trainings themselves and are able to provide more guidance to preservice teachers in regard to students exhibiting suicidal ideation.

Suicide awareness and prevention training is not a primary focus during teacher preparation programs (King et al., 1999; Rishel, 2006). Given the rise of completed suicides, preservice teacher training should include suicide awareness and prevention training to help preservice teachers feel more confident working with students who are

suicidal. Teacher preparation program directors should carefully consider embedding suicide awareness and prevention trainings into the program curricula. Teachers have stated they feel they need more education and knowledge about suicide; therefore, beginning with students in teacher preparation programs allows for future teachers to have more confidence in identifying and getting help for students who are suicidal (Schepp & Biocca, 1991; Westefeld et al., 2007). Teacher preparation programs could foster multidisciplinary collaboration by providing suicide awareness, knowledge, and prevention trainings in conjunction with other programs (e.g., school psychology, social work, school counseling). In addition, these trainings could be made available to neighboring school districts so school personnel can attend as well. The establishment of these trainings could save lives.

Future researchers should evaluate the effectiveness of suicide awareness and prevention trainings to determine if knowledge gains translate to behavior change (i.e., do they practice what they are taught). Also, follow-up studies should examine if individuals receiving suicide awareness and knowledge training during their preservice teacher training program are more confident in their ability to intervene with student's exhibiting suicidal ideation during the first year on the job.

### **Limitations**

This study attempted to include all universities and colleges in Texas with an undergraduate teacher preparation program. Unfortunately, many programs (58 of 65) did not participate in the study, despite multiple attempts to include them, which resulted

in a restricted participant pool. The majority of participants were from East Texas, which may limit the generalizability of the results. However, for preservice teachers to become teachers in Texas, they must graduate from training programs that meet specified standards (TEA, 2019a). In order to meet standards, there would be some degree of overlap between the content of training programs across the state; therefore, the results of this study may be similar if preservice teachers from more programs had participated in the study.

An inherent limitation to any study that uses self-report information is whether the data collected are accurate. There are many reasons participants may provide inaccurate information. For example, participants may over-report the number of courses they took that addressed suicide in order to make themselves or their program appear to be the best. In contrast, participants may under-report information, such as the number of courses taken that addressed suicide, in an attempt to make draw attention to an issue and effect programmatic changes. In addition, participants may simply not accurately remember the information or not attend to the directions carefully enough to provide correct information.

Another limitation of this study is the use of the Adolescent Suicide Behavior Questionnaire with elementary teacher certification seekers. Smith and Scoullar produced the ASBQ in 2001, and initially used it with general practitioners and secondary-school teachers in Australia who teach ages 13-18. Heitkamp (2011) administered the ASBQ to preservice teachers seeking teacher certification in elementary

education (25), secondary (17), middle childhood (7), special education (3), and multi-age (2). Although there is a precedence of using the ASBQ with preservice teachers seeking certification to work with students who are not adolescents, use of the ASBQ to assess suicide awareness of those seeking certification for a younger age group, likely put these participants at a disadvantage when comparing them to middle school and high school teachers who work with the age group the assessment was designed to assess.

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**APPENDIX A**  
**Demographics Survey**

1. Sex:  
\_\_\_\_\_ Male  
\_\_\_\_\_ Female  
\_\_\_\_\_ Other/Please Specify
  
2. Age:  
\_\_\_\_\_ years old
  
3. Race:  
\_\_\_\_\_ African American/Black  
\_\_\_\_\_ American Indian  
\_\_\_\_\_ Alaska Native  
\_\_\_\_\_ Asian/Pacific Islander  
\_\_\_\_\_ Biracial/Multiracial  
\_\_\_\_\_ Hispanic/Latino(a)  
\_\_\_\_\_ Caucasian/White  
\_\_\_\_\_ Other/Please Specify
  
4. How many credit hours have you taken?  
\_\_\_\_\_
  
5. What is the name of the institution (university/college) you are currently enrolled at?  
\_\_\_\_\_
  
6. What is your academic major?  
\_\_\_\_\_
  
7. What is your academic minor?  
\_\_\_\_\_
  
8. Do you currently hold a degree and/or certification?  
\_\_\_\_\_
  
9. Have any of the courses within your education program addressed suicide awareness? (Suicide awareness could be addressed as a specific lesson for a class, planned discussions during class, and/or presentations conducted by students or

other faculty/staff. Suicide awareness may be addressed in any course taken during the teacher preparation program)

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

9a. If yes, please identify the exact number of courses that included suicide awareness training.

\_\_\_\_\_

9b. If you answered yes, please describe the type of training you received in each course identified (e.g., course dedicated to suicide awareness and prevention, module in a course, webinar, guest speaker in class, and/or student presentation).

\_\_\_\_\_

10. What certification are you seeking?

\_\_\_\_\_ Early childhood education (EC-4)  
\_\_\_\_\_ Middle level education (5-8)  
\_\_\_\_\_ Secondary education (9-12)

11. Have you done or are you currently participating in any classroom teaching?

\_\_\_\_\_ Yes (e.g., paraprofessional/substitute teacher, practicum/internship field experiences, or student teaching)  
\_\_\_\_\_ No (e.g., course work or observations)

11a. If yes, please identify the exact number of months.

\_\_\_\_\_

12. Do you have any personal experience(s) with suicidal ideation?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

12a. If yes, please describe the nature of your personal experience (e.g., personal, friend, relative).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**APPENDIX B**  
**Adolescent Suicide Behavior Questionnaire**

Read the following statements and mark whether you strongly agree, agree, disagree, strongly disagree, or are uncertain with each statement.

<b>Demographics and Statistics</b>	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Suicide is one of the principal causes of death of young people in America					
Adolescent suicide in America has not substantially increased in the last 15 years (F)					
Young males in rural areas are one of the highest risk groups for suicide					
Young males are more likely to complete suicide than young females					
Suicide is more common among adolescents of low socioeconomic status than among adolescents of high socioeconomic status (F)					
Across all age groups, there are more deaths caused					

by suicide in America than traffic accidents					
Young males are more likely to attempt suicide than young females (F)					
<b>Risk Factors</b>	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
<i>Prior Attempt</i>					
The more life threatening a suicide attempt has been, the higher the risk that the individual will subsequently commit suicide					
Young people who complete suicide have not commonly made a previous attempt (F)					
<i>Psychiatric Disorder</i>					
A young person who is very depressed is no more likely to commit suicide than any other young person (F)					
Alcohol or drug abuse is a principal risk factor for adolescent suicide					
Most suicidal people are out of contact with reality (F)					

The majority of adolescents who commit suicide have a psychiatric disorder					
<i>Cognitive Factors</i>					
The more hopeless adolescents feel, the more likely they are to commit suicide					
Only suicidal adolescents think about committing suicide (F)					
Suicidal and non-suicidal adolescents do not differ in their problem-solving abilities (F)					
<i>Familial and Social Environment</i>					
Lack of social support significantly increases the risk of an adolescent committing suicide					
Adolescents with a family history of suicidal behavior are more at risk for suicide than other adolescents					
Family breakdown and conflict is common among adolescents who attempt or commit suicide					
Depression is more common in the					



history of parents whose children commit suicide than in the histories of parents of non-suicidal children					
Adolescents who attempt suicide are more likely to come from families with a history of drug or alcohol abuse than are non-suicidal adolescents					
Adolescents who attempt suicide have commonly lost or been separated from a family member					
Gay and lesbian adolescents are at higher risk of attempting suicide than heterosexual adolescents					
Adolescents who attempt suicide are no more likely than others to have been physically and/or sexually abused (F)					
<b>Precipitating Factors</b>	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
A significant personal loss (e.g. the death of a close friend) can trigger a					

young person to attempt suicide					
Relationship break-ups are common in adolescence and therefore will not prompt a suicide (F)					
Parental conflict is a common precipitant for a suicide attempt					
A young person can be prompted to commit suicide by hearing about somebody else who has suicided					
<b>Warning Signs</b>	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Adolescents who are contemplating suicide usually tell their parents rather than their friends (F)					
An improvement in the mood of a young person who has threatened suicide means that the danger of suicide is over (F)					
Adolescents who talk about suicide won't commit suicide (F)					
Most young people who are suicidal have given warning of their intent					

Sudden and extreme changes in eating or sleeping habits, losing or gaining weight, can warn of imminent suicide					
Although giving away prized possessions is a warning sign for suicide, it is not a significant one (F)					
Not all suicide threats or statements should be considered warning signs or high suicide risk (F)					
<b>Prevention and Treatment</b>	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Discussing suicide with a suicidal adolescent may cause that person to end their life (F)					
Secondary school teachers are in a good position to detect the risk factors for suicide in their students					
School teachers can reduce adolescent suicide completions by being able to identify students who are at risk of suicide					

If you promise to keep a young person's suicide plans confidential, you should usually keep that promise (F)					
Suicidal adolescents clearly want to die (F)					

**APPENDIX C**  
**Adolescent Suicide Behavior Questionnaire**

Read the following statements and mark how informed you believe you are about each item.

<b>Demographics and Statistics</b>	1 (very poorly informed)	2	3 (uncertain)	4	5 (very well informed)
Suicide is one of the principal causes of death of young people in America					
Adolescent suicide in America has not substantially increased in the last 15 years (F)					
Young males in rural areas are one of the highest risk groups for suicide					
Young males are more likely to complete suicide than young females					
Suicide is more common among adolescents of low socioeconomic status than among adolescents of high socioeconomic status (F)					
Across all age groups, there are more deaths caused by suicide in America than traffic accidents					
Young males are more likely to attempt suicide than young females (F)					

<b>Risk Factors</b>					
	1 (very poorly informed)	2	3 (uncertain)	4	5 (very well informed)
<i>Prior Attempt</i>					
The more life threatening a suicide attempt has been, the higher the risk that the individual will subsequently commit suicide					
Young people who complete suicide have not commonly made a previous attempt (F)					
<i>Psychiatric Disorder</i>					
A young person who is very depressed is no more likely to commit suicide than any other young person (F)					
Alcohol or drug abuse is a principal risk factor for adolescent suicide					
Most suicidal people are out of contact with reality (F)					
The majority of adolescents who commit suicide have a psychiatric disorder					
<i>Cognitive Factors</i>					
The more hopeless adolescents feel, the more likely they are to commit suicide					

Only suicidal adolescents think about committing suicide (F)					
Suicidal and non-suicidal adolescents do not differ in their problem-solving abilities (F)					
<i>Familial and Social Environment</i>					
Lack of social support significantly increases the risk of an adolescent committing suicide					
Adolescents with a family history of suicidal behavior are more at risk for suicide than other adolescents					
Family breakdown and conflict is common among adolescents who attempt or commit suicide					
Depression is more common in the history of parents whose children commit suicide than in the histories of parents of non-suicidal children					
Adolescents who attempt suicide are more likely to come from families with a history of drug or alcohol abuse than are non-suicidal adolescents					
Adolescents who attempt suicide have commonly lost or been separated from a family member					

Gay and lesbian adolescents are at higher risk of attempting suicide than heterosexual adolescents					
Adolescents who attempt suicide are no more likely than others to have been physically and/or sexually abused (F)					
<b>Precipitating Factors</b>	1 (very poorly informed)	2	3 (uncertain)	4	5 (very well informed)
A significant personal loss (e.g. the death of a close friend) can trigger a young person to attempt suicide					
Relationship break-ups are common in adolescence and therefore will not prompt a suicide (F)					
Parental conflict is a common precipitant for a suicide attempt					
A young person can be prompted to commit suicide by hearing about somebody else who has suicided					
<b>Warning Signs</b>	1 (very poorly informed)	2	3 (uncertain)	4	5 (very well informed)
Adolescents who are contemplating suicide usually tell their parents rather than their friends (F)					



An improvement in the mood of a young person who has threatened suicide means that the danger of suicide is over (F)					
Adolescents who talk about suicide won't commit suicide (F)					
Most young people who are suicidal have given warning of their intent					
Sudden and extreme changes in eating or sleeping habits, losing or gaining weight, can warn of imminent suicide					
Although giving away prized possessions is a warning sign for suicide, it is not a significant one (F)					
Not all suicide threats or statements should be considered warning signs or high suicide risk (F)					
<b>Prevention and Treatment</b>	1 (very poorly informed)	2	3 (uncertain)	4	5 (very well informed)
Discussing suicide with a suicidal adolescent may cause that person to end their life (F)					
Secondary school teachers are in a good position to detect the risk factors for suicide in their students					
School teachers can reduce adolescent suicide completions by being able					

to identify students who are at risk of suicide					
If you promise to keep a young person's suicide plans confidential, you should usually keep that promise (F)					
Suicidal adolescents clearly want to die (F)					

## VITA

Annette Johnson graduated from Stephen F. Austin State University with a Bachelor of Science degree in Interdisciplinary Studies in the Fall of 2014. In the fall of 2015, she enrolled at Stephen F. Austin State University to earn a Master of Arts degree in School Psychology. Annette's main focus in her program of study includes counseling, assessments, consultation, behavior analysis, system-level services, and advocating for mental health and suicide awareness. In the future, Annette plans to work within the school system to provide psychological support and crisis support to children and families from varying communities.

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This thesis was typed by Annette N. Johnson