Preventing, Perceiving, and Post-Venting Suicide: A Guide for Teachers, for their Students

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PREVENTING, PERCEIVING, AND POST-VENTING SUICIDE: A GUIDE FOR TEACHERS, FOR THEIR STUDENTS

by

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Capstone submitted in partial fulfillment of the requirements for graduation with

DEPARTMENTAL HONORS

with a major in

English
in the Department of English

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Fall 2019
Acknowledgments

The people I would like to acknowledge have each aided me in tremendous ways, so this list is more chronological than in order of importance. I have written and rewritten these acknowledgments, but only in shortened form do I have the space for everyone. Only, as a religious person, I would like to foremost thank my God for blessing me with the chance to teach and care for young people through my experience and research.

Thank you to my first family, especially Leesa Casper; Kory, Chase, and Branden Vance; Hana Barnes; Richard Casper; and Bessie Van Leuven. These are the people that taught me how to care for other people and to feel loved.

I would like to thank Dan Deakin, who hired me to my first teaching job as a Counselor in Training at Island Park Scout Camp, and Toukine Deakin, who brought their children to their work with them. Without the Deakins, I would not have discovered so soon in my life my love for teaching children.

While writing my capstone, I discovered how blessed I was to have been taught reading and writing by my teachers and professors: Ms. Johnson (8th-10th grade), Ms. Taylor (11th grade), Dr. Kinkead, Dr. Jensen, and Dr. McCuskey, as well as others. I also would like to thank Julie Foust for hiring me as a Writing Fellow.

Finally, I would like to thank the people who most directly helped me bring this research together: Dr. Sonia Manuel-Dupont, my mentor and friend; my capstone committee members, Dr. Rivera-Mueller, Dr. Holt, and Dr. Shively; the USU Honors Program; and definitely my support and my teammate, my wife, Jenny.
Preventing, Perceiving, and Post-venting Suicide Risk:

A Guide For Teachers, For Their Students

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This Honors Thesis Committee includes mentor Sonia Manuel-Dupont and other advisors, Jessica Rivera-Mueller, Steve Shively, and Keri Holt.
Abstract

To aid teachers with intense time constraints, the following summary includes the bolded, most important points in the paper:

- Thank you for caring about your students; by doing more than just teaching your content, you will change lives... and may save some.
- Teachers are not responsible for student suicide; we carry enough responsibility already.
- Genuine, assertive communication of confidence and support fosters the safe environment needed.
- Improvements to how we view and speak about suicide can help reshape how young people think about it.
- As young men lose what they care about in pursuit of popular disinterest – they lose what attaches them to life.
- The attachment of grades to self-worth, which students may do naturally, is more likely to project self-worth onto grades rather than increase grades in an effort to improve self-worth.
- Prevent suicide risk by implementing practices that promote positive self-esteem.
- Console yourself by considering that even if it is unclear whether a recommended practice is working, students will recognize that you care and will likely respond.
- Students can greatly benefit not only from learning more about suicide and how to deal with suicidal thoughts, but students who are at risk for suicide will recognize those Teachers as allies, as emotional support.
- The student could feel "stuck," a "failure," unable to see the possibility of something changing in the future, because the brain in crisis can only register what it knows right now.
- Negative thought patterns, if perceived in students' behaviors, can indicate a student's level of suicidal intent.
- Again, Teachers must not blame themselves when they do not recognize signs of suicide, but we should, instead, care about our students and help those that we can.
- Besides contacting others for help, a Teacher who wants to intervene can ask the student directly and empathetically about suicidal thoughts or intent.
- Students who are close to someone who has attempted suicide or died by suicide are more likely to experience suicidal thoughts and depression related to the trauma.
- Experts recommend heavily monitoring high risk students for at least 6 months after another student's suicidal event.
- By differentiating between sadness and depression or other toxic emotional experiences, students will be enabled to experience the grief necessary to cope healthily with their loss.
- While you may want to aid students by more than "just" helping them get help, the key person in my survival was the one who did that: she helped me get help.

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Or through my math webpage at http://5010.mathed.usu.edu/Fall2018/JVance/
Preventing, Perceiving, and Post-venting Suicide Risk:

A Guide For Teachers, For Their Students

I may not yet be a Teacher, but I teach; I am a pre-service Teacher. Though all “teachers” have an influence on their students, the real “Teachers,” capital “T” as I define it, are educators who care to make a positive difference in their students’ lives. As a tribute to the good ones, I capitalize Teacher to acknowledge Teachers’ unique role in improving the lives of young people. I assume, if you are reading this, that you are a Teacher or fellow pre-service Teacher who wants to learn more about student suicide. More than learn about it, however, you may have sought this resource because you are already dealing with a suicide in your school or class and feel inadequate to the task. Thank you for caring about your students; by doing more than just teaching your content, you will change lives... and may save some.

The topics covered here overlap, but their order is still somewhat chronological. Even before Teachers perceive suicide risk, they can prevent suicide risk generally. Since many suicides occur unexpectedly, the most effective prevention strategies will apply to all students in our classrooms, not just the students perceived at risk. Even perceptive, caring Teachers will not perceive every student at risk for suicide, necessitating general prevention and postvention. In the literature on suicide and mental health, postvention refers to how a community responds to the suicide of one of its members (Leenars & Wenckstern 1991). An essential characteristic of postvention is its relationship to prevention. Suicides often happen in clusters, where the risk of suicide increases for individuals who know someone who has died by suicide, known as the contagion effect (Leenars & Wenckstern, 1991). Therefore, after a suicide has occurred in the school community, other members of the school community ought to increase efforts to properly
deal with and help others deal with negative feelings. These efforts are part of postvention, the last chronological topic in suicide prevention.

Please notice that this paper refers to suicide risk. As a Teacher, you are not responsible for student suicide in any way. Teachers have great potential to help students through rough times, and though all teachers are responsible for making their classrooms safe environments, if a student has died by suicide, no teacher or other student is to blame for that action. It is possible to accept that nobody, including the suicidal student, may be responsible for the death. If we, Teachers, are going to care for our students, we cannot internalize any guilt for the events we do not control; we carry enough responsibility already. Rather than placing blame or responsibility, this paper includes tips for preventing, perceiving, and post-venting suicide risk.

In addition, this paper will frequently use the singular “they.” For those unfamiliar with the singular “they,” when using a pronoun for an individual with an unidentified gender, conventional grammar dictates that the speaker say “he/she,” but in common use, people often just say “they.” For example, “Somebody just ran to get the nurse; they will be right back.” Grammar enthusiasts may disagree with its use, but the singular “they” supports those who identify as a non-binary gender. In light of its common use, and since members of the LGBT+ community have higher rates of suicidality than the general population (Leenars & Wenckstern, 1991), I support the formalization of the singular “they” into proper grammar and claim its use as appropriate for this discussion.

Finally, before we get to the tips and strategies, I would like to discuss my own background with regard to this research. I am not an expert in child psychology. I am not quite a Teacher. At university, I have taught calculus recitations and done one-on-one tutoring in writing, but I have not carried the full responsibility of a class of either teenagers or college
students. However, I have been a pre-service teacher since I was in middle school, in a sense. From 8th to 12th grade, I took notes on how to be a good Teacher, and I kept them on my bedroom wall. In addition, I have had friends and family who were suicidal, and I have also experienced suicidal ideation. Being on both “the helper” and “the helped” sides of suicide, I feel like the ideal researcher for creating a guide to help teachers care for students against suicide risk.

**A Framework for Discussing Suicide Risk**

Educators recognize the term response-to-intervention (RTI). RTI refers to how special education in the United States classifies the level of assistance students need based on their level of disability. Some might not recognize suicidality as a disability—even if they recognize depression as a disability under mood disorders—but RTI still provides a helpful framework for thinking about and organizing against suicide risk.

In RTI, we categorize students, with or without disabilities, into a three-tiered pyramid. Most students, approximately 80-90% of them, fall into the base level, where general education teachers provide a differentiated education that meets their needs. While students in the first tier of the pyramid may not need special accommodations to succeed, they can still benefit from many of the practices intended for students with disabilities. For example, while a student with ADHD may need to be allowed to move around sometimes in order to be able to focus, all students will benefit from lessons that integrate kinetics. Though Teachers may worry that focusing too much on students in the second or third tier would take away from students in the first tier, the best accommodations benefit all students, including those without a learning-impacting disability.
In the second tier of the pyramid, students who demonstrate greater need for assistance in handling their disabilities, approximately 5-15% of students, receive that help through services that usually work in tandem with general education classes. These services may include small group work with the teacher or work with another professional who can give more individualized attention to a small group of students. In some districts, these students can participate in “co-taught” classes, where a special education teacher works alongside the regular education teacher to teach the class; thus the class has two teachers who can help struggling students.

For students whose disabilities inhibit their learning to the extent that the regular education classrooms are insufficient for their learning needs even with additional services, students need a more individualized education. This can occur in special education classes or in the classroom with one-on-one intensive teaching by a professional trained in that student's disability. This is the smallest tier of the pyramid, the third or tertiary level, and only about 1-5% of students are categorized here (“RTI,” 2013). An analogous system can describe what students need in order to minimize suicide risk.

**Base Level of Prevention**

In special education, the first level of RTI is called the “primary level of prevention (of failure).” For our discussion, this level is where Teachers apply practices that prevent suicide risk.
generally. Like the best practices in the original RTI, all students can benefit from strategies aimed at struggling students – in this case, students struggling with suicide or depression. These practices include providing safe classrooms, using appropriate language when referring to suicide, discouraging machismo, promoting positive self-esteem, and educating students about depression and suicide.

**Providing Safe Classrooms**

First and foremost, students need to feel that their classrooms are safe places to live and learn. This does not imply that students should be placed in figurative bubble-wrap, unexposed to failure in applying mathematical algorithms in a math class or to the horrors capable of humanity that are read about in a literature class. Students learn to cope with failure and trauma as they receive support and confidence from adults and in their social circles (Armour, Bunting, McLafferty, Murphy, & O’Neill, 2018). As Teachers, of course we support our students, but we must communicate that support in order for students to receive it. Therefore, **genuine, assertive communication of confidence and support fosters the safe environment needed** in the classroom. For better communication, establish multiple pathways for students to give and receive messages with you, so students learn that you listen to how they feel about the work they are doing in and out of the classroom. For example, besides the typical email address or school messaging link included in the syllabus once at the beginning of the term, Teachers can include their preferred method of communication on regular homework assignments, so students become accustomed to invitations to communicate. In addition, Teachers can require that students leave a sentence or two with them at the end of each class as an exit-slip, telling the Teacher something insightful like “What is stressing you out most at the moment?” Teachers can then respond to selected exit-slips and return them all the next day to let the students know they are listening. As
Teachers communicate better, students will understand that they have supportive adults in their classrooms, and they will learn to feel safe there. One Teacher who has had students in his class who died by suicide recommends letting students know “you are watching over them” (Burke, 2006). Sometimes they just need to know someone cares.

**Appropriate Language**

Contemporary society has made leaps toward better attitudes and treatment of those with disabilities and mental health issues; however, as part of establishing a safe environment, some additional improvements to how we view and speak about suicide can help reshape how young people think about it. For example, when speaking about someone who dies by suicide, we can deliberately avoid saying that they “completed” or “committed” suicide. Most vernaculars, when speaking of suicide, imply a culpability or guilt in the person who “took their own life.” Phrases like these support the guilt, stigma, and painful feelings about suicide. Especially refrain from telling students to consider the pain they could cause family and friends. Those who are considering suicide will not be persuaded against it by the guilt of suicide’s consequences; they are likely already feeling low self-esteem and guilt, leading them further towards suicidal thoughts and actions, not away from them (Leenars & Wenckstern, 1991). Instead, use neutral language that allows students the opportunity to view suicide objectively. One preferred phrase, “died by suicide,” reflects the language used when people talk about other deaths, thus neutralizing the implied guilt of those who died this way. In addition to better education about suicide, this improved language concerning suicide has the potential to help struggling students think logically and make rational decisions.

**Discouraging Machismo and Social Conformity**
Some other societal attitudes and trained patterns of thinking actually increase suicide risk. In the U.S., though females are more likely than males to attempt suicide, males are more likely than females to die by suicide, and one societal attitude that increases suicide risk for males is machismo, or toxic masculinity (Leenars & Wenckstern, 1991). In the U.S., the term "machismo" prompts less defensive responses and has a less aggressive connotation than "toxic masculinity," though they may be used synonymously. In general, men in the U.S. receive too much pressure to develop stereotypically masculine traits. To be clear, criticism of machismo is not criticism of masculinity, only an overemphasis of masculinity to the detriment and suppression of individuals' genuine thoughts and feelings.

Young men are especially vulnerable to expectations of machismo, not having achieved the independence more often found with experience. Consider your typical male teenager in his class of peers. He attempts to appear not to try too hard, and in his public performance he stifles nearly all extreme emotion except anger or annoyance. If he demonstrates too much interest or emotion towards any subject, he may be labeled "nerdy" for that topic, instead of passionate. Machismo, in this typical example, dictates that a "cool" young man should not display emotion besides anger, aggressiveness, or sexual conquest, and as a consequence, the student not only loses opportunities for growth through learning, but he loses part of who he is – what he cares about. As young men perform more to artificial expectations than to their genuine, productive interests – as young men lose what they care about in pursuit of popular disinterest – they lose what attaches them to life.

A similar argument can be made for any person who behaves more often out of social pressure than out of personal interest. If a lesbian woman feels like she cannot play baseball, study engineering, wear comfortable clothes, or bond with male friends only because it would
not be feminine enough, she risks losing her life's interests. The same could be said of anybody who tries to suppress their interests in favor of social conformity.

To combat social conformity, Teachers can offer students opportunities for creative expression. Also, Teachers can positively reinforce students, especially males, who show interest in a classroom topic. They can even help males develop other masculine traits, if students desire, by connecting the value of their passions to their ability to provide for a future family and to their attractiveness. For example, I might say to my classes, “My wife tells me almost every day how much she loves me for my passion for teaching.” As all young students engage in what interests them, they will develop friendships with others who have similar interests, and they will remember what makes life worth living.

**Improving Self-Esteem**

For people of all genders, “numerous studies have revealed a significant direct relation between low self-esteem and suicidal tendencies” (Leenaars & Wenckstern, 1991). While Teachers do want to motivate their students to perform to standards, attaching students' performance in class to their self-worth requires that students have a strong sense of their worth in order to increase achievement. As humans, especially young people, we tend to be egocentric, viewing the world through our own perspective. In effect, the attachment of grades to self-worth, which students may do naturally, is more likely to project self-worth onto grades rather than increase grades in an effort to improve self-worth. On the other hand, a Teacher who takes time and energy to promote students’ positive self-esteem will likely encounter an improvement in class performance. In addition, Stivers, of the University of New Mexico, claims that, in light of suicide prevention services and programs, “the most effective way of preventing youth suicide is to guarantee each child an upbringing that is conducive to the development of a
positive self-esteem” (Leenars & Wenckstern, 1991). Thus, even if Teachers cannot prevent youth suicide by guaranteeing such a positive upbringing, we can contribute to a positive upbringing and prevent suicide risk by implementing practices that promote positive self-esteem:

1. Avoid comparisons among students.
2. Communicate unconditional acceptance and/or love for students regardless of how they behave or express themselves.
3. Provide opportunities through scaffolding for every student to experience success and independence in meeting high standards.
4. Practice equitable teaching; teach students that everyone is unique, with different paths to the same goal (equality vs equity).
5. Develop your own positive self-esteem and self-worth; students will recognize and reflect adult behaviors.

Teachers know that implementing these practices requires walking a fine line. First, some of the most engaging activities require competition, or comparison among students’ performance. Second, it is difficult to express unconditional love while enforcing negative consequences for the same individual. Third, an activity crafted to provide success without adequate effort loses value in boosting self-esteem. Fourth, students and others sometimes respond negatively to unequal teaching practices. Finally, we might think, “And when, as a teacher trying to do all this, am I supposed to find time for myself, to ‘develop my own self-esteem’?!” As for the first four points, carefully consider how to walk that fine line. Console yourself by considering that even if it is unclear whether a recommended practice is working, students will recognize that you care and will likely respond (Bocian, et. al., 2012).
As for the last point, DO take care of yourself first; not only will your own positive self-esteem reflect in the students, but Teachers cannot care for their students if they are not well enough themselves. As a guide for helping your students, this paper does not discuss teacher depression and suicide, though they exist. Therefore, in short, and in my experience taking care of my mental health, I recommend breathing deeply and sleeping adequately.

**Education on Suicide and Depression**

As the last tip for preventing suicide risk in the general classroom, Teachers can educate students about depression and suicide. If a Teacher is uncomfortable discussing or telling students about suicide, it could be better to refrain from discussing it, instead inviting someone else to the class to discuss it. **Students can greatly benefit not only from learning more about suicide and how to deal with suicidal thoughts, but students who are at risk for suicide will recognize those Teachers as allies, as emotional support.** So, what is known about teen suicide? First, teen suicide is on the rise ("Suicide in the United States," 2016). Though suicidal ideation is not normal, those with suicidal thoughts are not alone on that path; others struggle with it, too. Second, suicidal thoughts and depression are not a sign of weakness. Suicides occur across all lines: rich or poor; religious or non-religious; Hispanic, White, or Black; celebrity or unpopular (Leenars & Wenckstern, 1991). Many environmental, hereditary, and other biological factors affect someone’s likelihood of experiencing suicidal ideation or depression (Dikel, 2014). So, no person experiencing thoughts of suicide should believe it is a result of being weak. Third, young people with severe depression, or those experiencing suicidal thoughts, are most likely in a state of crisis (Leenars & Wenckstern, 1991). While the traditional definition of crisis applies, this type of crisis affects the brain’s ability to function. The importance of this is demonstrated in the following example.
A Teacher educating students about suicide can propose to the class, “If you are having suicidal thoughts, ask yourself, ‘Do I feel stuck? Do I feel like no matter what I do, nothing will change? Is the way out impossible?’” Then the Teacher can continue, “If you answered yes to any of these questions, the chemicals in your brain may be acting out of crisis.” Then the teacher could explain that in this sense, crisis refers to an imbalance of chemicals in the brain. While a person is in mental crisis, the parts of the brain that control rational and abstract thinking disengage. The figure on the left shows two PET scans of the same brain, where the lighter colors indicate brain activity (MFMER, 2018). The image on the left was taken while the person reported symptoms of depression, and the image on the right was taken while the person reported decreased symptoms of depression. The disparity between brain activity demonstrates the biological effect of depression on the brain. While this could affect a student’s performance, additionally, if the student is experiencing high stress or the likelihood of failure in an important aspect of their life, the student could feel “stuck,” a “failure,” unable to see the possibility of something changing in the future, because the brain in crisis can only register what it knows right now (Slimak & Whitaker, 1990). This is also why using neutral language when discussing suicide becomes essential; it aids the brain of an at-risk student in stabilizing from crisis. When a person struggling with suicidal thoughts understands that those thoughts likely originate from a treatable chemical imbalance, they can view the negative thoughts more objectively and can already begin the process to recover from crisis.
By using these strategies in the general classroom, Teachers will greatly diminish the risk of real "failure," the untimely death of a student. At this base level of prevention (of failure), teachers can make the most difference to the most students.

**Secondary Level of Prevention**

When a specific student has been identified as at risk for suicide, Teachers can take important, though limited, steps to support them. Therefore, as in RTI, identifying students who are at risk for suicide and initiating interventions for them becomes the second tier of suicide prevention. These students might not be experiencing suicidal thoughts, though they could be, but they demonstrate certain behavioral cues that are risk factors for suicide, indicating a possibility of suicidal intent. Clinical psychologists Firestone and Seiden (Whitaker & Slimak, 1990) identify a continuum of negative thought patterns that, if perceived in students' behaviors, can indicate a student's level of suicidal intent (see appendix A). For students perceived lower on the continuum, Teachers might initiate moderate interventions. For students perceived higher on the continuum, Teachers should watch for specific signs of active crisis and take immediate action.

A student does not experience a suicidal episode without exhibiting cues (Leenars & Wenckstern, 1991). Often, as Teachers, we will not witness or recognize the cues for many innocent reasons. **Again, Teachers must not blame themselves when they do not recognize signs of suicide, but we should, instead, care about our students and help those that we can.** Many cues will be related to some point on the thought-pattern continuum. As Teachers, we can watch for cues, identify where they fall on the continuum and respond accordingly. If a student appears to demonstrate two or more points on the continuum, it could lead to serious suicidal intent (Whitaker & Slimak, 1990). Accordingly, Teachers who recognize multiple cues should
contact guardians, school counselors, and administrators to address the concern before a student enters active crisis. For example, if a discouraged student calls themself “stupid” and then repeatedly withdraws from working with others, even when they would usually seek others’ help, the Teacher can check in with the student to gauge how much thought the student’s actions represent, e.g., “I understand you are struggling. Is it just this concept or did you say you’re ‘stupid’, generally?” Then, if the Teacher feels that the student demonstrates a pattern of low self-esteem and a tendency toward isolation, the Teacher should start contacting appropriate sources of help: guardians, counselors, and administrators.

Similar steps should be taken if a Teacher observes cues higher on the continuum or observes any of the following behaviors: giving away prized possessions; despondency and distress following a critical life event; a verbal message like “I’ve had it” or “I can’t take it anymore”; or any behavior that is unusual for the individual, for example, eating more or less than usual (Leenars & Wenckstern, 1991). Following the discovery of any of these concerning behaviors, Teachers must report the signs of suicide risk.

**Besides contacting others for help, a Teacher who wants to intervene can ask the student directly and empathetically about suicidal thoughts or intent.** In fact, it may be the most helpful thing a Teacher could do. There is a myth that asking someone if they are suicidal can make them suicidal. The myth could be carried so far as to say that if you confront a person who is suicidal, you could scare them into it faster. This is false, though the opposite is true; people who are suicidal likely feel relieved when someone cares enough to ask. Suicidal people often have trouble communicating. They feel isolated. They want help but do not know who or what to ask. Thus, “...caring communication is the single most important thing anyone can do for a person contemplating suicide.” “Sharing the scary feelings of suicidal impulses becomes
possible when empathy is conveyed and thus lessens the possibility of acting out the feelings” (Leenars & Wenckstern, 1991). After discovering suicidal intent, the Teacher should follow up by asking the suicidal student if they would like to walk down to the counselor together or call the student’s parents together. Asking the student to do something to address their suicidal thoughts counts as “participatory action” on the part of the student and helps them recover, as opposed to the counselors or parents finding out from the Teacher or school (Leenars & Wenckstern, 1991). Teachers are not therapists; we are not trained to be able to counsel students or treat their mental health. However, we can still help them to get help.

**Tertiary Level of Prevention: Postvention**

After this point in a student’s experience with suicidal thoughts, teachers’ influence for the individual is more limited. Students who are in imminent danger of death by suicide, once diagnosed or recognized, are likely to be pulled out of school until they are no longer in danger and can return to the secondary level of prevention. Therefore, the more relevant question concerning this level of student suicide is, “When a student in my class has left because of suicide, whether from death or from a danger to themselves, how do I help my other students?” This is postvention. If a student in your class or school has left by suicide, preventative efforts become even more important. **Students who are close to someone who has attempted suicide or died by suicide are more likely to experience suicidal thoughts and depression related to the trauma** (Whitaker & Slimak, 1990). One superintendent highlighted his district’s preventative efforts after losing two students to suicide. They underwent major changes, including a block schedule and deletion of zero hour, to decrease stress on students and support adequate sleep habits, increasing positive mental health (McGee, 2017). While a single Teacher
cannot effect such great changes, Teachers together can make a general change, and individual Teachers can still provide students with extra support.

Even though coordinated efforts constitute the best postvention practices, as exemplified above, individual teachers still have an important role to play. Besides coordinating and compromising with efforts outside of their classrooms, Teachers who know the suicidal student best can identify other students who are or were close to the student. When they share that information with other teachers, they can monitor those who are newly at risk for suicide. As part of that monitoring, it is important that if a student identified at risk for suicide is absent without guardian permission, their guardians must be contacted immediately. Experts recommend **heavily monitoring high risk students for at least 6 months after another student’s suicidal event** (Cox, et. al., 2016). In addition, if a student who was once suicidal returns to the classroom, a Teacher can make a big difference in that student’s recovery. According to one survey, an essential component in a student’s recovery from a suicidal event was the development of a relationship with someone who showed care and understanding, and if a parent was not available, that person was likely to be a teacher (Harris & Buchanon, 2014).

After a student suicide, education about suicide and depression become essential. Helping students to express their feelings and to understand that their grief is a safe emotion can help them avoid further victimization from the event.

“By recognizing the value of sadness and facilitating its natural course, we can help students to appreciate life and to avoid the denials that so readily lead to depression, despair and too quick death. We can better the odds that the inevitable sorrows in life will deepen its meaningfulness... this kind of learning is especially important for males in our society...” (Whitaker & Slimak, 1990)
By differentiating between sadness and depression or other toxic emotional experiences, students will be enabled to experience the grief necessary to cope healthily with their loss.

While attempting to make changes and educate students about suicide, experts agree that the school routine should be kept as normal as possible. Other practices that experts endorse almost unanimously include not guaranteeing students confidentiality when their safety is concerned, and encouraging parents to talk openly with their students about the suicide and about their needs (Cox, et. al., 2016). They also stress the importance of not glorifying the student’s suicide and, as far as possible, treating the suicide like the death of a student who died by any means. These efforts help the other students not to view suicide as a viable method to receive attention.

Finally, because postvention is a community effort, the literature most often discusses postvention in terms of programs coordinated in the school. Postvention programs succeed best if staff prepare to respond to a suicide before it occurs. Therefore, if your school does not have a plan for responding to a suicide, Teachers should advocate the creation of an emergency response (ER) team, including, as far as possible, the principal or vice-principal, a school counselor or other mental health professional, someone with crisis management experience, and someone with the ability to administer suicide risk assessments. When schools have an ER plan prepared and then implement it in a crisis, the after-effects of a suicide on schools are diminished and more easily mitigated. Perhaps the greatest reason for an ER team is how effectively they can establish channels of communication to effectively coordinate when an emergency occurs (Cox, et. al., 2016). After all, communication is central to successful crisis intervention, even in postvention (Leenars & Wenckstern, 1991).

Personal Case Study In Suicide Prevention and Education
In my experience with suicide, the sources discussing the research on school suicide are accurate and insightful for Teachers learning more about student suicide prevention. For example, the research indicates that those struggling with suicidal ideation often ask themselves, “Why did this have to happen to me?” They may even use self-blame. This was my experience in the emergency room, when a nurse first told me that they receive people of all kinds and from all backgrounds who struggle with suicide. Also, as several sources have documented (Leenars & Wenckstern 1991, Whitaker & Slimak, 1990, Dikel, 2014), as a suicidal person, I felt “stuck” and inadequate, and learning about the biological cognitive differences for people in mental crisis further protected me from self-blame.

While anecdotal evidence alone is insufficient, combined with the research, anecdotal evidence provides powerful incentive for Teachers to act. In regards to the myth that addressing suicide with someone will lead them to suicide, or lead them to suicide faster, my experience agrees with the researchers’ conclusion. As I began acting on my plan for suicide, I knew I did not really want to die, but I felt unable to ask for help. When I acted unusual around someone I knew, I secretly hoped he would check in about my unusual behavior. Luckily, I had a supportive sister I could text, who helped me choose to get the medical help I needed. For students, Teachers can be that person. While you may want to aid students by more than “just” helping them get help, the key person in my survival was the one who did that: she helped me get help.

Improving Current Prevention and Postvention

In one study, six teachers who had a student in their class who had attempted suicide or died by suicide discussed what they believed were appropriate actions in these cases. They disagreed about how public or private information concerning the suicide should be. Some did
not think it was their place to share information about the suicide (Harris & Buchanon, 2014). However, a study including 40 experts’ opinions of appropriate postvention efforts found consensus that information should be shared with students by their teachers, using a script that the ER team provides to the teachers (Cox, et. al., 2016). In support of this assessment, the authors of Suicide Prevention in Schools remind us,

Confidentiality should not be an issue here… the grapevine about a crisis event is highly effective, so almost everyone knows about it anyway; this knowledge and the anxiety it engenders should be channeled so that the group’s energy and resources can be mobilized on behalf of the suicidal individual or survivors in crisis. (Leenars & Wenckstern, 1991)

Recently, a teacher told me of a student suicide where the student’s school administration knew about the event but chose not to tell staff or students about it, though almost everybody learned about it later. The research indicates this is poor practice. Instead, a school should work together to enact effective prevention and postvention. At the very least, after a student suicide, school staff should consult reliable research to understand the appropriate steps to take. I suggest interested individuals view the report published by headspace about the expert consensus (headspace NYMHF, 2015).

Teachers with further questions about suicide prevention efforts have resources to answers. Besides the sources cited, The American Association of Suicidology can answer many questions at https://www.suicidology.org/, and interested persons can also contact the author at vance.educates@gmail.com. Neither Teachers nor their students are alone facing suicide.
References


### Appendix A

#### Continuum of Negative Thought Patterns

<table>
<thead>
<tr>
<th>Levels of Increasing Suicidal Intention</th>
<th>Content of Voice Statements</th>
</tr>
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<tbody>
<tr>
<td><strong>Low Self-esteem</strong></td>
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<tr>
<td>2. Voices rationalizing self-denial. Thoughts praising and approving selflessness and isolation.</td>
<td>You're too young and inexperienced to apply for this job. You're too shy to make any new friends. Why go on this trip? It'll be such a hassle. You'll save money by staying home.</td>
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<tr>
<td>3. Cynical attitudes toward others combined with self-attacks leading to alienation and distancing.</td>
<td>Why go out with her (him)? She's cold, unresponsive. She'll reject you. She wouldn't go out with you anyway. You can't trust men (women).</td>
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<tr>
<td><strong>Tendency Toward Isolation</strong></td>
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<tr>
<td>4. Thoughts influencing isolation. Rationalizations for time alone, but using time to attack oneself.</td>
<td>Just be by yourself. You're miserable company anyway; who'd want to be with you? Just stay in the background, out of sight.</td>
</tr>
<tr>
<td><strong>Psychological Pain</strong></td>
<td></td>
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<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
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<tr>
<td>6. Thoughts urging excessive use of substances followed by self-accusations (increasing impatience against self-destructive actions, while increasing guilt and self-rejection).</td>
<td>It's okay to use drugs, you'll be more relaxed. The school will have a drink you deserve it. You weak-willed jerk! You're nothing but a drugged-out, drunken freak.</td>
</tr>
<tr>
<td><strong>Sense of Hopelessness</strong></td>
<td></td>
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<tr>
<td>7. Thoughts urging withdrawal or removal of oneself completely from the lives of people close.</td>
<td>See how bad you make your family (friends, too). They'd be better off without you. It's the only decent thing to do—just stay away and stop bothering them.</td>
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<tr>
<td><strong>Progressive Withdrawal</strong></td>
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<td>8. Voices influencing person to give up priorities and favored activities.</td>
<td>What's the use? School doesn't matter anymore. Why bother even trying? Nothing matters anyway.</td>
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Capstone Reflection

The initial capstone project I had in mind, “Differentiated Instruction In Utah”, included everything I wanted: field research including a survey, work with teachers face-to-face, and a final product that could help teachers across the entire state to improve education for children of diverse backgrounds across Utah. Though many hours went into that project and I learned a lot for my own benefit, I discovered that projects of that magnitude have many barriers, from IRB approval to cooperation with state government offices. For an academic year I tried to break through those barriers and postpone deadlines as I struggled through red tape, but finally my declining personal health and the health of my family met with my high research goals, and that, combined with my upcoming graduation, prompted me to reconsider my project. To be clear, the time was not wasted. Besides learning from the research for myself, I made faculty contacts through that research, and I learned some of what not to do if I attempt similar research in graduate school. However, I chose my new capstone project, because though it was not as challenging, it may be just as important.

My mentor first suggested the project to me; she told me a student-teacher from USU had been in a school where a suicide had occurred. The student-teacher said the faculty, let alone the student-teacher himself, felt completely unprepared. This student-teacher told my mentor that he felt that student suicide and depression, though increasing across the U.S. and across the state, were not sufficiently taught about in teacher education. Having had my own mental health crisis the previous semester, I realized how meaningful my contribution could be with this new capstone project, “Preventing, Perceiving, and Post-venting Suicide Risk: A Guide For Teachers, For Their Students”.

After the initial research and some outlining, I struggled to decide the narrative of this guide. Should it be completely professional? Should it include personal anecdotes? I wanted the result to be very professional, in line with Honors standards, standards for respected research, and my own writing instincts, but the topic was so personal, and not just to me, either. Teachers are passionate about their students; the other motives for teaching primary or secondary education are usually insufficient, considering the stress and poor pay. In order for the tone of my research to fit with the topic at hand, and in order to establish my ethos as an author on student suicide, I decided to support my research from a semi-formal, first-person narrative with some short, anecdotal evidence near the end. Balancing that was difficult, but my capstone committee helped me edit out the awkwardness of using a point-of-view in which I rarely wrote in my professional career.

In addition, I decided that the abstract would be designed with teachers' workloads in mind. The audience of my project is specific: secondary school teachers. Like my mentor told me, teachers have piles of piles of professional development strategies, essays, and other papers that they have to read, so when a teacher is interested in finding out something new, they do not want something lengthy to add onto their plate. So, while the main body of my essay contains the research and the support behind it, I needed to provide extra supports in my work so that teachers could get the message efficiently. To accomplish this, I decided to embolden the important points of the paper and list those points as my abstract. Then, teachers can either skim my essay to pick out what they would like to learn about student suicide, or they can read the list in the abstract and get the overall tips without reading almost 20 pages of an essay.
Researching something this meaningful to me was scary, possibly dangerous. It required me to contemplate and analyze an uncommonly uncomfortable subject that included possible triggers for my mental health. Add onto this that I would be required to publicly present my capstone project, and I feared I could not handle such an uncomfortable, personal topic in a public presentation. To demonstrate the nature of the topic, consider what happened when I told my coworkers at my night job about researching suicide prevention; it is a conversation stopper. However, by researching the subject and becoming informed about something that directly impacts me and likely my future students, I was able to turn something negative in my own experience to something positive that I could contribute to my community. By the time I presented, I not only forgot my fear, I struggled to restrain myself from applying to every presentation opportunity in the state, because I felt like my research was so important.

My mentor allowed me to present my thesis defense in her class of clinical students who are nearing their own student-teaching. I invited teachers and pre-service teachers across campus to attend my presentation during dead week, but only 15 people came. For future honors students who want to publicly invite people, I recommend posting flyers at least two weeks in advance, and the earlier the flyers are posted, the more people I think will attend. I also made a link to my research online and on my website, so that, hopefully, others can share my research. However, the important thing about teaching is that one teacher has an influence over hundreds of students during that teacher’s career, sometimes over a single school year. In that small group of teachers, I was able to present my research personably and with captive attention. I even moved around the room and did mini role plays with a couple attendees. At the end of the presentation, I was asked several constructive questions, opening conversations that need a space in our
communities. The people who came will likely remember my presentation, making a difference in protecting their students’ lives.

I would like to continue presenting my research and experience in other semesters of education classes. Having completed this project and my undergraduate classes, I will be taking a semester off before student-teaching, and for the most part, I hope to force myself to relax and take time off with my family, but even if I do not present anymore next semester, I plan to take my research with me into my future schools and share it with my colleagues and councils, like the National Council of Teachers of Mathematics (NCTM) and the National Council of Teachers of English (NCTE), as well as their state counterparts. I have an important message and an important conversation to start.
Biography

Justin Vance was born and raised in Idaho. An Honors student at both Rigby Senior High School and Utah State University, Mr. Vance has excelled in the subjects of mathematics, English Language Arts, education, and music. His undergraduate research has aimed to provide his teaching peers with resources to be excellent teachers to students of diverse backgrounds. He and his wife, Jenny, have studied math together at USU since 2014 and have one son. Mr. Vance will graduate Fall 2019 with a Bachelor’s of Science with a dual major in English and math education. He plans to teach middle school math and English to children in Utah and may someday obtain a degree to teach new teachers.
Verification of Honors Capstone Oral Presentation

The University Honors Program asks faculty mentors to verify that graduating honors students have made a formal public presentation of their capstone projects. Please submit this form to the University Honors Program office (LLCA 112) by the last day of final exams, which is also the deadline for students to submit paper copies of their final capstone projects.

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Faculty Mentor: Sonia Manuel-Dept

Printed name Signature Date
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1. Email the final electronic version of your capstone to honors@usu.edu using USU’s Big File Transfer (http://bft.usu.edu)
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2. Complete all sections of this form.
3. Bring this form to the University Honors Program office along with an unbound, signed copy of your finished capstone project.

Student Information

Name (as it appears on the capstone project)

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<thead>
<tr>
<th>First Name</th>
<th>Middle Name or Initial</th>
<th>Last or Surname</th>
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<tbody>
<tr>
<td>Justin</td>
<td></td>
<td>Vance</td>
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</table>

Capstone Information

Graduation Date (MM/YYYY) 12/2019

Title of Honors Capstone: Preventing, Perceiving, and Post-venting Suicide Risk: A Guide For Teachers, For Their Students

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1. You must arrange for your capstone advisor to send a letter to the Honors Program Director requesting

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