

**A SURVEY OF CRISIS MANAGEMENT PLANS  
OFFERED IN TEXAS SECONDARY SCHOOLS**

**by**

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**THESIS**

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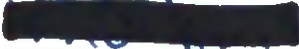
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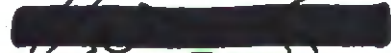
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**August, 1989**

## **Abstract**

### **A SURVEY OF CRISIS MANAGEMENT PLANS OFFERED IN TEXAS SECONDARY SCHOOLS**

**Karin Denise Johnson, M.S.  
The University of Houston-Clear Lake, 1989**

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**Occurrences of teenage suicide have increased dramatically in recent years. A major responsibility falls upon schools in dealing with teenage suicide. A crisis management plan is needed in each school district to facilitate the handling of teenagers at risk of committing suicide and especially the aftermath of such an occurrence. This study determined the percentage of Texas school districts, by size, who have a written crisis management plan in effect and the reported number of suicide attempts and completions. Less than half the smaller districts, those with fewer than 2,500 students, had a written plan. Thirty percent to 40% of the larger districts had no plans. Those districts who had plans included most components commonly needed. It was also found that a majority of Texas school districts do not have school-level crisis management plans. Further studies of teenage suicide are needed, especially on a national level.**

## TABLE OF CONTENTS

	Page
Abstract . . . . .	i
List of Tables . . . . .	iii
List of Figures . . . . .	iv
Introduction . . . . .	1
Review of the Literature . . . . .	2
Purpose . . . . .	5
Method . . . . .	6
Subjects . . . . .	6
Instrumentation . . . . .	6
Procedure . . . . .	8
Results . . . . .	10
Discussion . . . . .	21
Generalizations . . . . .	21
Problems Needing to be Solved . . . . .	22
Conclusion . . . . .	25
Recommendations . . . . .	27
Further Research . . . . .	28
Appendix A . . . . .	30
Appendix B . . . . .	31
Bibliography . . . . .	32

**LIST OF TABLES**

**Page**

**TABLE**

**1. Percentage of "Yes" Responses to  
Survey Items by District Size . . . . . 11**

## LIST OF FIGURES

	Page
<b>FIGURE</b>	
1. Percentage of "Yes" Responses to Survey Items of Category I Districts (Student Enrollment to 1,000) . . . . .	16
2. Percentage of "Yes" Responses to Survey Items of Category II Districts (Student Enrollment 1,001 to 2,500) . . . . .	17
3. Percentage of "Yes" Responses to Survey Items of Category III Districts (Student Enrollment 2,501 to 10,000) . . . . .	18
4. Percentage of "Yes" Responses to Survey Items of Category IV Districts (Student Enrollment over 10,000) . . . . .	19
5. Frequency of Completed and Attempted Suicides by District Category for the 1987-1988 School Year . . . . .	20

## **A SURVEY OF CRISIS MANAGEMENT PLANS**

### **OFFERED IN TEXAS SECONDARY SCHOOLS**

#### **Introduction**

Adolescence is often viewed as a trouble free time of life. In reality, adolescence is a "roller coaster" time of life, in which young people experience rapid changes in their physical appearance, emotional state, and views toward life (Ray & Johnson, 1983).

Subsequently, many adolescents have not developed the ability to cope with these changes. Confused, lacking coping skills, suicide may appear to be an answer to some teens' problems.

Occurrences of teenage suicide have increased dramatically in recent years. Over the past 35 years, the number of young males committing suicide has risen 300%; the number of young females has risen 230% (Garfinkel, Crosby, Herbert, Matus, & Pfeifer, 1988). Suicide among teens is now the third leading cause of death, behind automobile accidents and homicides (Vidal, 1986). The scope of the problem cannot be denied. Because of the social stigma attached to suicide, an accurate account of the suicide rate cannot be ascertained. Surviving family members often deny a



suicide had occurred, so death is attributed to accidental causes. A study by Barbara Fitchette (1982), states fifty percent of suicidal behavior is covered over or not reported. This researcher terms youth suicide a "phenomenon of epidemic proportions" (Fitchette, 1982, p. 23).

Teenage suicide cannot be viewed solely as a family concern or a school concern, but as a community concern (Hunt, 1987). All facets of the community should be involved in the issue of teenage suicide because its occurrence ultimately affects the entire community.

#### Review of the Literature

A major responsibility falls upon schools in dealing with teenage suicide. Few schools, especially at the secondary level, have remained untouched by this epidemic. An estimated three percent of all high school students attempt suicide each month. For every completed suicide almost 350 attempts occur (Garfinkel et al., 1988). Calvin Friedrich, chief psychologist at the Veterans Administration Medical Center, stated that five teenagers in the United States commit suicide daily (Ray & Johnson, 1982). Cluster suicides, several suicides in the same geographic area, are especially baffling. No explanation is evident of why cluster

suicides occur. These adolescents do not always share the characteristics of the adolescent who is at risk for suicide (Garfinkel et al., 1988).

Teenage suicide knows no racial, religious, economic, or academic boundaries. Most people, young and old, contemplate suicide at some point in their lives. Certain situations or events may contribute to an emotional state in an adolescent in which suicide is viewed as a realistic alternative. Adolescents who experience depression; who may have lost a parent due to death, divorce or separation; or who feel alienated from family or friends are at risk for attempting suicide. Other causes are the blurring of sex roles causing identity problems, a magical or mystical concept of death, and increased mobility (Ray & Johnson, 1982). The warning signs are not always apparent; however, teachers, counselors and administrators are in a position to be aware and note students who exhibit these warning signs.

A crisis management plan is needed in each school district to facilitate the handling of teenagers at risk of committing suicide and especially the aftermath of such an occurrence. One phase of a plan deals with the prevention of suicide. In this phase, teenagers

who are at risk are identified and counseled. The intervention phase of a plan includes access to twenty four hour help to those students who are contemplating suicide. The procedures to be followed in the event of a suicide are delineated in a third phase of a plan: postvention. Here, survivors of a suicide victim, especially the other students in the school, are offered treatment (Ray & Johnson, 1982).

According to a national study group on teenage suicide (Garfinkel et al., 1988), a crisis management plan should include the following components:

1. a statement of purpose;
2. an explanation of what the procedures will be for students and families;
3. reasons why the procedures are needed;
4. support of the school board.

As the rate of teenage suicide increases, an awareness of the magnitude of this problem grows also. Society is learning to not only deal with the aftermath of suicide, but also the cause and prevention as well.

Knowledge of the feelings that may produce suicide aids recognition of those at risk. These feelings include a total sense of unworthiness; a total sense of being abandoned, neglected and unloved; and a seething anger at all this (Konopka, 1983). Not only have the

adolescents who have committed suicide suffered, but also the survivors of these victims. Sadness, guilt, and rejection are common emotions experienced by survivors of teenagers who commit suicide (Ojanlatva, Hammer & Mohr, 1987). All those who have contact with a youth who exhibits suicidal characteristics need to be aware of these important prevention methods:

- Open communication
  - Loving respect
  - Provision of creative outlets
  - Acceptance of strong emotion
  - Allowance for laughter and tears
- (Konopka, 1983).

### Purpose

Because of the drastic increase in teenage suicides, it is important to determine the scope of programs offered in response to this dilemma. This study determines the percentage of Texas school districts having a written crisis management plan in effect, and whether the plan includes the aforementioned components. The survey also obtains information on the number of suicide attempts reported and the number of completions, although these figures are not entirely accurate because of lack of records.

## Method

### Subjects

Surveys were mailed to a proportional stratified random sampling of 300 Texas school districts based on a current Texas Education Agency listing of Texas school districts and superintendents. These districts were stratified into four categories by the number of students enrolled in the district and proportional to the percentage of school districts falling into each category. Category I consisted of districts with student enrollment of 1 to 1,000. Fifty five percent of the surveys were mailed to the superintendents of Category I school districts. Category II consisted of districts with student enrollment of 1,001 to 2,500. Twenty one percent of the surveys were mailed to these superintendents. Districts with 2,500 to 10,000 students enrolled, Category III, received 17% of the surveys mailed. Category IV districts, with over 10,000 students enrolled, received 7% of the surveys.

### Instrumentation

A survey, School District Crisis Management Survey, and a cover letter were mailed to the superintendents of a proportional stratified random

sampling of Texas school districts. The survey questions were based on concepts from a study by Garfinkel et al. (1988) to ascertain the following information:

1. The number of students in the district;
2. Who is in charge at each high school and intermediate school during a crisis caused by a suicide, i.e. the principal, assistant principal, etc;
3. Whether inservice programs are held in high schools and intermediate schools at least every two years to deal with the prevention, intervention and postvention phases of a crisis management plan. If answered yes, which of the following topics are covered in the inservice programs:
  - a. summary of the extent of adolescent suicide nationally;
  - b. specific information about what to do if suicidal behavior is exhibited;
  - c. community agencies and other support services to which students can be referred;

4. If inservice programs are offered for secretaries on how to deal with incoming calls after a suicide has taken place;
5. If there is a system of relaying information to those who need it;
6. If there is a police liaison;
7. If there is a working relationship with community health agencies;
8. If there is opportunity to prepare staff for what they would do in a real crisis?

The survey was set up so the respondents checked "yes," "no," or "don't know" to answer the questions. A space for further explanation or comments was also given (see Appendix A, School District Crisis Management Survey). The cover letter gave statistics about teenage suicide, the purpose of the study and a return address. It also requested a copy of the district's crisis management policy if available. The cover letter included an address to write to receive a list of suicide prevention centers (see Appendix B, Cover Letter).

### Procedure

A proportional stratified random sampling of school districts and superintendents was determined

from the Texas Education Agency's directory of Texas school districts and superintendents. After the districts were chosen, one copy of the survey and a cover letter were mailed to each district superintendent. The respondents completed the survey and returned it to the researcher's home address in the stamped envelope included with the survey. The results were calculated to determine the percentage of districts, by size, offering a crisis management plan and the extent to which these plans follow the suggested guidelines. The number of reported suicide attempts and completions also were tabulated.



## **Results**

Surveys received constituted a 40% return rate on surveys mailed. In Category I, 63 surveys were received; 24 in Category II; 23 in Category III and 10 in Category IV. Category IV had the fewest in the sample population hence the fewest responses. Data were analyzed by frequency and percentage of "yes" responses to each item of the survey. "Don't Know" and no responses were calculated separately. The results of this analysis are given in Table 1.

The percentage of "yes" responses on most items was low. Only 31% of Category I districts offered a written plan to detect students at risk of committing suicide. As also shown on item 1, Table 1, only 35% of Category II districts had such prevention plans. In Category III, a greater number of districts, 61%, had plans to prevent teenage suicide, with 78% of the districts in Category IV reporting "yes" to this item.

As shown in item 2, in Table 1, about one-half of the districts in Categories I and II, 47% and 58% respectively, offered plans that detail intervention techniques in the event a student contemplates suicide. Most districts in Categories III and IV offered written intervention plans.

Table 1

**Percentage of "Yes" Responses to Survey Items by District Size**

Survey Item	District Category			
	I	II	III	IV
1. District has a plan to detect students at risk of committing suicide	<u>31</u>	<u>35</u>	<u>61</u>	<u>78</u>
2. District has a plan offering assistance to those students who are contemplating suicide.	<u>47</u>	<u>58</u>	<u>74</u>	<u>89</u>
3. District has a procedure to follow in the event a student commits suicide. Please check if the procedure contains these components:	<u>16</u>	<u>25</u>	<u>41</u>	<u>70</u>
a. a statement of purpose;	<u>70</u>	<u>57</u>	<u>67</u>	<u>86</u>
b. an explanation of what the procedures will be for students and families;	<u>90</u>	<u>71</u>	<u>78</u>	<u>86</u>
c. reasons why the procedures are needed;	<u>70</u>	<u>43</u>	<u>67</u>	<u>71</u>
d. support of the school board.	<u>90</u>	<u>57</u>	<u>67</u>	<u>86</u>
4. Are inservices held in high schools & middle schools at least every 2 years? If yes, what is covered in these inservice programs:	<u>42</u>	<u>46</u>	<u>61</u>	<u>90</u>
a. Summary of the extent of adolescent suicide nationally;	<u>60</u>	<u>40</u>	<u>71</u>	<u>67</u>
b. specific information about what to do if suicidal behavior is exhibited;	<u>84</u>	<u>60</u>	<u>93</u>	<u>100</u>
c. community agencies and other support services to which students can be referred?	<u>84</u>	<u>90</u>	<u>93</u>	<u>100</u>
5. Are inservices offered for secretaries on how to deal with incoming calls after a suicide has taken place?	<u>5</u>	<u>4</u>	<u>61</u>	<u>22</u>
6. Is there a system of relaying information to those who need it?	<u>43</u>	<u>42</u>	<u>30</u>	<u>78</u>
7. Is there a police liaison?	<u>32</u>	<u>42</u>	<u>48</u>	<u>60</u>
8. Is there a working relationship with community health agencies?	<u>69</u>	<u>71</u>	<u>100</u>	<u>90</u>
9. Is there opportunity to prepare staff for what they would do in a real crisis?	<u>45</u>	<u>83</u>	<u>68</u>	<u>80</u>
10. Do schools in the district have school-level crisis management plans?	<u>13</u>	<u>27</u>	<u>36</u>	<u>56</u>

Note. Each category was determined by number of students enrolled.

Category I - 0 - 1,000  
Category II - 1,000 - 2,500

Category III - 2,501 - 10,000  
Category IV - over 10,000

The frequency of postvention plans offered, covered by item 3 of the survey, was alarmingly low. Only 16% of districts in Category I had such plans; 25% in Category II; 41% in Category III and 70% in Category IV. It is encouraging to note that of those answering "yes" to item 3, an impressive percentage of the plans do include the suggested components previously delineated (Garfinkel et al, 1988).

Item 4 indicates that 90% of the Category IV districts reported holding inservice training to educate staff and faculty about teenage suicide at the high school and middle school level at least every two years. Only 42% of those districts in Category I, 46% in Category II, and 61% in Category III hold such inservice programs. Of those offering these inservice programs, a high percentage also include these suggested components (Garfinkel et al, 1988).

Inservice training for secretaries is not common-place in districts in any category, as shown in item 5. Only 5% of Category I districts offer crisis management inservice training to office personnel, as do 4% of Category II and 22% of Category IV districts. A higher proportion of Category III districts offer such inservice programs to secretaries, as indicated by the 61% "yes" response rate.

Less than half the districts, with the exception of those in Category IV, had a written system to relay information to those who need it. As exhibited in Item 6, 43% of Category I districts, 42% of Category II districts and 30% of Category III districts have such a system.

The existence of a liaison with police, dealt with in Item 7 of the survey, occurred in only 32% of the districts in Category I, 42% in Category II, 48% in Category III and 60 % in Category IV.

Encouraging is evidence of a working relationship with community health agencies, shown by the percentage of "yes" responses to Item 8: 69% in Category I; 71% in Category II; 100% in Category III and 90% in Category IV.

Staff preparation, covered in Item 9, occurred in plans in 83% of Category II districts and 80% of Category IV districts, but occurred in only 45% of the plans in Category II districts and 68% of the plans in Category III districts.

Most respondents exhibited a lack of school-level crisis management plans, as seen by the low percentage of "yes" responses to Item 10 of the survey. A great number of respondents did not answer this item. The percentage of those who do have school-level plans are

13% in Category I, 27% in category II, 36% in Category III and 56% in Category IV.

The responses to items for each category by district size are given in Figures 1, 2, 3 and 4. A comparison of the four graphs indicated those districts in Category I exhibited the lowest percentage having written plans on all items but 6 and 7. Comments from several respondents stated that, because of such a small number of students, teachers and administrators were able to monitor students individually and had no need for a written plan.

Category II exhibited the least percentage of the four categories having inservice training for secretaries. Category III showed the lowest percentage on item 6, which covers a system for relaying information, with only 30% of respondents answering "yes." Further examination reveals that only approximately half of the districts in Category IV offered crisis management plans on a school level. A possible explanation for the low response rate on this item, number 10, in Categories I and II is small district size. Many of these districts only have one middle school and one high school.

Number of completed suicides and number of suicide attempts and/or threats were tabulated in each category. The results of this analysis are given in Figure 5.

Category I represented a total of 33,559 students and reported one suicide completion and 19 attempts. Completions equaled .003% of the population, while attempts equaled .06%. In Category II, representing 39,794 students, .01% of the population, 4 students, completed suicide, while .2%, 78 students, attempted suicide. Districts in Category III reporting figures on suicide completions represented 107,386 students. Those reporting figures on attempts represented 83,983 students. Districts reported 4 suicide completions, .004%, and 96 attempts, .1%. Four districts, totaling 23,403 students, reported "unkown" for number of suicide attempts. Districts in Category IV reporting figures on suicide completions represented 206,400 students, while figures on attempts represented 379,400 students. Ten completions and 393 attempts were reported, which equaled .005% and .1% of the population respectively. Four districts totaling 252,260 reported "unkown" for number of suicide completions. Likewise 4 districts with 79,260 students reported "unkown" for number of suicide attempts. Districts who reported "unkown" for suicide completions and attempts were not included in this analysis.

Unfortunately, because of the "unkown" responses reported, especially from the larger districts, calculating a true percentage of those students who committed or attempted suicide is impossible. As Barbara Fitchette states (1982), statistics are difficult to acquire, and if acquired are not reliable, for 50% of suicidal behavior is covered over or not reported. Since suicides often are a "hidden" phenomena because of the social stigma involved, the number of actual reported attempted and completed suicides is probably much higher.

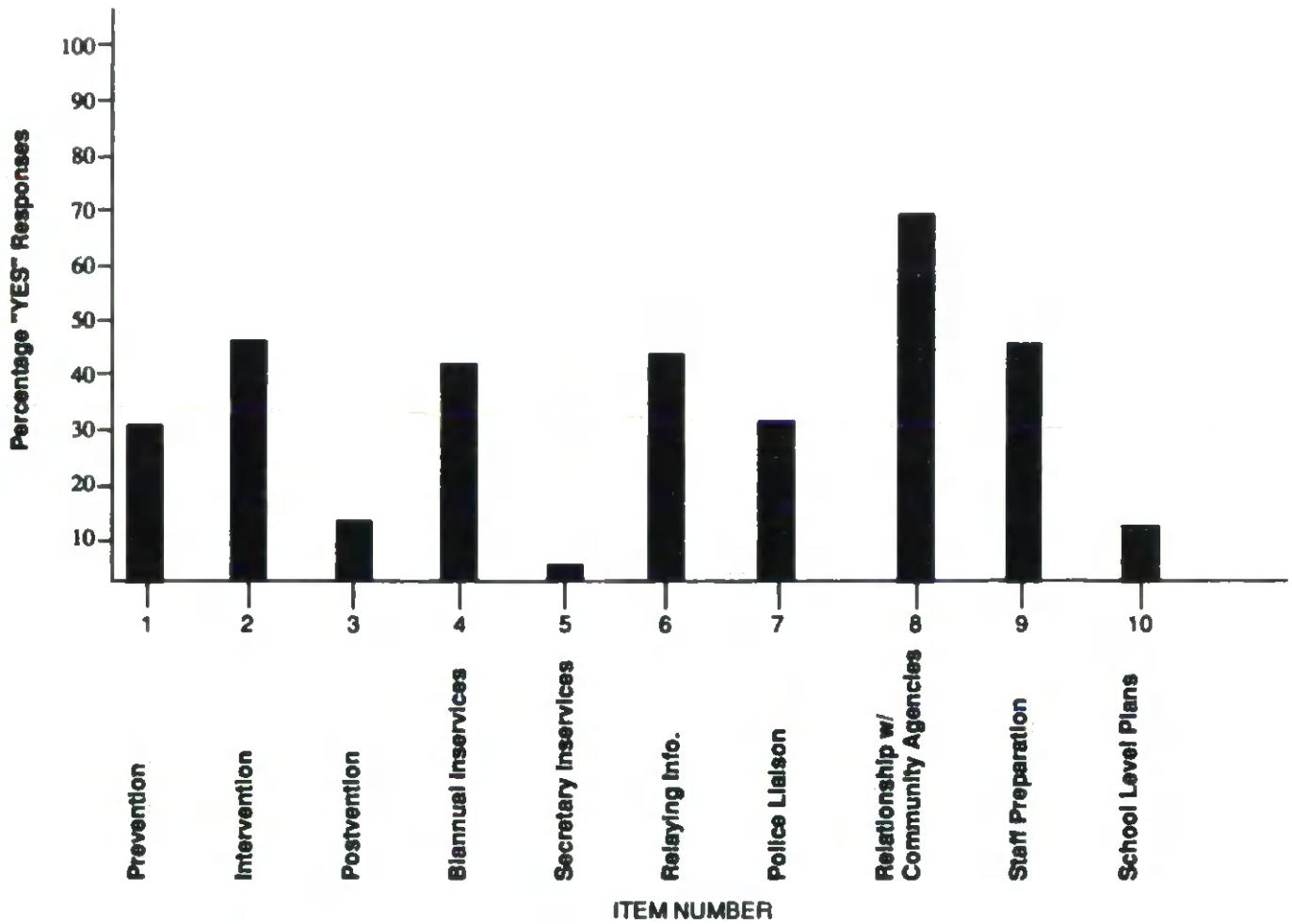
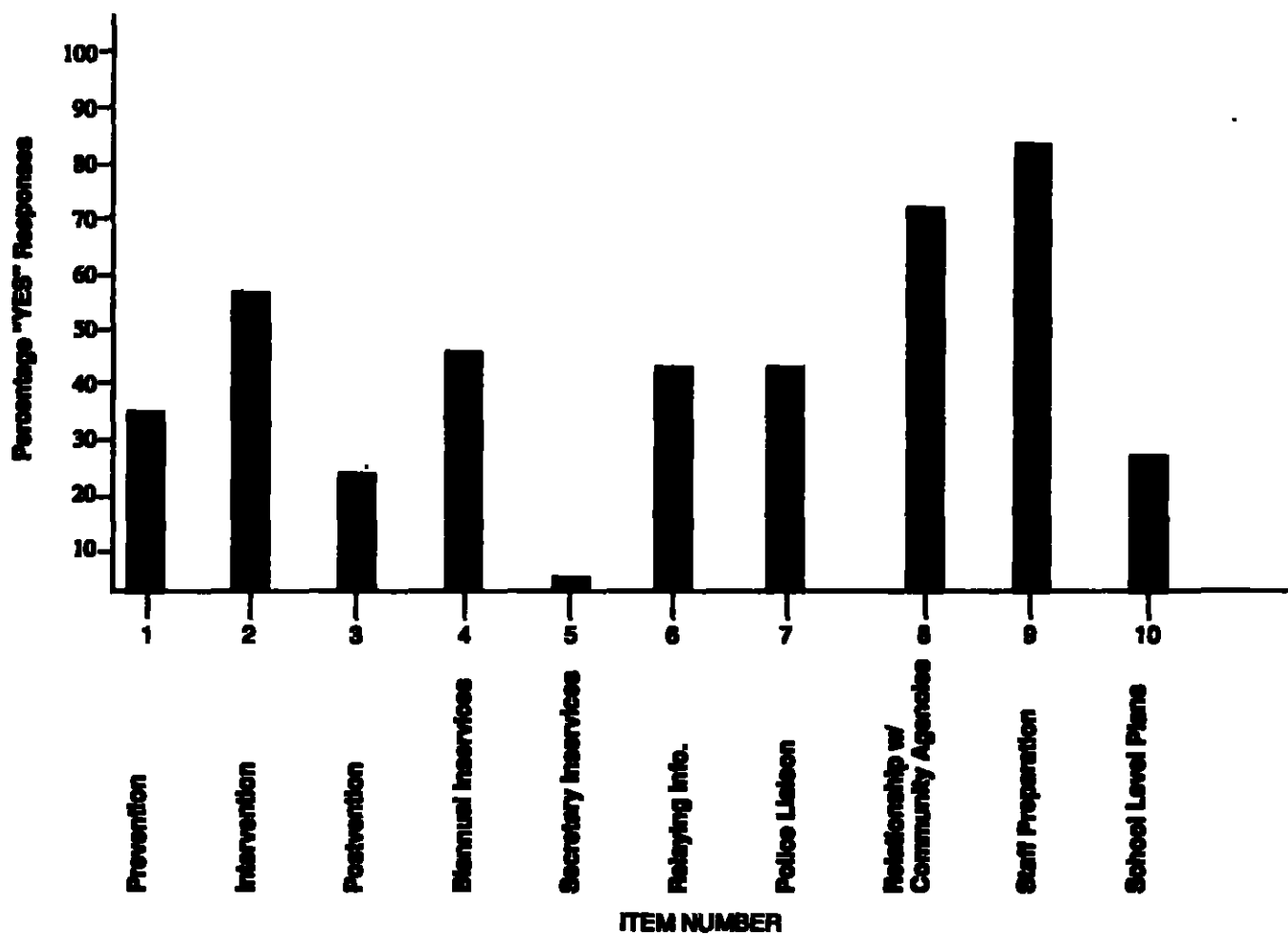
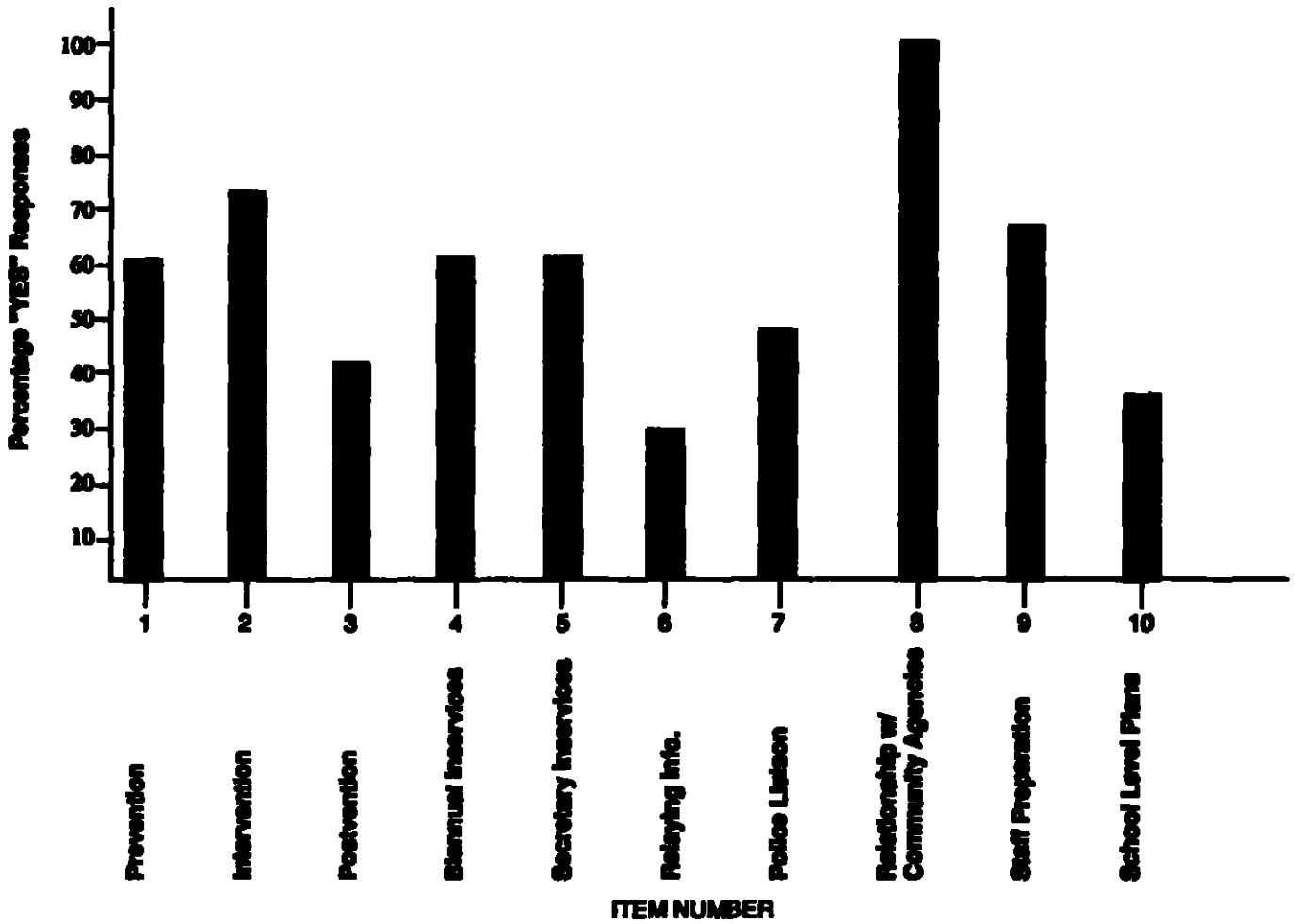


Figure 1. Percentage of "yes" responses to survey items of Category I districts (student enrollment to 1,000).

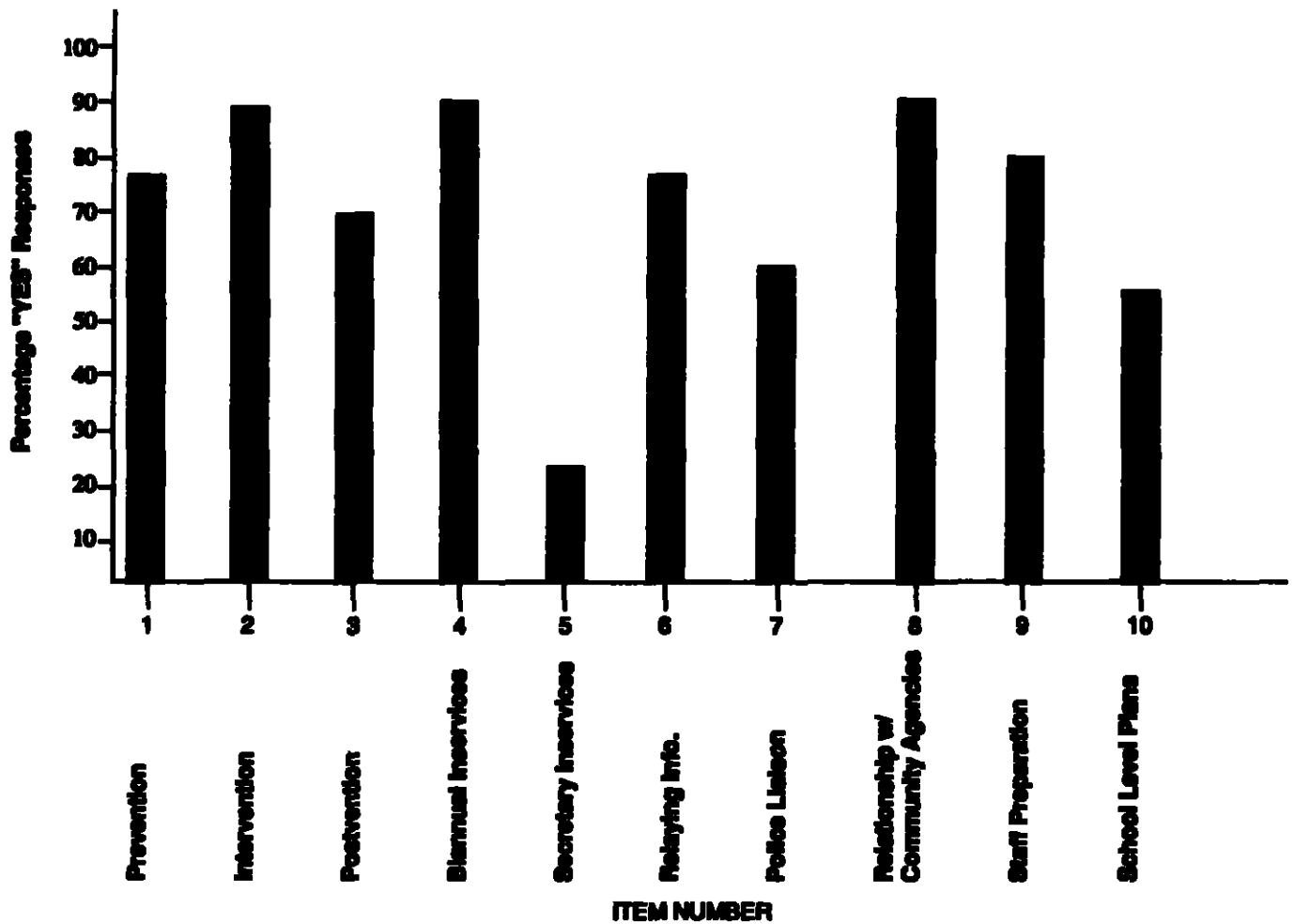


**Figure 2.** Percentage of "yes" responses to survey items of Category II districts (student enrollment 1,001 to 2,500).

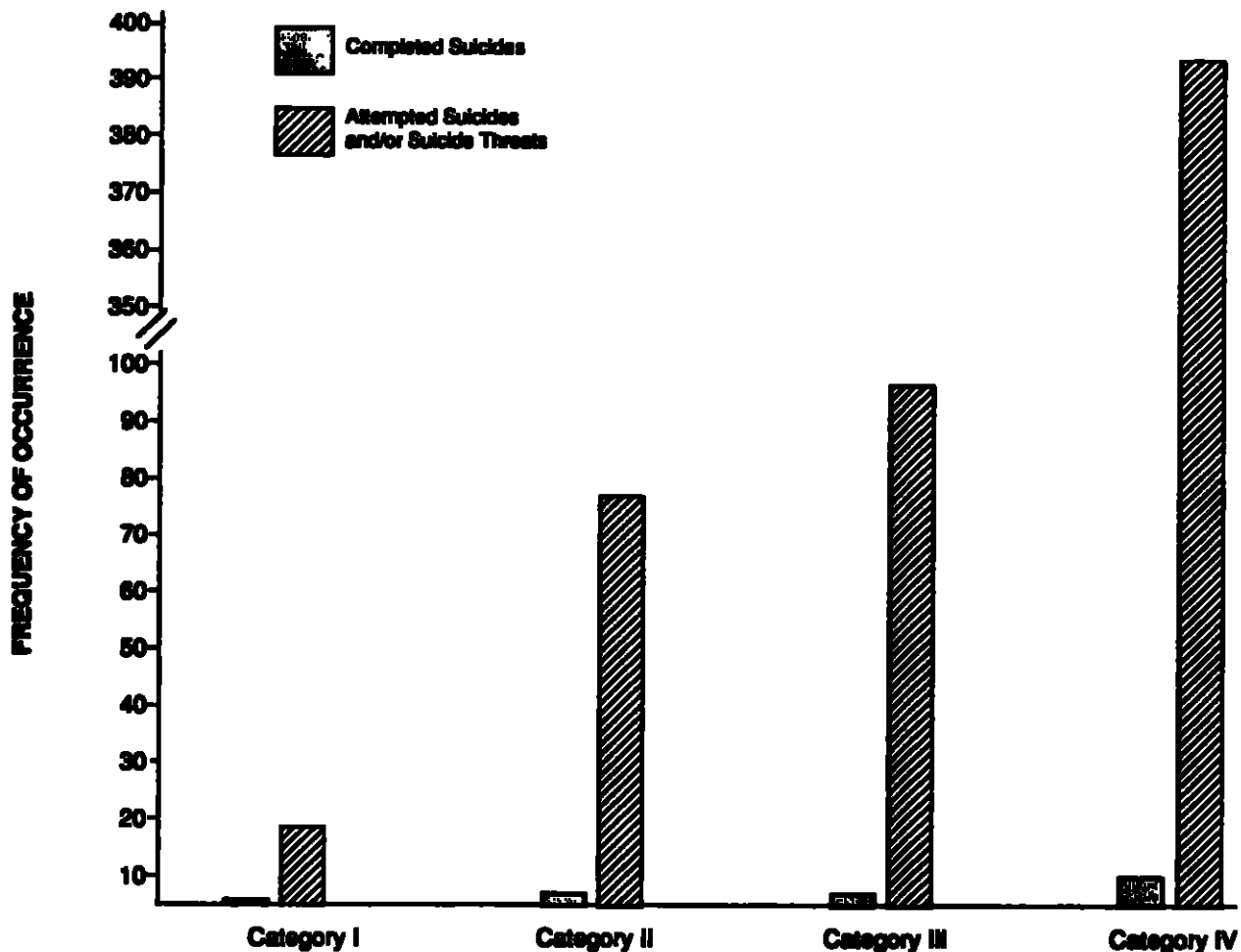




**Figure 3.** Percentage of "yes" responses to survey items of Category III districts (student enrollment 2,501 to 10,000).



**Figure 4.** Percentage of 'yes' responses to survey items of Category IV districts (student enrollment over 10,000).



**Figure 5.** Frequency of completed and attempted suicides by district category for the 1989-1988 school year. (Category I represented 33,559 students for both completions and attempts; Category II represented 39,794 students for both completions and attempts; Category III represented 107,986 students for completions and 83,983 students for attempts; Category IV represented 206,400 students for completions and 379,400 students for attempts.)

## Discussion

### Generalizations

Detecting those students at risk of committing suicide and preventing such action would obviously solve this "phenomenon of epidemic proportions" (Fitchette, 1982, p. 23). Barring this impossibility, an effective written plan to identify and aid at-risk students could significantly lower the occurrence of teenage suicide.

The predominantly low percentage of "yes" responses on most items of the survey in all categories indicate Texas school districts may not be fully prepared to: identify those students at risk of committing suicide; offer aid to those contemplating it; or deal with the aftermath of suicide. The results of the survey also indicate a great disparity among districts of different sizes and the existence of written crisis management plans. More than 50% of those districts surveyed in Categories I and II, representing up to 1,000 and 2,500 students in each, have no written crisis management plan. Most of those that do offer a written procedure in the event a

student commits suicide have included components recommended by a national study group on this topic (Garfinkel et al., 1988).

If a respondent answered "yes" to all survey items, most probably a comprehensive crisis management plan is in effect. Several of the larger school districts do have such plans. However, a small percentage do not. Since school districts in Category IV had enrollments over 10,000, a great number of students are not covered by such a plan.

#### Problems Needing to be Resolved

Items 1, 2 and 3 of the survey reflect that a substantial percentage of school districts neither offer written plans to prevent and intervene in suicide cases, nor do they offer procedures to follow in the event a suicide occurs. The smaller school districts may justify their lack of a written plan by rationalizing that they have fewer students, which enables them to monitor individually. Indeed several respondents stated they have no need for a written plan because faculty and administrators know all the students personally. The larger school districts, though, represented in Category IV, have far too many students for individual monitoring to occur. Although

a large percentage of districts in Category IV offer plans covering prevention, intervention and postvention phases of a crisis management plan, a percentage of these districts do not. Approximately 20% of these districts do not offer a prevention phase of a plan, 10% do not offer an intervention phase and 30% do not offer a postvention phase of a crisis management plan. Because these districts represent a large number of children who are in urban areas where there are potentially high levels of stress, all larger districts need a written plan to prevent suicide and intervene if necessary.

Another area of great concern is the lack of a procedure to be followed in many districts in the event a suicide occurs. Again, one could reason the smaller districts do not need such a plan. However, to assure that survivors receive the guidance and counseling necessary to overcome grief and guilt, all districts need a written postvention phase of a crisis management plan.

Item 5 concerns inservice programs offered to secretaries on handling incoming calls after a suicide has occurred. Only 5% responded "yes" in Category I,

4% in Category II and 22% in Category IV, suggesting office personnel in those districts not offering these inservices are ill-equipped to deal with the aftermath of such a tragedy. Often a well-meaning person can either cause survivors further grief by giving out too much or incorrect information, or they may even be a catalyst for others to take their life, referred to previously as "cluster suicides" by Garfinkel et al. (1988).

There appears to be a communication deficit in relaying information to those who need it, item 6. Many districts also lack a police liaison. This is an important area to consider. If correct information is not made available quickly and efficiently, more harm can occur.

A final problem of major consequence occurs in the area of school-level plans. All categories exhibit a low percentage of districts offering plans on the school level. The smaller districts, again, may only have one middle school and one high school. The larger districts, representing schools mainly in urban areas, are negligent if each large middle school and each high school do not have a plan tailored to fit the needs of the school.

### Conclusion

Far too many school districts lack a written crisis management plan to deal with teenage suicide. To those five teenagers who commit suicide daily (Ray & Johnson, 1982), a crisis management plan may have been a key element in circumventing tragedy. School districts, large or small, offering a comprehensive crisis management plan to deal with teenage suicide are to be commended. Many of these districts have worked hard to ensure all students, faculty and staff are prepared for such crisis. Too many districts in Texas, though, are not prepared to deal with this tragedy. Most are prepared for tornadoes, hurricanes and fires, but not for the number three cause of death among teenagers: suicide (Vidal, 1986).

To be able to detect those students who exhibit suicidal tendencies is extremely important. Also imperative is being able to identify those teenagers who are depressed or have experienced life-changing situations and may not be able to deal with their feelings in a healthy manner (Ray & Johnson, 1982). Offering aid to those teenagers contemplating suicide and having a procedure to follow in the aftermath of a suicide is equally important.



A low percentage of districts offer inservice training to faculty and staff to educate them about suicide, especially in Categories I, II and III. A communication deficit is apparent, between those within schools and between the schools and police departments. Many districts in Categories I and III need better staff preparation. All categories exhibit a problem area in school-level crisis management plans.

No district or school is immune from society's problems. The lack of a written crisis management plan, especially in the smaller school districts, indicates those districts without plans would not be able to effectively deal with a suicide situation: threat, attempt or completion.

Every category of district showed there had been suicide completions and a greater number of attempts. Although these figures are not accurate, the actual figures being much higher, the number of suicide attempts and the number of suicide completions is frightening.

Much work needs to be done to educate district administrators on the importance of offering a written

crisis management plan to all those involved in the education process. By becoming fully aware of the extent of teenage suicide and the elements of an effective plan, district-level decision makers should realize the importance of having such a plan.

### Recommendations

These recommendations encompass all criteria for an effective, comprehensive crisis management plan.

1. Every school district in Texas should institute a method of detecting students who are candidates for suicide, and offer help for those who are seriously considering it.

2. In the aftermath of a suicide, or even an attempt, specific steps should be followed with appropriate information made available quickly to all those who need it.

3. Inservice training should be required for all personnel involved with students: administrators, teachers, aids and office personnel. The training should convey current relevant suicide statistics, general information about suicide, and specific district and school policies pertaining to suicide and referral information. Inservice programs for

secretaries and office personnel are crucial to alleviate the occurrence of misguided and incorrect information released to the public.

4. All staff should have the opportunity to prepare and practice for what they would do in a real crisis.

5. Each middle school and high school should have a written crisis management plan in effect which fits the particular needs of each school. These plans should be comprehensive and be made available to faculty and students alike. The plans should not be used to supplant the district plan, but rather to supplement it.

6. All districts as well as individual schools need to maintain as accurately as possible an account of suicide threats, attempts and completions. These figures would aid administrators in determining whether the status of their crisis management plans is sufficient or if revision is necessary.

#### Further Research

Further study of teenage suicide prevention is sorely needed. The correlation of the existence of school-level plans and occurrence of suicide completions and attempts is needed to help improve the

plans and validate their efficacy. An exploration of the inception dates of these plans, to note whether plans originated before or after the occurrence of a suicide, could reveal whether effective prevention measures helped deter at risk students from committing suicide. Also recommended are further studies of which strategies within the plans are more effective in preventing teenage suicide. A national study of crisis management plans would surely raise the public's awareness of this timely issue. Society has ignored this tragedy far too long. It is time to confront the problem of teenage suicide and take whatever steps needed to remedy this terrible situation.

## Appendix A

### School District Crisis Management Survey

Title of person completing survey \_\_\_\_\_

No. of students in District \_\_\_\_\_ No. of High Schools (9-12) \_\_\_\_\_ No. of Middle Schools (5-8) \_\_\_\_\_

Please mark the correct blank as applicable to your school district. Further explanation or additional comments are greatly appreciated (use back of survey).

	YES	NO	DON'T KNOW
1. District has a plan to detect students at risk of committing suicide.	_____	_____	_____
2. District has a plan offering assistance to those students who are contemplating suicide.	_____	_____	_____
3. District has a procedure to follow in the event a student commits suicide. Please check if the procedure contains these components:	_____	_____	_____
a. a statement of purpose;	_____	_____	_____
b. an explanation of what the procedures will be for students and families;	_____	_____	_____
c. reasons why the procedures are needed;	_____	_____	_____
d. support of the school board.	_____	_____	_____
4. Are inservices held in high schools & middle schools at least every 2 years? If yes, what is covered in these inservice programs:	_____	_____	_____
a. summary of the extent of adolescent suicide nationally;	_____	_____	_____
b. specific information about what to do if suicidal behavior is exhibited;	_____	_____	_____
c. community agencies and other support services to which students can be referred?	_____	_____	_____
5. Are inservices offered for secretaries on how to deal with incoming calls after a suicide has taken place?	_____	_____	_____
6. Is there a system of relaying information to those who need it?	_____	_____	_____
7. Is there a police liaison?	_____	_____	_____
8. Is there a working relationship with community health agencies?	_____	_____	_____
9. Is there opportunity to prepare staff for what they would do in a real crisis?	_____	_____	_____
10. Do schools in the district have school-level crisis management plans? If yes, what percentage of the schools have such a plan? _____.	_____	_____	_____

Number of completed suicides during 1987-88 school year? \_\_\_\_\_

Number of attempted suicides during 1987-88 school year? \_\_\_\_\_

Please attach a copy of your crisis management plan if available.

\_\_\_\_\_ Check here if you would like to receive a brief summary of the survey results.

## Appendix B

May 2, 1989

Dear Dr.

Did you know that five teenagers in the United States commit suicide daily, and for every completed suicide almost 350 attempts occur? Each month an estimated three percent of high school students take their lives. A major responsibility falls upon schools in dealing with teenage suicide. Few schools, especially at the secondary level, have remained untouched by this "epidemic."

Appropriate prevention and intervention techniques often deter those teenagers contemplating suicide. Effective postvention procedures alleviate much emotional trauma for survivors. Educational institutions must become aware of the beneficial impact a crisis management plan has in helping those touched by needless self-destruction.

I am conducting a survey for my master's degree thesis under the direction of Dr. Nolie Mayo at the University of Houston Clear Lake to determine the percentage of Texas secondary schools offering a crisis management plan to deal with teenage suicide. The results will indicate the percentage of school districts offering aid to those affected by this tragedy.

Your participation in this study is completely voluntary. The specific information you offer will remain confidential, and only composite data will be reported without identifying individual schools.

It is very important that you complete and mail this survey no later than May 26, 1989. A prepaid envelope has been included for your convenience. The mailing address is as follows:

Karin D. Johnson

If possible, please send a copy of your district's crisis management plan.

The seriousness of teenage suicide cannot be refuted. By completing this survey, you will make it possible for the public's awareness of this issue to be heightened. If you would like more information concerning teenage suicide, an excellent source is a booklet by Garfinkel, Crosby, Herbert, Matus, Pfeifer and Sheras titled Responding to Adolescent Suicide, published in Bloomington by the Phi Delta Kappa Educational Foundation. For a list of suicide prevention centers, you may write to: American Association of Suicidology, 2459 South Ash, Denver, Colorado, 80222.

Sincerely,



Karin D. Johnson,  
Graduate Student,  
University of Houston-Clear Lake

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