SECOND EDITION

SUICIDE PREVENTION in the SCHOOLS

GUIDELINES FOR MIDDLE AND HIGH SCHOOL SETTINGS

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Ashley, a 19-year-old freshman at a large state university, met his counselor in May, just as he was studying for final exams after completing his first semester of enrollment. Ashley could have matriculated at the university in late August. However, he deferred his admission by one semester because he was so nervous about leaving his family and the small town he and his parents had always called “home.” Ashley was a much wanted, only child born when his father was 48 and his mother was 46. Ashley’s mother had a difficult pregnancy and a complicated, early delivery. Ashley was a low birth weight, premature baby and did not come home until he was 7 ½ weeks old. He was always small for his age and was often picked on and made fun of by his peers. He felt comfortable at home with his parents and enjoyed socializing with the friends of his parents because they were all middle-aged and older adults. If his parents’ friends brought their children to a dinner or party at the home of his parents, Ashley found them to be easy to talk with since they were older and nothing like his own peer group. Ashley had never been able to establish close friendships with any of his peers since he rarely had been allowed to spend time at the homes of classmates and had not been allowed to attend summer camp, participate in athletics, and do the normal “kid” things because of his asthma, severe allergies, and his parents’ concern for his safety and welfare.

When the counselor met Ashley, he noticed how different Ashley was from the typical freshman at the university. Ashley dressed like a much older person, did not seem interested in doing the things most young undergraduates enjoyed, and had not made any friends. Ashley had come to the university’s counseling center because of the anxiety attacks he was experiencing since enrolling. He had worked with a doctoral intern who referred him to the counselor, who was employed by the counseling center, when her internship was ending. Ashley’s intern-counselor, a woman in her early forties, thought Ashley would benefit from seeing a younger counselor and learning that he could be comfortable with a younger counselor.

Ashley saw the counselor every week for almost a year even though, at first, he was afraid of the counselor. The counselor was in his middle twenties; Ashley initially wished he was still being seen by the intern, who was more like his parents and the people he had spent time with as he grew up. After a few counseling sessions with his new counselor took place, Ashley began to feel more comfortable and asked the counselor to help him learn to talk with the other young undergraduates at the university. He shared his feelings of low self-esteem and poor self-confidence. He told the counselor he chose to rent a room in a small, off-campus boarding house
when he enrolled because the idea of living in a university residence hall was “scary” since he did not know what to say to people his own age; also, the boarding house had some older graduate students and only one young undergraduate. He began to like the young counselor and even asked for suggestions on how to dress more like a younger person and not so much like his dad.

During his sophomore and junior years, Ashley gradually developed his social skills and made a few friends. He still was troubled with anxiety attacks, usually at night after a stressful day or after encountering a social situation during which he behaved in an awkward manner. Even though his slowly developing feelings of increased self-confidence could easily be shaken, he felt better about residing away from home and did not miss his parents and their friends like he did when he was a freshman. He saw his counselor less frequently now, and often let 4 or 5 months lapse between sessions; sometimes, he missed his appointments entirely and did not reschedule for 2 or 3 weeks. He had started to date a young woman he met during the middle of his junior year and was amazed and delighted that someone his own age seemed to like him.

One day Ashley’s counselor noticed that he had scheduled an appointment and the counselor wondered how close to graduation it might be for Ashley. The counselor also wondered if Ashley was experiencing fears and anxieties about transitioning out of the university that were similar to those he experienced as he left home and made the transition to the university. Ashley did not keep his appointment that day, and the counselor wondered how long it would take him to reschedule.

On the way home that afternoon, the local radio station reported the story of the suicide attempt of a university student. The by-line was “University student becomes human torch.” The counselor wondered what residence hall the student lived in and anticipated being asked to accompany other counseling center counselors into the residence hall to work with student “survivors.” When the counselor arrived at the counseling center the next morning, he found out that Ashley was the student and that he had doused himself with gasoline and lit himself.

The counselor was overcome with grief and flooded with feelings. He could not understand why he did not see what was coming and blamed himself for what had happened. He was angry with Ashley for not keeping his appointment, angry with himself for somehow not knowing what was happening, and even angrier that he had not been required to take courses solely focused on assessing and treating suicidal clients while he did his graduate work. After talking with colleagues and gaining perspective, he decided to spend time with Ashley at the hospital.

Ashley was severely burned, and the counselor had to put on sterile garb and open Ashley’s tracheotomy each time Ashley tried to communicate with his counselor. Ashley was so burned that he had lost parts of his fingers, nose, and ears. His counselor found it difficult, at first, to be with Ashley but knew Ashley needed to talk about what had happened. It seems that the precipitating event had been twofold: Ashley’s girlfriend had ended their relationship that morning and, when Ashley returned in a shaken state to his boarding house residence, he was stressed and said and did some awkward things and was made fun of by some of the other residents.

The counselor went to the hospital twice each day. The first 3 days Ashley talked with his counselor about what had happened and how he had been feeling.
The last 7 days Ashley and his parents, who stayed by Ashley’s bedside, wanted the counselor to help Ashley die and to help the family during the process. Ashley died on the afternoon of the 10th day.

I was the counselor in that scenario. Shortly afterward, I began my “journey” in terms of learning all I could about working with youth at risk of attempting or completing suicide. I attended trainings, read widely, and began accepting referrals of potentially suicidal youth from colleagues who knew of my interest and developing expertise in this area. Twenty years later I thought I knew enough to offer training to school districts, mental health center staffs, and other community groups. Then I began developing an interest in learning how to work with youth at risk for other behaviors that could harm them. As time passed, I began working with counselors who were dealing with youth who were becoming eating disordered, violent, confused about their sexuality, and so on. This eventually led to the writing and editing of *Youth at Risk: A Prevention Resource for Counselors, Teachers, and Parents* with my coauthor and coeditor Douglas R. Gross. This book is now in its fifth edition (2008) and is also published by the American Counseling Association (ACA).

**OVERVIEW OF THE BOOK**

Not too long ago I was asked to publish a second edition of this book for middle and high school counselors since so many counselors are called upon to provide assistance to youth who are experiencing depression and preoccupation with suicidal ideation. This book is an attempt to provide counselors with a practical reference for preventive, crisis-management, and follow-up counseling for clients at risk of suicide attempts or completions. Every attempt has been made to develop a comprehensive reference for counselors in school settings who are faced with helping clients who have lost hope and need help to reestablish the will to live.

Part 1 of this book, *Introducing the Problem*, contains three chapters that provide school counselors with information needed to start addressing the problem of youth suicide in either individual schools or on a district-wide basis. Chapter 1 discusses the scope of the suicide problem in the United States along with demographics, methods, precipitants, and cross-cultural factors. A case study is also included. Chapter 2 stresses the importance of careful planning for prevention in schools as well as the need for administrative support for all aspects of the counselor’s role. Readers will find this chapter very helpful because it overviews all aspects of prevention planning. Chapter 3 provides the content for in-service or staff development workshops for all school personnel. School counselors can actually use chapter 3 as the basis for staff development with school personnel and for information sessions with parents.

Part 2 of this book, *Working Systemically in the School*, continues to examine the issues counselors must understand and address when counseling those who are suicidal. In chapters 4 and 5, preparation of crisis teams and guidelines for postvention, after an attempt or completion, are both addressed in a practitioner-focused, step-by-step fashion. Chapter 6 is focused on parent education and
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provides guidelines for what a counselor might expect and address during a parent education session on youth suicide and the school’s role in prevention.

Part 3 of this book, *Legal Parameters*, is focused on the legal aspects of working with potentially suicidal youth in a school setting and contains an excellent chapter written by Ted Remley, who is nationally and internationally recognized for his expertise in legal aspects of counseling, including the legal aspects of youth suicide prevention. This chapter, and the accompanying appendixes, is also written for the practicing school counselor.

As this book has been conceptualized, written, and edited, every effort has been made to address adaptations for diversity and to provide a helpful and comprehensive reference for school counselors. It is my hope that more and more counselor education programs and departments require students to take courses and acquire supervised practice in the area of youth suicide prevention. No practitioner, new to or experienced in the helping professions, should ever see clients without expertise in this area.

This book, in so many ways, has been in the making for years. It symbolizes my own development through the decades since the 1960s, as I have tried to learn more and more that I could use in the contexts of my roles as counselor and counselor educator. It also, I believe, represents the parallel process that has occurred during this time span in the profession of counseling, as members of the profession have increased the expectations for competence they have for themselves as counseling professionals.

—David Capuzzi
Acknowledgments

This book is dedicated to all the school counselors who have attended seminars and workshops I have conducted on this topic as well as to those who will attend future presentations. Your commitment to the welfare of youth and their families is something to be admired and recognized. Without your concern and the proactive steps you have taken in our schools, many more youth would have attempted suicide and, sadly, the completion rates would be even higher.

This book is also dedicated to the parents who have reached out for help for their sons and daughters out of the love all parents have for their children. The poem below was anonymously written by a parent and handed to me after a day of in-service for a school district. It is reprinted below as a representation of the tremendous grief and unimaginable loss experienced by parents and families who have lost a son, daughter, brother, or sister to suicide as well as a testimonial to the importance of keeping this issue in the forefront of those who work in our schools.

WHERE ARE YOU NOW?

Had I known at the time that you needed a friend
I would have been there
and reached out
and touched you
and let you know.

There was someone to come to to feel safe
when you needed to think
when you needed to be heard
when you needed to be needed.

But I was too busy
with papers
and phone calls
and memos
and meetings.

And I missed the chance.
I didn't catch the desperate look.
I didn't hear your lonely call
and I never touched you at all.

Now you're gone and I sit alone—thinking of what I should have done.
Meet the Author

DAVID CAPUZZI, PhD, NCC, LPC, is an affiliate professor of Counselor Education, Counseling Psychology and Rehabilitation Services, at the Pennsylvania State University. He is professor emeritus at Portland State University. From 2004 to 2007, he served as Scholar in Residence at Johns Hopkins University. He is past president of the American Counseling Association (ACA; formerly the American Association for Counseling and Development).


A frequent speaker and keynoter at professional conferences and institutes, Dr. Capuzzi has also consulted with a variety of school districts and community agencies interested in initiating prevention and intervention strategies for adolescents at risk for suicide. He has facilitated the development of suicide prevention, crisis-management, and postvention programs in communities throughout the United States; provides training on the topics of youth at risk and grief and loss; and serves as an invited adjunct faculty member at other universities as time permits. He is the first recipient of ACA's Kitty Cole Human Rights Award and a recipient of the Leona Tyler Award in Oregon. He was inducted as an ACA Fellow in 2008.