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ABSTRACT

This survey investigation examines practicing high school counselors' knowledge of adolescent suicide, and the counselors' formal training in "suicidology" with particular reference to the sex of the counselor respondents regarding knowledge and training. A questionnaire of 28 items was constructed, field-tested and mailed to 425 professional high school counselors within the Commonwealth of Kentucky. Completed questionnaires were returned by 290 counselors. Analysis of the data indicated the responding counselors were unknowledgeable about the various factors relating to adolescent suicide. In addition, several chi-squares yielded significant differences in knowledge and attitudes of male and female respondents. The results strongly supported the assumption that the responding counselors possessed little formal academic training in "suicidology." (Author)

ADOLESCENT SUICIDE: AN INVESTIGATION OF HIGH SCHOOL COUNSELORS KNOWLEDGE AND TRAINING

by

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Little doubt exists that adolescents are subjected to increasing pressures of an evermore perplexing and complicated society. The adolescent's attempts to deal with his environment and himself are a subject of major import to the high school counselor and concomitantly to the counselor educator.

One manner in which some high school students may choose to deal with their frightening and troublesome personal environment is suicide. Among adolescents (broadly defined as the ages between ten and twenty) suicide ranks nationally as the fourth leading cause of death (Jacobziner, 1965, Massey, 1967). According to the United States Bureau of Vital Statistics 957 adolescents committed suicide during 1967 (USHEW Vital Statistics, Vol. II, 1967). Only accidents, various forms of cancer, and homicides rank ahead of suicide as adolescent killers (USHEW Vital Statistics, Vol. II, 1967; Jacobziner, 1965). Researchers agree that many adolescent suicides are never reported as such because of family and societal pressures or the absence of specific corroborative evidence to substantiate the suicide verdict (Bakwin, 1957, Jacobziner, 1965). The actual incidence of adolescent suicide may be three to five times the number of authenticated cases if accurate educational, psychological and medical data were available in each suspected case.

Still another aspect of adolescent suicide to be considered is the number of attempted but unsuccessful suicides. Estimates range from eight to fifty attempted suicides to each actual suicide (Shneidman, et al. 1961;

Shneidman, et al. 1967; Faigel, 1966). Thus, as many as one out of every 1000 adolescents may attempt suicide each year.

Paradoxically, the literature contains a paucity of information relative to adolescent suicides. Several computer assisted journal searches failed to locate articles relevant to the high school counselor and adolescent suicides. Furthermore, analysis of the literature on counselor education programs reveals little academic preparation regarding adolescent suicide included in the training programs. As a direct result of the unavailability of information and the absence of formal suicidology training, it can be surmised that practicing high school counselors do not possess adequate knowledge or experience to deal effectively with the suicidal student.

The purpose of this investigation was to ascertain the extent of factual information and training, regarding adolescent suicide, possessed by practicing high school counselors. Specifically, the investigation was centered around four basic assumptions:

1. High school counselors are unaware of the various factors related to suicide on a nation wide basis.
2. High school counselors are unaware of the various factors related to suicide among the adolescent population.
3. High school counselors are unaware of the most productive counseling techniques when confronted by a suicidal adolescent.
4. High school counselors do not possess adequate academic training to work with the potentially suicidal adolescent.

Procedure

For the purpose of keeping the present study within the range of manageability, the surveyed counselors and geographic area under consideration was limited to the Commonwealth of Kentucky. Therefore, the initial

phase of the investigation was to collect demographic data relevant to the adolescent suicides with the Commonwealth. These data on Kentucky adolescent suicides were collected for two reasons. The statistics were necessary in order to identify characteristics of the adolescent suicides within the Commonwealth. Also, from the data analysis the researcher was able to estimate the degree of similarity between national trends and Commonwealth trends in adolescent suicide. The biostatistics were collected for a ten year period covering 1961 through 1970.

From the collation and analysis of data for the ages ten through twenty, the following summary data were found; the total number of verified adolescent suicides for the ten year period was 139. By sex, 102 males and 37 females committed suicide; and by race, 129 of the adolescent suicides were white and 10 were non-white. Figure 1 depicts the annual number of male and female suicides for the ten year period 1961-1970.

Insert Figure 1

During the ten year period 1960-1970 the number of adolescent suicides ranged from a low of seven in 1961, to a peak of eighteen in 1967. Kentucky adolescent suicides were also examined by age, and dramatic findings were evidenced. For ages ten through thirteen the rate of suicide was low, only one or two occurring during the ten year period. But at age fourteen the rate increased rapidly through age nineteen. At age twenty a slight increase in the number of suicides was observed. Figure 2 is the graphic representation of adolescent suicides by age for the ten year period 1961-1970.

Insert Figure 2

The Instrument. The second phase of the investigation was to develop a questionnaire designed to obtain counselors knowledge, attitudes, and degree of academic preparation concerning adolescent suicides. An initial pool of 34 questions was developed. Questions were developed to collect basic demographic factors regarding the respondents, data on suicides and attempted suicides within each respondent's school, and questions regarding respondents specific cognitive knowledge of suicide, and degree of training in suicidology. The initial 34 questions were field tested with twenty practicing high school counselors and counselor trainees. Based upon the results of the field test, six items were deleted from the final form of the questionnaire. The final questionnaire consisted of 28 items. All 28 items were designed to be compatible with computer assisted analysis.

The Subjects. The questionnaire was mailed with an accompanying self-addressed envelope and cover letter to 425 practicing high school counselors within the Commonwealth of Kentucky. The original design called for the survey to be sent to all counselors within the Commonwealth. However, approximately 75 counselors did not receive questionnaires due to a computer error which printed the mailing labels. At least one counselor from each of the 120 counties in Kentucky was included in the sample.

No attempt was made for a second mailing or a follow-up of those counselors failing to respond to the first questionnaire. Total anonymity for the respondents was deemed important; therefore follow-up mailings were impossible. The only attempt to analyze the source of respondents was through categorization by county. Each questionnaire was tallied to the appropriate county by checking the postmark on the envelope.

Questionnaires were mailed to all counselors during the month of May, 1971. All questionnaires returned by mid-June, 1971 were included in the final analysis of data.

Data Analysis. All responses were coded and transferred to IBM data cards. Frequency counts for all questions were completed by the computer. In addition, measures of central tendency were computer calculated for appropriate items. Chi-square statistics were completed for various combinations of questions. The formula for chi-square utilized was obtained from Blalock's Social Statistics (Blalock, 1960). Yates correction factor was automatically applied when the number of cells with frequencies less than or equal to five exceeded 20% of the total number of cells.

Results and Discussion

Of the 425 questionnaires mailed, 290 were returned and included in the data analysis. The return represented a 68% response, and included at least one respondent from 106 of the 120 counties in the Commonwealth.

Among the 290 respondents, 126 were male and 164 were female. Analysis of the data indicated the responding counselors were not normally distributed along the continuums for age and years of counseling experience. Therefore, the median was selected to characterize these parameters of the sample. The median age for all respondents was 43.8 years, with the female respondents tending to be older than male counselor respondents. The median number of years of counseling experience for all respondents was 4.6. Again, the female respondents tended to have more experience than the male respondents.

One hundred and eighty, or 62% of the respondents held the Masters Degree as their highest academic degree. Thirty-two percent (95) identified Kentucky Rank I (MA + 30 hours) as their highest level of training. The Specialist in Education Degree was the highest degree held by 2% and 3% were functioning as high school counselors with a Bachelors Degree as their highest level of training.

Adolescent Suicides Known by Counselors. Each respondent was asked three questions about known suicides and suicide attempts within the respondent's school. Of the 290 respondents 24 reported one or more suicides had occurred within their school during the five year period 1066-1970. The counselors reported sixteen male suicides and eight female suicides. Among the reported suicides the greatest number occurred among tenth graders. The respondents indicated gunshot as the most common means to perpetrate the suicide. In order of decreasing frequency other methods utilized by the students were strangulation, drug overdose, cutting, poison gas, and ingestion of poison.

Relevant to attempted suicides, 48% of the responding counselors reported one or more attempts within their school during the five-year period 1966-1970. However, only 30% of the responding counselors stated affirmatively that they had been confronted by a suicidal student during their professional career.

Counselor Knowledge Regarding Suicide. Five questions included in the final questionnaire were designed to covertly assess counselors academic knowledge of various aspects of suicide. The data strongly supported the assumptions that high school counselors are unaware of the scope and magnitude of suicide on a national basis.

One of the five questions asked respondents was which sex was more likely to successfully commit suicide. Of those responding, 62% believed more females than males would kill themselves. Actual statistical data indicates, that at a national level, three times as many males as females commit suicide. A chi-square statistic between respondent sex and probable sex of suicide did not yield significance at the .05 level. Regardless of the respondent's sex, the prevailing attitude was that females kill themselves

more often than males.

Another of the five knowledge questions asked, "what is the greatest cause of suicide in the United States?" Eight choices were offered as responses and were selected from the literature on suicide. The responses of loneliness and depression were selected as the best two answers. Additional choices included momentary impulse, mental illness, desire to die, family trait, fear of physical or emotional illness, and other. Among the respondents, 59% chose one of the two best alternatives, while 41% selected the last choice -- other. A chi-square comparison of respondent sex and perceived causative factors did not yield significance at the .05 level. Neither male nor female counselors appeared to be more aware of the etiologies which percipitates an adolescent suicide.

A third question focused on counselors knowledge of the national statistics regarding the means utilized to commit suicide. Nine choices including drug overdose, poisoning, gunshot, hanging, drowning, jumping, cutting or stabbing, gas fumes, and other were presented to the counselors. Of those responding to the question 59% selected drug overdose, 23% chose gunshot and the remaining respondents chose the remaining seven categories. State and national data indicate self inflicted gunshot is the most common means of suicide for all ages of the population. A chi-square between respondent sex and method utilized did not produce significance at the .05 level.

The fourth question asked "to what extent is suicide a problem in today's high schools?" A five point scale from an extreme problem to no real problem was utilized. Sixty-two percent of the respondents indicated no real problem or only a slight problem while 38% indicated moderate, significant or extreme. Furthermore, a chi-square between respondent sex and perception of the problem indicated a significant difference at the .05 level. Analysis of the chi-square indicated the male respondents tended to view the problem as

more significant than did the female respondents.

The fifth question was "to what extent is an adolescent suicide likely to occur in your school during any given academic year?" Among the respondents, 61% indicated very unlikely or unlikely, 36% felt there was some possibility, and 3% felt the probability was likely or very likely. The chi-square between respondent sex and probability of occurrence was significant at the .05 level. Once again, male counselors tended to see the probability as greater than did their female counterparts.

Table 1 contains the chi-square values discussed in the preceeding paragraphs. Additional chi-square values were calculated from the questionnaire data, but from the point of focus of this article the results of the comparisons are not presented.

Insert Table I

Counselor Preparation in Suicidology. The counselor respondents were asked five questions about their academic background and training in suicidology. The five questions were written to obtain data relevant to the fourth assumption of the study. The data tabulation indicated the high school counselors did not feel they possessed adequate training in suicidology.

The first question asked the respondents if they felt adequately prepared to handle a suicidal student. Of the respondents 22% indicated they felt adequately prepared, 40% were not sure, and 38% felt inadequately prepared.

The second question asked if the respondent had ever participated in formal classwork seminars, workshops, etc. in suicidology. Ninety-two percent responded no, and eight percent responded yes. The eight percent who responded yes, indicated, in the third question, their study in the coursework, etc. on

adolescent suicide was moderate or extensive.

The fourth question asked what percentage of time was spent on adolescent suicide during their counselor training program. Among the respondents 52% responded none, 46% indicated a small part of one course, 1% indicated they had participated in at least one whole course.

The last question relevant to the respondents preparation in suicidology inquired about required readings in adolescent suicide as part of the respondents counselor education program. Of those responding to the question 81% indicated no readings were required, while 19% indicated some reading was required.

Summary and Conclusions

A questionnaire was developed and mailed to 425 professional high school counselors in Kentucky in order to assess the extent of practical knowledge and the prevailing attitudes regarding a major form of adolescent death. The questionnaire was constructed to yield information relevant to four assumptions. Data were analyzed from the 290 questionnaires returned by the counselors. Additional data were obtained from a detailed analysis of Kentucky Vital Statistics Reports from the years 1960 through 1970.

The sample of counselors surveyed was limited to the Commonwealth of Kentucky. However, analysis of the adolescent suicides in Kentucky and the nation as a whole revealed many similarities. As such, Kentucky served as a microcosm of the macrocosm with regard to the characteristics of adolescent suicides. Therefore, the results of the survey of Kentucky should, in large part, pertain to other geographic areas of the country.

The 290 returned questionnaires included in the data analysis represented 68% of the 425 surveyed counselors and 58% of all employed counselors in Kentucky. Thus, the percentage of returns would not allow definitive

conclusions to be drawn. However, the 106 counties represented in the final sample constituted 88% of the counties in Kentucky. Further, the characteristics of the response patterns regarding adolescent suicides in the schools closely approximated many of the verified statistics for the Commonwealth. As a result, tentative conclusions were made from the returned data.

In general, counselors were not aware of the various factors related to suicide among American and Kentucky adolescents. The results indicated counselors are prey to the myths and misconceptions surrounding suicide. Second, counselors were naive and perhaps even resistive in the recognition of adolescent suicide as a problem confronting the school.

Several significant inconsistencies emerged from the questionnaire data. First, during the five year period 1966-1970, 80 adolescent suicides were verified. The number reported by the respondents was less than one-third the actual number. Further, 88% of all counties in Kentucky were represented by at least one counselor respondent. It would be illogical to assume two thirds of the unreported suicides occurred in the 12% of unsurveyed counties. From this inconsistency it was assumed that a large percentage of the adolescent suicides were not identified by their school counselors. The counselors' responses to the method utilized to commit suicide closely approximated the verified data. This fact would further support the preceeding assumption that counselors were simply not informed of the student suicides occurring in the schools of Kentucky.

The second inconsistency was found in the reported ratio of male to female adolescent suicides during the five year period. The verifiable Commonwealth data indicated 61 male and 19 female adolescents committed suicide, for a ratio of 3.1. The observed ratio is identical to the average annual national ratio but is inconsistent with the 2.1 ratio reported by the

respondents. The preceeding would suggest that a greater percentage of male adolescent suicides escape detection in the schools. Furthermore, because the counselors responding to the questionnaire believed more females kill themselves, they were more alert to the actual occurrence of the female suicide in the school.

A third inconsistency appeared in the responses of the counselor. While ten percent of the respondents reported a suicide in their school and 48% reported one or more attempted suicides during the five year period, 62% were unwilling to recognize the existence of suicide as a problem in U.S. high schools. Also, 61% of the respondents felt a suicide was unlikely to occur in their school. These contradictions may well be symptomatic of the counselor's resistence toward the recognition of the problem.

The study further demonstrated the counselors in Kentucky's high schools have been ill prepared to deal with the suicidal adolescent. Some of the counselors recognized their poor preparation, but a large proportion did not recognize their lack of training. The analysis revealed, for practical purposes, a total absence of academic training in suicidology. Criticism regarding the absence of training, required reading, and course content in adolescent suicide cannot be singularly directed toward the counselor.

The institutions of higher education which prepare the professional counselor must share the responsibility. In a real sense the problem of adolescent suicide has been ignored in the training programs.

Clearly, the counselor trainee needs to be exposed to the hard facts regarding adolescent suicide. The trainee should be provided with statistical and demographic data, with the etiologies and dynamics of adolescent suicide. Logically, the "facts and figures" can be incorporated into existing course content. Most importantly, however, the counselor trainee needs, and in fact,

deserves the opportunity to experience at a practical level the suicidal adolescent. Audiovisual materials exist which can assist with the experience at a pre-practica level. Also students should be encouraged to obtain experience in crisis centers in those communities where they exist. Further, practica students and practica supervisors should seek out those real and simulated experiences which will provide the trainee with the background in suicide.

Nothing is so needless and senseless as the self-inflicted death of any individual. Yet over 900 American adolescents annually choose this avenue of escape. Now is the time for professional counselors and counselor educators to explore the means of preventing the waste.

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TABLE I

Chi-Square Comparisons of Related Variables

With Counselor Respondent Sex

Comparison	X^2 Value	N	df	Probability
Counselor sex vrs. sex of suicide	0.6050	290	1	0.5569460
Counselor sex vrs. causative factors	10.2213	290	7	0.1770339
Counselor sex vrs. method utilized	13,2540	290	7	0.0667915
Counselor sex vrs. perception of problem	11.1003	290	4	0.0256119
Counselor sex vrs. probability of occurrence	11.0027	290	4	0.0266700

FIGURE 1

Number Of Suicides For All Ages (10-20) By Sex For The Ten Year Period 1961-1970 For the Commonwealth of Kentucky

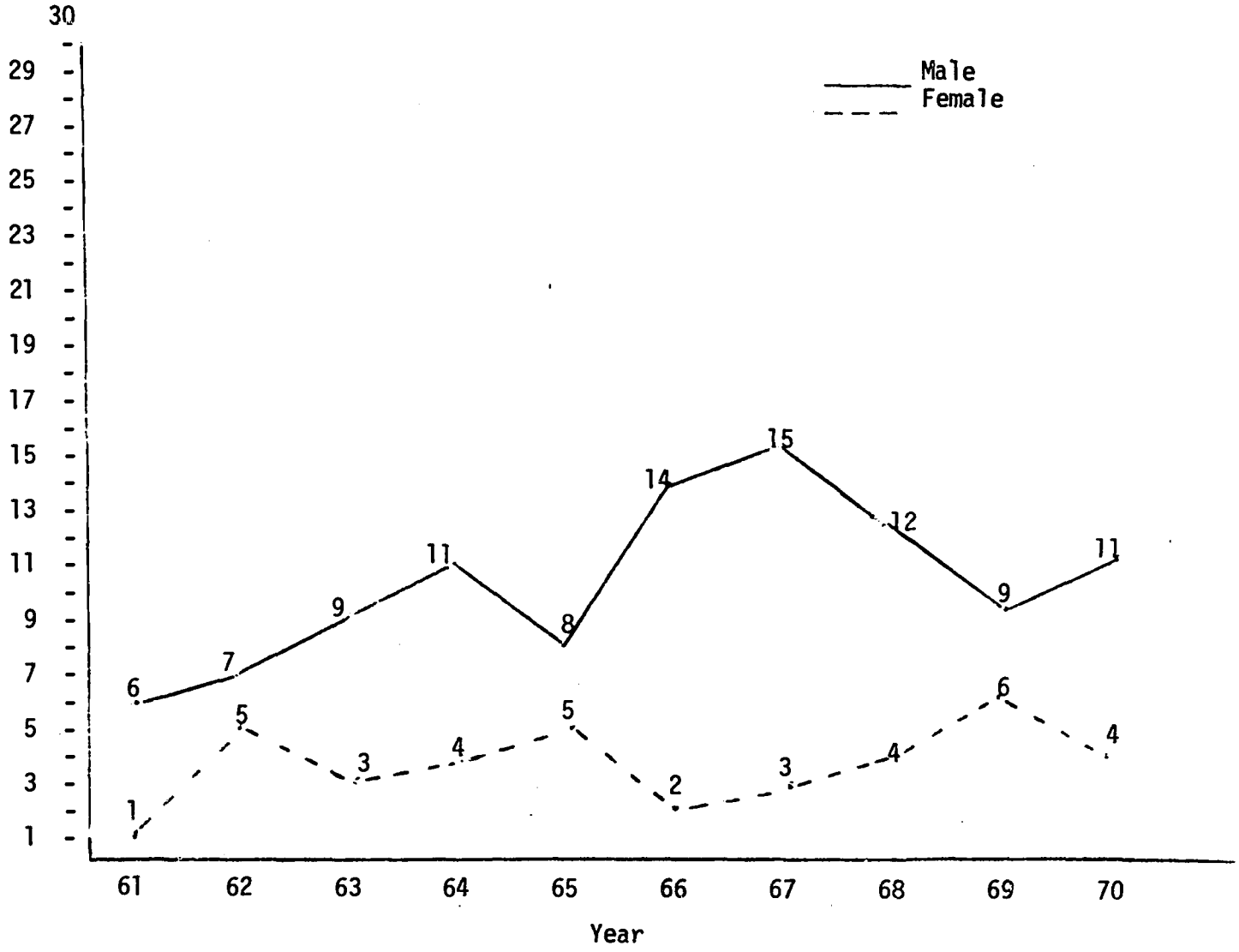

FIGURE 2

Total Suicides By Age (10-20) For The Ten Year Period
1961-1970 For The Commonwealth of Kentucky