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Attitudes and knowledge of secondary school teachers toward adolescent suicide

Jane Lisa Johnson
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**Attitudes and knowledge of secondary school teachers toward
adolescent suicide**

Johnson, Jane Lisa, M.S.N.

San Jose State University, 1989

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ATTITUDES AND KNOWLEDGE OF SECONDARY SCHOOL
TEACHERS TOWARD ADOLESCENT SUICIDE

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by

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August, 1989

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This study is dedicated to the memory of David.

ABSTRACT

ATTITUDES AND KNOWLEDGE OF SECONDARY SCHOOL TEACHERS TOWARD ADOLESCENT SUICIDE

by Jane Lisa Johnson

The purpose of this study was to determine both the attitude and knowledge levels of secondary school teachers concerning the problems of adolescent suicide. A survey was conducted at six high schools in three independent school districts in Monterey County. The sample population consisted of 97 secondary school teachers. The questionnaire return rate was 40.4%.

The survey measured the respondents' attitudes and knowledge levels of adolescent suicide using a series of 26 statements. The results of this study indicated that there were no significant differences in the different variables in either attitude or knowledge levels. Recommendations based on the study findings include teacher in-service courses, future research comparing health professionals with secondary school teachers, classes for high school students on the subject of adolescent suicide, and the development of an Adolescent Suicide Awareness Program throughout Monterey County.

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Chapter 1

INTRODUCTION

Suicide is the second leading cause of death for individuals 15 to 24 years of age residing in the United States (Eisenberg, 1988, pp. 315-320). When adolescents are suicidal, they are a danger to themselves and therefore must be dealt with before the act of suicide takes place. Adolescent students spend almost 33% of their lives in school; therefore it is the school environment that may be a major influence on their lives (Hart & Keidel, 1988, p. 80). Often it is the teacher who is able to identify the warning signs of a suicidal teenager and intervene on these plans (McKenry, Tishler & Christman, 1986, p. 130).

Problem

Adolescent suicide has been described as an epidemic in the United States (Evans, 1987, pp. 9-10). The numbers of attempts and actual suicides have increased at an alarming rate since 1957. Today it is estimated that at least 5,000 teenagers commit suicide each year (Kowalski & Ruban, 1988, p. 1). It has been estimated that for every successful suicide attempt there may be as many as 200 unsuccessful attempts. In some cases suicide attempts are often unreported and some deaths have been labeled as "accidental" (Eisenberg, 1980, pp. 315-320). Coleman, Butcher, and Carson (1987) state that suicide is the second leading cause of death and automobile accidents are number one

(pp. 575-579). Many authorities believe that the so-called "one car" accident (called autocide) may have been a suicide (Hart & Keidel, 1988, p. 80).

Pamela Cantor, Ph.D. (Gardner, 1988, p. 9) (past president of the American Association of Suicidology) reports adolescent suicide as a world-wide event, but only in the United States is it viewed as an epidemic. As a nation our overall mortality rate has decreased during the past 20 years. However, deaths among our 15 to 24-year-olds have increased almost 136% and homicide rates by 164% (Johnson, 1987, p. 84). Secondary school teachers are often the only ones able to discover the adolescent's suicidal plan. The problem is whether these teachers are able to recognize or intervene if they detect a possible suicide attempt.

Research Questions

The following questions were explored in this study:

1. Is there a difference between the attitude and knowledge levels of suicide in those teachers who have advanced degrees and those who do not have advanced degrees?
 2. Is there a difference between the attitude and knowledge levels of suicide in those teachers who have experience with the suicidal teenager and those who have no experience?
 3. Is there a difference between the attitude and
-

knowledge levels of suicide in those teachers who are parents of teenagers and those who are not parents?

In this research study, several basic assumptions were made:

1. Suicide is an undesirable event.
2. Suicide in adolescent students should be prevented, if possible (Pokorny, 1988, p. 249).
3. The secondary school teachers who participated in the study completed the survey questionnaire and were completely honest with their answers.

Purpose and Need

The purpose of this study was to analyze and compare both the attitude and knowledge levels of secondary school teachers concerning the problem of adolescent suicide. Most adolescents attend either junior or senior high school where they come into daily contact with teachers. These teachers may meet an adolescent student who is demonstrating a self-destructive attitude. This attitude may lead to an attempted suicide (Powers, 1987, p. 561). This study focused on the attitudes and knowledge levels of secondary school teachers who teach at the senior high school level.

Definition of Terms

For the purpose of this study, the following terms were defined:

1. Adolescence: the transition period that occurs

between childhood and adulthood. It is divided into three stages known as early (ages 12 to 14), middle (ages 15 to 17), and late (ages 18 to 21) (Taylor, 1986, p. 427). The focus of teacher involvement in this study included adolescents between the ages of 13 to 19 years.

2. Advanced degree: highest level of academic education, master's degree or above.

3. Anxiety: an apprehension of something that is unknown. (Fear is an apprehension of something that is known) (Benner, 1987, p. 354).

4. Crisis: a situation that cannot be readily resolved by an individual's normal repertoire of coping skills (Howe, 1987, p. 283).

5. Depression: an emotional state characterized by feelings of worthlessness, loss of hope, and discouragement (Coleman, Butcher, & Carson, 1987, p. 707).

6. Secondary school teachers: educators who teach on the senior high school level.

7. Self-esteem: the belief a person has in him/her self that can be either positive (good feelings) or negative (bad feelings). Suicidal people tend to have a negative self-esteem that makes them feel life is not worth living.

8. Self-destructive attitude: a verbal or nonverbal desire in which an individual wants to cause self-injury (Benner, 1985, p. 1049).

9. Somatic (illness): an illness that has physical or psychological symptoms, but is generated by psychological cause.

10. Successful suicide: the infliction of bodily harm by oneself that results in death (Pasquali, Arnold, DeBasio & Alesi, 1985, p. 747).

11. Suicidal ideation: occurrence when a person verbally expresses a desire to hurt him/herself physically in an attempt to kill him/herself.

12. Withdrawal (withdrawn): a person escapes either physically (hides) or psychologically (refuses to talk) from other people in their environment.

Sample Population and Setting

The sample for this study was composed of 97 faculty and staff who are employed at senior high schools in Monterey County. Senior high schools were selected through knowledge of Monterey County High Schools. This study was carried out at six high schools from the northern section of the county with a larger section of the upper-middle class population and the southern section of the county with a mostly middle class and/or working class population.

Research Design

This study was descriptive and exploratory in nature. Secondary school teachers were surveyed using a questionnaire developed by Susan E. Gordon, Ph.D. (1979).

t-tests were utilized to measure differences in attitude and knowledge. There was convenience sampling of participants, no control groups, and no intervention was performed on participants.

Data Collection Instrument

The survey questionnaire contained two parts (Gordon, 1979). Part 1 measured the respondents' attitudes and knowledge levels of adolescent suicide using a series of 26 statements. Part 2 elicited demographic information about the respondents (See Appendix F). The validity of the survey instrument was established by five expert opinions. Reliability was established by the use of a pilot study that was conducted with a university education class (pp. 27-28). Gordon did not specify how many respondents she used in the pilot study.

Data Collection Method

Initial approval was sought from high school principals. Six letters (See Appendix C) were sent to high schools in Monterey County explaining the general purpose and nature of this study. Copies of the questionnaire were included for review (See Appendix E). Written permission (See Appendix D) was obtained from the principals before the subjects were approached. The questionnaires were either hand carried or mailed to each participating high school. The purpose of this study was explained to the respondents

via a cover letter. The subjects completed the questionnaire with the understanding that their responses would be completely confidential. The questionnaire was completed by each consenting subject at their school, and were gathered in a large envelope placed in the school office. The data collection period was April, 1989.

Data Analysis

The t -test for significant differences was used between the following groups:

1. Teachers with advanced degrees and teachers without advanced degrees.
2. Teachers who had experience with suicidal teenagers and teachers without experience.
3. Teachers who were parents of teenagers and teachers who were not.

The results are presented in a tabular form with accompanying descriptions. Supplemental descriptive analysis included: (a) demographic description of the sample, (b) teacher scores of attitude and knowledge, and (c) comparison scores of this study with Gordon's (1979) study.

Scope and Limitations

There has been excitement generated from television, movies, radio, and the newspapers on the problems of adolescent suicide. The views expressed by the high school

teachers may well have been influenced by these reports. Another limitation was the small sample size (N=97), which was limited to six Monterey County high schools only. Since this is both an attitude and knowledge survey, the opinions of the subjects may also vary from one day to another. Research has shown that data collected in the form of self-reports (questionnaires or interviews) are questioned in regard to their validity and accuracy. The information provided by those questioned may reflect the subjects' honest opinions or the simple selection of a popular response. Investigators have no choice but to assume that the majority of their responses are sincere (Polit & Hungler, 1987, pp. 46 & 519).

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

This chapter presents the conceptual framework and review of literature. The first section presents the conceptual framework from a social psychology view of attitude formation. The second section presents the review of literature which is divided into five parts:

1. Introduction.
2. Etiology of suicide.
3. Methods of suicide.
4. Warning signs of suicide.
5. The role of the secondary school teachers.

Conceptual Framework

The conceptual framework of this study involves the theories of attitude formation leading to change. The major steps involved with attitude formation are: (a) conditioning and reinforcement, (b) incentive and conflict, and (c) cognitive consistency (Freedman, Carlsmith & Sears, 1987, p. 251). Freedman, et al. (1987) state that it is an attitude that will affect an individual's behavior (p. 246).

The conditioning and reinforcement approach to attitude formation views attitudes as being something that an individual has to learn. Freedman, et al. (1987) compared the learning of an attitude with that of learning a habit. In learning, both an attitude and habit require the individual to acquire information and facts that will be

processed into feelings and actions. An attitude is formed on the basis of knowledge and evaluative components based on that knowledge. Learning occurs through reinforcement of an individual's feelings and beliefs. Attitudes are also thought to be developed through imitation. An individual learns a certain behavior by imitating other people. This is especially true if that person is an important person (Freedman, et al., 1987, pp. 246-254). Newcomb (1988) states that attitude formation is maintained by creating an environment in which either new information can be avoided or in which other persons support one's own information (p. 369).

The incentive and conflict approach views attitude formation as an approach-avoidance conflict. This approach focuses on what individuals have to gain or lose with their particular attitudes. Individuals will have certain reasons for accepting one viewpoint over another. This is determined by the individuals' weighing both the positive and the negative elements together to form conclusions (Freedman, et al., 1970, pp. 254-255).

Carlsmith, Collins, and Helmreich (1987) state that there is a disagreement between the size of the incentive and the amount of attitude change that will occur. It is thought that the greater the incentive, the greater the attitude change that will occur. The more information

individuals have to gain or lose, the more likely their attitude will change (p. 497).

The cognitive consistency approach to attitude formation assumes that individuals want to seek some form of consistency among their cognitions. Most individuals have several different types of feelings, beliefs, and values formed. They want these things to be consistent with each other and therefore confusion can develop in an individual (Carlsmith, et al., 1987, p. 255).

Both the adolescent students and the secondary school teachers have attitudes. It is the attitude of the adolescent that may cause him/her to attempt suicide. It is the teacher that has the choice of developing an attitude that could foster communication and trust or an attitude of not caring what happens to his students. This study explored teachers' attitudes toward adolescents who are suicidal.

Literature Review

Palo Alto - Tragedy has struck our community again. Early last Tuesday morning, a 16-year-old High School student apparently took his own life by putting himself in front of a Southern Pacific train (Palo Alto Weekly, 1987, p. 20).

Within the overall general population, suicide ranks as the tenth leading cause of death (O'Hara, 1988, pp. 20-30). Within the United States, it is estimated that over 200,000 Americans attempt suicide every year. Over five million

people in the United States have thought of or have attempted suicide sometime during their lifetimes. The official figures indicate that some 25,000 successfully complete suicide every year, 9-11 per 100,000 population (Coleman, Butcher & Carson, 1987, p. 575).

Suicide is the second leading cause of death in white males (Peck, 1988, pp. 29-47), while it is the third leading cause of death among all males (Eisenberg, 1988, p. 755). However, with females the attempt rate is higher than with males (Evans, 1987, pp. 29-47).

High school aged students from a school of about 2,000 to 3,000 students will have approximately 200 to 300 students thinking about suicide (Peck, 1982, pp. 29-47). Some college students in the United States will attempt suicide and over 100 of them will succeed (O'Hara, 1989, pp. 20-23). Coleman, et al. (1987) stated that the greatest incidence of suicide behavior among college students occurs at the beginning and the end of the school quarter or semester (p. 580), between the hours of 3:00 p.m. to 12:00 a.m. (Evans, 1987, pp. 9-16).

Some county coroners will not certify a death as due to a suicide unless there is a note present (Hoff, 1988, pp. 104-132). Also, families plead with the physician to list the death as an accident to avoid further grief by public shame. Physicians usually comply with the family's

request (Eisenberg, 1988, pp. 315-320). Evans (1987, pp. 9-10) stated that "youthful suicide is an epidemic," and that the American Academy of Pediatrics is obviously concerned about the alarming increase in adolescent suicides.

Etiology of Suicide

Hoff (1988) defined four broad groups of self-destructive people as (a) those who complete suicide, (b) those who threaten suicide, (c) those who make suicide attempts, and (d) those who are chronically self-destructive (pp. 111-112). Suicidal behavior is not used as a classification for either Axis I or II as defined by the Diagnostic and Statistical Manual for Mental Disorders (D.S.M. III, 1988). Suicide is a symptom present in a variety of diagnostic categories. As a crisis, acute suicidal behavior indicates a diagnosis of adjustment disorder with a depressed mood (pp. 299-301). Behavior can be a secondary symptom of other mental disorders in which a dysphoric mood is prominent (Gorton & Partridge, 1987, p. 129). Depression usually branches into both suicidal ideation and acting out behavior. This was once thought to be only an adult problem (Gardner, 1988, pp. 9-11). Depression in youth can stem from many different etiologies. The most common etiology is depression secondary to loss. Gardner (1988) stated that there are many different types of losses that can be perceived by a young person:

1. Actual or potential loss.
2. Fear of a loss.
3. Death of a parent or other type of significant other (Teicher, 1987, p. 688). This type of loss can sometimes trigger a severe depression known as "survivors guilt." The young person feels guilty that he/she is alive and that the person whom they loved is dead. He/she is angry about being abandoned by that person (Hill, 1988).
4. Loss from a divorce or separation by parents.
5. Moving away from a familiar community and away from the emotional security of friends and school.
6. Loss of self-esteem during a person's search for identity.

Depression after a loss is part of the normal grieving process and is normally only a temporary problem. If the depression lasts for a long time, or if the person becomes withdrawn, then it is not within the normal grieving process. Depression is not always normal in nature, but can be caused by certain physical disorders or medication.

O'Hara (1989) stated that suicides in youths may be closely related to childhood depression. Some forms of depression have a background in biochemical imbalances, drug and/or alcohol use, and genetics. Not all depression causes suicidal behavior, just as not all suicidal behavior is due to depression. What will make one person depressed or

suicidal will not necessarily have the same effect on someone else (O'Hara, 1989, p. 22).

Anxiety can lead to self-destructive behavior. There are a variety of sources that can cause an anxiety reaction in some people. Much of the time the self-destructive person is trying to alleviate his emotional pain. He/she really does not want to kill him/herself, only relieve his distress (Stuart & Sundeen, 1987, pp. 232-246). The suicidal attempt is made only after all communication lines have broken down. Most of those who commit suicide are desperate for help and do not know where to find it (Gardner, 1988, pp. 9-11). Here is where problem solving and communication capacities are minimal. The adolescent is crying for help. A typical dominant pattern is one of hatred towards both parents and teachers seen in an attitude of "they'll be sorry when I'm gone." Evans (1987) stated that there are four different categories of causations:

1. Internalized anger that triggers guilt and depression.
2. Manipulated attempt by the teenager in which he wishes to gain the love and attention from others.
3. A desire to be able to join a dead loved one, a signal to others that they are in distress.
4. A sign of inner disorganization, for example, command hallucinations (pp. 9-16).

Methods of Suicide

Whaley and Wong (1988) stated that the outcome of suicidal behavior is influenced to some extent by the method used (p. 765). Methods are divided into two categories known as either high or low lethality. High lethality methods are seen by the use of firearms, jumping from high places, hanging, drowning, carbon monoxide poisoning, barbiturates, prescribed sleeping pills, aspirin or Tylenol at high doses, auto crashes, explosives, and exposure to extreme cold. Low lethality methods are seen by the use of wrist cutting, house gas, nonprescription drugs, except aspirin and Tylenol, and tranquilizers (Hoff, 1988, p. 119). Females are more likely to use a low method such as drug ingestion (50%) or wrist cutting (33%). Males are more likely to use a high lethality method such as the use of firearms, hanging, reckless driving, and jumping from a high place (bridge). Firearms are used in more than 10,000 known suicides each year (Coleman, Butcher & Carson, 1987, p. 579).

Warning Signs of Suicide

The rate of attempted suicide can be reduced if more people would learn to recognize the danger signs that occur before a suicide attempt. The following are warning signs that may be seen before an adolescent attempts suicide:

1. A past history of a suicide attempt (Keidel, 1988, p. 326).
2. Threatened suicide, even if only in a joking way (Valente, 1987, p. 47).
3. A family history of suicide (Eisenberg, 1988, p. 319).
4. A chronic illness.
5. Suffering bereavement for a long time (Hart & Keidel, 1988, p. 82).
6. Sleep disturbances, such as sleeping too much or too little.
7. Tiring easily, especially after a good night's sleep.
8. Eating disturbances.
9. Trouble with concentration, especially at school (Peck, 1988, p. 35).
10. Apathy, including a lack of interest in appearance.
11. Complaints of somatic type problems, such as headaches.
12. Profound sadness, with crying spells.
13. Hostility towards self and others.
14. Anxiety or despair, with a strong expressed fear of death (Hart & Keidel, 1988, p. 82).
15. Withdrawal from peer activities and from

previously enjoyed activities (Keidel, 1988, p. 326).

16. The increased use of drugs and/or alcohol.

17. Academic decline.

18. A decrease in the ability to tolerate frustrations (Hart & Keidel, 1988, p. 82).

19. The giving away of prized possessions.

20. Chain smoking.

21. Running away from home (Keidel, 1988, p. 326).

The Role of the Secondary School Teacher

The school setting is seen as the natural extension of the family in the role of the child's development. The role that the teacher plays in the lives of his students is important and the teacher should not try to separate school life from the teenager's home life. It is the classroom teacher who is the major witness of student distress. Teachers are in the position to have open and direct discussions with their students, exploring the myths, fears, and emotions of suicide, then refer them to other disciplines (school counselor or psychologist) when appropriate (McKenry, Tishler & Christman, 1986, p. 131). Schuyler (1988) stated that it was not the teacher's job to treat the suicidal adolescent, only to educate him. However, it is very unfortunate if the student seeks out the guidance of his teacher and he is ignored (p. 506). With some additional training, the teacher could play a vital

role in suicide prevention (McKenry, Tishler, & Christman, 1986, p. 132).

Summary

There is a problem with our youth in the United States. The problem is that of suicide. It is reported to be the second leading cause of death among 15-to 24-year-olds. There are more than 5,000 young people killing themselves each year. No other disease has as much impact on our youth. The causes are many; however, depression appears to be a high factor. The suicide methods also vary, as do the causes, with overdoses and firearms being high on the list. Adolescents spend almost 33% of their lives in school. Teachers play a major role in the adolescent's development process. Teachers are not in the position to conduct therapy with their students, but they can be aware of the warning signs and report them to the appropriate school disciplines and/or parents.

Chapter 3

METHODOLOGY

This chapter presents the research methodology of this study. Included in the methodology is a description of the data collection instrument, setting and sample, collection of the data, and data analysis.

Data Collection Instrument

The survey questionnaire was developed by Susan E. Gordon, Ph.D. for her dissertation study at North Texas State University (Denton, Texas) in 1979. Permission was obtained from Dr. Gordon (See Appendix B) for the use of her survey questionnaire for this study.

Description of the Gordon Suicide Questionnaire

Part 1 of the Gordon Suicide Questionnaire (GSQ) used a series of 26 statements to measure the respondents' attitudes and knowledge levels of adolescent suicide. Gordon used 26 statements that represented four areas of investigation. They were:

1. Knowledge of the problem of adolescent suicide.
2. Knowledge of the potential of adolescent suicide.
3. Attitudes towards the problem of adolescent suicide.
4. Attitudes towards the potential for teacher intervention (pp. 172-177).

The subjects were instructed to answer each statement on the GSQ with a number ranging from 1 to 6. The meaning

of each of these numbers were:

- 1 = Strongly agree
- 2 = Agree
- 3 = Not sure, but probably agree
- 4 = Not sure, but probably disagree
- 5 = Disagree
- 6 = Strongly disagree

Numbers 1 through 3 indicate an agreement with the statement or a favorable response. Numbers 4 through 6 indicate disagreement with the statement or a negative response.

Part 2 recorded the demographic information about the respondents: (a) sex, (b) age, (c) race, (d) religion, (e) marital status, (f) parent of a teenager, (g) education, (h) teaching field, (i) years of teaching experience, (j) knowledge of teen suicide, and (k) a knowledge of any other suicides.

Reliability and Validity of the Gordon Suicide Questionnaire

Gordon (1979) conducted a pilot study to establish the reliability of this instrument. She administered the questionnaire twice to a college level education class, allowing a two-week interval between the first test and the retest. Gordon did not specify how many subjects she used in the pilot study. The pilot study yielded an overall reliability coefficient of .869 (p. 28).

Gordon established the content validity of this study with five expert judges. Each judge was a recognized professional who was involved with suicide prevention in Dallas County (Texas). Each professional judge was requested to review the survey tool and assess each item. Gordon (1979) stated that the validity of the tool was supported by a principal-components factor analysis (p. 28). Gordon made a minor clarification in the wording of several items (pp. 27-29).

In Gordon's larger study, her population consisted of 5,472 secondary school teachers in 6 independent school districts in Dallas County. She had a return rate of 1,739 (31.8%) usable instruments (pp. 29 & 35).

Research Design

Setting and Sample

This study was conducted at six high schools in three independent school districts in Monterey County of Central California. Each high school received 40 instruments, making a total of 240 instruments in circulation. The sample population consisted of 97 secondary school teachers. Participation in this study was voluntary. There was a 40.4% return rate with a 59.6% refusal rate.

Data Collection

Six cover letters (See Appendix D) were sent to the principals of high schools in Monterey County. Approval was

obtained from six high school principals. There was a 100.0% response rate by the principals.

Data were collected during April, 1989. The investigator delivered the instruments to all of the participating schools.

The instrument package included the cover letter form (See Appendix C) and the GSQ (See Appendix F). The respondents were asked to complete the questionnaire with the understanding that their responses would be completely confidential. The instruments were either randomly placed in the teachers' mailboxes by the investigator or by the high school principal. The completed instruments were placed in a large envelope and picked up in person by the investigator. The results of this study were made available to the participants in their work setting if they wished.

Data Analysis

The purpose of the analysis of data was to answer the following questions:

1. Is there a difference between the attitude and knowledge levels of suicide in those teachers with advanced degrees and those who do not have advanced degrees?
2. Is there a difference in the attitudes and knowledge levels of suicide in those teachers who have experience with the suicidal teenager and those who have no experience?

3. Is there a difference in the attitudes and knowledge levels of suicide in those teachers who are the parents of teenagers and those who are not parents?

Descriptive data was tabulated using frequency distributions and percentages for the demographic data and the 26 survey statements. The survey statements were divided into attitude and knowledge statements.

The items that represented attitude statements were:

1. Adolescent problems or concerns unrelated to school performance or activity should be minimized in the student-to-teacher relationships (2).

2. Knowledge of the theory and techniques of suicide intervention should be required of all secondary school teachers (4).

3. Suicide is a measure of modern society's level of success or failure integrating its citizens and its institutions (6).

4. Efforts to identify suicidal youngsters are not compatible with the role of the teacher (8).

5. The act of suicide is, in itself, a sign of mental illness (10).

6. Suicide is a social problem, as well as a psychological problem (15).

7. Classmates of an attempted or completed suicide will not significantly benefit from open discussion of their

reactions (16).

8. Tax money should be spent on research in preventing youthful suicide (21).

9. Classroom discussion of suicide enables teachers to alert adolescents and their parents to the danger signals of suicide (21).

10. The suicidal act is an offense against a reasonable sense of ethics and morality (26).

The items that represented knowledge statements were:

1. A suicide rarely occurs without warning (1).

2. There is less danger that an adolescent will attempt suicide when he can verbalize his suicide plan in detail (3).

3. When a severely depressed person begins to feel and act better, it is a signal that he is not, for the time being, a serious risk (5).

4. A suicidal attempt resulting in death finally offers the individual just what he desires (7).

5. More adolescent males than females kill themselves (9).

6. Various ages among adolescents reveal similar characteristics of depression (11).

7. Intervention in a potential suicide means a teacher would have to be more than simply tolerant, accepting, and willing to become involved (12).

8. Family income and suicide rates among adolescents are directly related (13).

9. Adolescents who continually threaten to commit suicide will more than likely attempt it (14).

10. Adolescent suicides do increase during the darkest hours of the night (17).

11. The secondary school teacher is not in a strategic position to identify the potential suicide (19).

12. More adolescent males than females attempt suicide (20).

13. Suicide is already a leading cause of death among adolescents (22).

14. There is little that can be done by the teacher for the potentially suicidal adolescent (23).

15. A noticeable increase in adolescent suicide does coincide with the bleakness of winter and the seasonal emphasis on family holidays (24).

16. Suicide is predictable (25).

Attitude and knowledge responses were arranged on a Likert scale ranging from strongly agree (1) to strongly disagree (6). For computational purposes, weights were reversed for negative items. In computing the factor scores, each item received the appropriate weight according to the respondent's position on the agree-disagree continuum. Responses valued one through three were

considered positive, and classified as either a favorable attitude or a high level of knowledge. Responses valued four through six were considered negative and classified as either an unfavorable attitude or low level of knowledge. The cognitive scores (knowledge) were dichotomized for analysis. All the three agree responses were classified as a favorable attitude or high knowledge and coded as two. All the three disagree responses were classified as an unfavorable or low knowledge and coded as one. The statistics were generated by adding each subject's total attitude and knowledge scores (Gordon, 1979, pp. 20-50). The maximum score that could be obtained in the attitude section was 20 and the maximum score in the knowledge section was 32. The subject's total scores were then either divided by 10 in the attitudes section or divided by 16 in the knowledge section. t-tests were then computed to measure the differences between the variables (See Table 1).

The t-test for significant differences was used between the following groups:

1. Teachers with advanced degrees and teachers without advanced degrees.
2. Teachers who have experience with the suicidal adolescent and teachers without experience.
3. Teachers who are parents of teenagers and teachers who are not.

The $P < .05$ level of significance was applied to determine significant differences. Results are reported in Chapter 4.

Table 1
Summary of t -tests for Data Analysis

	Attitude	Knowledge
Advanced Degrees		
versus	t -test	t -test
Nonadvanced Degrees		
Experience with Teen Suicide		
versus	t -test	t -test
No Experience		
Parents of Teens		
versus	t -test	t -test
Nonparents of Teens		

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

This chapter presents the analysis and interpretation of data obtained from the survey of secondary school teachers concerning their attitude and knowledge level regarding adolescent suicide. The study consisted of 97 secondary school teachers who completed the Gordon Suicide Questionnaire (GSQ). Descriptive characteristics of the sample population are presented and compared, followed by an analysis of the data associated with each research question, and a summary of written comments.

Description of the Sample

The numbers and percentages of the demographic characteristic of secondary school teachers are presented in Table 2. The demographic characteristics studied included: (a) sex, (b) age, (c) race, (d) religion, (e) marital status, (f) parent of a teenager, (g) academic education, (h) teaching field, (i) years of teaching experience, (j) knowledge of teen suicide, and (k) knowledge of other suicides.

The sample included an equal distribution of both sexes, with 50 males and 47 females. The majority of the subjects ($N = 87$) listed their race as "White, not of Hispanic origin." The sample age ranged from 28 to 57 years, with a mean age of 43.4 years. Most of the subjects ($N = 35$) were in the 41-to-45-year range, with 24 in the

Table 2
Demographic Characteristics of
Secondary School Teachers

N=97

Variable	Classification	N	Percent
Sex	Male	50	51.5%
	Female	47	48.5%
	No response	0	0.0%
	41 to 45 years	35	36.0%
	36 to 40 years	24	24.7%
	46 to 50 years	14	14.4%
	31 to 35 years	19	10.4%
	26 to 30 years	7	7.2%
	No response	4	4.1%
	56 to 60 years	2	2.1%
	51 to 55 years	1	1.1%
	61 to 65 years	0	0.0%
	Under 26 years	0	0.0%
	66 years and over	0	0.0%
Race	White, not of Hispanic Origin	87	9.7%
	Hispanic	6	6.2%
	Asian or Pacific Islander	4	4.1%
	American Indian or Alaskan Native	0	0.0%
	Black, not of Hispanic Origin	0	0.0%
Religion	Protestant	43	44.2%
	Catholic	35	36.0%
	Agnostic	10	10.4%
	Other	4	4.1%
	No response	2	2.1%
	Jewish	2	2.1%
	Anglican	1	1.1%
	Atheist	0	0.0%
Marital Status	Married	80	82.3%
	Divorced	10	10.4%
	Never Married	4	4.1%
	Widowed	2	2.1%
	No response	1	1.1%
Parent of Teenager	Yes	68	70.1%
	No	29	29.9%

Table 2 (continued)

N=97

Variable	Classification	N	Percent
Academic Education	Graduate work beyond Bachelor's Degree	53	53.7%
	Graduate work beyond Master's Degree	22	23.7%
	Master's Degree	15	15.4%
	No response	4	4.1%
	Doctorate	3	3.1%
Field	Language Arts	22	23.7%
	Social Studies	19	19.5%
	Science	18	18.5%
	Mathematics	8	8.2%
	Other	7	7.2%
	Fine Arts	6	6.2%
	Foreign Language	6	6.2%
	Home Economics	4	4.1%
	Industrial Arts	2	2.1%
	Physical Education	2	2.1%
	No response	1	1.1%
Years of Experience	Business	1	1.1%
	11 to 15 years	38	39.1%
	16 to 20 years	23	23.7%
	6 to 10 years	17	17.6%
	Less than 5 years	11	11.3%
	21 to 25 years	3	3.1%
	26 to 30 years	3	3.1%
	No response	2	2.1%
	36 years or more	0	0.0%
Knowledge of a Suicide in a teen (age 13 to 19 years)	31 to 35 years	0	0.0%
	Yes	92	94.8%
	No	4	4.1%
Knowledge of a Suicide with an individual less than 13 or older than 19 years	No response	1	1.1%
	Yes	92	94.8%
	No	4	4.1%
	No response	1	1.1%
	Yes	92	94.8%
	No	4	4.1%

36-to-40-year range. The teachers had 1 to 30 years of work experience with a mean of 15.3 years. Twenty-seven teachers had 16 to 30 years of teaching experience and 66 teachers had 1 to 15 years of experience. Over half of the subjects had graduate work beyond the Bachelor's degree (N = 53), while 40 respondents had an advanced degree (Master's degree or better). A variety of teaching fields was reported which included language arts (N = 22), social studies (N = 19), science (N = 18), mathematics (N = 8), fine arts (N = 6), foreign language (N = 6), home economics (N = 4), industrial arts (N = 2), physical education (N = 2), and business (N = 1). The majority of the teachers reported their religious preferences as Protestant (N = 43) or Catholic (N = 35). A majority of the sample (N = 80) were married, and 68 were parents of a teenager. The majority of the subjects had some knowledge of adolescent suicide (N = 92) or a suicide by another individual (N = 92).

Analysis of Secondary School Teachers' Attitudes
and Knowledge Levels of Adolescent Suicide

Part 1 of the GSQ used a series of 26 statements measure the secondary school teacher's attitudes and knowledge levels of adolescent suicide. The teachers were instructed to respond to each statement by selecting a number between 1 (strongly agree) and 6 (strongly disagree). For scoring purposes and analysis, if the teachers picked

numbers 1-3, then they were in agreement with the statement. If the teachers picked numbers 4-6, then they were in disagreement with the statement. Within the 26 statements there were 16 negative items, which means that the teachers should have answered these statements with numbers 4-6 (disagree). In turn, the other 10 statements should have been answered with numbers 1-3 (agree).

Attitudes Toward Adolescent Suicide

The numbers and percentages represented in Table 3 measured the attitude levels of secondary school teachers toward adolescent suicide. The questionnaire contained five negative and five positive items. The results showed that 50.0% or more of the respondents answered the 10 attitude statements as intended. The attitude statements were divided into three areas: (a) education and research, (b) classroom discussion, and (c) social and psychological reactions.

There were three statements that measured the teachers' attitudes in regards to education and research. The results showed that 89 from a total of 97 teachers agreed with item 4, "Knowledge of the theory and techniques of suicide intervention should be required of all secondary school teachers." There were 86 from a total of 97 teachers who agreed with item 18, "Tax money should be spent on research in preventing youth suicide." Ninety-five of the

teachers of a total of 97 disagreed with item 8, "Efforts to identify suicidal youngsters are not compatible with the role of the teacher." The results indicated that 88 to 95% of the teachers who responded agreed with the following:

(a) theory and techniques of suicide interventions should be required for all teachers, (b) tax money should be spent on

Table 3
Responses of Secondary School Teachers to Ten
Statements Assessing Their Attitudes Toward
Adolescent Suicide

GSQ Item	Response Scale		N=97	
	Agree		Disagree	
	N	%	N	%
* 2	6	6.2	91	93.8
4	89	91.7	8	8.3
6	62	63.9	35	36.1
* 8	2	2.1	95	97.9
* 10	18	18.5	79	81.5
15	94	96.9	3	3.1
* 16	0	0.0	97	100.0
18	86	88.6	11	11.4
21	96	98.9	1	1.1
* 26	18	18.5	79	81.5

(* Negative item requiring weight reversal.)

research in preventing suicide, (c) it was the teacher's role to identify suicidal students.

There were two statements that measured the teachers attitudes toward classroom discussion. The results showed that 96 from a total of 97 teachers agreed with item 21, "Classroom discussion of suicide enables teachers to alert adolescents and their parents to the danger signals of suicide." Ninety-seven of the teachers out of a total of 97 disagreed with item 16, "Classmates of an attempted or completed suicide will not significantly benefit from open class discussion of their reactions." The results indicated that 99% of the teachers who responded agreed that classroom discussion was important for both parents and students. There were five statements that measured the teacher's social and psychological reactions. The results showed that 94 from a total of 97 teachers agreed with item 15, "Suicide is a social problem as well as a psychological problem." There were 91 out of a total of 97 teachers who disagreed with item 2, "Adolescent problems or concerns unrelated to school performance or activity should be minimized in the student-to-teacher relationships." There were 62 from a total of 97 teachers who agreed with Item 6, "Suicide is a measure of modern society's level of success or failure in integrating its citizens and its institutions." There were 79 out of a total of 97 teachers who disagreed with item 26,

"The suicidal act is an offense against a reasonable sense of ethics and morality." Seventy-nine teachers out of a total of 97 disagreed with item 10, "The act of suicide is in itself a sign of mental illness." The results indicated that 81-87% of the respondents agreed that suicide was a social problem and students' concerns should not be minimized in the student-teacher relationship.

Knowledge Toward Adolescent Suicide

The numbers and percentages represented in Table 4 measured the knowledge levels of secondary school teachers toward adolescent suicide. The questionnaire contained 11 negative and five positive items. The results indicated that of the 16 statements 12 were answered as intended. The knowledge statements were divided into four areas: (a) suicide occurrence, (b) suicide prevention, (c) suicide intervention, and (d) suicide etiology.

There were 10 statements that dealt with suicide occurrence, six negative and four positive items. The results indicated that 8 of the 10 statements were answered as intended. Two of the suicide occurrence statements were not answered as intended. In item 17, "Adolescents suicides do increase during the darkest hours of the night," was designed to elicit disagreement. However, there were 86 out of 97 teachers who agreed. In item 24, "A noticeable increase in adolescent suicide does increase with the

Table 4

Responses of Secondary School Teachers
to Sixteen Statements Assessing Their
Knowledge Toward Adolescent Suicide

Response Scale				N=97	
GSQ Item	Agree		Disagree		
	N	%	N	%	
1	82	84.5	15	15.5	
* 3	21	21.6	76	78.4	
* 5	8	8.2	89	91.8	
* 7	5	5.2	92	94.8	
9	82	84.5	15	15.5	
* 11	70	72.9	26	26.1	
* 12	90	92.8	7	7.2	
* 13	5	5.2	92	94.8	
14	89	91.8	8	8.2	
* 17	86	88.7	11	11.3	
* 19	3	3.1	94	96.9	
* 20	14	14.4	83	85.6	
22	92	94.8	5	5.2	
* 23	2	2.1	95	97.9	
* 24	91	93.8	6	6.2	
25	63	64.9	34	35.1	

(* Negative item requiring weight reversal.)

bleakness of winter and seasonal emphasis on family holidays," was designed to elicit disagreement. In this case there were 91 teachers out of 97 who agreed. The results indicate that the teachers responded incorrectly to both items that dealt with the time of suicide. The results indicate that only 6 to 12% answered these items as described by the researchers. These teachers may not know when an adolescent suicide is most likely to occur, or may not intervene at a time when needed. Teacher education should focus on the time a suicide may occur.

The other eight suicide occurrence statements were answered as intended. The results showed that 92 of 97 disagreed with item 7, "A suicide attempt resulting in death finally offers the individual just what he desires." Ninety-two teachers out of 97 disagreed with Item 13, "Family income and suicide rates among youths are directly related." There were 82 teachers out of 97 who agreed with item 1, "A suicide rarely occurs without warning." There were 89 from a total of 97 teachers who agreed with item 14, "Adolescents who continually threaten to commit suicide will more than likely attempt it." Eighty-two out of 97 teachers agreed with item 9, "More adolescent males than females kill themselves." There were 83 teachers from a total of 97 who disagreed with item 20, "More adolescent males than females attempt suicide." There were 63 out of 97 teachers who

agreed with item 25, "Suicide is predictable." Seventy-six out of 97 teachers disagreed with item 3, "There is less danger that an adolescent will attempt suicide when he can verbalize his suicide plan in detail." The results indicate that 65 to 95% of the teachers responded to these eight suicide occurrence items as intended. Overall, these teachers indicate a good understanding of suicide occurrence in adolescent students. A periodic review maybe helpful to keep the teachers knowledge current.

There were two statements that dealt with suicide prevention, and both were negative items. The results indicate that both statements were answered as intended. In item 23, "There is little that can be done by a teacher for the potentially suicidal adolescent," 95 teachers from a total of 97 disagreed. In item 19, "The secondary teacher is not in a strategic position to identify the potential suicide," 94 teachers out of 97 disagreed. The results indicate that 85 to 95% of the respondents answered the prevention items as intended.

There was one statement that dealt with suicide interventions, and it was a negative item. The results indicated in Item 12, "Interventions in a potential suicide means that a teacher would have to be more than simply tolerant, accepting, and willing to become involved," was designed to elicit disagreement. However, there were 90

teachers from a total of 97 who agreed. The results indicate that only 7.2% of the teachers understand how to intervene with a suicidal adolescent. Teacher education should focus on teacher involvement and intervention skills in dealing with a potentially suicidal student.

There were three statements that dealt with suicide etiology, with one positive and two negative items. The results indicate that one of the three statements was not answered as intended by the respondents. In Item 11, "Various ages among adolescents reveal similar characteristics of depression," was designed to elicit teacher disagreement. The results indicate that 70 teachers out of 96 agreed. The results indicate that only 26% of the respondents could correctly answer this statement. Teacher education should focus on adolescent growth and development in relationship to depression and adolescent suicide.

The other two suicide etiology statements were answered as intended. The results indicate that 92 teachers from a total of 97 agreed with item 22, "Suicide is already a leading cause of death among adolescents." There were 89 teachers from a total of 97 who disagreed with Item 5, "When a severely depressed person begins to act and feel better, it is a signal that he is not, for the time being, a serious suicidal risk." The results indicate that these teachers respond correctly to two out of three items that deal with

suicide etiology.

Comparison of Results with Gordon Study

The results from Gordon's (1979) original study indicated that 80.0% (N=8) of the respondents, compared with 100.0% (N=10) of the respondents questioned in this study, answered the attitude statements as intended. For example, on one item in Gordon's study, 77.1% (N=1,337) of the respondents agreed with Item 2, "Adolescent problems or concerns unrelated to school performance or activity should be minimized in the student-to-teacher relationships." However, in contrast in this study the results indicate that 93.8% (N=91) disagreed. This disagreement was the correct answer expected by the questionnaire designer.

Next in Gordon's original study, 79.9% (N=1,389) of the respondents agreed with Item 16, "Classmates of an attempted or completed suicide will not benefit from open classroom discussion of their reactions." In contrast, the results from this study indicated that 100% (N=97) disagreed with this item as intended by the instrument designer (pp. 200-221).

The results from Gordon's (1979) study indicated that Gordon's teachers had problems answering some of the knowledge statements. Results indicated that only 56.3% (N=9) of these items were answered as intended (pp. 189-199). In Gordon's study, 7 items from a total of

16 were answered incorrectly. The respondents in Gordon's study had problems answering the following: (a) suicide occurrence with four incorrect responses from a total of 10 items, (b) suicide prevention with two incorrect responses from a total of two items, and (c) suicide etiology with one incorrect response from a total of three.

However, in contrast, the results from this study indicated that 75.0% (N=12) of the above items were answered correctly. In this study, only four items from a total of 16 were answered incorrectly. The respondents in this study had a problem answering the following: (a) suicide occurrence with two incorrect responses from a total of 10 items, (b) suicide interventions with one incorrect response from a total of one item, and (c) suicide etiology with one incorrect response from a total of three items.

Both studies were compared and the items answered incorrectly by the respondents in Gordon's study were different from the items in this study. The respondents in Gordon's study demonstrated a poor understanding of the concepts of suicide prevention and occurrence, while in contrast the respondents in this study demonstrated a poor understanding in suicide interventions. Gordon's teachers answered more items correctly in the area of suicide intervention, and the teachers in this study answered more items correctly in the area of suicide prevention.

The overall results indicate the teachers from Monterey County high schools answered more attitude and knowledge items correctly than those teachers from Gordon's Dallas County high schools. These differences may have been caused by the following reasons: (a) ten years have passed since Gordon's original study was conducted, (b) the issue of adolescent suicide has received more publicity in the news media, movies, television, and radio, (c) Gordon's study was done in Dallas County, while this study was done in Monterey County, and (b) Gordon's sample was larger ($N=1,739$) compared with this study ($N=97$).

Analysis of Research Questions

The t -test for significant differences was used with the three research questions. The $p < .05$ level of significance was used to accept significant differences.

t-tests

Question 1: Is there a difference in the attitudes and knowledge levels of suicide in those teachers who have advanced degrees and those teachers who do not have advanced degrees?

The results indicated that there was not a significant difference at the $p < .05$ level in either attitudes or knowledge levels of teachers who had advanced degrees (Master's degree or better) and those who did not have advanced degrees (See Table 5).

Table 5

t-test

Advanced versus Nonadvanced Degrees

	<u>m</u>	<u>t</u>	<u>df</u>	<u>p</u>
Attitudes	14.3	.17	91	.86
Knowledge	27.1	.36	91	.72

Question 2: Is there a difference between the attitude and knowledge levels of suicide in those teachers who have experience with suicidal teenagers and those who have no experience?

The results indicate that there was not a significant difference at the $p < .05$ level in either attitudes or knowledge levels of teachers who had experience with suicidal teenagers and those who had no experience (See Table 6).

Table 6

t-test

Experience versus No Experience

	<u>m</u>	<u>t</u>	<u>df</u>	<u>p</u>
Attitudes	14.5	.17	94	.86
Knowledge	25.3	.24	94	.81

Question 3: Is there a difference between the attitude and knowledge levels of suicide in those teachers who are parents of teenagers and those who are not parents?

The results indicate that there was not a significant difference at the $p < .05$ level in either attitudes or knowledge levels of teachers who were parents of teenagers and those who were not parents (See Table 7).

Table 7

t-test

Parents versus Nonparents of Teens

	<u>m</u>	<u>t</u>	<u>df</u>	<u>p</u>
Attitudes	15.1	.038	95	.97
Knowledge	25.5	.048	95	.96

Summary

The results indicate that none of the three research questions showed significant differences at the $p < .05$ level. These results may have been caused by: (a) an increase in knowledge of adolescent suicide by teachers due to an increase in youth suicide publicity, (b) small sample size ($N=97$), which was limited to six Monterey County high schools, and (c) homogeneous nature of sample, despite education level, parenting, and experience with suicide.

Summary of Secondary School Teachers' Comments

Twenty-five (25.7%) of the teachers added written

comments at the end of their questionnaires. A summary of comments follows. The main theme of these comments was that teachers need to increase their knowledge level and awareness of adolescent suicide. A mathematics teacher stated, "It's time for all of us to listen to what our teenagers are trying to tell us." A language arts teacher with ten years of experience stated, "I would like to see an informed program brought to the high schools that would help us become aware." A home economics teacher remarked, "I thought I knew everything that was important about suicide, but now I'm aware that there is so much more to learn. I'd be grateful for any information that would shed more light on the subject."

A teacher expressed a need for information by professionals in suicide awareness, " This would help me tremendously in dealing with my students' feelings." A science teacher stated, "I'm aware that my skills at suicide intervention are not great. I'd like to attend a training class."

Some teachers felt that they were overburdened with work and did not have the time to be familiar with all their students. Another science teacher with six years experience stated, "Sometimes teachers get so caught up in organizing assignments that it becomes difficult to know all that's happening on this important topic." A 37-year-old language

arts teacher said, "I know I need to address this subject more, it seems that teen suicide is growing. However, with so many students in class I know I miss some that need more attention." An industrial arts teacher with seven years experience stated, "If I could just reach more troubled students, I'd feel that my role as a teacher was complete." A business teacher remarked, "You have to be realistic when you asses the teachers' inability to tune in to all their students, we need smaller classes!"

Some of the teachers are afraid of the possible legal problems that may occur while dealing with suicidal adolescents. A home economics teacher stated, "I do not feel it's right for anyone to hold a teacher legally responsible if a student commits suicide. We try our best but we can't reach them all."

Some of the teachers felt that the questions were difficult or vague. A foreign language teacher stated that "A few of the questions were misleading. I didn't know what the designer had in mind." A social studies teacher with 21 years experience stated, "I would have preferred all the questions to be positive, so many were negative, too time consuming." A 52-year-old fine arts teacher stated, "After all these years of teaching, I'm ashamed that there is still a lack of teacher education on adolescent suicide. Let's do something constructive for the sake of these kids."

Chapter 5

CONCLUSION AND RECOMMENDATIONS

Conclusion

Suicide is the second leading cause of death among adolescents, with more than 5,000 deaths each year. Adolescent suicide has been described as an epidemic. The suicide rate among adolescents has increased 136% during the past 29 years (Johnson, 1985, p. 84). For adolescent students contemplating suicide, the attitudes of the secondary school teachers may be the decisive factor in choosing life over death as an alternative solution to a stressful situation.

The literature supports the idea that the school setting is seen as a natural extension of the family. Teachers are in the position to have open and direct discussions with their students regarding their thoughts and feelings. The results of this study indicated that 93.8% of the respondents felt that adolescent problems and concerns, even if related to school activity and performance, should not be minimized in the student-to-teacher relationship. A large majority (98.9%) felt that it was their right to have classroom discussions for both students and parents to alert them to the warning signs of suicide. All of the respondents (100.0%) felt that it was necessary to hold open classroom discussions of the students' reaction to an attempted or completed suicide of a classmate. The majority

of the respondents (93.4%) stated that they felt it was their job to identify suicidal students. However, nine of the teachers wrote and said that they felt overburdened and understaffed. They stated that due to their heavy class loads, with 30 to 40 students per class, it was increasingly difficult to give attention to all of those students who needed it. The teachers expressed a need for classroom discussion and a strong desire for professional training to assist them in this area.

The issue of legal responsibilities was noted in one of the written comments. A home economics teacher stated, "I do not feel it's right for anyone to hold a teacher legally responsible if a student commits suicide. We try our best but we can't reach them all."

The results of this study showed that education was an important factor in the prevention of adolescent suicide. A majority of the respondents (91.7%) felt that knowledge of both theory and techniques of suicide intervention should be required of all secondary school teachers. More than three-fourths (81.5%) stated that suicide is, in itself, not a sign of mental illness. A majority (96.9%) felt that suicide was a social, as well as psychological problem. They also believed (88.6%) that tax money should be spent on research in preventing adolescent suicide. Seventeen teachers included comments that indicated teachers should be

informed and alert others to the signs of potential teen suicide. However, they believed that too many teachers were unaware of the epidemic proportions of this problem. The teachers agreed that education was an important factor in decreasing youth suicide.

The responses to the knowledge section of the questionnaire may have been influenced by the high exposure created by the news media to three local adolescent suicides, all within a two-month period. The respondents answered 10.0% of the statements incorrectly. This may be due to information due to myths and not on facts.

The results from Gordon's (1979) original study indicated in the area of teachers attitudes, only eight from a total of ten items were answered as intended by the research designer. In contrast, the results in this study indicated that all the teachers in this study answered all of the attitude statements correctly.

The results indicated that in the area of teacher knowledge, Gordon's teachers were only able to answer nine items from a total of sixteen correctly. However, in contrast with the results from this study, the teachers in this study were able to answer thirteen from a total of sixteen items, as intended by the questionnaire designer.

The differences between these two studies may have been caused by several reasons: (a) an increase in overall

teacher knowledge regarding adolescent suicide, (b) different subjects used in each study, (c) a small sample used in this study compared with a larger sample used in Gordon's study, and (d) different areas of the country (Texas versus California).

The results of all three research questions indicated that there were no significant differences in either the attitude or knowledge levels. In future research, the sample may need to be larger to show statistical difference in variables.

Problems with this study included: (a) seven of the respondents felt that there was some ambiguity in the statements, (b) the sample was small (N=97), with a 40.4% response rate, and (c) the sample was largely homogenous. This sample was made up of mostly white middle-age adults with many years of experience as educators. However, more than half (53.4%) of the sample were parents of a teenager. A large number of the respondents (94.8%) stated that they knew of an adolescent who had committed suicide. It was difficult to make generalizations from this sample.

Recommendations

1. The results of the attitude and knowledge sections have indicated that secondary school teachers could benefit from professional review on the subject of adolescent suicide. Topics to focus on could include. (a) normal

adolescent growth and development, (b) signs and symptoms of adolescent depression and suicide ideation, (c) intervention skills, (d) updates on community resources for adolescents and their families, (e) small group discussions to allow the teachers to discuss their own feelings regarding adolescent suicide.

2. Mental health officials could be involved in helping teachers, parents, and students to know more about suicide, lead large or small group discussions, individual student counseling, family therapy and/or make referrals to other mental health agencies in Monterey County.

3. Further research may include examining the areas of health professionals' attitudes and knowledge levels of adolescent suicide. This would include registered nurses, physicians, social workers, psychologists, and school counselors. Correlational research may be used to compare the attitude and knowledge levels of adolescent suicide in health professionals with those of secondary school teachers.

4. Directions for further research could investigate whether the attitudes and knowledge levels of secondary school teachers have an impact upon their students' attitudes and knowledge levels concerning adolescent suicide and the potential for teacher intervention. The development of an Adolescent Suicide Awareness Program in Monterey

County would provide teachers and students with information, and support groups for parents who are concerned about their adolescents.

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APPENDIX A
COVER LETTER TO GORDON

Jane L. Johnson
1881 Cherokee Drive #3
Salinas, CA 93906
(408) 443-6729

Susan E. Gordon, Ph.D.
3807 Waldorf Court
Dallas, TX 75229

Dear Dr. Gordon:

I am a graduate nursing student presently working on a thesis on the attitudes and knowledge of secondary school teachers concerning adolescent suicide. While I was researching all of the current literature on the subject of adolescent suicide I ran across the abstract from your 1979 doctorate study (Dissertation Abstracts International).

I was able to obtain your address from the Alumni Association of North Texas State University. With your permission, I would like to use your survey instrument as a tool to collect data from California high school teachers. I will be collecting data from six high schools here in Monterey County. I have found your survey tool to be the most valuable and reliable tool available to date.

Please complete the enclosed consent form and return it to me as soon as possible. Please enclose any instructions that you may wish to be included on the consent form. Thank you for your consideration in this matter. Please feel free to call me (collect) if you have any questions or comments.

Sincerely,

Jane L. Johnson, R.N., B.S.
Graduate Nursing Student
Department of Nursing
San Jose State University

ENCLOSED (1)

APPENDIX B
CONSENT FOR USE OF THE GORDON
SUICIDE QUESTIONNAIRE

Susan Elaine Licht Gordon
3807 Waldorf Court
Dallas, TX 75229

TO THE GRADUATE COMMITTEE OF SAN JOSE STATE UNIVERSITY,

Jane L. Johnson has my permission to use my survey instrument from my 1979 doctorate dissertation. She will use this instrument to survey the attitudes and knowledge of secondary school teachers concerning adolescent suicide with high school teachers in Monterey County.

Susan Elaine Licht Gordon, Ph.D.

APPENDIX C
COVER LETTER TO PRINCIPALS

1881 Cherokee Drive #3
Salinas, CA 93906
(408) 443-6729
March, 1989

_____ High School
Principal _____
_____, CA

Dear _____:

I am a graduate nursing student presently working on a thesis on the attitudes and knowledge of secondary school teachers concerning adolescent suicide. The research involves the use of the Likert scale that consists of 26 different declarative statements expressing a viewpoint on this topic. The survey instrument is enclosed for your review. This research will involve a total of 4 to 6 different high schools located in Monterey County. I would like to survey the opinions of at least 40 secondary school teachers on your staff. The selection of these teachers can be done by you or I can randomly place a copy of the survey instrument in their mailboxes. If the teacher chooses to participate in this study, they are to complete the survey instrument and return them into a large marked envelope. I will call you office to set up a more specific date and time in April 1989.

The risks in participating in this study are minimal. Neither the names of the secondary school teachers nor the high schools will be used in any form in this study. Participation in this research project is entirely voluntary.

If you have any questions about this study, please feel free to contact Dr. Joan Edelstein, my faculty advisor, at (408) 924-3134. If you have any questions about your rights as a respondent, please contact Dr. Serena Stanford, Associate Academic Vice President for Graduate Studies and Research at (408) 924-2480.

Thank you for your time and consideration in this matter. Please feel free to call me if you have any comments.

Sincerely,

Jane L. Johnson, R.N., B.S.
Graduate Nursing Student
Department of Nursing
San Jose State University

APPENDIX D
PRINCIPAL INFORMED CONSENT FORM

To The Graduate Committee of San Jose State University,

Jane Lisa Johnson has permission to invite the staff at _____ High School to participate in a study designed to measure the attitudes and knowledge of secondary school teachers concerning adolescent suicide. The study will involve participants answering a 26-item questionnaire requiring approximately 5 to 10 minutes to complete. Questionnaires will be anonymous, and all participants will be volunteers. Research findings will be sent to the school.

Signature of Principal or Superintendent.

APPENDIX E
CONSENT FOR USE OF COVER LETTERS
AND CONSENT FORMS

TO THE GRADUATE COMMITTEE OF SAN JOSE STATE UNIVERSITY:

Jane Lisa Johnson, B.S., has my permission to use the following cover letters and consent forms from my June, 1988. Master's Thesis, "Attitudes and Knowledge of Secondary School Teachers Towards Adolescent Suicide".

1. Appendix A: Cover letter to Gordon.
2. Appendix B: Consent for the use of the Gordon Suicide Questionnaire.
3. Appendix C: Cover letters to the principals.
4. Appendix D: Principal consent form.
5. Appendix E: Teacher information consent form.

This permission is predicted on the basis that the proper acknowledgement for development of these letters/consent forms will be given when appropriate.

Sharon A. Guthrie, R.N.,C., M.S.N.

January 9, 1989

APPENDIX F
GORDON SUICIDE QUESTIONNAIRE

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

70-74, Gordon Suicide Questionnaire

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