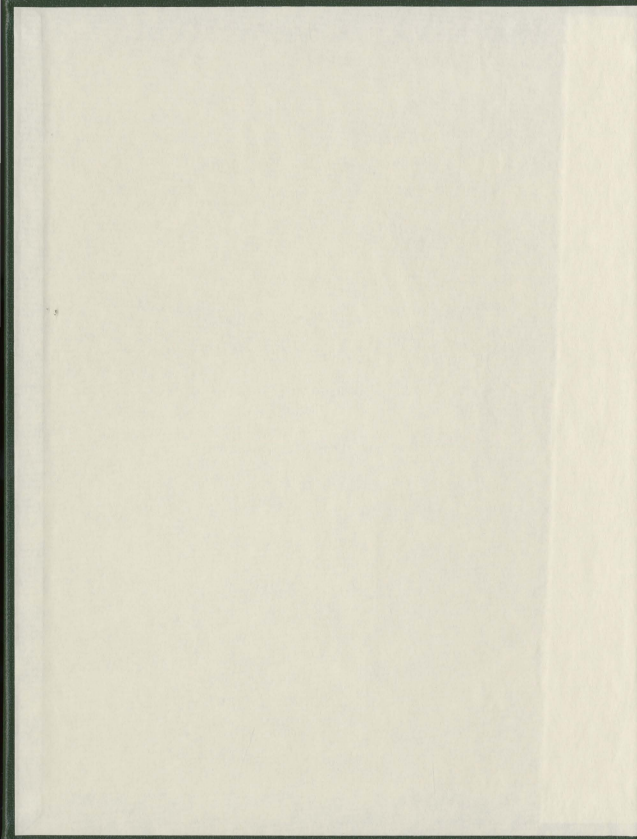# TEACHERS' EXPERIENCES AND PERCEPTIONS IN WORKING WITH STUDENTS WHO HAVE ATTEMPTED SUICIDE

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Teachers' experiences and perceptions in working with students who
have attempted suicide

by

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Abstract

A suicide attempt is a key risk factor for completed suicide. Teachers are often on the front line with students who have attempted suicide. No one has, however, asked about the impact of having a student in the classroom who has attempted suicide. This study utilized semi-structured interviews with six intermediate/secondary teachers in Newfoundland and Labrador concerning their experiences (the event) and perspectives (thoughts and feelings related to the event) of working with a student who has returned to the classroom after an attempted suicide. Interview data was transcribed verbatim by the first researcher and returned to participants for review. Coding was utilized to determine common themes among the data (Farber, 2006). Findings indicate teachers experienced shock, uncertainty, anxiety, and fear in how to deal with such situations and in terms of the potential implications of such situations. As well, participants reported issues around access to student information and knowledge regarding appropriate actions. They recommended proactive and inclusive policy/program development as well as training in the area of preventing student suicide attempts. Study results are discussed in the context of the needs of students who have attempted suicide, the needs of the teacher, and the role of the wider school system.

the school districts in general also deserve a word of thanks for allowing and embracing research in the schools. As a researcher, I can only hope that my results lend themselves to the betterment of the schools, its faculty, and students.

Finally I would like to thank my family and friends. Writing a thesis and completing a Masters program can be a daunting challenge and every bit of support helped me continue to the finish. I would like to especially thank my father and my brother. My father dedicated countless hours throughout my many years of university helping me fine tune my grammar skills, while my brother was always there to help when I encountered any issues with technology. Without these two skill sets this thesis would have been much more difficult to complete.

My sincere thanks to all of you

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Chapter One: Setting the Context for Teachers' Experiences of Working with

Students who have Attempted Suicide

Study Purpose

The primary purpose of this study was to gain an understanding of junior high and

high school teachers' experiences and perspectives while working with and/or teaching

students who have re-entered the school environment after attempting suicide. It was

through an exploration of these experiences (the events that took place) and perspectives

(the thoughts and feelings related to the events) that I hoped to learn more about the

thoughts, feelings, and actions taken by the teachers faced with this situation. I also

wanted to discover if there was a certain role teachers' wished to adapt while they

worked with students who had attempted suicide, the perceived importance teachers

placed on this role, as well as the role teachers felt they could actually play based on their

knowledge, comfort level, and the support available to them. In pursuit of these questions

I conducted semi-structured interviews. For the interview guide I developed a set of

interview questions based on the above research questions and gave these to participants

prior to the interviews. These questions were intended as a guide to allow the interviews

to unfold as natural conversations.

Based on my literature review, research on the topic of adult responses after

adolescent attempted suicide was very rare, especially perspectives from within the

school system. This was the main reason I decided to focus on a qualitative approach in

completing this research. An interview provided in depth information, ideal for an

exploratory examination of this topic. It was my goal for this research to explore the experiences of teachers who had been faced with this potentially difficult situation. As well as to explore how they perceived their interactions with others including their own personal self-talk and emotions which were associated with the experience of working with a student who had attempted suicide.

Suicidal Behaviour Defined

Suicidal behaviour has been defined as "A purposeful act of self-injury where the intent was death" (Bostik & Everall, 2007, p. 83). Whether death occurs or not determines whether the suicidal behaviour was deemed as a completed or attempted suicide. Suicidal behaviour has been the focus of numerous research studies throughout the years. Despite this attention, it was widely recognized that there was still much to learn, especially in the area of adolescent suicide. The statistics describing death by suicide were generally assumed to underestimate the numbers because the cause of death might have been listed as unknown or, especially in the case of adolescents, identified as an accident (Edwards, Alaghehbandan, Macdonald, Sikdar, Collins, & Simon, 2008). In 2007, deaths identified as suicide in Canadian adolescents aged 15-19 were 8.3 out of 100, 000 while in Newfoundland and Labrador the rate was 10.3 out of 100, 000. In both cases it was identified as the second leading cause of death for this age group (Statistics Canada, 2007a; Statistics Canada, 2007b; Statistics Canada, 2010). Christianson and Everall (2009) wrote in their study on school counsellors' experiences with client suicide that "when adolescents look at their reflections in the mirror, they see one of the greatest

dangers they will face during their youth as adolescents" (p.157). This quote has left a lasting and profound impact on myself when considering the risk and occurrence of both attempted and completed suicide in adolescents as well as reinforcing the utter importance of adolescent suicide prevention.

The Risk of Multiple Suicide Attempts

One of the strongest predictors for a completed suicide is a history of attempted suicide (Schmidtke et al., 1996). In fact, a study by Harris and Barraclough (1997) conducted by analyzing reports on mortality rates of people with mental disorders (including suicide attempts), showed that the risk of a completed suicide after an attempted suicide was about 40 times higher than the risk of a completed suicide without a history of attempts. For such an important component in the study of suicide, data describing attempted suicide for any age and/or geographical location was particularly difficult to find (Alaghehbandan, Gates, & MacDonald, 2005). In the late 90's, in Newfoundland and Labrador, the age groups in which the greatest number of attempted suicides occurred were 15-19 and 35-39. Also the rate for ages 15-24 per year for the province was 59.0 out of 100 000 for the island portion and 557.0 out of 100 000 for Labrador (Alaghehbandan et al., 2005). Adolescents have been named as one of the age groups with the highest rate of attempted suicide in Newfoundland and Labrador. Considering that attempted suicide had a positive correlation with completed suicide, one of the leading causes of death for this age group, topics relevant to adolescent attempted suicide in Newfoundland and Labrador were worth the attention of researchers.

Adolescent Suicide and Social Support

Adolescents who have attempted suicide, or those who have been identified as a high-risk for suicide, have been found to spend much of their time alone or to lack social supports. In a recently developed theory of suicide and attempted suicide, Thomas Joiner and Kimberly Van Orden (2008) claimed that the desire to commit suicide stems from a sense of perceived burdensome and failed belongingness. According to this interpersonal-psychological theory of suicidal behaviour, Joiner and Van Orden (2008) commented that,

> when people simultaneously experience perceived burdensomeness and
> failed belongingness—that is, when they feel their care for others is
> inconsequential and that they are not cared for— there is nothing left to live
> for, and that the desire for death therefore develops (p. 81)

Feelings of loneliness are common for adolescents. In a questionnaire given to 220 students aged 11-18, loneliness was the most commonly reported problem (Culp, Clyman, & Culp, 1995). Despite the commonality of loneliness, suicidal teens reported more time being alone. Mazza and Eggert (2001) used an activities scale and a suicide risk screen to explore the relationship of social versus solitary activities with suicidal adolescents as well as adolescents who were at high-risk of dropping out of school. In their findings, suicidal youth spent significantly more time alone, reporting activities such as watching television alone and having nothing to do, as compared to those identified as non-suicidal. It has also been found that adolescents who engaged in fewer activities with

their parents and family unit were more likely to experience thoughts of suicide (Bearman & Moody, 2004).

The existence of a social support system and a place to belong plays a role in healthy adolescent functioning (Bergmans, Langley, Links, & Lavery, 2009; Rutter & Behrendt, 2004). Studies have found that adolescents, who perceived their relationships with those close to them as positive and supportive, often showed signs of resiliency and were less likely to exhibit suicidal behaviour (Harter & Whitesell, 1996), had positive outlooks for their futures and possessed effective coping mechanisms (DeWilde, Kienhorst, Dieskstra, & Wolters, 1993). On the other end of the spectrum, low social competence in an adolescent acted as an obstacle for the creation of social supports and has been found to be related to the existence of suicidal ideations and behaviours (King et al., 2001). For example, Lewinsohn, Rhode, and Seeley (1993) gave a diagnostic interview and an extensive battery of questionnaires with varying focuses such as psychosocial constructs, psychopathology, stress, health, coping skills, academics, and self-consciousness to 1710 adolescents aged 14-18. The findings suggested that low social self-confidence, reduced support from friends, conflict with parents, and social desirability are some of the characteristics that were significantly related to a history of suicide attempt in these adolescents. These findings led the authors to the conclusion that adolescent suicide attempters lacked the resources to create positive coping mechanisms as well as often lived with the experience of a reduction in the social support provided by their family unit. Heeringen (2001) also reported that students who have attempted suicide tended to lack effective problem solving skills. Even if they had recognized these

issues and challenges in their social worlds, they would have had little practical knowledge of how to approach a change in themselves or their environment.

Among those adolescents who had a history of suicide attempts, prior social support was reported as something they felt they lacked. Bostik and Everall (2007) interviewed 50 adolescents, between the ages of 13 and 19, who had previous suicide ideations and/or behaviours but had not been suicidal in the past six months. These interviews focused on how the youth overcame suicidality and the role of attachment relationships in this process. During the times where suicide was considered an option, the majority of these adolescents described a fear of judgement and rejection and an inability to feel safe in disclosing these feelings to others. They expressed a lack of what they perceived to be a secure and safe relationship with someone with whom they could safely share such feelings. Peer social support has been found especially significant for adolescent girls who are suicidal. Feeling socially isolated significantly increased their thoughts of suicide, while attending a school composed of many social networks diminished these thoughts (Bearman & Moody, 2004).

The inaction of adolescents in discussing their suicidal feelings, asking for help, or even continuing in treatment after an attempted suicide, has also been documented. In a study of high-risk adolescents, some of whom had a previous suicide attempt, 49% reported they did not seek help as they believed their problem was either unimportant or their own responsibility (Culp et al., 1995). Low attendance at treatment programs for adolescents who have attempted suicide is well-known within the mental health

profession (Hepp, Wittmann, Schnyder, & Michel, 2004). A follow-up of 85 adolescents, hospitalized after a suicide attempt, found that their involvement in treatment progressively dropped off every six months. Although non-compliance was not found to predict future suicide attempts, in this study, it was found to occur more in those adolescents with substance abuse issues, which is one of the predictors of suicidal behaviour (Burns, Cortell, & Wagner, 2008; King et al., 2001).

Given the established relationship between social support and suicide, researchers have suggested an effective strategy would be the development of social supports and the establishment of positive environments for at risk adolescents (Granello & Granello, 2007). Also, in terms of non-compliance, it would be beneficial for these developments to occur in the adolescents' general environment such as the home, community, or school. For the purpose of this research, the focus was on the school environment and the plausible role of the teacher in facilitating such social supports and providing a positive environment for the student.

Programs in the School

Although research has called upon schools to become involved in the prevention and intervention of many non-academic issues such as mental illness, drug and alcohol use and violence, schools have remained reluctant and uncertain of the extent of assistance they should provide. These programs were often seen as a burden to the school system (Hayden & Lauer, 2000). In spite of this, programs did exist in various school systems that address the issue of adolescent suicide. These programs had numerous

modalities, rationales for their use, and effectiveness, in terms of prevention and intervention.

Gatekeeper training was one such program widely used in schools. This program involved the training of all faculty members, teachers included, on the risk factors and signs of adolescent suicide, as well as the procedures adopted by their school to deal with this and other crises (O'Carroll, Potter, & Mercy, 1994). A variation of this program was to extend the training to the entire school population (O'Carroll et al., 1994). For this training many schools used guest speakers to present the information in a school-wide fashion. This education was also, at times, provided in the classroom environment, but was more time consuming (Hayden & Lauer, 2000). These education based programs were relatively easy and cost-effective, which caused them to be quite popular and were considered non-invasive by faculty. Their use was recommended initially in schools struggling to adopt effective programming with respect to adolescent suicide (Hayden & Lauer, 2000; O'Carroll et al., 1994).

The establishment of peer support groups in schools was promising and possibly even more effective than school-wide education sessions (O'Carroll et al., 1994). These programs focused on connecting students who were at risk of suicide or other concerns by providing a means of social support. As well as providing a connection to other students, these programs often included social skills training which was also useful outside of their peer group community (O'Carroll et al., 1994). Peer helper programs were also implemented at times in the schools. These programs taught students how to

respond if they suspected or were told another student was considering suicide. As many

adolescents reported they would rather talk to peers about suicide than adults (King,

2001), it was very important that students were prepared to talk to their peers about

suicide. As peer programs were more complex than most education programs, peer

programs tended not to be implemented in the schools as frequently (Hayden & Lauer,

2000; King, 2001; O'Carroll et al., 1994; Portzky & Van Herringen, 2006).

School wide screening for suicidal intent or other at risk students has been used

but has generally been deemed inappropriate for the school system. In a study by Hallfors

et al. (2006) high school students completed a suicide risk screen along with

questionnaires assessing such factors as peer bonding, school connectedness and high-

risk behaviours. Of these 1, 323 students, 389 were deemed as at risk and the schools

were asked to complete follow up interviews, although 120 students did not complete this

interview. What these researchers found was that a general screening assessment tool

may have provided too many false positives leaving the school overwhelmed with the

students at risk. A tool measuring students who were at especially high-risk would

potentially be more effective. Screening could be beneficial to identify students in need

of programming as well as the use of repeated assessments to learn the effectiveness of

the programming being implemented (O'Carroll, et al., 1994). It has also been found that

screening assessments are often used only with individuals in the school who have

already been recognized as a concern (Hayden & Lauer, 2000).

Finally, the implementation of policies and protocols specific to student attempted and completed suicide was highly recommended to be established in schools. These policies would outline the types of programming that would be placed in the school, the members of the staff who would be considered gatekeepers, and ensure that everyone is aware of their role in the programming. Schools with policies in place were also more likely to have programs developed to deal with the issue of adolescent suicide and the use of one program often lead to the use of numerous programs in the school (Hayden & Lauer, 2000). There were, however, certain roadblocks cited to impede the development of policies and programs in the schools. In a questionnaire given to schools by Hayden and Lauer (2000), roadblocks identified by responders included potential negative responses of parents, teachers, principals, and district administrators, as well as a lack of knowledge in the area of suicide and insufficient staffing. These roadblocks were arranged in clusters from most to least problematic in terms of developing policies. Insufficient staff, funding, and scheduling were most problematic; potential negative responses of principals, district administrators and students were the least problematic, while potential negative responses of parents and teachers, legal issues, and lack of knowledge were in the middle (Hayden & Lauer, 2000).

Given the various programs and approaches recognized to be available to address adolescent suicide, differences in effectiveness of these programs, the dedication required to implement them, and various roadblocks that can be faced by different schools, a comprehensive school based program for adolescents has been identified as most needed and may be the best option (Valois, Zullig, Huebner, & Drane, 2004).

School Systems Approach

A school systems approach to programming for adolescent suicide (attempted and completed) involved a comprehensive program utilizing all available resources in the school and the entire school population (King, 2001). It was also believed that when schools come together to create programs such as this, it creates a more collaborative school community. This in itself has been found to reduce suicidal ideation and completion of suicide by students in these schools (King, 2001). When creating a comprehensive program, however, according to Kalafat (2003) it was important to remind the school community that there were only two things the school could do for students considering suicide: recognize that the students were having these thoughts and refer them for additional assistance, to keep them safe.

Comprehensive school suicide programs often included programs to deal with the three components of suicide; primary, secondary, and tertiary (postvention) prevention. According to a comprehensive program described by King (2001), a large number of initiatives must be taken when developing or acting on a comprehensive program. In terms of suicide prevention, a district-wide policy for schools should be developed impressing upon the schools the high priority of suicide prevention in that district. School professionals should be educated about the warning signs and risk factors of suicide. Teachers, counsellors, and school nurses should be encouraged to collaborate on their knowledge of adolescent suicide and suicide prevention curriculum should be included to increase the knowledge of students. Encouraging connections within the school was also

listed as an important factor in suicide prevention. This included such tasks as developing a peer assistance program, planning activities to increase school connectedness (where students felt they belong and could better connect to the staff), and maintaining supportive connections between the school and both the family and the community. At the time a suicide crisis occurred, King (2001) suggested: the establishment of a school crisis team who were trained to deal with these incidents, a focus on student safety, an assessment of the suicidal risk of the student, ensure the student received the appropriate care and debrief the school staff who may have been affected by this incident. Finally, in terms of dealing with postvention, after an attempted or completed suicide occurred it was suggested that a plan be developed and the whole school be notified of the procedure (King, 2001).

The tasks described above are very similar to a comprehensive school suicide program described by Kalafat (2003). These programs aimed to increase the likelihood that gatekeepers (or the adults working in the school) and students who were in contact with at risk students were ready to recognize the signs and risks, respond to the student appropriately, and knew where to go to find additional help. This researcher also made it clear that providing information to these people in isolation would not be enough to encourage them to take action; they must feel as if they are part of a school community where students feel well connected to the adults working in their schools.

A final school wide program, based on mental health issues, was the MindMatters program (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000). This program held a

central tenant that it was very important to promote mental health and wellbeing in the schools. The focus of this program was on collaboration between all members of the school community, including parents and community members, as well as the provision of supports for teachers. In terms of building a school community, schools participating in this program developed school wide activities such as team building games, mental health days, and dramas/role playing which helped to address mental health issues. In this program, building teacher confidence through supports was highlighted. It was suggested that teachers be provided with the knowledge necessary to be able to discuss mental health issues with students as well as classroom materials that were student centered and activity based. The main challenge, cited by teachers, was the fact that the program uses a whole–school approach which required extensive time and commitment to collaborate with not only the people in the school but those in the community. The support of leadership personnel in the school was viewed as the primary encouraging factor for success in the program (Wyn et al., 2000).

As one can see, it was necessary for the success of each of these programs that all members of the school community were knowledgeable about their particular role within the programs. Being aware of their roles allowed each professional to effectively complete the tasks they were responsible for and also to collaborate with others.

Role of School Professionals in the Prevention of Adolescent Suicide

Many different workers in a school's environment play important roles in the prevention of suicide among students. In American studies, superintendents (comparable

to a director of education) were named as being those having the greatest influence on the implementation of school programs. They had the ultimate say in the types of programs that were approved to be established in their districts. According to research, superintendents were more apt to approve curriculum-based classroom programs or in-services for teachers and other staff members (Scherff, Eckert, & Miller, 2005). While the director or superintendent provided approval for the use of these programs in the school district, it was the role of the administration of the school to support the actual implementation of the programs or policies in their schools. School administrators may also have had the resources to access certain training and prevention modules addressing student suicide that could be provided to the staff and faculty (Range, 1993).

The role of guidance counsellors, at the time of a crisis such as in the case of student suicide, was closer to that of a leader. Typically these professionals have been trained and feel comfortable when interacting and responding to survivors in these crisis situations, which lends them a sense of responsibility when such situations arise. If a program exists in the school, these professionals were the ones who were most likely to take charge of the program, working with the students and staff of the school to enact the measures established by the particular program accepted in that school (Christianson & Everall, 2009). Finally, from personal experience, I have gained some knowledge of the role educational psychologists assumed in addressing suicide. In terms of attempted suicide, they came into the school to assist if they were called upon. For completed suicides, they often came into the school to assist with follow-up sessions for affected

students as well as made themselves available to teachers who may have required counselling and support.

The Role of the Teacher in the Prevention of Adolescent Suicide

The literature stated that many students experiencing emotional problems could be supported within the school system (Stephan, Weist, Kataoka, Adelsheim, & Mills, 2007). A call for new and innovative programs to prevent adolescent suicide has been made and the school system has been named as a major broker of these programs because of its unique environment, often connecting adolescents, parents, psychologists, counsellors and teachers (Heeringen, 2001). It has also been widely suggested that teachers were on the front line and thus had the potential to recognize risk factors for adolescent suicide and to potentially intervene. This was suggested because teachers were the personnel in the school system who were spending the majority of time with the students, providing both formal and informal education to their students every day, and had the greatest opportunity to bridge communication between the school and the parents (Range, 1993; Stephan et al., 2007).

Teachers, although not trained as mental health professionals, do have the potential to be of assistance to a student who has attempted suicide. In one study completed by Elliot, Colangelo and Gelles (2005), 2,004 adolescents between the ages of 14 and 18 participated in a telephone interview where they were given the 2,000 Youth at Risk survey. For this survey, these adolescents answered questions concerning demographics, importance of religion, degree of "mattering" to family and friends, self-

esteem, their engagement in risky behaviours, depression, and suicidal ideation. What was discovered was a significant effect of mattering on suicide ideation, with ideations dramatically decreasing as perceptions of mattering increased. According to the researchers, mattering, or the perception that a significant other is caring about their welfare and that one can make a difference in the world, was significant to adolescents' self-esteem or recognition of strengths and motivation to improve weaknesses. This finding was used as a call to those dealing with suicidal or potentially suicidal youth; to show them that they mattered by acknowledging their presence, investing in their welfare, and displaying an appropriate reliance on their existence and talents (Elliot et al., 2005). To further illustrate the possible impact a teacher may have on a student who has attempted suicide, I turned back to Bostik and Everall's (2007) research. In their interview with adolescents who have experienced the transition from being suicidal to being non-suicidal, it was found that an essential component in their healing process was the development of at least one significant relationship with another who showed friendship, understanding, and caring. A number of adolescents, when they could not find adequate support from their family or peers, named their teacher as this person. In excerpts from the interviews, these adolescents described their teachers as doing more than just their job, explaining that teachers would talk to them during lunch periods and after school, show genuine interest and caring in their lives, allow them to help out in the classroom, and encourage their strengths and abilities. Teachers also had the ability to teach skills that students who have attempted suicide have been found to be lacking, such as the previously discussed skills in effective problem solving. Providing students who

have previously attempted suicide with the skills and strategies that may have helped them cope in any future circumstances where thoughts of suicide may again resurface has been suggested as a potentially beneficial technique. These things could even be taught through the general curriculum in math, social studies, or science, where problem solving skills could be easily incorporated (Hepp et al., 2004).

Barriers in Teachers Preventing Adolescent Suicide

Very little information was found on the actions a teacher might adopt upon the return to the classroom of a student who has attempted suicide (Granello & Granello, 2007). In the opinion of this author, this lack of information could be based on a number of factors. Firstly, the research on adolescent attempted suicide itself was scarce, so the knowledge base was small. Teachers and their classrooms (and indeed schools) were unique in how they would be able to support a returning student who has attempted suicide. As well, the individual student's circumstances and coping resources could be unique. Taken together, these differences created various person-to-person interactions and person-environment fits, making it difficult to study this topic. Finally, after a student attempted suicide there were often concerns of confidentiality. The family's wishes could often determine who was informed about the attempt and the type of action that could be taken. Confidentiality issues may certainly have been an obstacle when considering research on the effectiveness of certain methods to help students after an attempted suicide, thus making it less likely to be studied. Although research has been difficult, it has been suggested that the exploration of a variety of possible support systems, i.e.,

teachers, counsellors, peers, family, and how these can be integrated, would be advantageous. It was possible that the lack of support in one system may have been enhanced by increasing the support a student receives in another (Kidd, Henrich, Brookmeyer, Davidson, King, & Shahar, 2006).

Teacher Stress and Strain

Although the above research highlighted the potential importance of teacher involvement with students who have attempted suicide, other research has found that external demands placed on teachers were contributing to teacher stress and possible strains in the classroom, resulting in a lack of connection between the teacher and the student. Some major stressors named by teachers as occurring often in the classroom and the school environment included verbal abuse from the students, students' refusals to comply with requests, students coming to the school suffering from such difficult external factors such as hunger, abuse, and neglect, as well as having to deal with aggressive parents (Howard & Johnson, 2004). It was reasonable then to recognize that there were many stressors teachers were working with on a daily basis and the request to assist with student mental health may have been adding yet another role contributing to stress and burnout.

Dr. Lynda Younghusband (2007) interviewed 16 high school teachers in rural and urban Newfoundland in 2002 about their perceptions of their work environment with a focus on stressors. The balancing of multiple demands was one of three main constructs identified by these teachers as playing a major role in their work stress. More specifically,

acknowledged to be contributing to stress are the demands from the general public to do more than teach, but to help manage a student's upbringing. The teachers described the stress and worry they experienced in dealing with the social and emotional issues that students brought to school each day. Some teachers believed that too much is expected of the schools in dealing with mental health issues, especially since the time and concern provided to the health curriculum in general is often limited and marginalized (Wyn et al., 2000). Too many task demands along with many time restraints has been named by many teachers as their main sources of stress in their occupations (Austin, Shah, & Muncer, 2005).

In another study, Newberry and Davis (2008) examined teachers' perceptions of the student-teacher relationship by interviewing three elementary school teachers on their relationships with their students, asking them to rate the amount of closeness they believed they had with their students as well as their understanding of that closeness and to identify patterns in both their closeness and their distance. It was found in this study that teachers who viewed students as presenting challenges in the classroom tended to report having a reduced connection to those students. More compelling is the finding that these results remained even when the teacher was aware that the behaviour was out of the student's control. This was relevant, in the case of students who have attempted suicide, because such students were often faced with issues such as depression, substance abuse, and social isolation which would most likely present challenges in the classroom. This was especially pertinent when attempting to prevent multiple suicide attempts because it has been found that adolescents who have attempted suicide more than once had higher

rates of disruptive behaviour disorders and higher levels of affect dysregulation than those who have made a single attempt (Esposito, Spirito, Boergers, & Donaldson, 2003; King et al., 2001). A fear of legal repercussions may also have presented an obstacle for teachers in becoming involved with a student who has attempted suicide and may be likely to attempt again. Research examining teachers' knowledge of suicidal behaviour has often found that they were not trained, were unaware of warning signs and other information on suicide, and were often unwilling or uncomfortable to take any type of action that may place them in a role of responsibility (Freedenthal & Breslin, 2010; Malley, Kush, & Bogo, 1994; Scouller & Smith, 2002).

Teacher opinion research on becoming involved with student suicide (risks, attempted, or completed) has found that many teachers fear accountability that may correspond with getting involved. They were not mental health professionals and should not be expected to behave as such; so they worried about the role they might play in recognizing crises, reporting suspicions about potential student suicide, and had concerns about their general involvement. The teachers interviewed by Younghusband (2007) often did not feel like they were provided adequate professional training or professional development in dealing with curricular issues, let alone social and emotional issues. They also expressed a desire for more involvement from administration when it came to reducing their accountability demands, being respected as professionals, using effective communication, and providing guidance and support in day to day expectations of dealing with students and the classroom. Also it has been found that few schools have

written policies concerning student suicide (Davidson & Range, 1999; Malley et al., 1994; Weller, Young, Rohrbaugh, & Weller, 2001; Younghusband, 2007).

Overall, the difference between the importance and potential for teacher involvement in a student's experience after he/she has attempted suicide and the existing barriers and fears in providing that assistance made the teachers' perspectives on this issue particularly important and interesting. The amount of research in the literature directly addressing the issue of adolescent attempted suicide and its relationship to the school system, especially teachers, was also rather limited and in need of expansion. What is evident from exploration of the existing literature was that much of the relevant research was from the 1990's and potentially out of date. Finally, research, with teachers as participants, typically dealt with assessing their competencies and perspectives during times of crisis and in recognizing warning signs and procedures in dealing with suicide intervention. For example, Crawford and Caltabiano (2009) included teachers in their exploration of the school professionals' role in identifying youth at risk of suicide, while King, Price, Telljohann, and Wahl (1999) explored the knowledge held by high school teachers in regards to risks and warning signs of adolescent suicide. There was very little on the experiences, perspectives, and/or knowledge of teachers during any other phase of adolescent suicide, including prevention, postvention (after a completed suicide) or after an attempted suicide (Freedenthal & Breslin, 2010; Scouller & Smith, 2002; Westefeld, Jenks Kettmann, Lovmo & Hey, 2007).

Teachers Coping with Stress

The coping styles of teachers, who were suffering from stress, has been found to differ from those of teachers who reported not to be experiencing stress in their occupation. Those teachers experiencing stress in general were more likely to have used emotion-focused and avoidant coping, both of which did address the issue causing the stress but simply the negative emotions caused by the issue. At times the stress experienced by these teachers led to burnout or distress (Austin et al., 2005; Mearns & Cain, 2003).

Teachers who have reported lower levels of stress in their career are those who held a strong belief that they were able to effectively cope with the stressors of their job (Mearns & Cain, 2003). In terms of general characteristics, resilient teachers, those who internalized a strong belief of self-efficacy or their own ability to control what happened to them as well as had the ability to face and solve problems, often coped very well with the demands placed upon them. In dealings with any type of situation, resilient teachers tended to handle it appropriately as their knowledge facilitated an appropriate process/outcome and they were able to not place guilt or blame upon themselves. Mistakes were perceived as a learning opportunity and stressful events were depersonalized. Overriding all of these coping strategies, more resilient teachers, in general, had a strong confidence that they were able to make a difference in the lives of the children (Austin et al., 2005; Howard & Johnson, 2004; Jepson & Forrest, 2006).

The optimistic result found by Howard and Johnson (2004) was that all of the resilient teachers, included in their study, believed they were not born with these skills but had learned helpful strategies throughout their life experiences. This suggested that teachers who did not find themselves resilient to the stressors placed on them by their workplace may have been able to learn effective coping strategies, which may have important benefits for their students, especially those in need of support.

Concluding Thoughts

The current study contributed to the development of research in the relatively new area of teachers' experiences with adolescents who have returned to the classroom after an attempted suicide. Research showed that teachers often struggled with the multiple tasks expected of them in the classroom. They felt they did not possess the knowledge to deal with student suicidality and suffered from other types of stress and strain in the classroom while they still struggled to maintain a commitment to the welfare of the students. Gaining a better understanding of teacher experiences of working with students who have attempted suicide was a good place to begin this research and could potentially influence the research of others.

Chapter Two: In Search of a Methodology to Understand Teachers' Experiences
of Working with Students who have Attempted Suicide

"Qualitative research methods involve the systematic collection, organisation, and interpretation of textual material derived from talk or observation. It, [qualitative research], is used in the exploration of meanings of social phenomena as experienced by individuals themselves, in their natural context" (Malterud, 2001, p. 483).

The purpose of my research study was to gain a better understanding of teachers' experiences in working with a student returning to school after he/she attempted suicide. My interest in this topic stemmed from my own personal curiosity of the experiences of teachers in this situation, considerations of their potential to help, possible barriers or fears they may have experienced in attempting to work with such students, and how teachers perceived themselves being integrated into the schools' response. These components were then combined with the realization that research in this area was significantly lacking and my own awareness that I have not had such an experience and wanted to learn from those who have had the experience. As this indicates, qualitative researchers do not usually create pre-set hypotheses about what will be found; it is more likely that the researcher is unsure about what will be found and is much more interested in listening, exploring, and extracting meaning from what is found (Farber, 2006). According to Creswell (2008) the qualitative research purpose should be based on a broad exploration of individual participants' experiences, in other words the experiences of participants is of particular importance. However, qualitative researchers do not

typically re-tell the experiences of others. They aim to create some understanding through what they have learned, making meaning through the identification and description of connections that can be found (Creswell, 2008; Firth, 2009). As the purpose of my study was to gain an understanding of experiences that were not well understood, I decided that a qualitative methodology would be the best fit in embarking on this research.

In a general overview, I interviewed participants to explore their experiences of working with a student who had attempted suicide and returned to the classroom, transcribed the interviews verbatim, summarized the main points, returned the transcripts and summaries to participants for feedback, and then explored the interview text for meaning in the form of themes. I further elaborated on how I engaged in data collection and analysis below. In this study, a qualitative approach was taken, which was informed by phenomenology (Creswell, 2007). This approach underlined many of the methodological decisions which were made. The phenomenological approach was integrated in the focus of this study as it involved research based on listening to and describing the experiences of a certain common phenomenon, among a set of participants from their own perspective, gaining a deeper understanding of the phenomenon (Creswell, 2007). I aimed to discover a broad but deeper understanding of the experiences of teachers working with students who had attempted suicide and returned to the classroom after the attempt, thus calming my own curiosity for the time being, extending my knowledge, and possibly assisting in the development of future policy and research in this area. The depth required to meet these aims was provided through the rich

and thick descriptions of information that underlie the utilization of qualitative methodologies (Farber, 2006).

Participants

For this study, the participants were teachers employed in the school districts of Newfoundland. The six participants interviewed were employed in either junior high schools (1) or high schools (5). The interviews focused on participants' experiences relating to the phenomenon of a student in their classroom attempting suicide and the return of the student to the classroom afterwards. The interviews took place at a time and location of participants' choosing, which was in their classrooms after school or during summer vacation for all participants. In all cases the principal or guidance counselor of the school was informed when the 60-90 minute interview was taking place. Participation was completely voluntary. Participants were included in this study if they responded to a general email I sent to a group of potential participants explaining the purpose, importance, and methods of this study as well as the requirements for participation (See Appendix A) and met study inclusion criteria.

Given that there were few potential participants who could meet my study criteria (i.e., had worked with a student after the student's attempted suicide but is not currently working with him/her), combined with the large number of junior high and high school teachers employed in the Newfoundland school districts, the use of a mass email as a request for participation seemed most appropriate. Using emails allowed for easy communication between researcher and participant. This created a situation where

participating in this research was as easy for the participant as possible, while maintaining the integrity of qualitative research. In three cases participation was requested through personal request rather than email because I was physically within the school. These teachers had already expressed a desire to participate to the principal or guidance counsellor of their school before I approached them with a formal request and information about my study. Participation was requested only after permission was granted by the principal of the school in which the teacher was working or after a recommendation was given by the guidance counsellor of the school, depending on the district in which the teacher was employed. If teachers volunteered through email, they were sent both the informed consent form (See Appendix C) and a list of interview questions (See Appendix D) previous to the interview. Teachers approached in person were given the option of receiving these documents in advance but none of them opted to receive them.

I chose teachers who worked with junior high or high school students because this was the chosen age group of researchers in the area of adolescent attempted suicide, whom I referred to in my literature review (e.g., Bostik & Everall, 2007; Culp et al., 1995). As noted above, participants had to have past experience teaching or working with a student who has re-entered the school after an attempted suicide. More specifically, the requirement of past experience was qualified as not currently working with the student. This requirement served two purposes. The first ensured that my participants had experienced the specific phenomenon outlined in the purpose of this study. The other being that the risk of the participant discussing a student who he/she was aware of as

currently at risk of harming himself/herself, and the ethical issues of encountering such a situation, were reduced.

I employed both a convenience and a unique case sampling process to recruit participants in my current study (LeCompte & Preissle, 1993). I limited my participants to those working in two school districts of Newfoundland. Unique case sampling was critical as the study focus was on junior high or high school teachers (LeCompte & Preissle, 1993). Also because of the difficulty in finding participants, at times I went through participant suggestions given by guidance counsellors and/or teachers with whom I was working to add to my sample. This is another sampling strategy known as snowball sampling (Tite & Doyle, 2011). The number of participants I interviewed was typical of qualitative studies, where a lesser number of participants is typically involved, however the researcher uses the time with these participants to gain as much relevant information as possible (Fossey, Harvey, McDermott, & Davidson, 2002). More specifically, phenomenological research could use a single participant or a number of specifically selected participants. Single participants allowed for attention to be drawn to an issue. With the addition of every extra participant, however, overlapping information could cause resulting inferences which are "less easy to make [with only one participant] without a small sample of participants" (Lester, 1999, p.1). The participants comprising my group had to be appropriate for my research topic, i.e., they must have had the natural experiences needed to contribute the best information possible to meet the project's purpose. This characteristic of qualitative research sampling, particularly phenomenological research sampling, played a large role in the decisions made in

reference to my sampling strategy as well as the lack of a pre-determined site (Creswell, 2008; DiCicco-Bloom & Crabtree, 2006; Fossey et al., 2002; Morse, Barrett, Mayan, Olson, & Spiers, 2002; Polkinghorne, 2005).

The Roles of the Researcher

There were a number of roles I adopted as a researcher during this study. Examples of these roles included: dealing with issues of entry into the research sites, reflection on and describing my own personal biography, following proper ethical guidelines, and participating in reciprocity with the participants who took the time to be interviewed (Tite & Doyle, 2011).

Entry into the research sites.

Typically there is a specific person or group of people who are responsible for either allowing or denying your access to your research site. Establishing a good working relationship with this person, providing full disclosure of the study's purpose and methodology as well as listening and responding to any concerns is considered very important in initiating a research study (Farber, 2006). In my case, however, I asked participation from teachers working at a number of sites so there was not one specific person to ask for permission. I gained ethics approval from an ethics committee based in the university, then received approval from the school districts, and finally asked every school principal in the one of the districts for permission to seek participants in his/her school (the other district did not have this research requirement of principal permission). Obtaining this broad range of permission necessitated that I develop well written letters

describing the components of this study (See Appendix B), including information addressing potential concerns that may arise. The relationship I needed to develop with these people had to be initiated solely through this letter.

The biography of the researcher.

Within qualitative research, the main instrument used to conduct the research is the researcher him/herself (Creswell, 2007). It is therefore necessary for the researcher to become familiar with his/her instrument through recognition of his/her values, knowledge, and experiences which may relate to the research topic and how they may influence the chosen methodologies, relationships with the participants, and interpretation of information gathered. Recognition of these factors is used to ensure that the information gathered and interpreted is actually from the perspective of the participant, especially in phenomenology, and that it is shared with the readers of your research (Farber, 2006). In terms of my own research, I have not directly taught a student who has attempted suicide, but have witnessed a small number of teachers (before I began this research) talk about their own confusion at the time of this occurrence and how having a student who has attempted suicide return to their classroom had an influence on them either professionally or personally. I have conducted past research on adolescent suicide, attempted suicide, and its relationship with the schools.

It is through these experiences I have come to believe that teachers can play a positive role in the school's efforts in preventing suicide, especially in high-risk cases such as after an attempted suicide. In these past cases teachers often, however, did not

have much knowledge in this area and may have lacked resources and supports. After acknowledging these possible preconceptions, I worked closely with my supervisor as I developed the interview questions which were asked to participants, to ensure they were not leading toward my perspective, making the information gained truly representative of the perspective of the participant. It was also my role to ensure that I kept my ideas in mind during interpretation, to ensure that I recognized any and all themes that had developed and not simply those agreeing with my own opinions. I participated in a large amount of journaling during interpretation in response to this responsibility. My journaling began after each interview as I recorded my first impressions of important themes. Journaling continued while I was transcribing the interviews as I recorded any commonalities I noticed in my initial readings of the transcriptions. Along with commonalities I noted the location of phrases or experiences that seemed important to the participants. Each line of the transcription was numbered to allow ease in identifying the locations of quotes or phrases. These notes were added to and/or modified with every reading of the transcriptions. After the notes were taken, as I was organizing them into themes or categories, I paid attention to the number of quotes used per participant and if each participant's interview was fully represented in the notes I had taken.

    Ethical roles.

    My main ethical roles in this study were to protect the welfare of my participants in the pursuit of knowledge and advancement in this research area. To meet this goal some tasks I had to complete were to obtain the correct ethics approvals from the

appropriate committees and more importantly to protect the identities of those involved in

this study. It was important that "the anonymity of the interviewee in relation to the

information shared must be maintained" (DiCicco-Bloom & Crabtree, 2006, p. 319). It

was clearly outlined in my invitational email and informed consent form that participants

would be given alternate identities and all quotes used would be under these alternate

identities. Specific permission was asked of participants for their quotes to be used in the

report, under these alternate identities. It was also clearly stated that names of schools and

any third parties (e.g., students) mentioned in the interviews would not be used and any

other information that may be identifying would be omitted to the greatest extent

possible.

My role of reciprocity was not particularly large; however I believed that I should

have had something to give the participants for taking the time out of their schedules to

help me conduct this research study. For this I compiled a list of resources providing

information on suicide, adolescent suicide, and attempted adolescent suicide and gave

these to the participants after the interviews. Participants were not aware of this before

they agreed to participate so it was not used as any incentive for participation (See

Appendix E). Participants will be given the results of this research study so they are

aware of the results of their contributions.

Data Collection

Often, in qualitative research, semi-structured interviews can be the sole means of

collecting data. This is especially true in phenomenological qualitative studies because

they often depend on first person descriptions of the phenomenon, relying on data collection which involves "minimum structure and maximum depth" (Lester, 1999, p.2). A semi-structured interview is organized around pre-determined open-ended questions but also includes enough flexibility that any questions or information arising during discussions between the researcher and participant are also welcome to the interview (DiCicco-Bloom & Crabtree, 2006; Fossey et al., 2002). A semi-structured interview with participants lasting approximately one to one and a half hours was the sole source of data in this research. Semi-structured interviews allowed participants to discuss their experiences they felt were important, while the structured component maintained a focus on the purpose of this research through the questions I had developed and allowed me to ask the questions that I desired to ask as well (Fossey et al., 2002).

The skills I have developed being trained as a counsellor played a large part in data collection. Similar to the beginning of a counselling relationship, it was important that the participant was aware of the purpose, what to expect, my own limitations (i.e., confidentiality limitations), and what would happen with the information they disclosed, in the form of an informed consent (Farber, 2006). My informed consent form outlined these things for the participants and I also verbalized the important parts of the form before the interview began. In addition, to prepare participants, three were sent the informed consent form and interview questions before we met, along with my contact information attached to all correspondence. The purpose of using a semi-structured interview was to gain an in-depth exploration of the participants' social and personal experiences. As in this study, the questions in semi-structured interviews were not simply

asking for a description of what happened but asking about what the experiences meant to the participants or how they influenced such experiences. These were some things that participants may have been hesitant to share if not asked (Farber, 2006; Polkinghorne, 2005). The flexibility of the semi-structured interview seemed to have put the participants more at ease; they seemed to be eager to share their opinions and experiences. The skills I have learned, in my training as a counsellor, in developing a relationship with the participant and in creating an open and non-judgemental environment where the participant felt that his/her story was important may have promoted disclosure (Seidman, 2006).

Finally, all interviews conducted were recorded by two tape recorders or a tape recorder and a digital recorder. Participants were asked for their consent to be recorded and were told that these tapes would be kept at Memorial University for five years, after which they will be destroyed. Good quality recordings can prevent many difficulties that may arise after the interview is conducted so using two tape recorders was a precaution in case there were audio problems (DiCicco-Bloom & Crabtree, 2006).

Data Analysis

The first decision I made in relation to data analysis was that I would transcribe my own interviews. After discussions with others who have completed qualitative research I was aware that transcription would take between five and six hours per interview hour, however I believed that it would be a useful process. Once the data was transcribed the general purpose of analysis typically occurring in qualitative research

using data obtained through interviews, was to find existing patterns or themes within and between the experiences of all participants (Creswell, 2008).

Having transcribed the information on my own I moved into analysis with a general idea of what was said and my journaling provided some possible themes that could be further developed. Of course this general idea then had to be further explored in depth. In analysis, the data must be carefully broken down and examined, pieces of data should be paired to others, identifying themes or similar pieces of information found within and between the interviews (Farber, 2006).

The careful examination of the data found themes that I did not notice while transcribing. When analysing and interpreting transcribed interviews I went through the data numerous times, discerned all the themes occurring throughout the interviews and then labeled or coded the specific information found in the interviews with the theme they reflected. The themes could be thought of as the findings of the research and the specific examples and/or quotes were the support for the findings (Farber, 2006).

In reference to the method of analysing the information I gained through conducting this research, Burnard (1991) discussed a method that was found within most qualitative research studies for the analysis of semi-structured interviews that have been transcribed in whole, as I did. From the time I began transcribing it was important to write memos to myself regarding anything initially attracting my attention. The transcripts were then read again five times with the aim of recording any possible

headings or themes that could be seen as describing any aspect of the teachers'

experiences. This was a process known as open coding (Burnard, 1991).

   The number of headings was then reduced to a manageable number by combining

those that were closely connected under broader headings and the transcripts were then

re-read with those in mind to ensure that they provided an accurate representation of the

material. For example, initially "feelings of responsibility" was its own subcategory

however it fit well under the heading of how teachers felt they could make an "impact"

on the lives of the students in the classroom. At the same time "coping" was initially

placed underneath the heading of "common thoughts and feelings" but I decided that it

should have been a heading on its own. The initial data was then coded to identify the

heading it reflected and was copied to a separate location, using Microsoft Word, where

all the information representing each heading was then compiled; the original location of

this data was recorded. Once all the initial data representing each heading was copied to

its appropriate location, headings were again combined to those used in the final results

section. This was then utilized in the final write up of the findings, which for me was in a

form similar to a narrative as I felt I was telling the stories of the teachers' experiences.

   Finally, the importance of keeping the initial data close, for periodic review, while

I developed the final report was constantly in consideration to ensure that information

was written within the context in which the participant intended it. This is a technique of

analysis commonly used in phenomenological research as this type of research creates a

large amount of raw data, through means such as notes and interviews, and analyzing this

data is messy at times (Lester, 1999). In response, this information was read to gain an understanding of the experience and to identify themes (which would become headings) and this, in the end, gave structure and organization to the raw data. It was also suggested that for information gained from a small number of participants physical documents were easiest to aid in organization, similar to how I used Microsoft Word (Lester, 1999).

Trustworthiness

For a research study to be trustworthy, especially a qualitative study which did not have statistics to express its validity and reliability, all aspects must have been clearly described and understandable. Examples of these aspects were: the literature reviewed, the background of the researcher, any unique qualities in the study or participants, the complete methodology, and the connections of the findings to theories or any practical knowledge. This allowed readers to form their own ideas about what was completed based on accurate information. For example, three main features of trustworthiness are generalizability, validity, and reliability (Tite & Doyle, 2011). Qualitative research findings are not generalizable in the same way as some quantitative research because they typically focus on a certain situation in a certain population and cannot be applicable to the general population (Malterud, 2001). In terms of qualitative research, it has been said that "both the reader and the researcher are accountable for making generalizations. The researcher has the responsibility of providing enough detailed description that the reader can compare the research setting to his or her own situation" (Knesting, 2008, p.9). Also a clear description being provided, with nothing hidden, allowed the reader to make the

decision about whether or not my study addressed my purpose and what specific components would be needed to replicate the work, or indeed whether or not it could be replicated. I aimed to provide as clear a description of who I am, what I know, and what I did, as possible. There was no deception in the portrayal of my study to its readers.

A clear description of my study, however, was not enough to ensure myself that I was reporting an accurate understanding of teachers' experiences of working with a student who had re-entered the school after an attempted suicide. To further add to the trustworthiness I engaged in the process of "member checking" (Mays & Pope, 2000). To do this, I sent my participants a copy of their interview transcripts so they could confirm that it contained the information they wanted to share and clear up any confusions about things that were said. I also sent them a summary of my understanding of the main points in their interviews because there may have been a difference in our understanding of the interview transcript and that was very important to know before the final report was written. If discrepancies were noted I would have made the changes suggested by the participants (modifications, adding, or omitting) because I respected that it was their stories on which this thesis was based. Participants did not, however, report any issues with the transcript or summaries they were sent. Included in my results section is a chapter providing descriptions of the participants. These descriptions were also sent to participants for their approval prior to the descriptions being included in this document. One participant opted to not return feedback on the summaries, transcripts, or participant description.

Concluding Thoughts

Within this chapter I have explained the components of qualitative research that guided the current study. The methods used to recruit the appropriate participants and collect appropriate in-depth information were also described. I focused on the procedure for analysis of data gained through the use of semi-structured interviews and how this applied to the phenomenological approach. This information was also described in the context of my role as the researcher and the assurance of trust that the topic was explored without bias to the greatest extent possible. What follows is a series of chapters which focus on the results of the study. These chapters include a description of participants, the themes and subordinate titles, recommendations made by teachers, and a model of common occurring themes.

Chapter Three: Introducing the Research Participants

This chapter introduces the six people who participated in this study. These participant descriptions were intended to provide readers with participant background and context to help readers further interpret and understand the study findings. Qualitative research is, by nature, not generalizable. The reader of this research must make his/her own interpretations of the results and discussion sections which are applicable to his/her own experiences and situations (Creswell, 2008). Before introducing these participants, it should be noted that in order to protect the confidentiality of these participants some non-essential information may have been altered in these descriptions such as subject specialties of the teachers being potentially generalized. In addition participants have been assigned pseudonyms. The teaching communities of Newfoundland are small. Unique participant information could result in participants being identified. Thus, care has been taken to potentially alter, and avoid certain pieces of participant information. These descriptions were emailed to participants to obtain permission for their use.

Ms. Green

Ms. Green has been working in the education system for 20 years, holding both Bachelor and Masters degrees. Her teaching experience has been with junior high and high school students, teaching courses mainly in the disciplines of Science and Mathematics. She has taught in both Northern Canada and Newfoundland. She has recently accepted an administrative position at a medium sized high school. At the beginning of her career she recalled that her primary focus was teaching the curriculum to

the students. Later, after spending some time teaching at a smaller school where she was asked to teach many other subjects, some outside of her "curriculum area", she remembered she began to focus more on the learning needs of the student.

Ms. Green approached teaching in a way that focused on the needs of students and she desired to make learning accessible to all students. She believed it was rewarding to teach students who were experiencing greater difficulty with the curriculum as she felt she could be of more help in these situations. She aimed to use a student-centered approach to find the balance between teaching the curriculum and preparing students for life outside of high school. In summary of her teaching approach, she simply stated that she was in this career because she liked kids. As the interview began she seemed eager to participate, emphasizing that she believed this topic to be important to explore. Through some of her comments such as "As I was thinking about this last night" it was easy to see that she had given substantial consideration and reflection to the interview questions given to her beforehand and desired to provide the most accurate recollection of her experiences as possible.

Ms. White

Ms. White has been working for 20 years in the school system. She has worked in schools catering to grades seven to twelve, but has mainly taught grades seven and eight. She described these schools as being moderately sized, not too big but not too small. Ms. White has taught a variety of subjects and has also spent some time working with student support services and students with challenging needs. Her work in student support

services involved students who have learning disabilities as well as other difficulties with reading and writing.

Ms. White enjoyed working with junior high age students because of their excitement and impressionability. The students were still excited to come into the classroom and to participate in the activities, which caused her to be excited to be there and to plan for the school day. Her approach to teaching focused on the concept of "respect in the classroom" as the best rule for all involved. This included respect from the teacher to the students, from the students to the teacher, and amongst all the students in the class. She had a conversation with her class about the importance of respect in the classroom during the first couple days of school every year. Her enthusiasm for teaching and for the students in her class radiated from her during this interview. She gave many examples of her interactions with the students, smiling and showing an effort to understand the student's perspective throughout.

Mr. Plum

Mr. Plum has been a teacher for seven years. He has worked as a special education teacher, a support teacher in the classroom, and a regular classroom teacher, predominantly at the junior high levels. His focus in teaching was Mathematics but he has also taught in areas such as the Humanities and Health. He has also spent some time teaching younger students (kindergarten to grade nine) in the fields of Mathematics and Behavioural Supports. Finally, Mr. Plum had experience teaching at the post-secondary

level. He holds several college diplomas, Bachelor degrees, and very recently a Masters degree.

Mr. Plum was inspired to become a teacher through volunteering with various human service organizations and through his personal desire to make a meaningful contribution to society. His main approach or goal in teaching was to help students reach their full potential. He did not believe the curriculum to hold a monopoly on education. What should be taught were life skills, a work ethic, and lessons about self and family that could be transferred to other aspects of life. He believed that these skills could be taught through the prescribed curriculum with planning and commitment from the teacher. He felt very connected to his students, compassionate, compelled to help, and desired to see them all succeed. This was clearly shown in his interview where he described a strong commitment to the welfare of his students, his desire to provide some assistance to any student experiencing distress, and his frustrations in lacking some of the knowledge and resources to do so.

Ms. Violet

Ms. Violet has been working in the school system for over 20 years. She has taught, in a regular classroom as a substitute teacher and as a special education teacher. She has also worked with students dealing with mental health issues in a school context.

Ms. Violet's approach to teaching was very individualized. She liked to accommodate the needs of each student as best she could. She believed that with the variety of roles her teaching style demands, she had to stay calm and focused regardless

of student actions/demands. Overall, she stated that her classrooms were relaxed; she had few rules but the ones she has, she expected to be followed. The students often chatted while completing work and were free to listen to music during down times, if they were respectful of this freedom. She believed she had more experience than the typical classroom teacher with student attempted suicide from her past work experience and seemed knowledgeable and confident in discussing this topic, at times provided some interesting insight.

Ms. Brown

Ms. Brown has been teaching for close to 30 years, mostly in grades ten, eleven, and twelve. The courses she has taught were usually related to Physical Education and Science. Her experiences included teaching in Newfoundland, Western Canada, and locations outside of Canada. Her class sizes have varied dramatically, depending on course offerings and she has spent most of her teaching career working in one medium sized school. She also spent some time supervising student teachers. She explained her approach to teaching as one that was a balance between firmness and a relaxed "open, fair, and honest" relationship. Her philosophy was "a happy teacher is a good teacher", so she thoroughly believed in the role of self-care to become the best teacher she could be.

Mr. Olive

Mr. Olive has taught in Western Canada, Labrador, and Newfoundland. This has involved mainly students in small junior high/high schools, although he also has some experience teaching primary/elementary students. He has taught Physical Education,

Health, and Technology, among other subjects. In the past, he has also spent time as a school administrator. His approach to teaching was to treat students how he would like to be treated, emphasizing respect and fairness as well as having a bit of fun. His rationale for teaching was that he wanted to help people, describing this as being the reason he has worked in the variety of places he has. Mr. Olive had an interesting perspective on the concept of student attempted suicide because he had experiences when working in a school without the availability of guidance counsellors or educational psychologists and now worked at a location where these professionals were readily available.

Concluding Thoughts

The present chapter has highlighted background information of each participant in this study. Although they may have been altered in some cases for confidentiality purposes the information was important for consideration. These descriptions will hopefully provide the reader a context on which to base an understanding of the results that will be presented next.

Chapter Four: Thematic Understanding of the Participants' Experiences of Working with Students who have Attempted Suicide

The analysis of interviews with teachers, who have worked with students in their classroom after a suicide attempt, has resulted in multiple overarching themes. Although the times and locations of the teachers' experience with student attempted suicide differed, it was reasonable to say the teachers shared certain thoughts and feelings relative to their experiences as well as similarities in the components of the experience itself, such as changes occurring in the classroom or within the student. Teachers who took the time to participate in this study described "wearing different hats" or assuming different roles and responsibilities. These responsibilities were perceived by participants as being placed upon them by internal or external pressures. They recalled feeling shocked, uncertain, and anxious. They also recalled not immediately knowing how to cope with these feelings or how to deal with issues of confidentiality. In this chapter I will explore my thematic interpretations of how the teachers in this study experienced working with students who had attempted suicide and returned to their classrooms.

Within this chapter are descriptions of four overarching themes. These theme headings are shown in italics at the left of the page with a short explanation of the theme underneath the heading. Within each overarching theme exists subordinate headings separating the various aspects of dimensions of that theme. There are between four and seven subordinate headings underneath each overarching theme and these headings are listed in italics indented from the left of the page. Overarching themes were identified as

such if the theme was discussed by a majority of the participating teachers and had a certain weight of importance placed upon it, typically through multiple mentions or a specific expression of importance. Quotes taken directly from the interviews are used within each section to demonstrate the breadth and perceived importance of each theme and subordinate heading.

The Many Hats of the Teacher

In the opinion of every teacher I interviewed, the role of the teacher has moved far beyond that of simply teaching the curriculum. Students were dealing with a variety of different issues every day that were influencing their abilities to learn. Teachers have become expected to wear multiple hats in addressing these issues to not only facilitate student learning but also to assist in various other roles. Teachers have become expected to provide an optimal learning environment to better enable students to learn the prescribed curriculum. In this section the teachers' student-centered approach taken with all students in the classroom is explored. More specifically, teachers in this study experienced feelings of care and worry similar to that of a parent of a student in crisis. They also believed that they had and could make an impact on the lives of the student by creating a safe environment for all students since students in crisis were often difficult to identify.

Student-centered approaches.

Teachers in this study commonly cited a student-centered approach to teaching. This student-centered approach often involved moving beyond a sole focus on academics.

As Ms. White noted "we gotta be more than just academics, we have to be getting into the lives of the children". At times teachers were aware of situations outside of the classroom faced by individual students. The school environment and the home environment were not mutually exclusive. Some of the teachers in this study were aware of problems the students were experiencing at home such as: a sick family member, parents divorcing, moving to a new school, bullying, relationship problems, as well as rumours that were circulating about the student. In the experience of Mr. Plum "you might call yourself a math teacher or a math support teacher or a language support teacher but mostly what you're dealing with are issues of home, family, self-esteem, morality, those sorts of things." It was difficult to ignore the effect these experiences had on the students; to just teach the curriculum without consideration of the potential damage to their mental health. Ms. Brown says that "yes, of course that [personal issues] affects how you deal with a person because it makes you more sensitive and more empathetic to what the poor child is going through." In reference to the student in her class who had attempted suicide after moving to a new school, Ms. Green noticed that "you remove somebody from their support network and their friends, in for most people the most important year of their life, well it seems that way at the time, and it's not easy" and Mr. Plum noticed that the girl who had attempted suicide in his class was experiencing "self-doubt, self-concerns, had issues with self-esteem." Two quotes given by participants provided a good understanding of the idea of teaching the student as a whole. Ms. Green believes that:

the most important things we have to do as an education system, in

the next I don't even know how many years probably until eternity,

to make sure that we deal with students as a whole person and that

mental health and mental illnesses need to be addressed and addressed

without judgment.

Mr. Plum believed that "it's not part of your job description, but the fact of the matter is you've decided to become a teacher and by becoming a teacher you've automatically accepted the responsibility for the greater good of that particular individual."

In loco parentis to the whole student.

While the theme above outlines a general student-centered approach taken in teaching all students, these teachers also considered dealing specifically with the mental health issues of the student in their class as another hat they wore along with their teacher hat. At times this became difficult for the teachers. Mr. Olive directly expressed the extra hat concept "you have to take it as an extra hat. You have to be aware of all these things [mental health issues] that you're not really trained for but in the same sense you know it is necessary. I mean not like we don't wear enough hats as it is but here's another one." While Ms. Violet expressed that "we try to do it but we can't be their teacher and their counsellor and their…you know so many things we are to them" and Mr. Plum when faced with a student experiencing mental health issues questioned that "as the teacher in the classroom I was probably expected to be a psychologist, a psychiatrist or whatever." Although this could be difficult, all of the teachers I interviewed described a feeling of

responsibility for the overall well-being of the students in their class. These teachers took very seriously the role of in loco parentis (in place of a parent) they assumed upon entering the school. This role is part of the ethical code for teachers to treat and care for students in a similar way as a responsible parent. In discussing caring for his students Mr. Plum seemed to be very passionate in assuming this role:

> I call them my kids because they are very much my kids,
>
> my family when they come into my room and they know
>
> that it's safe and it's a great place to learn, there's no judgment
>
> there's no…I call them my kids because I like to think that at the
>
> end of the day as my father did for me and my mother did for me
>
> is I give them a desire to better themselves.

Some teachers directly considered this role in dealing with mental health and other problems their students were facing. Mr. Plum explained that at times of distress he is "very connected to my students. I find myself deeply affected if something goes wrong, and I found myself questioning, worrying about that particular student as if it were my own child" and Ms. White explained "well they say that you take over the role of a parent when you come into a school, and you do. To me if you're a true good teacher you take on the parent's role so anything you wouldn't want done or said to your child you're not gonna do it to somebody else's."

Making an impact.

Teachers also wore the hat of a resource source for their students. Ms. White described this responsibility "in the end young people are young and they don't always have a whole lot of experience to make informed decisions and you need to guide them a bit." The teachers described beliefs that they had the ability to have a tremendous impact on their students and thus had the ability to assist students in distress in one way or another. Ms. White explained that

> People don't realize that teachers are around the student 5 hours a day. That's
>
> a long time and probably longer than the parents are around them. Of course
>
> I'm talking not one-on-one but in front of them, looking at them, speaking to
>
> them, interacting with them and I think a lot of support could have been put out
>
> there we have a lot of caring.

While Mr. Plum shared similar thoughts "a teacher is a professional who has the greatest impact, they're on the frontlines every single day and in a lot of cases the teachers in those kids' lives have a greater impact on their lives than their own parents." Teachers explained that they desired to be available to students facing attempted suicide as the teacher was somewhat knowledgeable about this topic and able to refer them to other professionals for assistance. Such resources included guidance counsellors, pastors, another teacher who may have a closer connection to the student, or the student's family doctor. Based on the impact that teachers could potentially have on these students, it was

hoped that students would listen to this advice and avail of these resources if they were experiencing further periods of crisis. In discussing assistance for students experiencing mental health issues such as attempted suicide, Ms. White said "I think if they look up to a teacher they will listen to what they have to say about that. So I think that's really important to put it through the school system."

The school in crisis.

The final hat described by teachers was precipitated by the attempted suicide of students they knew well and felt connected to. It was the responsibility of caring for all students. These teachers became much more aware of the possibility that many students in their class may be dealing with their own struggles with mental health and were questioning what could be done about it. Many teachers I interviewed decided to consider it another responsibility, to assume that every student in the school may be experiencing some form of crisis, since it was impossible to accurately identify every at risk student. This was specifically discussed by two of the teachers, Ms. Green noted that "it almost gets to the point that I'm thinking that I'm just gonna operate as if everybody has some form of social anxiety or some form of generalized anxiety disorder and I'm just gonna try to and this is what I'm gonna do from here on in. Anything I can do I'm gonna do it" and Ms. White reported that "you look at all your students then and you start to think the same thing. What's going through their heads and you start thinking you have to treat them with the utmost respect all the time and try to help them because you really don't know." Once it was assumed that all students may be experiencing this crisis, these

teachers decided they would play a part in making the school environment as safe and welcoming for all students as they possibly could. Mr. Olive clearly described this creation of a safe environment for all students in the school and its importance in relation to student attempted suicide:

> it's important to create, make sure you have a safe and welcoming
>
> environment so at least when they're in school that's a positive thing.
>
> So that's one big thing, I think a suicide attempt happens way more
>
> often than we actually know of and we have to be aware of it.

Conclusion.

In asking teachers about the general approach they took in the classroom and their experience with student attempted suicide they initially discussed the many hats or multiple roles they have been expected to assume. It was no longer effective to focus solely on academics and teachers were aware of struggles the students were facing outside of the classroom. They were more likely to adopt a student-centered approach, focusing on the students' overall needs, to encourage learning. When students were struggling with mental health issues or were in crisis, such as in the case of attempted suicide, these teachers responded with caring and concern similar to a responsible parent. They hoped these students have listened to suggestions and advice they had given regarding seeking assistance because they believed their words made an impact in the classroom. Finally, after experiencing student attempted suicide, teachers realized that a

student in crisis may have been difficult to identify and decided to aim for the creation of a safe school environment for all students to potentially proactively address any distress students may be experiencing.

Thoughts and Feelings of Shock, Sadness, Uncertainty, Anxiety, Fear and Selfishness

The existence of the many roles and responsibilities the teachers in this study assumed when working with all students in the classroom, along with the additional roles they took on when working with students with mental health issues, especially in the area of student attempted suicide, contributed to teachers experiencing some significant thoughts and emotions. There was little surprise that, when faced with the return to the classroom of a student who had attempted suicide, they experienced an array of thoughts and feelings. Many of these thoughts and feelings, however, could be incorporated into six different subordinate titles within this theme: shock upon first hearing the news, sadness that this had happened spurring a desire to help, uncertainty of how to approach the student and the situation in general, anxiety or worry about what to expect and what to say or do, fear that he/she as a teacher may do something wrong, and selfishness in thinking about themselves at this difficult time for the student.

Shock and devastation.

One commonality expressed by the teachers was the student attempted suicide that was the most memorable involved a student they did not expect to attempt such an act. The stories of these students were the ones they most readily recalled. These events generally involved students who showed very positive attitudes in the school

environment, were very closely connected to the teacher, or represented one of the first experiences the teacher had with student attempted suicide. In the situations described, these teachers expressed initial feelings of shock when informed of the attempted suicide of that student. They were caught off guard and the thought that this student was experiencing something so devastating, of which they were not even aware, was also quite shocking. Ms. White was affected to the point that she remembers, when she was first informed that "I was devastated." Ms. Green recalled that "of all the students who I've encountered who have attempted suicide this was probably among the top two of the ones I was most surprised of….[he/she was] making an effort to fit in trying out for sports teams, very popular with his/her peers…was one of the first and he/she stands out in my mind." Ms. White recalled that the student was "very talkative, very upbeat, happy, probably one of the few people in that classroom that you would never never think, that they would do something like that." Ms. Brown recalled that she "didn't know at the time, I didn't know he/she even had emotional problems or issues at all." Even Ms. Violet and Mr. Olive who both had dealt with student suicide a number of times and were not entirely shocked by the act, recalled certain students in particular who did cause them to experience shock. They were either closely connected to the student or shocked at the thought that this student, with a closely knit support group, would attempt suicide. These feelings of shock were not solely limited to the initial surprise; they could also be very intense and affect the teacher personally. Ms. Green described her initial feelings as "I was really, really shocked and I don't know the feeling is that something inside you just

drops. It's hard to describe and for some reason and I probably wasn't aware of it at the time but I am now when I hear things like that I just get extremely tired."

Sadness and compassion.

A common initial reaction of the teachers to the news that one of their students had attempted suicide was that of sadness. These teachers thought about what the student must have been going through to be able to attempt something so drastic. The thought of how scared and alone the student must have felt at that time was almost overwhelming to them, especially since he/she was someone in their care throughout the school day. They were aware that this student must have been experiencing a form of pain they probably would never fully understand. Ms. Brown recalls her first feelings upon hearing the news:

oh my god like why, what did he/she do and how bad must you

feel like to want to end your life. You know what kind of profound

sadness is that. You know because I can't imagine that unless you've

been there you don't know I think. You know I just felt pity and thought

my god what must he/she be going through how bad is it?

In response to these emotions, these teachers began thinking about how they could help this student. They were not certain of the most effective way to help, but, considering the student-centered approach described earlier in this chapter, they decided to provide the student with a safe environment in which to return. Some considered how difficult it must

be for the student to return to the classroom after this incident and focus on school work. They aimed to stay positive, to help the student feel okay in the classroom and to keep communications open, ensuring to the greatest extent possible that the student was feeling okay. Ms. White did some preparation work with her class to ensure a safe environment for when the student returned. She talked with the other students (without telling them the actual situation) about how difficult it would be to return to the classroom after a time off and how difficult it was to be in the hospital. She encouraged the class to make cards for that student. Her reasoning for this was

> because I wanted the child to feel relaxed, that was my main thing, I
>
> just wanted them to come back into school and to feel okay and so I tried
>
> to make the classroom the safest haven, if you wanna say, that I possibly
>
> could for that child.

Uncertainty.

Uncertainty was also expressed by teachers when they were informed about the student attempting suicide and when he/she would be expected to return to the classroom. There was a span of a couple of days to a number of months between when the teacher was told and the student's return to the classroom, depending on the circumstances. Initially, teachers questioned whether they had done something to contribute to the student attempting suicide, if they could have done something to prevent it, or how they could have missed something so pivotal in that student's life. Ms. Green described this as

"there's a lot of uncertainty, people are scared, people don't want to be the ones, they don't want to believe, they really don't want to be the person who could potentially make a child feel so awful that they would think about taking their life." Ms. White had a unique experience in that she had noticed that the student was acting differently the day before the attempt and had asked if he/she was okay, but the student did not want to talk. Hearing of the attempted suicide the next day, this teacher remembers

> And almost immediately I had going around in my head what could
>
> I have said, what could I have done, you know what I mean I wasn't really
>
> sure like maybe I didn't push it enough even though I asked a couple of times
>
> over…are you sure?

This teacher was also unsure of whether or not the student would accept her, upon return to the classroom, because she had felt that she had not done more to help at the time.

Other uncertainties described were ones concerning more practical considerations of what to do upon the student's return to the classroom. Most teachers found themselves in a state of constant questioning. Common questions were: "what do I say when I see the student again?" "Do I ignore the situation?" "What do I talk about?" Teachers had to make decisions about assignments and grades while the student was away from class. Some teachers told students not to worry about the missed assignments, so to not overwhelm them, while others struggled about the correct time to mention the missed assignments and to encourage making up missed work. Ms. Green described this

questioning as something that especially plagued her, when facing this situation early in her career "okay do I have to include those things as zeros in his/her marks like practical things like that right. Should I just ignore the material that he/she had missed what do I do about….should I expect them to write that test and at what time?"

The changes in both the returning student and in the interactions between that student and the other students in the class lead to uncertainty for the teacher as well. Mr. Plum described "there was a level of anxiety, the whole aura the whole mood of the class changed when the student returned." While there were two teachers who did not report any changes in the student or the other students in the class, (one was working with students struggling with mental health issues at the time and students in the class were familiar with other students coming and going), the other teachers did notice some changes. Some teachers noticed the students' behaviour in the school and the classroom had changed. In two of the cases the student became louder and more disruptive in the classroom and in another case the teacher (Mr. Olive) noticed a significant change in the student's behaviour, "the student would be sort of non-responsive but couldn't be bothered. She/he gave up participating in sports teams….which was unfortunate and not a positive thing, and just became very much an introvert to me and to others." The relationship between this student and the teacher was altered in these situations as well. Ms. White described this change as very stressful

because you're trying to teach this child exactly the same way as

you always did, since you don't want to treat them differently however

they have changed and you have to go along with that without making

too much of a change in how you relate to them.

These behavioural changes after the suicide attempt were, according to the teachers in this study, noticed by the other students in the class and contributed to what the teachers saw as uncertainty among the class members in their interactions with this student. A number of the teachers described these changes in the classroom; Ms. White recalled

different students who found it difficult to be close with that

student again because maybe the not knowing and the not telling

and all the secrecy was very difficult for them. And even the change

in behaviour… some of the students saw the change in behaviour but

had no idea why the change was there. And that made things more difficult

in some ways for them.

Ms. Green experienced a similar perception of the students in her class; "Yeah people who were acquaintances rather than friends would be, or seemed to be, experiencing the same sort of feelings as I had experienced. Like the apprehension and not knowing how to talk to somebody once they were back." This perception was also shared by Mr. Plum,

there was more of a withdrawn sort of feeling for some of those kids

that probably didn't know this student on a personal level, but would

probably have conversations with her/him throughout the course of a

class, were no longer as likely to have a general conversation.

Anxiety and worry.

Many of the teachers described uncertainty as leading to anxiety. Mr. Plum

described his feelings about the student returning to his classroom after an attempted

suicide as "one of anxiety, what if, what should we do, it was a particularly tense

situation for the time that the student was there." Again, this teacher was questioning the

best actions to take, but in this confusion was a sense of anxiety. Ms. Green also

expressed feelings of anxiety; "I was really apprehensive, really almost scared. I would

say nervous cause you really don't know what to do and I don't know if there was a right

thing to do. Like any other encounter, it simply unfolds the way it unfolds and you're

more reacting". One teacher, who had experienced many student attempted suicides in

her career, explained that she did not feel much anxiety when a student returned back to

her class after an attempted suicide; she continued with the day as usual and there was not

much questioning about the incident. Even with her experience, however, she

remembered a time when this was new to her "I was a lot more then probably anxious

and worried and upset than I would be now I guess."

A prominent cause of anxiety was the realization of what this student was capable

of and the thought that it may occur again at a later time. Mr. Plum describes this:

there's a level of stress. There's a level of anxiety associated with

that because I have this person in my class. I know this is a likely

situation or a potential situation. Whether likely or not, the potential

is there to do something as drastic as suicide, but you don't know

what the signs or symptoms or what you should be looking for.

Once the student returned to their classroom, the teachers found themselves on watch for any behaviour indicating they may be considering another attempt. These teachers described these hypervigilient activities such as paying a little extra attention, being on high alert for any changes in the student or in his/her interactions with others, and a desire to stay on top of the activities and events in the classroom. The student leaving the classroom to go to the washroom was mentioned by a number of teachers as a particular source of anxiety. These teachers were aware they could not stop the student from leaving the classroom and thus their observing eyes, but they would wait for the student to return to class and notice the amount of time it took. Describing the action of being on watch Ms. White said she was "every day in class making sure they're okay and being a little scared if they're gone to the washroom a little longer or if they say I am not feeling very well, I need to leave school."

Fear.

There was one common fear expressed by all of the teachers. This fear was that after the student returned to the classroom the teacher might inadvertently do something to aggravate the situation, or even worse, do something to spur a future attempt. Teachers

were very aware that when a student attempted suicide there was a very high chance they

may attempt again. Mr. Plum discussed this:

> My personal experience and my personal research is that,
>
> often if there's an attempt to take one's life, there's a second,
>
> quite often there's a third until there's appropriate interventions
>
> at which time to stop it. But the relative success of the appropriate
>
> interventions is small. So, knowing that and being armed with that
>
> information made me even more uneasy.

Having this knowledge instilled feelings of fear for a number of teachers. Ms. White was

"wondering if it would happen again, being scared that something like that would happen

again" and Ms. Violet thought that "Okay they're okay now but how about the next time,

if not now, when?" Ms. Violet also had the personal experience of having someone close

to her successfully commit suicide. Her fear that one attempt would not likely be the last

was reinforced by the words of the person who committed suicide, "suicide was

something he/she always carried in his/her pocket as an option….. So I often wonder the

same thing with the student." Along with the fear that it would happen again, they feared

they would contribute to it in some way, by either missing the signs again or by saying

something wrong. Mr. Olive believed that "you don't expect it the first time but I mean,

if you're not watching for the second time, it's your own fault type of thing, if you can

help it, help it." Mr. Plum experienced that "there was a constant personal fear that I may

miss some sort of sign and some sort of detail that I should pick up on as the responsible adult." Ms. Green was "worrying that you were going to do the one thing that was it for the student." Ms. Brown described that she "wouldn't want anything to happen and know that I could have made a difference, so I just felt like, you know, I gotta watch and see and make sure that he's as happy as can be and me not to aggravate him and not be more stress in his life."

Selfishness.

Three teachers specifically described their feelings, in this situation, as selfish. It is interesting to note that the word selfish was used by these three teachers as a description of three different feelings. Ms. Green used the word to describe her initial worries that she may have done something to contribute to the student attempted suicide: "it's almost like your first concern is very selfish that might be an awful thing to admit but did I do anything to contribute or cause this to happen?" Ms. White used the word to describe her worries about how she was going to approach the situation "there's like a human part of you, it's a little selfish I suppose, you can feel that but you're thinking…now that I know that what am I going to do with it?" Finally, Mr. Plum used the word to describe his questioning on how dealing with this situation will affect him emotionally: "to be quite selfish what emotional toll would that take on me?"

Other thoughts and feelings.

There was one emotion described by Ms. White that was not consistent with this theme but is certainly worth consideration. She felt excitement realizing the student was

going to return to her classroom; "I was excited, I wanted to see the child back, knowing that the child was okay, that they had not done what they attempted to do and that they would be back in the classroom and that it would be totally different if that seat were empty."

Conclusion.

An array of thoughts and feelings, some of these very difficult, plagued the teachers upon being told of the student suicide attempt and the realization they would be working with this student. The situations that were more prominent in the teachers' minds were the ones accompanying feelings of shock that this student had attempted suicide. Teachers felt sadness when considering the fear and loneliness the students must have been feeling at such a desperate time in their life and desired to be of assistance in any way they could. They were uncertain of how to initially approach the student, how to move forward in the classroom, and how to deal with the perceived changes they noticed in their classroom. This uncertainly, at times, spurred feelings of anxiety leaving the teachers hypervigilant regarding the events in their classrooms and they feared that they may do something wrong or miss future warning signs. Finally, half of the teachers interviewed named feeling selfish at times for thinking about their own reactions to the student attempted suicide at a time when the student was facing many difficulties.

Coping: A Feeling of Relief

Teachers in this study reported needing relief from the above noted thoughts and feelings. These teachers relied on a number of different tools to help them deal with the

cognitive impacts of working with students who attempted suicide and also to cope with

the actual classroom context. Examples of such coping strategies included: life

experience, knowledge and use of connections to others, communicating with those

around them, working toward maintaining normalcy in the classroom, and positive self-

talk.

Life experience.

Many of the teachers described a difference between dealing with the situation of

a student attempted suicide early in their careers and after some years of experience.

When faced with this situation, the teachers called upon their experiences and

accumulated knowledge to approach student attempted suicide from a new perspective.

Years of teaching students, past experiences of student attempted or completed suicide,

and/or personal experience (e.g., family member or friend) with suicide or mental health

issues were all experiences they called upon. Ms. White described work experience as

making:

> a big difference because you know students more because
>
> you have experienced more students in your life. You know how
>
> they react to certain things. You don't know exactly but you get a
>
> good picture of what upsets them and what excites them and what make
>
> them happy or sad or whatever. And I think that does make a difference

because you know how to communicate with them too.

Ms. Green recalled "as I got older I became less shocked and less hesitant about talking to people about the issues in general." It seemed as if, for these teachers, experience with student suicide made subsequent occurrences of suicide and other student mental health issues something that was a possibility for them rather than something that happened to someone else. It became something they could more realistically deal with. For Ms. Violet "something changes in us that I guess the reality of it is more like I think for other people. They don't see it as a reality you know cause it's something they hear about or read about, it's distant, so I've seen suicide." The different experiences of these teachers lead them to react in different ways, whether it was the ability to advocate, to communicate to the student, or to react initially with a little less shock and more thought. Ms. Brown believed that any experience could potentially lead to a different approach "even a more experienced teacher and a young teacher, even an experienced teacher who doesn't have any courses could probably deal with it differently than a young teacher with courses or a teacher with children and a teacher without children."

Knowledge and use of connections to others.

Having a close connection to supportive administrators, guidance counsellors and/or educational psychologists in the school, as well as knowing that these professionals had a close connection to the student at the time, was identified as both a benefit and a relief in dealing with this situation. Mr. Olive noted "the nice thing is I know if something comes up and I don't know how to deal with it, then there are people

here who should know or can find out and that's their job to find out how to deal with these things so that's encouraging." Knowing these resources were available to the teacher for the referral of any student who required assistance, was named as a relief of some of the more difficult thoughts and feelings.

Another relief, described by teachers, was a trust in the ability of the health care system to care for these students. When teachers were made aware that the health care system was involved, or that student care was out of the school's responsibility, there was a sense of relief that someone more prepared to care for the student was involved. Assistance was available to the student that the school was not providing, either because they were not prepared or the parents did not wish for school involvement. Ms. Green expressed this relief:

> we were almost relieved when somebody took that responsibility
>
> of dealing with it out of our hands, like whew somebody else is going
>
> to take care of this. Cause essentially that's what I think we all wanted.
>
> Well I shouldn't speak for everyone else but I know that I was. I wanted
>
> to know that somebody was going to take care of him and that maybe
>
> it shouldn't be me because I didn't know what I was doing.

Mr. Plum experienced a similar relief "but what I found and not to sound cruel, maybe that there was a level of relief on my part because there was someone with more expertise

who was more in the loop, who was better equipped to deal with that situation was now in charge."

For another teacher (Ms. Violet), trust in the health care system was a source of relief for another reason; "generally, when they come back we have the knowledge that they have been considered stable enough (by the health care professional), that they don't think there's a great danger of them doing anything." Having this knowledge allowed the teacher to move on in teaching her curriculum without an extreme amount of anxiety.

Communication.

Prior to students' return to the classroom, teachers were reaching out to communicate with the guidance counsellor at the school, other staff members who were also aware of the situation, the parents of the student and, in some cases, the student himself/herself. This communication was either undertaken to provide the teacher with a strategy to handle the situation, to discuss struggles, or because the teacher believed that communication was essential in helping the student. Ms. White explained, in her opinion

that communication is definitely the key and I think to a child or an

adult, whoever that attempts suicide. I think, in order for us to not risk

repeating, that it is the key. To be talking to them knowing their thoughts

and letting them get their thoughts out.

She also recalled communications with others that helped her:

the counsellor has a lot to do with the teachers and the school,

not just the students. But yes, I talked to the guidance counsellor

at the time. I remember that and I talked to the parents, I had talked

to this child while they were out of school...So that worked out really

well as well because I had that bit of communication.

Another teacher (Ms. Green) discussed the learning she gained through her communications, that she "learned from having an office next to [someone whose job it was to work with at risk students] and from basically going through it with different kids and talking to parents and there's a couple of cases where I can be fairly candid with the students themselves." This teacher also recalled meeting with other young teachers to discuss their questions and experiences after a student attempted suicide, early in her career. "Some of us would get together in small groups and just talk about it amongst ourselves and it may have been, as young teachers, we were afraid to admit what we didn't know." Teachers also discussed the benefit of being in contact with the family, calling home to discuss any concerns in the classroom or to communicate that things seem to be going well and to ask the parents if they had any concerns.

Maintaining normalcy.

The return of the student to the routine of school life was deemed important by some teachers. These teachers worked at maintaining as much of the regular classroom routine and environment that they could, after the student's return. Ms. White focused on

the relationships and interactions within the classroom "They don't want to come back and their whole relationships with their friends and teachers have changed. That must be totally devastating. So, keeping that as close to normal as possible." One of the teachers coined the term "the new normal" which seemed very appropriate when considering the concept of normalcy, after the students' return to the classroom, as things may never go back to exactly the way they were before. After some time had elapsed since the students return to the classroom, Ms. Green observed: "things go back to some kind of normal and then daily grind kinda takes over and the routine sorta picks up. You feel a little more comfortable with the way things are. It's like a new normal." This new normal is what she perceived occurring in her classroom and she now had to work with it:

yeah I've heard it used with anything that's gonna throw

you off your equilibrium enough that everything's gonna change

and you know from that point on that nothing's going to be the same...

Like this is it, this is how things are going to be and everything you

know and believe is adjusted because you know it's just different but

after awhile it's like okay this is normal now it wasn't normal before

but it's normal now this is my normal.

Self-talk.

Teachers generally felt uncertain and anxious while working with a student who had attempted suicide. They were not certain of exactly the right thing to do, but they gained some relief knowing that they were doing the best they could with the knowledge and experience they had. In discussing what she had done throughout this situation Ms. White noted "I guess you just do your best in a situation like that" and "I think if you keep the child's interests at heart then I think you're going to be fine. You might not do everything correctly, by the book, but if you have the child's interests at heart I think that's the key and that's what I tried to do." It was realized that student attempted suicide is something that "can happen, does happen, happens sometimes to people you don't expect it, it happens a lot more often than you'd like to think" (Ms. Violet) so teachers did have to work with it. Ms. Violet described reducing her anxiety by realizing the trust she had in what the school was doing "they've [the student] done it, we're [the school] here, we're vigilant, you know we're watching…we try to keep in touch with parents and if there's other professionals involved that we need to talk to, we do." While Ms. Green chose to recognize the potential of this not being a completed suicide "people attempt suicide and you know, don't complete it and there is a possibility of coming back from that and having a positive and full life and you know knowing that makes a big difference in how you talk about it and how you discuss it."

Conclusion.

In striving for some relief from the difficult thoughts and feelings the teachers turned to numerous strategies. They called on life and career experience which have contributed to their knowledge of students and mental health issues to assist in working with the student in their classroom. They used their connections and communications with other professionals, the family, and the student to feel relief that there were resources available to better assist the student, to provide them with a little more information of the actions they could take, and as a general support. Working on maintaining the normalcy in the classroom gave them an action on which to focus upon the student's return and they maintained positive self-talk that they were doing the best they could for the student and could at least make a small impact.

Confidentiality: To Tell or Not to Tell

The teachers in this research had different opinions about the role confidentiality played in their own comfort with the experience of student attempted suicide. Some teachers were quite adamant that the right of confidentiality should be adhered to at all times, while others would have appreciated a little more knowledge about the situation of the student and what was being done to help.

For complete respect of confidentiality.

In the experience of Ms. Green, the family of the student had asked the staff of the school not to take part in any assistance or to mention the incident at school. The teachers

were informed, however, of the incident. They were requested to keep it confidential. This teacher fully respected the family's right to this privacy and applauded the school and the guidance counsellors for respecting their wishes, without any sign of judgment. This teacher believed that "just because a child is in your school does not mean you should know every last thing about them. They have a right to privacy. And sometimes I find that is the hardest thing for adults or teachers to understand." She also voiced a belief as to why this may be hard for teachers to understand "because when you know or when you've been involved with something, you want to know that something has been done." She qualified this by explaining that respecting confidentiality needs to be exactly that, it cannot be breached because someone (such as a teacher) is worried. When asked about confidentiality, Mr. Olive also responded in favor of its respect "I suppose, if they don't know they can't help but then they can't hinder either, not intentionally. So yeah it's not really the school's place to make that public knowledge."

   For providing teachers with confidential information.

   In the experience of Mr. Plum, the only information he was provided about a student in his class who had attempted suicide, was exactly that. He was not told the experiences of the student, what assistance was being provided (other than that the student had been in the hospital and would be returning to his class), or any information of how he might be of assistance. His response to the amount of information he was given was that:

   we're professional enough to be responsible for them for five

hours a day. Teachers are professionals who are responsible for,

I mean I teach 100 kids a day. And I am professional, but it seems

strange that I'm not professional enough, for lack of a way to put it,

to be filled in on the loop and the needs of those kids. If there's something

I need to know or if there's something I should know which would

better equip me to deal with them, both their needs, the needs of my

other students, and my personal needs then I think that, you know what,

we are professional enough to be a part of that solution. And that doesn't seem

to be the way it is right now.

Ms. White had a different experience with confidentiality. She was one of the
very few people who were aware the student had attempted suicide, one of the few
teachers of that student who had been informed. When discussing this, her opinion was
that:

I'm not sure if I totally agree with that. And my reason for that is,

there were teachers at that time who may have said or done something

that might not have been a great thing for that child, if they didn't know.

If I didn't know, I may have gotten a little upset at how the child had

changed all of a sudden.

She believed that "maybe people who really really were in contact with this person all the time should have known more so they could have helped more in this situation. I think the healing process [for the student] would have been better."

Finally, Ms. Brown was informed about the student's suicide by another student in the class. The attempt had occurred when school was not open (Summer or Christmas) so the student did not miss class. When school was re-opened, the teacher was not informed of the attempt. Only after a student had told her and she followed up with the administration was she informed. The opinion of this teacher on confidentiality is "It's important to know if there's something that somebody knows, that the teacher, that other teachers in the school, don't know, then teachers should know. So something doesn't hit you right out of the blue". Similarly to Mr. Plum, she would have liked to have been told so she could have been of more assistance to the student:

> everybody has the right to privacy, but I feel if I have a
>
> student in my class who is suicidal I think it would be
>
> to my benefit to know and I might be completely wrong,
>
> maybe I should just go on and treat them the same as if I
>
> didn't know anything but deep down I feel like if I knew at
>
> least I could be on the lookout for something.

Difficulty in knowing.

Although many of the teachers stated that they wished they had known more about the situation, there were a couple of teachers who voiced difficulties that would be or would have been faced when more information was made available to them. Mr. Plum, when talking about gaining extra information said "would it have made my job any easier? No probably not, because with increased information comes a greater responsibility and a greater desire, a drive to prevent those situations." Ms. White being one of the few professionals in the school who knew about the suicide attempt had many things to say on the difficulties she experienced.

> There was a case in particular where people didn't know what was going
>
> on and I was one of the few who knew. So I think that puts a more stressful
>
> factor on you, because as a teacher you are trying not to let anyone else know
>
> or see but yet you know what is going on and trying to help them do that.

She experienced great difficulty maintaining confidentiality and honesty. She did not enjoy having to tell "half-truths" to the students and staff she worked with. She also found that "It was very difficult; I think that's what made it hard you know. You couldn't even talk to your fellow teachers because they weren't aware and that made it more difficult I think."

Talking to students.

One component of confidentiality that many of the teachers agreed on, was that information of a student's attempted suicide should not be shared with the other students in the classroom. These teachers discussed how any assistance the teacher attempted to provide to the student should be kept separate from the rest of the students who may not be aware of the situation. Asking students if they are okay or other such questions, if not typical within the classroom, would be heard by all other students in that class. Ms. White says

I don't know if all the students should be informed because it's probably

something that they might not even know, and why should they know.

Maybe they would look at that student different and encourage it again in

the future they might be ostracized for it.

Conclusion.

Confidentiality guidelines had an impact on the teachers' experience. There were some teachers, those who had previous experience in administration roles, who believed that complete respect and adherence of confidentiality is the only way to respond. Other teachers felt out of the loop throughout their experience and although it would be difficult, would have liked to have known more so they could become a greater support to the student who they were working with every day. Finally, all teachers believed that knowledge of this information was not necessary for the other students in the classroom.

Concluding Thoughts

This chapter explored my interpretations of the themes that were found within and between the different teacher interviews. As these teachers described their experiences when working with students who had attempted suicide, commonalities as well as other important pieces of information, were evident. The feeling of wearing many hats was prominent at all times in the classroom with the many external factors influencing the students but teachers felt especially strained when dealing with issues of mental health. More specifically when faced with student attempted suicide teachers were plagued with many thoughts and feelings such as shock, sadness, uncertainty, anxiety, and fear. Numerous strategies were utilized by the teachers in an attempt to ease the difficult thoughts and feelings while the practice of confidentiality had an impact on their overall experience.

Chapter Five: Teachers' Recommendations

The teachers in this study have shared their experiences with student attempted suicide. Out of this sharing came an elucidation of a number of themes outlining their concerns and needs. Recommendations for changes in the school system that would recognize and address these needs were provided by the teachers. These changes would have been beneficial to ease some of the uncertainty and difficulty experienced by the teachers at the time of the student suicide attempt.

Ready for Change and Resources

The teachers possessed various levels of comfort in their ability to work with the student and in their perceived competency in helping the student. Ms. Brown said that "because I'm a fairly confident person and pretty secure and I did complete the suicide intervention thing and I feel comfortable". Ms. White felt "like I was somewhat prepared because I had seen it before, but yet I think every child is different you know that and how they react to different things." When questioned about preparedness, Mr. Olive exclaimed that "no I was not prepared I wouldn't say anyone was" and Mr. Plum described that there were "not a lot of tools in the tool chest to deal with the situation." No matter how prepared or unprepared they felt, however, these teachers were ready and willing to talk about suicide and desired to become a source of assistance to any student in distress.

Talking about suicide.

During these interviews, teachers shared many of their opinions on the subject of attempted suicide, thoughts they have about suicide, and their ideas of how it should be discussed in the schools. Some of the teachers tried not to use the word successful when describing a completed suicide or the word serious when describing an attempt, as any attempted suicide involved a student in mental anguish and should be considered serious. Ms. Violet describes that "every time a student says I'm going to hurt myself we dealt with it, we treat it as if it's real. It wasn't my place or our place here to make the judgment." Ms. Green, in referencing a joke about suicide she had heard on the radio, said that "for a lot of people suicide isn't there. It is one of those things that sometimes can become the butt of a joke. But I mean really, people are going through it and it's so serious and those are the things you have to remind yourself." Some teachers felt that many people may not want to discuss suicide with students as they fear it may sew the seed in a student's mind. This may be a significant factor contributing to the lack of open discussion on adolescent suicide with students. Ms. Green also discussed how it can be a touchy issue for some people to openly discuss

> you get people with every range of opinion and that's all gonna come
>
> out of their own personal experience. Right, so sometimes it takes a little
>
> bit to hold your tongue because it's a very touchy issue for a lot people
>
> and you don't know.

Another teacher (Mr. Olive) emphasized that suicide should not be sensationalized

    like I find in some first nations communities with high suicide

    rates in the first place. Maybe it might be not a good idea, but you

    don't want to sensationalize it cause some kids are looking to find

    attention, so that's how they get it, maybe not getting it at home or

    maybe not at school whatever.

    Although these issues are something to consider, the teachers interviewed expressed a need to talk about suicide with students in the school. Mr. Olive described that "right now it's almost taboo, especially here, more so than the other places, it's less common here, but we don't talk about that and you should, cause it happens, it's real, it happens, and it happens every day." He believed that suicide could be discussed as "part of the health curriculum or even if there's a story in the news or just have a chat with the kids and tell them there's always a safe place they can go." Ms. Green also believed that the subject was taboo in the schools:

    it's just one of these things that are taboo and I don't know

    if that's ever going to go away. But I hope it becomes less.

    I feel that feeling of isolation is probably the thing, when you're

    talking to students or people in general. That's the thing that I think

    affects them most, like, oh my God, this is such a huge part of my

life and if I can't talk about it and I can't do anything about it, then

what else do I talk about, the weather. Sorry not important, today that's not

important.

This teacher described her perspective on mental health issues in an attempt for open

discussion and to ease the associated stigma.

Medication for mental illness is not a sign of weakness, it's a sign

that you recognize that you are a walking, talking chemical reaction that

has, that reacts differently to all sorts of stimulus all sorts of things and we

need to start getting it right.

Ms. White, as a health teacher, found it "a strength" that she had the opportunity to

discuss issues of suicide and other mental health issues in the classroom, but that it

should be discussed more in the school

you talk about things like self-esteem, suicide, attempted suicide, and

stuff like that. I think if you talk about it in class, it's out in the open and

people talk about it, so I think that's good from the school's perspective

and I think that it's there, you don't ignore it, you talk about it because we're

getting more of this in our society now where students are. There are more

students depressed, there are more students upset, there are more family

issues and I think that we need to deal with it, not to put it under the rug.

The hierarchy of dealing with mental health issues.

Another component in the discussion of attempted or completed suicide with students was what can be considered as the hierarchy of issues that exists in schools. Some teachers felt that a focus on bullying is what has taken precedence in school discussions, presentations, and programming, while other mental health issues have taken a back seat. Mr. Plum says that:

> the weaknesses are sometimes, I think that there's not enough
>
> resources to be spread around to deal with issues that some people
>
> would perceive to be outside the norm, outside the likely, outside the,
>
> not outside the possible but outside of probable. A lot of people
>
> would say that the probability of a teen suicide is unlikely so we're
>
> going to get a bigger bang for our buck by placing our resources
>
> somewhere that's more in the forefront…bullying.

Bullying programs were common in schools; they were included in the yearly plans for both the whole school and the classroom. Mental health issues, however, were not as commonly discussed. Ms. Brown explained that "healthy living discusses mental health issues, but the curriculum hasn't changed in many years" and Ms. White explained that "the health book is really old they need a new one."

The teachers also described how, in their experience, many other resources and supports were made available to teachers as well as to the entire school, if it had been a completed suicide rather than an attempted suicide. When a student completes suicide Ms. White explained that "It comes under our crisis management as well as safe and caring schools. We do have something set up when we have deaths, even in neighboring schools. Things for the students here like having the guidance counsellors here and opening a room where the students can talk to one another." Mr. Olive said that "the one that was successful was a much bigger deal, but the attempted one, it was almost like we don't want to talk about it a lot because we don't want kids to get it in their mind."

This hierarchy also seemed to determine the resources available to teachers to deal with the issue. There were many bullying resources, directly accessible to teachers through a variety of means (e.g., lesson plans accompanying children's books and the Focus on Bullying program from British Columbia is available online). Resources providing information specifically on student attempted suicide, however, were scarce if existent at all. According to Mr. Plum, they were predominantly stored in counselling offices and accessing them to increase learning tended to be the responsibility of the teacher. Mr. Plum said that:

> what I find, in a number of buildings, is the resources around those
>
> sorts of events are kept in guidance counsellor's offices. It's not
>
> something which is openly discussed. The requirement for those sorts
>
> of resources is there obviously, because we have kids attempting suicide

be it through acts of bullying or questioning of one's sexuality whatever.

There's definitely a requirement for those sorts of resources, but it seems

to me like hard resources like reading materials and those sorts of things

are kept in guidance offices and you have to be very proactive in order to

avail of those.

This same teacher, on the issue of being responsible for the whole student expressed that

"my personal perspective is if you're responsible for more than that, you need the tools to

deal with more than that." When asked about the provision of resources, other teachers

stated they were aware that educational psychologists, guidance counsellors or the NLTA

were available to them, if they had asked for assistance. Some of the teachers did go to

guidance counsellors to discuss their uncertainties, while others did not feel the necessity

to ask for help. One teacher (Ms. White) recalled being asked if she required assistance:

"I remember specifically, a couple of times, sitting down and "how are you feeling about

it?", "how is it going?", "how is the student doing?"" She found this very supportive.

Conclusion.

Although these teachers did readily note that talking about adolescent suicide

could be difficult and there were considerations to make, from their interviews they

seemed comfortable with the idea of talking about student suicide in the school system.

They believed that discussion on mental health issues along with student suicide

addressed directly to the students in the school and opening up the lines of

communication in regards to mental illness would be beneficial. Also recognized was the

difference in communication and allotted resources depending on the topic of discussion and that although some teachers felt they were supported and had resources available during this difficult time, there was certainly a call for the provision of more support and resources.

Recommended Modifications

Teachers made recommendations based on the following areas: the thoughts and feelings teachers experienced, how student attempted suicide was approached in the schools, teachers' beliefs that more should be done and the suggestion that teachers would like to at least be a part of helping the student return to the classroom.

Development and teaching of policies.

From the information these teachers provided, they were not aware of a set policy on how to approach student suicide or attempted suicide in the school. They were aware of a crisis team or TERT (tragic events response team). In addition, at times, emails or memos were sent to teachers from the administration describing the events occurring in the school. The development of policies, however, was considered synonymous with being prepared and preparedness of the school to deal with student attempted suicide was questioned by these teachers. The teachers were informed of the students' attempted suicide in many different ways: Ms. Green was informed at a school meeting, involving guidance counselors, administration, psychologists, and a community team; Ms. White was informed through the student's parent and the guidance counselor; Ms. Violet through parents, the principal, or other workers at the school; and Ms. Brown as

mentioned previously, was told by another student in her class. Mr. Plum commented on

preparedness of the schools:

> I always like to think that schools are prepared for that sort of thing,
>
> but sometimes I think that a lot of times we see the kids' thoughts that
>
> they're invincible and we always pass it off as geez that will never happen.
>
> So there is always a level of being caught with your pants down for a lack of
>
> a better way to put it. You're never prepared for something like….was there
>
> a protocol for student suicide?, not that I'm aware of, was there a protocol
>
> for?, but is that to say there wasn't one there, I don't know.

This teacher also discussed levels of preparation vis a vis the hierarchy of mental health:

"I don't know, are they better prepared to deal with issues of bullying? probably, but are

they better prepared to deal with the issues of violence, teen death, attempted suicide?

No. Definitely not!" To help with this situation it was recommended that policies or

protocols be developed and accessible to the school staff. These policies should be

inclusive of the school community and proactive. Mr. Olive described that "teachers need

to be more prepared and understand and I guess have a protocol of how we handle this

and what would be best for all kids involved." The inclusion of staff from the school

environment was important for a number of reasons. Ms. Violet described how outside

agencies could be "so by the book sometimes… I think what it is that they don't know

the students. Maybe if they knew the students, it's very difficult to work 100% by the

book when this is a person to you, a person that you're close to." Mr. Plum described

bringing other people in to help in crisis situations as

> I always question that response, without being critical. They are the people
>
> that are trained to deal with that sort of event, but my personal opinion is
>
> that the people that deal with those kids on a daily basis should be the people
>
> that deal with them in those sorts of situations. They know those kids better
>
> than anyone else.

He believed that

> in order to be effective, as in most policies and procedures in schools, it
>
> has to be a unified front. There has to be a level of unification and how
>
> you deal with those sorts of situations. If this happens, this is how we're
>
> going to deal with it, here's what's likely to happen as a result of, here's
>
> what we do.

He believed that right now teachers were not always given autonomy of a professional.

"Teachers are used as tools for the manipulation of by guidance personnel. You are

simply a tool…seems to me that a professional individual with that level of education can

be used as more than a puppet string." He also believed that "your dealing with that

situation has to be proactive. So I'm not gonna break confidentiality if I'm proactive, I'm

not gonna talk about a specific student, I'm not talking about something in response to something that has already happened…so you can eliminate a lot of the difficulties with the confidentiality by being a little more proactive." Ms. White also noted the importance of addressing things in a proactive format. She discussed how her previous research on the subject was beneficial "because at that time I couldn't just read on that, you know you're too close to it."

Providing information about suicide (workshops and professional development).

As an outline to this section, Ms. Green stated that "teachers in general I find they are.. I think we want to learn more and I don't know if it's necessarily limited to suicide issues or anything as drastic as that but mental health issues in general." The main recommendation provided by teachers during these interviews was for more training and information to be available in the area of student mental health, especially student suicide. Two teachers recommended more training be made available before actual certification, to better prepare him/her for the world they were heading into as a teacher of young students. Ms. Green said that she:

would have wanted more training in my education degree. I mean

I've always said that it's just that it's unbelievable that I was sent

out into the world with the training that I was given and thought

I was going to be teaching [science]. Well that doesn't happen, I

mean, yeah the curriculum is there but there are all these little bodies

in your classroom and they're all tormented and angst ridden.

Mr. Plum provided a similar recommendation, with the goal that training would allow the teacher to be more involved in helping the students with issues other than the curriculum:

I question why [can't teachers help]…does that mean requiring

a bit more training before you get your teacher's license possibly…

we'll do it. If that's what it takes to better serve the population then

do it, this is the 21st century. I don't think anybody is of the misguided

perception that we are teaching mathematics. We're not, we're teaching

kids, we're teaching youth so to better equip you or to better prepare

you to teach kids and to deal with kids and if you need that little bit

of extra training to bring you into that circle of trust where you can

be part of the information, which is now perceived as being confidential,

well then perhaps that's a necessary step.

Attending suicide and crisis intervention courses was specified by other teachers as something that dramatically helped them when faced with student attempted suicide and they suggested these courses for other teachers. For Ms. Violet, suicide intervention courses better developed her ability to discuss suicide and, in particular, to approach a student she feels might be considering suicide. Ms. Brown had:

done crisis intervention and I did a suicide prevention workshop

a number of years ago, so that was good and I mean I'm not intimidated.

I know some people are afraid, like when the word suicide comes

up they might be a little intimidated or afraid to ask... are you thinking

about it? or I've noticed strange things or different things. That wouldn't

be the case with me personally.

She described that "I would think that if all teachers in the beginning could do those crisis

intervention suicide prevention type courses, that would be really helpful." Receiving this

assistance early in their career would, according to Ms. Brown, "enhance their teaching,

not academically but classroom management things, suicide intervention, crisis

intervention, having stuff available for teachers to de stress and things to help the teacher

feel more comfortable dealing with different issues."

As well as workshops and courses, teachers had other recommendations of

what information they would like to learn and how it might be delivered. Included are:

gaining information through venues such as general orientation, professional

development days, the health curriculum, or communication with someone with a little

experience. One teacher (Ms. Brown) expressed a need for other forms of education,

rather than courses, to be available for teachers living in smaller communities. It may be

more difficult for these teachers to access courses or training. This teacher realized that

"there's nothing available around here, not that I know of." Mr. Olive thought that "if

they're going to set something up, maybe suicide intervention could be part of an

orientation or something. Or even a general discussion with teachers just about the signs

to look for. I mean, maybe not two days, maybe an hour, I don't know. People just don't

know these things unless they're told." Ms. Brown recommended that "our school board

has professional development days; a couple of days of shut down. You know, dealing with mental illness and suicide, those could be courses or sessions that teachers could attend. That's something that could be done". Finally, Ms. White suggested that

I'm sure there's probably workshops and stuff that they can

do about things like that especially. They can do it through

our health programs and health workshops for teachers. We very

seldom get anything like that, that might be a good idea...they can

give us information on how to use or how to deal with [it],

and that's the type of thing we lack, things like that in the

education system.

In terms of the types of information teachers desired, Ms. Green suggested

maybe somebody with a little experience could give us a hand here;

you know even things about phrases that you can use when you're

talking to people and when do you ask the question are you thinking

about committing suicide?, are you thinking about it, have you attempted it?

Mr. Plum, while discussing his anxieties about the return of the student to the classroom, exclaimed

but you at least got to arm me with some sort of level of knowledge, some

sort of information- as here's what has happened, without breaking confidentiality

of course, here's what we think will happen, here's what we perceive as the

 necessary supports, here's what we think you should be looking for, here

are the signs.

Finally, a couple of teachers recommended that more counselling services be made available to the students. The single most prevalent concept gained through consideration of the common themes expressed by these teachers was that they cared for the well-being of their students and would like to have had some confidence that students had the opportunity to be helped, if in trouble. Ms. Violet said "so I certainly wish there was more counselling, mental health services, and counselling available for these students on an ongoing basis. Yes there's sometimes crisis intervention, but sometimes that's after" and Ms. Green observed that "there're not a lot of resources around and this is a small town and sometimes even walking into a building can get you discussed and it's not easy."

Two teachers did recognize some beneficial occurrences in regard to mental health in the schools. Ms. Brown recalled "someone came in from public health and did a presentation on mental health and it opened up the students' minds about what mental health is and how people who have mental illnesses, how they feel and you know see things", and thought that this was a very beneficial and impactful presentation. Ms.

White took matters into her own hands and, with the support of the administration, brought in a new program to enhance the health curriculum she was teaching. This program taught students about feelings and self-esteem. In working with students who had attempted suicide, she believed that "building that self-esteem and making them feel good about themselves, so they know that I'm not a terrible person…it seems like that's what they're feeling when you talk to them after" From her experiences, the establishment of this program was extremely important.

Conclusion.

In terms of specific modifications the teachers in this study reported desiring changes to policies and education. The development or teaching of policies (if they were already in place) would add to the feelings of teacher preparedness. According to the participants, policies should be proactive to avoid confidentiality issues at the time of the suicide attempt. These teachers would also like to be made part of the policies so they called for them to be inclusive of the school community. The provision of education on warning signs, how to talk to a student in crisis, and how to talk to students after attempts were deemed by these teachers as very important. Some believed getting this education before entering the workforce or very early in their career to be most helpful. Finally, some teachers believed it would be helpful for more counselling services to be made available to students.

Concluding Thoughts

As the topic of suicide seemed to remain somewhat taboo in the school system, teachers would like to see and have more discussions about mental health issues in the school. It seemed to them that some issues may have had more allocation of resources than others. They requested a greater accessibility to support and resources for student suicide attempts. There were two main actions, however, recommended by the teachers in this study as potentially most helpful when dealing with student attempted suicide. The first was the development of policies, including proactive policies aimed at prevention, naming and describing roles for all members of the school community, as well as encouraging collaboration among members of the school community. The second was giving teachers the opportunity to expand their knowledge of mental health and/or student suicide. According to recommendations, this information could be provided through a variety of means such as during university training, through workshops or courses, orientations, professional development days, or other presentations.

Chapter Six: Model Representation of Results

Temporal Explanation of the Model

The model shown below (Figure 1) represents my interpretation of an organization for the general experiences described by the teachers interviewed for this study. The various components of the model have been highlighted throughout chapters four and five. Unlike the themes chapter, which was arranged on the basis of commonalities, this model was arranged based on a temporal organization. Not all themes and subordinate titles discussed in the previous chapter were included in this model. As was outlined in the methodology chapter, analysis of phenomenological research could be quite messy. Messiness represented that each participant recalled information from their own perceptions of the experience. The result of this was that not all information gained through interviews could be placed into common themes nor would one form of organization likely accommodate all identified themes. Not all findings would fit neatly within such a model.

The internal and external factors were pre-existing within the teachers' environments or within the teachers themselves. When such factors were combined with the experience of student attempted suicide, they likely played a role in the teachers' responding thoughts and feelings. The external factors were those that existed outside of the teachers' control. These factors may have either been established prior to the teacher working with the student who had attempted suicide or may have come to the teacher's attention whilst dealing with the situation. In either case, these were factors which the

External Factors
- ➢ Knowledge known about the student's life outside the classroom
- ➢ Confidentiality policy and practice
- ➢ What teachers were told about the situation
- ➢ Changes in the student and the classroom
- ➢ Teachers' perception of how the schools were dealing with the suicide attempt

Internal Factors
- ➢ Student-centered ideals: Connection and Caring
- ➢ Teachers' belief they can make an impact
- ➢ Past experiences: Life and Career
- ➢ Opinions and Ideals pertaining to adolescent attempted suicide

Learning of a student's attempt and return to the classroom

Connections ⟷ **Teacher Reactions**
- ➢ Shock and Devastation
- ➢ Sadness and Empathy
- ➢ Uncertainty
- ➢ Anxiety and Worry
- ➢ Fear
- ➢ Selfishness
⟷ Communication

Resulting Response
- ➢ A school in crisis
- ➢ The nature of their self-talk and intentions
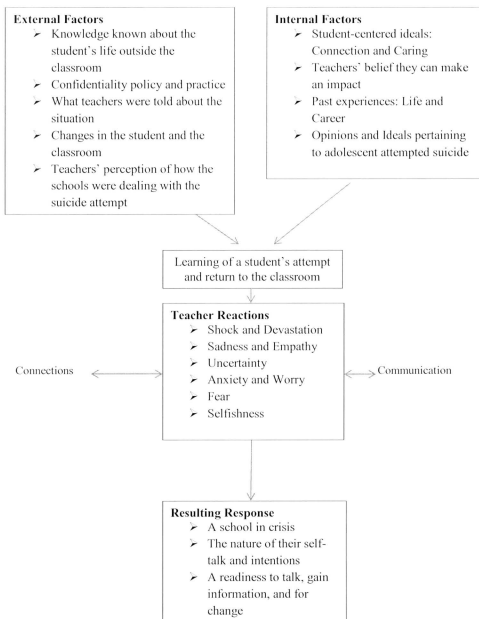- ➢ A readiness to talk, gain information, and for change

Figure 1. Model representation of results

teacher had, or felt they had, little control. Five factors could be seen as external to the teacher at that time. The first was the knowledge the teacher had about the student's life outside of the classroom. This included knowledge that the student was facing certain issues such as family issues or bullying, or it could have been knowledge that the student was what the teacher named as a positive adolescent with a supportive family. School policies regarding confidentiality were also a factor the teachers could not control. They also could not control the amount of information they were told about the student's experience such as the suicide attempt, the support that was offered to the student, or the best practice for action in this situation. The actions of the administration and the guidance counsellors, when they were working with the student, of which the teacher was aware, played a part in the teacher's experience with the school and with that student. Finally, teachers noticed changes in the students' behaviour as well as changes in the relationship between that student and others in the classroom, upon the student's return, which created a new and different atmosphere.

There were factors occurring within the teacher as well which had an impact on their experiences. Past experience of the teacher, in both life and career, with adolescents, mental illness, suicide, or some combination have had a role in shaping how the teachers would perceive present and future events. The teachers interviewed had expressed their belief in a student-centered approach to teaching, based on building and maintaining connections with their students along with embracing a sense of caring for the well-being of the student. These teachers also, possibly because of their student-centered approach, felt that they were able to, and often do, make an impact on the lives of their students.

The impact could be based on the words teachers said, their behaviour toward the student, and/or how they dealt with various situations. Finally, these teachers entered the situation with their own thoughts, opinions, and perceptions of adolescent attempted suicide. From these interviews, various ideas of how an adolescent who was considering suicide should appear, supports they may need, and the best way for these supports to be offered were expressed by the participant. At least some of these ideas were developed from past experiences and exposure to various information and situations. Every teacher interviewed, to some extent, voiced both these internal and external factors when describing their experience.

In the next step, the external and internal factors that were at play were combined with the realization that the student has attempted suicide and the teacher would have to work with this student once he/she returned to the classroom environment. This combination consisted of the common thoughts and feelings expressed by the teachers faced with this situation. The interplay between the internal and external factors did not lend itself to the same cognitive and emotional reaction for each teacher, as there were differences in the intensities and frequencies in the recollections of thoughts and feelings. There were five thoughts and feelings commonly expressed. Shock and devastation were felt upon hearing the news that a student, with whom they had a close connection, had attempted suicide. At times, this shock was followed by feelings of sadness or empathy for the student. According to the teacher this student had undoubtedly been experiencing some sort of distress of which he/she did not feel he/she could cope with and the teacher desired to ease this student's pain. Teachers were uncertain of how to best react in such a

situation, how to progress forward in terms of the curriculum, and were struggling to understand the changes occurring in the student and/or the classroom. Finally, teachers were anxious or worried that the student may try again. They were fearful that they would be at least partially responsible for this future attempt, either through missing the signs or reacting in a manner not beneficial for the student.

Two forms of assistance were included in this model. While teachers were dealing with their thoughts and feelings, both their communication with others and their connections with other professionals had an impact on their ability to cope. With this assistance, the teacher was better able to cope, both by reaching out themselves or through the support provided without request. In terms of communication, at times the family and/or guidance counsellor reached out to ensure the teacher's comfort and well-being. At other times, the teacher ensured he/she remained in contact with the family, guidance counsellors, other teachers, or even the student himself/herself, to be as informed as possible as well as to keep others informed of the student's experience in class. In terms of connections, the teacher's awareness that there were other professionals involved in the case who knew strategies more beneficial to the student's recovery than what they could provide as a teacher was helpful in the ability to cope. Awareness of health care involvement or a personal belief that the guidance staff of the school were prepared and willing to help, served to ease the more difficult thoughts and feelings experienced by these teachers.

Three outcomes predicated these factors reported by the teacher. These outcomes were typically cultivated from the teachers' reflections of what they had experienced. The first outcome is the belief that one cannot always identify the specific student dealing with a mental health issue and/or thoughts of suicide. At times students could behave in ways that were unexpected. In response to this belief, some teachers assumed the viewpoint that all of the students in the school could possibly be in some sort of crisis, so the school environment must be constructed in a way where all students in the building felt safe and supported. The second outcome was the nature of the teacher's intentions in working with the student as he/she continued in the classroom. These intentions were bred through the nature of the self-talk they participated in as they worked through this experience. Teachers told themselves that as long as their primary objective was the well-being of the student and they were working with their entire knowledge base of how to make students feel safe, comfortable, and supported in the classroom, they were doing the best they could to help that student. Their intentions, based on this self-talk, were just that, to create a classroom and series of interactions within that classroom that were safe, comfortable, and supportive for that student. Finally, the third outcome for these teachers was a readiness to talk to students about suicide, a desire to gain additional information about adolescent suicide to help affected students, and for change to occur in the school system in regards to student mental illness.

Further Explanation of Model using a Cooking Comparison

To further explain this model, I use a cooking comparison. When I initially developed the model, I felt it resembled either the process of cooking or the process of calculating a mathematical equation. I finally decided on the cooking comparison because, in cooking, combining the same ingredients could, with different methods or a different cooking procedure, create much different results. In contrast, a math equation was much more structured and predictable in its results. The experience of these teachers was the same, in that they had a student in their class attempt suicide, however, this similar experience led to varied thoughts and feelings.

In this cooking metaphor the internal and external factors that were a part of the teachers' experience that they were bringing into the situation of working with a student who had attempted suicide were comparable to the raw ingredients that are collected together in which to make a final product. These raw ingredients are combined with another mixture of raw ingredients representing all the components of the situation of having a student in the class attempt suicide. This would create a new mixture representing the teachers' initial experience at that time they first heard of and began working with the student. In response to this experience the teachers reached out for connections and engaged in communication with the family and other professionals. These actions can be compared to adding the final touches to the mixture before baking that will leave the chef feeling more comfortable about the end product. Finally, the baked goods or meal at the end of the cooking process represents the outcomes that came

from the teachers' experience after they had time to reflect on what had occurred, the impact it had on them, and how to move on from there.

As a final consideration, if you changed the raw ingredients used to create a recipe both the process and the final product would be likely to change. In the same way, if we changed the initial factors at play for these teachers, their thoughts and feelings, the resulting outcomes would also be likely to change. The teachers in this study recommended the provision of further education concerning adolescent suicide and the development of specific policies aimed at their reconciliation into the classroom. It was suggested that policies should focus on proactive planning and include a role for teachers to play or at least involve teachers in the policy planning and delivery. It was suggested that the delivery of education could be through a variety of means such as workshops, professional development days, orientations at the beginning of the school year, or presentations from knowledgeable professionals. If these proactive recommendations were to be implemented, the composition of the factors at play within and around the teachers at the time they faced a student attempted suicide have the potential to differ from what they were for the teachers who participated in this research. As is represented in the flow chart, these factors would then be combined and interconnected with other factors to create certain states of mind and other outcomes. If the initial factors were modified, it is possible that teacher thoughts and feelings, which were negative and/or questioning at times, and outcomes, which included an overall impression of just working with what they had and a desire for change, may also be modified. The outcomes of these changes cannot be known, however, until the time these changes are made.

Concluding Thoughts

This model of the teachers' reported experiences in working with a student who had attempted suicide was a temporal organization compared to a cooking metaphor. This model represented how both internal and external factors, as raw ingredients, had a role in the development of the teachers' responses to the students' attempt. These responses included thoughts and feelings of shock, uncertainty, anxiety, and fear. In an attempt to cope with the difficult and uncertain thoughts and feelings teachers reported turning to connecting and communicating with other professionals, the family, and the student. Once all these factors, responses, and actions were combined over time, there were a number of final outcomes. These outcomes included acting as if all the students in the school are in crisis, self-talk revolving around a nature of "I'm doing the best I can", and a readiness for there to be more talk about suicide in the schools, to develop knowledge, and for change in general. Finally, teachers provided a number of recommendations they believed would have made their experiences better at the time. As the flow of this model represented, a combination of factors, responses, and actions played a part in leading to the outcomes so any modification, such as the installation of these recommendations, may in fact alter the outcomes.

Chapter Seven: Discussion and Recommendation for Future Research in Teachers'

Experiences of Working with Students who have Attempted Suicide

This chapter focuses on the discussion of the study findings and provides future research strategies which may further support the results. Since there was very little research dealing specifically with student attempted suicide, further research would be beneficial in expanding the knowledge base and encouraging appropriate changes to policies and procedures. The content of this chapter includes a discussion of whether or not the information gained from this exploration was consistent with the stated purpose of the study. How the resulting themes and recommendations related to the literature reviewed at the beginning of this document, in terms of social support for adolescents, potential for teacher stress and burnout in the classroom, coping with this stress, as well as mental health and suicide programming in the schools, is also discussed. In the final section there is a discussion of the limitations of this study and a call for future research.

Responding to the Purpose

At the beginning of this thesis, I cited the primary purpose as "to gain an understanding of junior high and high school teachers' experiences and perspectives while working with and/or teaching students who have re-entered the school environment after attempting suicide." I aimed to learn more about the thoughts, feelings, and actions taken by the teachers faced with this situation, along with their perceptions of their interactions with others and their own personal self-talk. I feel this study has been successful in meeting these aims. Teachers were very articulate in describing the thoughts

and feelings they encountered, such as shock, sadness, uncertainty, anxiety, fear, selfishness for a variety of reasons, and one teacher even noted excitement. Some descriptions of these thoughts and feelings that have been described in depth in chapter four seem to be overlapping. This included four main struggles: teachers' wondering about their actions leading up to the student attempted suicide (if they possibly contributed to or could have prevented the student's suicide attempt), wondering what they could do to help once the student returned, wondering if they would do the wrong thing, and struggling with the process of making practical considerations. Self-talk, participated in by the teachers at the time, was indirectly addressed by the participants. Teachers voiced that they did the best they could and kept the student's interests at heart. They realized that student attempted suicide was something that did happen and could likely be an event they would face again in the future. Finally, that there was a positive perspective to take, as it was an attempt and not a completed suicide. According to the teacher reported experience, many changes were felt in the teachers' interactions with others around them at this time. A number of the teachers reported the student had changed and interactions between the students in the classroom had also changed. While the teacher aimed for stability in the classroom, change was inevitable for most. Strengthening the connections and communications between themselves and other professionals in the school, used as a coping technique, was a shift in the dynamics of their inter-professional relationships and was found to be of great benefit.

Another aim was to discover if there was a role teachers wanted to play in this situation, the perceived importance placed on this role, and the role they felt they could

actually play based on their knowledge, comfort level, and available support. There was a general consensus among the teachers that they would have liked to have had the information, knowledge, and preparation to play a slightly greater role in helping the student. This did not mean assuming the responsibilities of the guidance counsellor, but they would have liked to have been more involved in the students' recoveries. These teachers considered themselves professionals who spent a great deal of time with the students and were able to be of more assistance in their well-being. Some of the information requested by the teachers was not relayed to them, based on reasons of confidentiality. They have addressed this in their recommendations of other proactive means of gaining information without breaking confidentiality, to move them into the loop of knowledge. These methods would certainly be of greater importance to the two teachers who voiced the belief that confidentiality must be maintained, without exception. It is interesting to note that both of these teachers had worked in administrative positions at one time. It is possible that the role they had played in administration may have had an influence on their perceptions of their role as a teacher and how "in the loop" a teacher should be.

Although it was made clear the teachers believed it would be important and beneficial to the student if they were able to assume an increased role in providing assistance, they believed the role they did play was very important. The teachers felt they had an impact on the lives of their students and were happy they had the ability to direct those students, they perceived to be struggling with mental anguish, to beneficial resources. They hoped and believed that students would listen to their advice and use

these resources. These teachers also worked to make both the school (through talking about mental-illness) and the classroom (through actions described in the results section) safe for all students. They especially aimed to provide a safe, secure, welcoming, and comfortable atmosphere for that student, who was returning to the classroom. This was reported as the best they could do at the time but did not minimize their feelings of what they had done. These teachers believed that creating this safe environment was very important for all those who were involved.

Social Support and Reducing Future Attempts

The focus of this research, concerning experiences in working with adolescents who had attempted suicide, was placed on the school environment in part to explore the plausible role of the teacher in creating social supports and positive environments for the affected student. According to certain theories and research findings, adolescents contemplated and acted on thoughts of suicide at times when they felt they were not cared for and believed they did not have an impact on others. They spent a significant percentage of their time alone, reported feelings of loneliness and that they did not matter. They often lacked the skills to build positive social relationships and felt they had very few people to talk to about their feelings (Bearman & Moody, 2004; Culp et al., 1995; Elliot et al., 2005; Joiner & Van Orden, 2008; Mazza & Eggert, 2001). If these thoughts and beliefs were not dealt with following a suicide attempt, there was certainly a significant likelihood the student would make a future attempt (Harris & Barraclough, 1997). In light of these findings, schools that encouraged positive support networks had

fewer students consider suicide. While after an attempt, students have reported finding support in some areas, such as caring teachers, to make up for lack of support in other areas in their lives such as from peers or family (Bearman & Moody, 2004; Bostik & Everall, 2007; Kidd et al., 2006). Teachers have an opportunity to provide support since they spend so much time interacting with the students. They may also be one of the few options for support. A number of the teachers in this study noticed changes in the classroom environment after the student's return. The other students in the class seemed uncertain of how to interact with this student and seemed to back away from general socializations they had participated in prior to the attempt. This may have left the student feeling even more isolated in their daily lives.

Although the teachers' realization that the student had attempted suicide and may do so again in the future and the uncertainty teachers felt were both sources of anxiety, the teachers in this study demonstrated they were very willing to provide support to the student. Examples of this desire to provide support were a willingness to learn more about suicide and a desire to ease the pain the student must be feeling. These teachers also participated in actions, which have been suggested by Bostik and Everall (2007) as being beneficial to students, although teachers were unaware of this literature at the time. This shows that the teachers were intuitively responding to the student in a way that was likely helpful. The teachers looked at themselves as being able to help with the entire well-being of the student rather than simply to increase their knowledge in a certain subject area. They demonstrated a significant level of caring for their students and showed that every student certainly mattered to them. They spent many hours of the day

with these students and grew quite close to them. It was important that the student was in the classroom, as opposed to the devastation that would accompany there being an empty seat. Caring and "mattering" was also demonstrated by the sadness and empathy felt by all of the teachers upon hearing the news of the attempted suicide. Thoughts of how scared and alone the student must have felt became a huge part of the teachers' experience. These thoughts likely contributed to the desire to help the student when he/she came back into the classroom. The teachers wanted to help the students focus on their school work and move ahead in the curriculum. They aimed to stay positive, to have positive occasional chats with the students, to encourage them, to help them feel okay in the classroom, and to ensure that they were aware the lines of communication were open if the student was in distress. The anxiety the teachers were feeling, along with the specific action of watching the student for any changes in behaviour that may have indicated the student was experiencing distress, showed that teachers were most likely approaching this situation from an honest place of caring. They may have also been worried about the effect a future attempt might have on themselves, but ultimately their focus was on the safety and welfare of the student. These actions, taken by the teachers, closely resembled the types of helpful activities named by adolescents who have found their teachers very supportive. They described these teachers as doing more than their job, talking to them during lunch periods and after school, showing an interest and caring in their lives, allowing them to help out around the classroom, and encouraging their strengths and abilities (Bostik & Everall, 2007).

Along with the ability of teachers to be positive and encouraging to these students, research also suggested the importance of their involvement with the students, as teachers had the greatest opportunity to bridge the communication between the school and the parents regarding the students (Range, 1993; Stephan et al., 2007). Adolescents who attempted suicide were more likely to lack support from their primary family unit so making these connections seemed to be very important (Heeringen, 2001; Lewinsohn et al., 1993). This act of connecting with the parents was something named as an action taken by a couple of the teachers. This action was also identified by these teachers as something that was helpful when working with the student in the classroom. Teachers thought that having the option and acceptance to contact the family helped them cope and feel more at ease in this situation. They would call home to discuss concerns or positive occurrences and/or to ask if the parents had any concerns.

Teacher Stress

One of the main themes headlined in this thesis was the wearing of multiple hats or the expectation that teachers assume multiple roles in the classroom environment. The research identified a common teacher stressor as students coming into the school suffering from a variety of external issues. According to past research, teachers believed there were too many expectations put on them to deal with mental health issues and experienced worry in working with student social and emotional issues (Howard & Johnson, 2004; Wyn et al., 2000; Younghusband, 2007). The teachers in this study did express many of these stressors. They described knowledge of external factors students

were facing, uncertainties in assuming the many role expectations placed upon them, as well as a general worry about the well-being of their students on more than a curricular level. Rather than desiring to be relieved from the stressors of these expectations, however, the teachers in this study wanted to help their students. They just wanted the feelings of stress to be eased through greater preparation and education. It was described that, although it was difficult, knowing the external factors facing students increased their desire to help the student. They wanted to be a source of support and recognized the need for this support. These teachers voiced a concern that they lacked all of the necessary tools to do so. Research has found that teachers were not trained in suicide intervention, were unaware of the warning signs and other information on suicide and were often unwilling or uncomfortable to take upon themselves a role of responsibility when it came to student suicide (Freedenthal & Breslin, 2010; Malley et al., 1994; Scouller & Smith, 2002). Some of the teachers in this study had taken part in suicide intervention training, citing it as extremely helpful in easing the stress of the situation and others strived for the opportunity to learn the information, allowing them to take more responsibility in working with the student.

Research also indicated, regarding teacher stress, that teachers experienced a loss of connectedness to a student if the student was particularly disruptive. In this study, two teachers noted that once the students returned to the classroom these students' behaviour were more disruptive than it had been previous to the attempt. They found this a difficult factor in developing a positive relationship with these students. The fear of possible legal repercussions has, at times, resulted in teachers avoiding increasing connectedness to the

student or assuming greater responsibility (Esposito et al., 2003; King et al., 2001). Not one of the teachers in this study, however, voiced legal repercussions as a source of any apprehension in working with students who had attempted suicide.

Teacher Coping

The methods the teachers in this study adopted to cope with the situation seem to correspond with research on how teachers effectively deal with stress in their careers. As teachers in this study discussed their experiences with questioning their actions, having a sense of worry, and feeling fear, at no time did the teachers talk about experiencing a crisis. There were supports, knowledge, and policies that they wished would have been provided to give them a better experience, but they did see themselves as dealing with the experience they had quite well. Previous research has found that teachers who were more resilient when dealing with the stress accompanying their careers had a strong belief in their ability to face and solve problems. They had a belief that they handled situations as appropriately as they could with the knowledge they had and did not heap guilt or blame on themselves. These internalized feelings meant that these teachers tended to be high in the theoretical and empirical concept of self-efficacy. Typically those with high self-efficacy placed more effort and time into obstacles they faced and were much more active in building coping strategies (Austin et al., 2005; Bandura & Adams, 1977; Howard & Johnson, 2004; Jepson & Forrest, 2006). The past life and career experience of the teachers in this study was described as helpful because it had taught them more about both talking to and working with the students. Also, having a past experience with a

student who had completed or attempted suicide had already planted in their minds that student suicide was something they would realistically have to deal with. A sense of confidence could be seen in the teachers' descriptions of their experiences. The actions taken by the teachers demonstrated that they felt there were options available to them in facing and taking more control of the situation. The initiative to forge connections between themselves, the family, and other professionals in the school, so they were able to ask for support if needed and also to communicate with these people and even the student, would require feelings of confidence. These connections and communications also required strength from the teacher, an understanding of their own needs and abilities, and motivation to better the experience for all involved. Finally, in their self-talk at the time, teachers told themselves they were not certain of exactly the right actions to take, but they knew they were doing the best they could do with the knowledge and experience they had. A large component of the self-efficacy demonstrated by these teachers at that time was this self-talk. Bandura and Adams (1977) described that personal verbal persuasion that one could cope with a situation played a large contribution to the development of a higher self-efficacy. They worked with their own knowledge of interacting with students and the supports they were given or had taken advantage of, to do what they could. They felt that with extra supports they could possibly have done more, but they believed that what they had done was certainly appropriate.

Program Recommendations

Some of the programs discussed in the literature review of this study, to deal with adolescent completed and/or attempted suicide have been implemented and tested in schools with varying degrees of effectiveness. Others were suggestions of programs that should be implemented based on research findings. Few schools actually had policies and programs specifically developed to deal with adolescent attempted suicide (Davidson & Range, 1999; Malley et al., 1994; Weller et al., 2001). To the best of the participants' knowledge, the schools in which the teachers in this study were employed did not utilize any of these programs. According to the policies outlined on the website of one Newfoundland school district, suicide was mentioned twice in the appendices. First, suicide awareness planning was listed under the sample guidance program plan for high school guidance counsellors. Second, under the critical incident policy completed suicide was discussed in reference to giving memorials. There was a suggestion to include contact information for a suicide prevention center in the school response kit resource list, and there was a sample letter to parents informing them of a completed suicide in the school population. There was no specific reference to attempted suicide within any of the policies. The suggestion that teachers were not aware of the existence of these policies/programs speaks more to the importance of the program delivery than the actual existence of the policy/program. There may be policies or programs in existence through the school board or administration but without teachers being informed it was possible that a very important part of the potential of program delivery could be missing. The recommendations made by the teachers in this study closely resembled the best-practices

of these research-based programs. The Newfoundland teachers interviewed by

Younghusband (2007) often did not feel as if they were provided adequate professional

training or professional development to deal with curricular issues, let alone social and

emotional issues.

Gate-keeper training in the schools was a common form of programming and

teachers were often considered an important gate-keeper. Policies developed around

suicide and mental health issues must keep gate-keepers informed of their role and ensure

they are prepared to play this role (Hayden & Lauer, 2000; O'Carroll et al., 1994). The

results of research by Kalafat (2003) found that gatekeepers and students in the school

should be prepared to recognize signs and risks, to respond appropriately when they were

facing crisis, and be aware of where they could find additional help as required. In this

current study, the principal recommendations made by the participating teachers were

almost exactly the same as those suggested in Kalafat's (2003) study. They emphasized

the importance of additional training and information to be available in the areas of

student mental health, including student suicide. Specifically, they noted the importance

of education focusing on the signs to look for in a student in crisis and what is most

beneficial to the student who has attempted suicide, especially once the student has

returned to the classroom. The teachers I interviewed would like the information to be

provided to them, either before they enter the world of teaching or through professional

development days. The benefits of the courses available were certainly expressed,

however, in the current system; teachers must avail of these opportunities on their own,

which is not always feasible. To deal with career stress, Younghusband (2007) found that

teachers would like more involvement from administration in reducing their accountability demands, being respected as professionals, using effective communication, and providing guidance and support in day to day expectations of dealing with students and the classroom. The teachers in this current study did not express a need for reduced accountability in their classroom. They did, however, desire to be seen as professionals by administration and would like their roles, in certain instances, to be proactive and clearly outlined. They desired relevant information be communicated to them, allowing them to act under their own initiative rather than simply, seemingly, following orders from others, when a crisis occurred.

In the opinions of the teachers in this study, the policies which would likely lead to programming should be proactive and inclusive within the school community. Programming was suggested to involve the building of a motivated and cohesive school community. Gatekeepers would not be as willing to become involved with school policies and programs if they did not feel connected to the other adults working in the schools (Kalafat, 2003). Possessing a close, trusting relationship with other professionals in the school, such as the guidance counsellor, along with the knowledge that the guidance counsellor had a close relationship with the students, was named as both a benefit and a relief for these teachers, when dealing with the student returning to the classroom. Research suggested that the connection with a guidance counsellor in this situation, whether programs were developed or not, was particularly important for the teacher. The guidance counsellor was the professional who was most likely to take charge, in the event of a student attempted suicide or in the implementation of a program

working with the students and staff, to ensure people were adhering to the roles outlined by that program (Christianson & Everall, 2009).

As a natural extension to preparing the school community for better programming around student suicide attempts, the experiences of the teachers in this study as well as the recommendations they have provided lend themselves to the conclusions of comprehensive programming (See chapter one for a review). A comprehensive school program called for the education of all professionals working in the school environment and their collaboration, to allow the knowledge they held about either the subject of suicide, the students or both to be shared and utilized (King, 2001). In addition, these programs called for the development of a crisis team and the inclusion of suicide/mental health education for the students in the school. In a comprehensive program, the students should be taught about mental health issues and suicide and common misconceptions should be addressed. Students should be taught how to recognize warning signs and what to do if they notice signs of distress in other students (King, 2001). In terms of this study's results, the teachers were aware of a crisis team developed and available in each of their schools. Talking about suicide among the entire school community including students was, however, something that was certainly needed. While one teacher recalled a recent presentation to students regarding mental health, that seemed to be beneficial, the topic of student suicide was taboo. Informing students about a wide variety of mental health issues, and leaving room for them to talk and ask questions about these issues, was an action the teachers would like to have seen fostered.

In addition to including students in a comprehensive program, other members or organizations in the community were also suggested to be involved. In the study by Wyn et al. (2000) this suggestion, to collaborate with community members as well as those in the school, was cited by the teachers as a challenge mostly in terms of scheduling. Connection with the community may have been difficult for the teachers in this current study, although they did not voice this feeling, however they did feel that even marginal connection with the community was beneficial and greater collaboration would be quite helpful. If the teacher had some knowledge of the health care procedures in adolescent attempted suicide, they felt more relief in knowing the student could get help from that avenue and that the hospital would not suggest a student return to school if that student remained a high-risk. The teachers cited a desire to play a role where they could direct students toward help; naming some resources outside of the school. They wanted to be aware of resources accessible to the students, such as counselling or mental health services, so students would not be left without the care they needed. A closer collaboration with professionals outside of the school environment, such as counsellors or psychiatrists, would provide the opportunity to become familiar with available mental health services, their providers and methods of access. While the teachers in this study seemed to be open and encouraged by the involvement of community resources, they did believe that outside resources cannot be the sole provider of support, further lending to comprehensive programming. They believed that adults who have a close connection and knowledge of the students and how to work with the students, such as themselves, should

be certainly included as a source of knowledge and support, for the students as well as for other professionals.

Study Limitations

There were some limitations to this research study that should be taken under consideration. First the research sample, although appropriate for qualitative research, was a small representation of teachers working in Newfoundland and Labrador. Teachers were asked to participate from only two of the four school districts. Care was taken to provide rich detail so that readers can evaluate the interpretations presented and also to draw their own generalizations. It is important to note that the purpose of this study was to describe the teachers' experiences and not to generalize beyond them. It was possible that non-participating teachers' experiences, who have worked with students who had attempted suicide, differed from those teachers who did choose to participate in this study. Finally, the information gathered in this study was subjective to the teacher and concerned a past experience. These teachers were reporting a subjective experience they recalled from the past and in no way were these experiences directly observed or explored at the time of their occurrence.

Hope for Further Research

Although, in the results chapter, I included the recommendations voiced by teachers as changes they would like to see implemented in the school system, I would like to encourage further research in the area. It is my hope, that in completing qualitative research on a topic that to my knowledge has not previously been explored, the themes or

information found could potentially spur ideas for further study. Such study could include a larger sample size across greater numbers of school districts. As discussed in the methodology section, findings from qualitative research were not broad or generalizable. For the recommendations made by teachers in this study to be more likely explored and even tested, larger-scale research supporting the effectiveness of these measures in the specific situation of student attempted suicide could be completed. Considering the potential positive effect that teachers, who are comfortable in working with student suicide attempts, would have on the support felt by the student in his/her return to the classroom, this research is certainly needed. It is possible that the coping strategies reported by these teachers may be useful to other teachers facing this situation. Research by Howard and Johnson (2004) found that teachers who were not resilient to the stressors of their careers could learn coping strategies that would help them in the future. Any strategy, that could be used to assist teachers in the performance of the many roles they are expected to play in the classroom, certainly requires further attention. Overall, similar to the statement made by Christianson and Everall (2009) in their study, where they explored the experience of school counsellors with client suicide, the experiences shared by the teachers in this study did not represent the experience for all teachers. They did, however, "offer an opening for discussion, thought, introspections, reflection, and future research" (p. 166).

Concluding Thoughts

Teachers in this study discussed themes closely connected with both adolescent attempted suicide and teachers/school environments. These teachers described experiences addressing the social and emotional needs of the students, talked about their own stressors that they experienced in dealing with student attempted suicide along with their strategies for easing this stress. The teachers provided recommendations they believed would have bettered their experience which closely connect to programs and policies that research has already deemed appropriate for dealing with student suicide in the school environment. Finally, although there were a small number of limitations to this study, the findings unveiled opinions and experiences that may contribute to both the safety of struggling students and lowering the stress levels of junior high and high school teachers, encouraging the exploration of future research in this area.

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Appendix A

Participant Invitational Email

Dear Potential Participant,

 I would like to invite you to consider participating in a study on teacher experiences of working with students who have attempted suicide. This study seeks to understand the experiences and perceptions of teachers who have worked with students who have attempted suicide. We are seeking potential participants who meet the following criteria:

1) Is a junior high or high school teacher in the [School District]
2) Has past experience in working with a student who had re-entered the school after having attempted suicide (i.e. is not currently working with this student)

The interview will last approximately one to one and a half hours and will be held at a time and location of your convenience. I am aware this is a busy time of year but I am attempting to contact those who are interested in participating, even if you may be too busy right now, to discuss when you may be available. Interviews can be held this summer as well as early in the fall. The interview will be comprised of an initial segment of prepared questions to discuss your perceptions and experiences regarding working with students who have attempted suicide as well as time for you to discuss what you believe to be important in relation to this topic**.** The nature of this topic matter makes it essential to inform you that your identity as well as the identity of your school and any other third parties (i.e. students) will be kept anonymous to the highest extent possible. You will be provided with the interview questions to review prior to your interview. If you feel uncomfortable during the interview at any time it will be stopped immediately. This interview will be strictly confidential. For more information, or to express a desire to participate, please reply to this email or contact Kiah Buchanan (709) 747-7709. Also I have been made aware that I am not receiving all emails to my MUN account so you can also send replies to kiahbuchanan@hotmail.ca.

Thank you very much for taking the time to read this email

Kiah Buchanan B.A., B. Ed., M.Ed. student

Appendix B

Principal Invitational Email

Dear Principals,

     I hope everyone is having a good week! I am asking for your permission to contact the teachers in your school asking them if they would like to participate in my thesis research study.

     The purpose of my study is to gain an understanding of the experiences of teachers who have taught/worked with students who have attempted suicide. The amount of time teachers spend with a student makes them essential in bridging a relationship between the student and the school so the study of teachers' experiences with students is quite important. This study requires minimal time from the teacher as it simply involves their participation in a 60-90 minute interview at the time and location of their choosing. **In the final report the participating teachers will be assigned alternate identities and all identifying information in reference to schools and third parties (i.e. students) will also be omitted to the greatest extent possible.** This study has been given ethics clearance from MUN and has also been approved by [School District].

     Please see attached a copy of the email I intend to send to teachers asking for their participation. I know everyone is very busy, especially since we are approaching the end of the school year, but responding to this email whether you give consent or not will be very helpful to me. To give permission or if you have any questions please send me an email by simply responding to this email, or by sending your response to this email address: b79krb@mun.ca. If I do not hear from you through email I will be calling the schools, if this is a better option for you.

Thank you very much for taking the time to read this email and for all your help!

Kiah Buchanan B.A., B. Ed., M.Ed. student

Appendix C

Informed Consent Form for Participants

Research Project Title: Teachers' Experiences and Perceptions in Working with Students who have Attempted Suicide

Investigators: Kiah Buchanan (M.Ed student Memorial University) & Greg Harris (Associate Professor Memorial University & Thesis Supervisor)

The purpose of this study is to understand your perspectives on working with students who have attempted suicide. As many teachers, such as yourself, are critically important in assisting at-risk youth, your views on teacher roles, teacher needs, and teacher experiences in working with students who have attempted suicide are needed as little is known about the topic. To participate in this study you must be a junior high or high school teacher within the [School District] in Newfoundland and Labrador who has worked with a student who has attempted suicide. In addition, you must be 19 years of age to participate in this study.

This study will include: (a) reading the informed consent form, (b) meeting with me at a location of your choosing, and (c) participating in a tape recorded interview. Upon the transcription of your tape recorded interview you will receive a copy of this transcription as well as a written summary, giving you the opportunity to add, change, or omit any information, if desired. An alternate identity will be used to identify each interviewee to ensure confidentiality to the greatest extent possible. School names and the names of any people described during your interview (i.e. students) will be excluded from the data. The interview will be semi-structured, meaning that there are topics of interest; such as perceived roles, experiences, and needs, but the direction of the interview will be based around the material you would like to discuss. Along with this form you have received a list of the interview questions that should clarify these topics and allow you to ask questions before we begin. It is important for you to know that your participation is completely voluntary, and if at any time during the interview you feel uncomfortable, you are free to stop. Discontinuation, from this study, at any time will not influence your current relationship with Memorial University. All data, including tape recordings and transcriptions will be kept in a locked cabinet at Memorial University and then shredded after five years.

For those interested, results will be made available to any individual participant upon request. At this time, there are no foreseen direct benefits for you personally by

participating in this study. There are also no foreseen costs or negative consequences to your participation in this study. If you wish to talk to someone about any of the issues raised in the study, you can contact Judy Beranger of the NLTA (709-726-3223 or jmberanger@nlta.nl.ca). Due to the nature of this topic it is important you be informed of some limitations to confidentiality. Although identification of yourself, your school, and other third parties (i.e. students) will be protected to the greatest extent possible, if based on the interview it seems that anyone is currently in danger of being harmed (e.g. suicidal), it is possible that action would need to be taken and confidentiality may need to be breached.

Your signing of this form indicates that you have read and understood to your satisfaction the information regarding participation in the research project and agree to participate as a participant. You are also agreeing to (check those that apply):

☐   Participate in an interview

☐   For the interview to be recorded electronically

☐   For interviews to be transcribed

☐   For quotations from the interview to be used in a report of the results under the identification of the assigned alternate identity only

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. Your agreement to participate also provides permission for the researcher to use the data in presentations, published articles, and in any other future publications. If you have further questions concerning matters related to this research, please contact:

Kiah Buchanan [709-747-7709 or b79krb@mun.ca]

Dr. Greg Harris [709-864-6925 or gharris@mun.ca]

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research (such as the way you have been treated or your rights as a participant), you may contact the Chairperson of the ICEHR at icehr@mun.ca or by telephone at (709) 864-2861.

This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should provide you with a general description of the purpose of the research and what is requested of your participation. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to carefully read this form.

_____   _____

Participant's Signature   Date

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Researcher's Signature   Date

Appendix D

Interview Questions

Demographic based questions

Describe your teaching career to date

-What is your educational background?

-What courses and grade levels have you taught?

-What is the composition of the schools you have taught in? (i.e. population)

-Have you experienced other roles or jobs in the school other than teaching?
What approach do you feel you take in teaching?

Interview questions

Can you describe your general experience at the time of the student returning to your classroom?

Can you describe the school you were working in at this time?

Describe your relationship with the student at the time of the attempted suicide?

Were there any changes in your role or relationship with the student upon their return to the classroom?

From your perspective, why did these changes occur?

Were there any apparent changes in the classroom environment in regards to the other students in the class?

If changes occurred, what were the positive and/or negative aspects to these changes?

How did you feel directly before the re-entry, upon re-entry, and as time passed?

What were you thinking directly before the re-entry, upon re-entry, and as time passed?

What did you feel prepared to do and in what areas do you feel you needed additional preparation?

Describe the environment in the school at this time

Was there a formal policy in place at the school pertaining to student suicide? If so, have you witnessed any changes in this policy over time?

What, if any, resources were available to you at this time? Were you aware of these resources?

What were your feelings concerning the support directed toward you at this time? I.e. from administrators, counsellors, and educational psychologists

What do you think were the strengths and weakness of the education system in assisting you during this time?

Thinking back to this entire experience if you had every desired support and resource would anything have been different? If so, what would this support and these resources look like?

* Questions will not be asked verbatim

Appendix E

Adolescent Suicide Resources

Resources of Information about Suicide

1) **Newfoundland Mental Health Crisis Centre**
   47 Street Clare Avenue
   St. John's, NF A1C 2J9

2) **Crisis 24 hours**   1-888-737-4668
   Crisis   (709) 737-4668
   Business   (709) 737-4271
   Fax   (709) 737-4674

3) **Newfoundland Grief Recovery Group for Survivors of Suicide**
   Box 3022, Manuels, Conception Bay South
   Conception Bay, NF A1W 1B4

   Or

   Room 2860/1, Health Sciences Centre
   Prince Phillip Drive
   St. John's, NL
   Contact: Mary F. Steele msteele@nfld.com

   Phone   (709) 834-4027

4) **Canadian Mental Health Association: Public Education Section**

   Email: http://www.cmhanl.ca/edu.asp#suicide

5) **Kids Help Phone**

   Toll-free: (800)668-6868

6) **Living Works: Suicide Prevention**

   http://www.livingworks.net/

7) **Canadian Association for Suicide Prevention: Advocating, Supporting, & Education**

   Tel: 780-482-0198, fax: 780-488-1495, website: www.casp-acps.ca
   A list of crisis centres: www.suicideprevention.ca

8) **Suicide Prevention Help (Global Web Directory): Website funded by Canadian Red Cross Society**
   www.suicidepreventionhelp.com/directory/Crisis_Centers/North_America/Canada/