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AN ANALYSIS OF THE KNOWLEDGE AND ATTITUDES OF SECONDARY  
SCHOOL TEACHERS CONCERNING SUICIDE AMONG ADOLESCENTS  
AND INTERVENTION IN ADOLESCENT SUICIDE

DISSERTATION

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By

Susan E. Licht Gordon, B.A., M.A.

Denton, Texas

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The purpose of this study is to analyze the interaction of (1) the secondary school teacher's knowledge concerning both the problem of adolescent suicide and the potential for teacher intervention and (2) selected demographic variables on the dependent variables of the teacher's attitudes concerning both the problem of adolescent suicide and the potential for teacher intervention in order to develop a data base upon which to examine the prospects for realizing the intervention potential of secondary school teachers in the area of adolescent suicide.

Organization of the study includes a statement of the problem, review of related literature, methodology used for statistical analysis, an analysis of data, and the findings, conclusions, implications, and recommendations for additional research.

A survey instrument was formulated and validated; reliability was established. The instrument was divided

into demographic data and a series of twenty-seven statements representing four areas of investigation.

1. Knowledge of the problem of adolescent suicide;
2. Knowledge of the potential for teacher intervention;
3. Attitude toward the problem of adolescent suicide;
4. Attitude toward the potential for teacher intervention.

Knowledge and attitude responses were arranged on a Likert-type scale valued from strongly agree (1) to strongly disagree (6) with weights reversed for negative items. Attitudinal response values  $\leq 3$  were considered positive; attitudinal response values  $> 3$  were considered negative. Cognitive response scores were dichotomized into a high and low level of knowledge. Interaction of (1) knowledge concerning the problem of adolescent suicide and the potential for teacher intervention and (2) eleven selected demographic variables on attitude toward adolescent suicide and teacher intervention was tested by eleven sets of four  $2 \times N$  factorial analysis of variance. Level of significance was set at .01.

From a sample of 2,449 geographically selected secondary school teachers in 6 independent school districts throughout Dallas County, 1,739 usable instruments were returned. Findings indicate that there are significant

differences in knowledge concerning the problem of adolescent suicide and the potential for teacher intervention as a function of particular demographics. Similarly, there are significant differences in attitude toward the problem of adolescent suicide and the potential for teacher intervention as a function of particular demographics. There was no significant interaction effect for the selected demographic variables and knowledge concerning adolescent suicide or teacher intervention on the attitude of teachers toward these issues.

Findings further reveal that level of knowledge appears to be a significant contributing factor in the secondary school teacher's attitude as a function of selected demographics. Secondary school teachers appear to possess a low level of knowledge concerning both the problem of adolescent suicide and the potential for teacher intervention, and they exhibit a range of predominantly negative attitudes toward the problem of adolescent suicide. However, the teachers appear to possess a tenuously positive attitude toward the potential for teacher intervention.

The findings of this study provide a basis for the following recommendations.

1. Consideration should be given to devising curricula for integration into existing pre-service and

graduate education courses in order to increase the knowledge of teachers concerning the problem of adolescent suicide and the potential for teacher intervention;

2. In-service programs should be developed and conducted in an effort to increase the knowledge of teachers concerning the problem of adolescent suicide and the potential for teacher intervention;

3. Attention should be given to the encouragement of constructive attitudes toward the problem of adolescent suicide and the potential for teacher intervention on the part of pre-service and in-service secondary school teachers.

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. . . A SECONDARY SCHOOL SHOULD ACHIEVE MORE THAN NOT DRIVING ITS PUPILS TO SUICIDE. It should give them a desire to live and should offer them support and backing at a time of life at which the conditions of their development compel them to relax their ties with their parental home and their family. It seems to me indisputable that schools fail in this, and in many respects fall short of their duty of providing a substitute for the family and of arousing interest in life in the world outside . . . . The school must never forget that it has to deal with immature individuals who cannot be denied a right to linger at certain stages of development and even at certain disagreeable ones. The school must not take on itself the inexorable character of life: it must not seek to be more than a game of life.

- Sigmund Freud  
"Symposium on Suicide, 1910"

## CHAPTER I

### INTRODUCTION

Suicide is no longer a rare phenomenon in childhood and adolescence. Reaching epidemic proportions (6, p. 12; 7, p. 71), self-destruction among adolescents has become a major health and social problem (50, p. 71).

Exceeded only by accidents and homicides (7, p. 71; 10, p. 32; 12, p. 539), suicide has become at least the third leading cause of death among individuals aged fifteen through nineteen (7, p. 71; 10, p. 32; 12, p. 539).

National statistics reveal that the annual rate of recorded suicide among these youth more than tripled from 1954 to 1972 and almost doubled in the 1970's compared with the 1960's (1, p. 26; 5, p. 1; 6, pp. 11, 23; 7, p. 71; 12, p. 539; 14, p. 308). In addition, the ratio of suicide to these other causes of death may be much higher than reported statistics indicate. An undetermined number of suicides are hidden as the result of family considerations and the extreme difficulty in estimating the number of presumed accidental deaths, which are, in reality, the result of a successful suicide attempt (1, p. 26; 9, p. 221; 11, p. 187; 12, p. 539; 13, p. 30).

Despite the inherent statistical error, the fact remains that suicide is the *number one cause of unnecessary*

*and preventable death (4, p. 226; 13, p. 30), for a suicide rarely occurs without warning (3, p. 71; 12, p. 541). For our nation's youth in the high-risk period of ages fifteen through nineteen, it is often the secondary school teacher who is in the most strategic position to identify and help the potential suicide. In association with teenagers on a recurring, long-term basis, an educator has the unique opportunity to observe subtle changes in behavior as they occur in isolation or within the significant context of the adolescent peer group. Consequently, the secondary school teacher is among the earliest individuals who have an opportunity to recognize the symptoms of depression and other indicators of possible suicide (4, p. 232; 7, p. 72).*

However, despite the observation of serious clues to suicide, a teacher may hesitate to intervene for fear that in some way he will have to assume the responsibility for prevention (4, p. 232). But the teacher is *not* a therapist. For him, *intervention* directly with a student should be for the purpose of letting the student know that at least one person is aware that there is a problem. To point out considerately and openly that a change has been noticed is the first step toward a solution (4, p. 232).

Because today's secondary school teacher is in a position to save a life (13, p. 72), the need to ascertain the prospects for realizing the intervention potential of

this professional group is imperative. However, there does not exist a sound knowledge base upon which to make this significant determination.

#### Statement of the Problem

The problem of this study was to develop a data base upon which to examine the prospects for realizing the intervention potential of secondary school teachers in the area of adolescent suicide.

#### Purpose of the Study

The purpose of this study was to analyze the interaction of (1) the secondary school teacher's knowledge concerning both suicide among adolescents and intervention in adolescent suicide and (2) selected demographic variables on the dependent variables of the secondary school teacher's attitudes concerning both suicide among adolescents and intervention in adolescent suicide.

#### Research Questions

The following questions are those used as the basis for this study.

Subproblem 1: In terms of knowledge concerning the problem of adolescent suicide (KS), what are the demographic characteristics of secondary school teachers?

Subproblem 2: In terms of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI), what are the demographic characteristics of secondary school teachers?

Subproblem 3: In terms of attitude toward the problem of adolescent suicide (AS), what are the demographic characteristics of secondary school teachers?

Subproblem 4: In terms of attitude toward the potential for teacher intervention in the problem of adolescent suicide (AI), what are the demographic characteristics of secondary school teachers?

Subproblem 5: What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the problem of adolescent suicide on the attitude of secondary school teachers toward suicide among adolescents?

Subproblem 6: What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the problem of adolescent suicide on the attitude of secondary school teachers toward intervention in adolescent suicide?

Subproblem 7: What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the potential for teacher intervention in adolescent suicide on the attitude of

secondary school teachers toward suicide among adolescents?

Subproblem 8: What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the potential for teacher intervention in adolescent suicide on the attitude of secondary school teachers toward intervention in adolescent suicide?

#### Significance of the Study

As an epidemic of teenage suicides sweeps the United States (1, p. 26; 3, p. 50; 4, p. 119; 5, p. 1; 6, pp. 11-12; 7; 8, p. 11), educators are being mentioned increasingly as potential operants for intervention in an attempt to reverse this trend. However, despite the obvious fact that the role of the teacher may offer excellent opportunities for awareness and involvement (2, p. 191; 4, pp. 231-232; 5, pp. 107-109; 6, p. 90; 7, p. 72; 12, p. 542; 13, p. 32), a survey of literature in suicidology reveals very little attention to the reality of developing such potential.

Although it has been suggested by the director of the National Institute of Mental Health, for example, that the increase in teenage suicide could be reversed if teachers (among others) knew more about suicidal tendencies and ways to cope with suicide attempts, there does not



appear to be a structured effort to determine what knowledge or attitudes teachers currently possess concerning not only the act of suicide, but also the act of intervention for which they are being considered.

Therefore, the significance of this study is inherent in the researcher's efforts to determine and analyze the knowledge and attitude responses of secondary school teachers concerning suicide among adolescents and intervention in adolescent suicide in order to develop a data base with which to ascertain the prospects for realizing the intervention potential of the professional educator.

#### Definition of Terms

In order to minimize misinterpretation, the following terms are defined in an operational manner.

Adolescent in this study refers to those individuals not younger than thirteen or older than nineteen years of age.

Secondary school, for the purpose of this study, refers to those programs encompassing grades seven through twelve.

Intervention is defined by Webster's New Twentieth Century Unabridged Dictionary, 2nd edition, to mean "to come between as an influencing force." In this study, an operant for intervention in adolescent suicide is one

who will act effectively to come between the adolescent and his decision to attempt suicide.

Suicide, for the purpose of this study, means the cessation of life as a result of the deceased individual's willing commission of an act which appears to be intended to lead to his own death as a result of his own actions.

The notation KS refers to the factor items within the survey instrument which were used to measure knowledge of the problem of adolescent suicide. (See Appendix C.)

The notation KI refers to the factor items within the survey instrument which were used to measure knowledge of the potential for teacher intervention in the problem of adolescent suicide. (See Appendix C.)

The notation AS refers to the factor items within the survey instrument which were used to measure attitude toward the problem of adolescent suicide. (See Appendix C.)

The notation AI refers to the factor items within the survey instrument which were used to measure attitude toward the potential for teacher intervention in the problem of adolescent suicide. (See Appendix C.)

#### Limitations of the Study

This study was limited to secondary schools located in Dallas County.

This study was limited to those individuals classified as secondary school teachers in the selected schools.

### Basic Assumptions

The first assumption was that the random sample drawn from a population of Dallas County secondary school teachers was representative of the entire population from which it was drawn.

The second assumption was that secondary school teachers of Dallas County are representative of the universe of urban and suburban public secondary school teachers.

The third assumption was that the sample would respond to the instrument with integrity.

The fourth assumption was that those factors which influenced the subjects' instrument response, but which could not be controlled by the researcher, were evenly distributed throughout the study sample.

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## CHAPTER II

### A REVIEW OF RELATED LITERATURE

#### Introduction

Veiled in mystery, superstition, and, sometimes, romanticism, the subject of suicide is among the last of the culturally forbidden topics in our society. And suicide among the young appears to be the most repressed topic of all (8, p. 10). Undoubtedly, it seems paradoxical to the majority that a young person experiencing the excitement and growth of the adolescent years would choose to take his own life. However, this seeming lack of recognition by adults of the fears and pressures of adolescents which, in some, far outweigh the joys of life has been partially responsible for the current alienation of many young people (8, p. 10; 21). And in their separate culture, suicide has become such a widespread occurrence that neither adults nor young people can continue to ignore it or to minimize the difficulties that lead up to it.

Statistically, an investigation of suicide is difficult due to the unreliability of the data (11, p. 11). Most of the data depend on reports of local medical examiners, and authorities agree that a large number of

suicides go unreported because of social, religious, and legal taboos (1, p. 26; 11, p. 11; 13, p. 32; 17, p. 187). It is also important to note that while accidents are the leading cause of death in children and adolescents by a wide margin (6, p. 120; 7, p. 1; 11, p. 11; 17, p. 187), there is no way of knowing how many of these accidents may be unreported or unconfirmed suicides (1, pp. 26-27; 11, p. 11; 17, p. 187).

Given these statistical problems, it is estimated that in the United States suicide is at least the third leading cause of death in the fifteen- to nineteen-year-old age group. Late adolescents, ages twenty to twenty-four, are even higher suicide risks. Increasing from 4.1 recorded suicides per 100,000 in 1955 to 11.8 in 1975 for youths between 15 and 24, over 4,000 individuals ages 24 and younger are reported to commit suicide each year, according to the latest published figures from the U. S. Department of Health, Education, and Welfare. Reported data also indicated that one out of every thousand teenagers in the United States attempts suicide while conservative estimates indicate that 60,000 suicide attempts are made each year in this country by persons under the age of 20 (1, pp. 26-27; 2, p. 57; 6, p. 120; 7, p. 1; 8, p. 23; 11, p. 11; 13, p. 32; 17, p. 187; 18, p. 539; 19, p. 82; 20, p. 30; 21, p. 308).

Because authorities do agree that the suicide rate among adolescents has shown the greatest rise of any age group for the first time in our nation's history and an estimated 12 per cent of all suicide attempts in the United States are now made by teenagers (1, p. 26; 6, p. 119; 8, p. 11; 13, pp. 32, 34), experts refer to adolescent suicide as the *hidden epidemic*, today's greatest unrecognized public health problem (3, p. 186; 8, p. 12; 10, p. 71).

Although no single cause can explain this upward trend in youthful suicide, it is generally accepted that despite markedly ambivalent feelings about dying, the adolescent who attempts suicide concludes that it is the only solution after all other attempts to cope with his problems have failed (5, p. 72; 7, pp. 81-83; 14, p. 423; 15, p. 274; 16, p. 9; 19, p. 82). Thus, in most instances the suicidal act is not unpredictable; but neither is it inevitable (5, p. 72; 15, p. 276), for as a final step in the long-term progression toward the social isolation characteristic of suicides (6, pp. 122-126; 7), the act of suicide is unlikely to occur without warning.

It is well established by experts that the suicidal person gives many clues regarding his intentions (3, p. 186; 6, pp. 184-185; 9, p. 326). Sometimes they take the form of subtle intimation; often the threat is



unmistakably direct (1, p. 32; 5, p. 72; 20, p. 32).

Regardless, in almost every case there are precursors or "prodromal clues" to suicide (6, pp. 256-258; 13, p. 70).

Quoting the research of Ellis and Allen,

The scourge of self-destruction can be defeated because the vast majority of suicides and suicide attempts are caused by emotional states which are temporary and remediable; because nobody becomes suicidal in a day and there is time in which we can help him, and because most people in whom a strong suicidal drive is surging flash clear warning signals of their danger (3, p. 186).

This element of predictability encourages a growing number of suicidologists to believe that adolescent suicide is subsequently preventable--"with the proper intervention at the proper time" (12; 13, p. 71; 20).

#### The Educator As An Operant for Intervention

As the increasing rate of suicide and suicidal attempts in children and adolescents becomes a matter of concern to all who work in any capacity with young people (15, p. 227), we are reminded that the suicide is not born, but rather is shaped by his environment (18, p. 542). In the case of the adolescent, education is a most important facet of that environment.

As a potential source of relief for overcoming the social isolation which appears to be an integral portion of the suicide attempt, the school holds great promise

(7, pp. 107-108). First and perhaps foremost is the fact that school attendance in this country is compulsory. This serves to bring the isolated adolescent into a situation that is, at the very least, a potential source of assistance (7, p. 108). If he were not a "captive audience" the withdrawn adolescent, for a variety of reasons, might seclude himself entirely from others and from the possibility of establishing and perpetuating the meaningful relationships he seeks. The compulsory nature of formal education helps to overcome this initial and crucial drawback to any successful suicide prevention measure (7, p. 108).

Suicidologists (6) readily acknowledge that the school as an institution offers one of our greatest preventive potentials, and suggest that it should serve as one of the foremost defenses against self-destructive behavior (6, p. 208). Nevertheless, while prevention has to do with building a greater degree of immunity-producing experiences in our schools, it is school personnel whose close and extended exposure to young people places them in a unique position to identify the early stages of crisis and enables them to intervene by offering adult support and guidance at the most strategic time (6, p. 208).

Because effective prevention must rely on the ability of this "significant others" in the adolescent's

environment to recognize possible self-destructive tendencies as soon as possible (19, p. 82), the educational process for those most likely to hear suicide hints and to be in a position to act must be extended to teachers (18, pp. 541-542). That is, teachers are among the everyday people in a person's life who make up the front line of defense against suicide. They are the people who can offer the most immediate help in a suicidal crisis (8, p. 84). Indeed, the teacher is in a most strategic position to identify and help the potential suicide (18, pp. 541-542), for through his long-term regular contact with his students, the teacher is in an excellent position to notice marked as well as subtle behavioral changes (6, pp. 231-232; 10, p. 73).

Teachers are often the first to detect the clues for suicide (6, pp. 231-232). Long before the family physician, the clergyman, or even the parents become aware, the teacher may have an opportunity to clearly see significant changes in the life-style of a student. Because of his status in the community, he may also be the first person outside the family in a position to take action (10, p. 72).

Concomitantly, one of the challenges of the seventies for educators is to be aware that most adolescent suicidal gestures are unconscious cries for help in solving some

problem that appears urgent and hopeless (18, p. 542). Studies indicate that nearly all teenagers who die by their own hands desperately want to live, that at the same time that they try to kill themselves, they cry out for help (13, p. 32), leaving subtle or even obvious clues regarding their suicidal ideas or plans with the hope that someone will respond to their cry (10, p. 73). If a teacher is sensitive to these messages, professionals agree, effective preventive action may be taken (10, p. 73).

However, the teacher ought not to add the role of therapist to his already overburdened repertoire (20, p. 32). Rather, he should be able to recognize an adolescent who is having emotional difficulty and to take some responsibility for ensuring that the youngster is referred to an appropriate resource person (20, p. 32). In consultation with such an expert, the teacher is in a position to provide an ongoing source of emotional support (20, p. 32).

Recognizing that intervention is simply the courses of action open to anyone faced with the problem of a student suicide (6, p. 230), the documented intervention technique readily available to teachers is that of allowing troubled youth to open up their hearts and tell what is troubling them . . . the amount is not as important as the

presence of a compassionate listener who will permit them to express feelings such as anger and resentment (10, p. 73). Experts agree that the importance of a human contact cannot be overestimated . . . that rapport with even one person often means the difference between life and death (3, p. 191; 10, p. 73) . . . and, finally, that honest, open, and kind confrontation of a student by a teacher who cares can literally save a life (6, p. 232).

Additionally, secondary school teachers must learn not to be afraid to discuss problems of suicide with their students, not to "hush up" a suicide or attempted suicide in a school, but to face it openly and allow students to air their views (8, p. 160). Because some of the most intensive development in the life of a teenager occurs during his years in the secondary school (12, p. 62), teachers must be aware of critical events in the life pattern of the adolescent and be alert to the onset of finalized despair which leads to the tragedy of suicide (14, p. 423). Significantly, teachers must know about the depressions of childhood and the ways in which young people often mask their sadness and loneliness with angry, disruptive behavior (8, p. 159).

This role of involvement for the secondary school teacher is an integral part of the preventive measures for adolescent suicide prescribed by researchers and other

professionals in the field of suicidology. As an example, Jan-Tausch (6, p. 186) in his studies of the role of public schools in suicide prevention recommends that "schools should encourage more personalized teacher-pupil relationships"; Munter (6, p. 186) advocates close personal contact between students and faculty, training of faculty to recognize prodromal signs, particularly of depression, and encouraging an atmosphere in which emotional difficulties are accepted and support is provided to students. Shoben (6, p. 186), in a report of the United States National Student Association Conference on Student Stress summarizes the conference's recommendations to minimize academic stress which includes the following as their second proposal: "Encourage more authentic and personalized student-faculty relationships."

Echoing this suggestion, Jacobs (7), in his studies with survivors of suicide attempts, advocates the development of "programs designed to increase and extend interaction between troubled students and their peers and teachers" which subsequently "increase the potential for establishing meaningful interactions." Jacobs found that if the school's personnel had realized the importance of the school to the adolescent in his search for meaningful relationships, and had done something to help implement the adolescents' efforts through a system of

planned programs, it would have gone a long way towards reducing suicide and suicide attempts among the school aged children of his study (7, p. 108).

Happily, as Shneidman (6, p. 264) points out, "elaborate pieces of mechanical equipment are not needed for suicide prevention; 'all' that is required are sharp eyes and ears, good intuition, a pinch of wisdom, an ability to act appropriately, and a deep resolve." While suicide prevention is not the main mission of the secondary school teacher, it is the minimum ever-present peripheral responsibility of each professional (6, p. 256).

This is the point at which a teacher can intervene usefully . . . . "When our teachers become more loving because they are more understanding, we shall have fewer occasions to mourn a student suicide (4, p. 81)."

THE SCHOOL IS NOT RESPONSIBLE FOR THE SUICIDE OF ITS PUPILS, BUT IT ALSO DOES NOT PREVENT THESE SUICIDES . . . . The school should help its pupils in that period when their sand castles collapse and life brutally shows them the impossibility of realizing their fantasies . . . . Our teachers have failed to give our adolescent youth the horizon that their own psychological narrowness of outlook makes impossible. They have failed to convince the child of the triviality of personal experiences compared with the limitless abundance and infinity of life itself.

Education is the preparation of the child for adult life. We persuade ourselves that if we give the child "a beautiful childhood" we give him a store of memories rich enough to last him the rest of his life. We forget that an ear made sensitive to pure harmonies can be all the more grievously upset by any sudden disharmony, and that the finest effects can be secured by dissolving disharmonious chords. Every educator who encourages a child to forego a pleasure is on a higher ethical plane than one who leads him from pleasure to pleasure.

The school should seek to lead the child gently, so to speak, playfully, from the realm of fantasy into real life--not with empty formulas, accusatives and infinitives, algebraic lumber, and confusing masses of dates; not with harsh examinations and torturous grammar. It should know how to awaken the child's senses to the riches of life and nature, the imperishable masterpieces of ancient and modern art, and, indeed, all the achievements of human civilization. We cannot yet estimate what a tremendous role the greatest teacher of humanity--history--could play in this process. In sum, a child should be able to find that love in school which he is used to, for which he longs, and which he finds so lacking . . . . The teacher should be a friend to his pupils, and himself be a student of life. His most earnest endeavor and his proudest aim should be to break through the old imperatives, to present new aims, and to create free and independent human beings.

- Wilhelm Stekel  
 "Symposium on Suicide, 1910"



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## CHAPTER III

### METHODS AND PROCEDURES

The objectives of this study were (1) to determine the differences in knowledge and in attitudes concerning adolescent suicide and intervention in adolescent suicide among secondary school teachers as a function of selected demographic characteristics, and (2) to determine the interaction effects for the variables of knowledge, attitude, and the selected demographics. This chapter describes the research methods and procedures undertaken to develop the primary data required to satisfy these objectives.

#### Design of the Instrument

Organized into two sections, the instrument employed for obtaining the primary research data was designed by the investigator. (See Appendix D.)

Supported by a principal-components factor analysis and arranged in a random manner, the series of twenty-seven statements embodied in section one represented four areas of investigation. (See Appendix C.)

1. Knowledge of the problem of adolescent suicide (KS);

2. Knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI);
3. Attitude toward the problem of adolescent suicide (AS);
4. Attitude toward the potential for teacher intervention in the problem of adolescent suicide (AI).

The random distribution of the factor items was an attempt to mask the underlying intent of the instrument as a whole and to reduce response bias as much as possible. All items in section one were initially developed from a review of the literature. (See Appendix B.)

The methodology employed in section one of this study for quantitative analysis of the knowledge and attitude responses of secondary school teachers required the application of numerical weighting. Response alternatives were arranged in a Likert-type scale with six possible values. A six-point scale was selected to force a directional response. Responses to the items were weighted from 1 (strongly agree) to 6 (strongly disagree), regardless of the direction (positivity or negativity) of the item. For computational purposes, weights were reversed for negative items. (See Appendix B.) In computing the factor scores, each item received the appropriate weight according to the respondent's position on the agree-disagree continuum.

Of the twenty-seven statements in section one, eleven offered propositions expressive of a wide range of attitudes from extremely positive to extremely negative. Moreover, these statements were so constructed as to indicate clearly a position for or against the point at issue. These statements were phrased so that a positive response would indicate a favorable attitude toward the problem of adolescent suicide and the potential for teacher intervention while a negative response would indicate an unfavorable attitude. Response values  $\leq 3$  were considered positive; response values  $> 3$  were considered negative.

In the remaining sixteen statements of section one, emphasis was placed on cognitive understandings. Response items scores for cognitive understandings were dichotomized. Any of the three "agree" responses was classified as a "high" level of knowledge; any of the three "disagree" responses was classified as a "low" level of knowledge. (See Appendix D.)

Section two of the instrument identifies the demographic variables of sex, age, race, religious preference, marital status, parental status, level of education, teaching field, years of teaching experience, and personal familiarity with a suicide victim.

### Validity and Reliability of the Instrument

The validity of the survey instrument was established by expert opinion. Twenty-seven items categorized into four areas of investigation and a list of demographic characteristics were submitted to five recognized professionals directly involved with suicide prevention in Dallas County. The judges included (1) the director of a residential care facility sponsored by Urban Services Branch--YMCA for youths in crisis ages ten through seventeen, (2) the chief medical examiner for Dallas County, who also serves on the Board of Directors of Suicide Prevention of Dallas, Inc., (3) the clinical director of Suicide Prevention of Dallas, Inc., (4) the director of professional services, Family Guidance Center, and (5) a psychiatric social worker at the Dallas Child Guidance Clinic.

Each of the judges was asked to assess, item by item for each area of investigation, whether the twenty-seven statements could yield appropriate data with which to examine the prospects for realizing the intervention potential of secondary school teachers in the area of adolescent suicide. This assessment was accomplished during a formal conference with each judge. As a result, minor clarifications were made in the wording of several items and race was added as a demographic variable.

Detailed summaries of the five conferences are found in the appendixes. (See Appendix B.) The validity of these judgments was supported by a principal-components factor analysis which was performed to determine whether the underlying structure of the data confirmed the a priori scales developed by the investigator. Items that were arranged in the four areas of investigation did indeed group together in how they loaded on the factors derived from the factor analysis.

A pilot study was conducted to establish the reliability of the instrument. A university class in education served as the pilot sample. The instrument was administered twice with an interval of two weeks between administrations, in accordance with Shaw's Scales for the Measurement of Attitudes (4, pp. 16-17). For each item, test-retest reliability indices were the correlation coefficients between the two administrations (1, pp. 365-367). Table IV (see Appendix E) displays the correlation coefficients for the twenty-seven statements comprising section one of the instrument. The pilot study yielded an overall reliability coefficient of 0.869.

A second test of reliability was an F statistic across the subjects dimension of a  $2 \times n \times m$  factorial experiment, where the 2 refers to the two administrations, the n refers to the number of subjects, and the m refers

to the number of items. This procedure tests the consistency of the subjects' responses as a sample between the two administrations (2, pp. 286-288). At the 0.05 level of significance this test yielded an  $F = 0.025$ , which is non-significant and is additional evidence that the subjects in the pilot study were consistent in their responses.

#### Selection of the Sample

The population for this study consisted of an estimated 5,472 secondary school teachers in 6 independent school districts throughout Dallas County. Geographically selected, these districts represent a combined average daily attendance (ADA) of 237,582 students of which 113,803 (47.9 per cent) are enrolled in the 92 junior high schools, middle schools, senior high schools, and alternative schools designated as secondary schools within the districts.

At the request of the participating districts, no further identification of the systems will be made in the remainder of the study. This request was prompted by the sensitive nature of the study and the districts' desire to encourage maximum participation among their personnel.

After the validity and reliability of the survey instrument had been established, a conference was held with



each of the district administrators designated to coordinate that district's participation in the study.

Arrangements were made to distribute the survey instruments through each of the district's internal mail systems. The researcher provided transmittal envelopes addressed to the principal or administrator of each school geographically selected for sampling. The transmittal envelopes contained survey instruments and return envelopes for the appropriate number of teachers proportionally selected at that facility, an official district cover letter, and, when appropriate, a return transmittal envelope addressed to the district coordinator at the school district's administration building.

In addition to confirming school district approval of the study, the cover letter conveyed instructions for random distribution and administration of the instrument and it expressed appreciation for those voluntarily participating in the survey. It was anticipated that the accompanying note from an official of each school district to its own personnel would encourage maximum cooperation.

The researcher also included a cover letter, as an integral part of the survey instrument. (See Appendix D.) Instructions to the individual teacher concerning the method of return stipulated by the school district were

printed on the outside of the return envelope included with each survey instrument. Five of the participating districts used their internal mail system to return the completed instruments individually submitted in sealed envelopes to the school principal or administrator within a designated period of time. The sixth district specified that individual responses be returned in postage-paid, pre-addressed envelopes.

Of the 2,449 instruments which were distributed, 1,739 were returned. This return represents 71 per cent of the sample and 32 per cent of the estimated population.

#### Treatment of the Data

Processed by the North Texas State University and Southern Methodist University Computer Centers, data of this study were primarily respondents' scores on a Likert-type scale of the instrument. The data for the knowledge and attitudinal section of the instrument were interval on a range of 1 to 6. Values assigned by the respondents were as follows.

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

The weight of negative items was subsequently reversed for unidirectional scoring. (See Appendix C.) The scores of each respondent were averaged for each of the four areas of investigation. Hence, each respondent received four scores.

1. Attitude toward the problem of adolescent suicide (AS);
2. Attitude toward the potential for teacher intervention in the problem of adolescent suicide (AI);
3. Knowledge of the problem of adolescent suicide (KS);
4. Knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI).

The cognitive scores (KS, KI) were dichotomized for analysis. Any of the three "agree" responses was classified as a "high" level of knowledge and coded as either KS=2 or KI=2; any of the three "disagree" responses was classified as a "low" level of knowledge and coded as either KS=1 or KI=1.

A set of descriptive statistics was generated on the two knowledge sections KS, KI. A profile of the sample's knowledge of each scale item was displayed as a histogram of frequencies of responses. The percentage of "knowledgeable" responses was calculated and arranged in tabular form. The two sets of attitude scores (AS, AI)

were summarized in a frequency distribution. The distributions reflect the nature of the sample's attitudes toward adolescent suicide and toward intervention. Respondents were separated according to each of the demographic variables: sex, age, race, marital status, parental status, religious preference, teaching experience, level of education, teaching field, prior knowledge of suicides ages thirteen through nineteen, and prior knowledge of suicides younger than age thirteen or older than age nineteen.

The interaction of knowledge (KS, KI) and selected demographic variables on attitude (AS, AI) was tested by eleven (11) sets of four  $2 \times N$  factorial designs. The eleven categories were the eleven types of demographics, e.g., race, sex. The N referred to the categories within each of the eleven demographic types. The two levels of the main effect were high and low values on the knowledge scores, KS and KI. The dependent variables were the attitude scores, AS and AI. Hence, there were four  $2 \times N$  factorial analysis of variance for each demographic type in the interaction study. The level of significance for this analysis was set at .01.

An analysis of the data is found in Chapter IV.

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## CHAPTER IV

### ANALYSIS OF DATA

The research objectives of this study were (1) to determine the differences in knowledge and in attitudes concerning adolescent suicide and intervention in adolescent suicide among secondary school teachers as a function of selected demographic characteristics and (2) to determine the interaction effects for the variables of knowledge, attitude, and the selected demographics.

For this study, an instrument was devised and validated, and its reliability was established. This instrument was distributed to selected secondary school teachers throughout Dallas County. A total of 1,739 usable instruments was received from the six independent school districts participating in the study. Table V shows the frequency distribution for each of the demographic variables employed in the study. (See Appendix F.)

Although the ratio of females to males was approximately 2:1, this table indicates that both males and females were well represented in the sample. Males accounted for 590 of the 1,739 respondents and females accounted for 1,148. Characterized by age, 85.7 per cent of the sample were 50 years old or younger, 67.8 per cent

were below the age of 41, and 42.6 per cent were between the ages of 26 and 36. For the age range 21 through 67, all ages were represented. The most frequently reported age was 31, indicated by 88 responses or 5.1 per cent of the sample. For the three race distinctions made by the survey instrument, 9.6 per cent of the respondents indicated they were black, 2.4 per cent were brown, and 86.5 per cent were white. Less than 1.0 per cent indicated their race as other than these distinctions. All religious preferences indicated on the survey instrument were represented, although not evenly distributed. The 1,289 Protestant responses accounted for 74.1 per cent of the sample, while 363 respondents (20.9 per cent) indicated one of the other preferences. Eighty-seven respondents (5.0 per cent) gave no indication of preference. Responses concerning marital status of the respondents indicated that 1,226 respondents (70.5 per cent) were married while 483 (27.8 per cent) were not married. Of the respondents who indicated they were not married, 57.6 per cent had never been married, 35.4 per cent were divorced, and 6.6 per cent were widowed. Responses indicated that both parents (58.1 per cent) and non-parents (40.0 per cent) were well represented in the sample.

Responses concerned with educational background indicated that 1,339 respondents (80.0 per cent) had

attained a level of academic achievement beyond the bachelor's degree. Of those 1,339 respondents, 455 (34 per cent) had additional graduate work below the master's degree, 866 (64.7 per cent) had attained the master's degree and additional graduate work below the doctorate, and 18 (1.3 per cent) had attained the doctorate and had completed additional graduate work beyond this degree. While twelve primary teaching fields were identified in the sample, teachers in the areas of language arts, mathematics, and social studies constituted 44.9 per cent of the sample. An additional 49.1 per cent of the respondents were distributed somewhat unevenly among the remaining nine teaching fields. Fifteen years or less teaching experience was reported by 1,367 respondents (78.6 per cent). Within this category, 519 (38.0 per cent) reported experience between 6 and 10 years, while 550 (40.2 per cent) reported experience of 5 years or less. In the total sample, 382 (18.9 per cent) indicated teaching experience between 16 and 45 years.

Slightly more than 40 per cent of the respondents indicated personal knowledge of a committed suicide between the ages of 13 and 19 years. Slightly less than 40 per cent indicated personal knowledge of a committed suicide among those younger than 13 or older than 19 years.



Table VI through Table IX show the item response frequency distribution for the four areas of investigation: KS, KI, AS, and AI. Table X and Table XI show the item response frequency distribution for the distinction between a high and a low level of knowledge for the KS and KI items. (See Appendix G.)

#### Subproblem 1

In terms of knowledge concerning the problem of adolescent suicide, what are the demographic characteristics of secondary school teachers?

Table XII summarizes the eleven F tests for the variate "Knowledge of the Problem of Adolescent Suicide (KS)." (See Appendix H.) As summarized in this table, eight of the tests were not significant at the .01 level. These included the demographics of age, race, religious preference, parental status, level of education, teaching field, years of experience, and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide. Three of the tests were significant at the .01 level. For the variate KS, these tests were by sex, marital status, and personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide. Tables XIII through XXIII show the separate results for the eleven tests, one for each demographic characteristic. (See

Appendix H.) What follows is a discussion of the analysis of data for the tests which were significant.

On a dichotomized basis where KS=1 indicated a low level of knowledge concerning the problem of adolescent suicide and KS=2 indicated a high level of knowledge, Table XIII shows that females scored higher (KS=1.35) than males (KS=1.24) in their mean response, with both sexes reported below mid-range. (See Appendix H.) Both sexes were well represented. The 1,135 female responses, which constituted 65.9 per cent of the sample, exhibited a standard deviation of 0.476. The 588 males who constituted 34.1 per cent of the sample exhibited a standard deviation of 0.424. Expressed as a relative measure of dispersion, a comparison of the coefficients of variation ( $CV = \frac{sd}{\bar{X}}$ ) for males (CV=0.342) with that for females (CV=0.353) indicated that responses were similarly scattered for both sexes, although dispersion among female responses was slightly higher, 1.03 times as variable as males.

Table XVII shows that all of the classifications for marital status reported mean KS scores below mid-range. (See Appendix H.) The highest mean response for knowledge of the problem of adolescent suicide (KS=1.42) was obtained by the 9.9 per cent of the sample who indicated their current marital status as divorced. Never-married respondents (16.1 per cent) revealed a mean KS score of

1.36, while married respondents who constituted 70.7 per cent of the sample scored a mean KS of 1.29. Widowed respondents (1.9 per cent) obtained a mean KS score of 1.19, where KS=1 indicated the low end of the knowledge spectrum. However, this score may have been a reflection of the small representation of those respondents classified as widowed (32), while other classifications were well represented: married, 1,214; never married, 276, and divorced, 170. Expressed as a relative measure of dispersion, a comparison of the coefficients of variation ( $CV = \frac{sd}{\bar{X}}$ ) for all classifications of marital status indicated that three response groups experienced a very similar low level of variability, and the fourth group experienced less variability than the others. Coefficients of variation in order of magnitude were as follows: Widowed, CV=0.332; Divorced, CV=0.349; Married, CV=0.351, and Never Married, CV=0.352.

Table XXII shows that the two response categories for personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide were both well represented for the variate "Knowledge Concerning the Problem of Adolescent Suicide." (See Appendix H.) The 40.6 per cent of the respondents (693) who indicated a personal knowledge of suicide within this age group exhibited a higher mean response for knowledge of the

problem of adolescent suicide ( $KS=1.36$ ) than the 59.4 per cent (1,015) who indicated no such familiarity ( $KS=1.28$ ). Both reported scores below mid-range. Those respondents who indicated familiarity with a committed suicide ages thirteen through nineteen exhibited a standard deviation of 0.479; those who expressed no familiarity exhibited a standard deviation of 0.448. Expressed as a relative measure of dispersion, a comparison of the coefficients of variation ( $CV = \frac{sd}{\bar{X}}$ ) for the "yes" group ( $CV=0.352$ ) with that for the "no" group ( $CV=0.350$ ) indicated that both groups experienced a very similar low level of variability.

## Subproblem 2

In terms of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide, what are the demographic characteristics of secondary school teachers?

Table XXIV summarizes the eleven F tests for the variate "Knowledge of the Potential for Teacher Intervention (KI)." (See Appendix I.) As summarized in this table, seven of the tests were not significant at the .01 level. These included the demographics of age, religious preference, marital status, parental status, level of education, teaching field, and years of experience. Four of the tests were significant at the .01 level. For

the variate KI, these tests were by sex, race, personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide, and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide. Tables XXV through XXXV show the separate results for the eleven tests, one for each demographic characteristic. (See Appendix I.) What follows is a discussion of the analysis of data for the tests which were significant.

On a dichotomized basis where KI=1 indicated a low level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide and KI=2 indicated a high level of knowledge, Table XXV shows that females scored slightly higher (KI=1.30) than males (KI=1.25) in their mean response, with both sexes reported below mid-range. (See Appendix I.) Both sexes were well represented. The 1,135 female responses, which constituted 65.9 per cent of the sample, exhibited a standard deviation of 0.460. The 588 males who constituted 34.1 per cent of the sample exhibited a standard deviation of 0.430. Expressed as a relative measure of dispersion, a comparison of the coefficients of variation ( $CV = \frac{sd}{\bar{X}}$ ) for males (CV=0.344) with that for females (CV=0.354) indicated that both sexes experienced a similar low level of variability, although dispersion among female responses was slightly higher, 1.03 times as variable as males.

Table XXVII shows that all of the classifications for race reported mean KI scores below mid-range. (See Appendix I.) The highest mean response for knowledge of potential for teacher intervention (KI=1.30) was obtained by 87.1 per cent of the sample who indicated their race as white. Brown or Hispanic respondents (2.5 per cent) indicated a mean KI score of 1.26, while black respondents (9.6 per cent) reported a mean response score KI=1.18, where KI=1 indicated the low end of the knowledge spectrum. Expressed as a coefficient of variation ( $CV = \frac{sd}{\bar{X}}$ ), black respondents, with a standard deviation of 0.382, experienced the least variability in response (0.324). White and brown or Hispanic respondents, relatively speaking, experienced similar levels of variability. With a standard deviation of 0.445, the coefficient of variation for brown or Hispanic respondents was 0.353; with a standard deviation of 0.457, the coefficient of variation for white respondents was 0.352.

Table XXXIV shows that the two response categories for personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide were both well represented for the variate "Knowledge Concerning the Potential for Teacher Intervention." (See Appendix I.) The 40.6 per cent of the respondents (693) who indicated a personal knowledge of suicide within this age group

exhibited a higher mean response for knowledge of the potential for teacher intervention ( $KI=1.34$ ) than the 59.4 per cent (1,015) who indicated no such familiarity ( $KI=1.24$ ). Both response groups reported scores below mid-range. Those respondents who indicated familiarity with a committed suicide ages thirteen through nineteen exhibited a standard deviation of 0.474; those who expressed no familiarity exhibited a standard deviation of 0.428. Expressed as a relative measure of dispersion, a comparison of the coefficients of variation ( $CV = \frac{sd}{\bar{X}}$ ) for the "yes" group ( $CV=0.354$ ) with that for the "no" group ( $CV=0.345$ ) indicated both groups experienced a low level of variability, with the "yes" group 1.03 times as variable as the "no" group.

Table XXXV shows that the two response categories for personal knowledge of an individual younger than thirteen or older than nineteen who had committed suicide were both well represented for the variate "Knowledge Concerning the Potential for Teacher Intervention." (See Appendix I.) The 38.2 per cent of the respondents (650) who indicated a personal knowledge of suicide within these age groups exhibited a higher mean response for knowledge of the potential for teacher intervention ( $KI=1.34$ ) than the 61.8 per cent (1,050) who indicated no such familiarity ( $KI=1.25$ ). Both groups reported scores below mid-range. Those respondents who indicated

familiarity with a committed suicide younger than age thirteen or older than age nineteen exhibited a standard deviation of 0.473; those who expressed no familiarity exhibited a standard deviation of 0.431. Expressed as a relative measure of dispersion, a comparison of the coefficients of variation ( $CV = \frac{sd}{\bar{X}}$ ) for the "yes" group ( $CV=0.353$ ) with that for the "no" group ( $CV=0.345$ ) indicated both groups experienced a low level of variability, with the "yes" group 1.02 times as variable as the "no" group.

### Subproblem 3

In terms of attitude toward the problem of adolescent suicide, what are the demographic characteristics of secondary school teachers?

Table XXXVI summarizes the eleven F tests for the variate "Attitude Toward the Problem of Adolescent Suicide" (AS) and the main effect "Knowledge of the Problem of Adolescent Suicide" (KS) for each demographic interaction. (See Appendix J.) On a dichotomized basis where  $KS=1$  indicated a low level of knowledge concerning the problem of adolescent suicide and  $KS=2$  indicated a high level of knowledge, analysis of the data across the demographic spectrum showed that at the .01 level of significance there was a difference between respondents who were classified as high KS versus those who were classified as



low KS in their attitudes toward the problem of adolescent suicide (AS).

Table XXXVII summarizes the eleven F tests for the variate "Attitude Toward the Problem of Adolescent Suicide (AS) and the main effect "Knowledge of the Potential for Teacher Intervention in the Problem of Adolescent Suicide" (KI) for each demographic interaction. (See Appendix J.) On a dichotomized basis where KI=1 indicated a low level of knowledge concerning the potential for teacher intervention and KI=2 indicated a high level of knowledge, analysis of the data across the demographic spectrum showed that at the .01 level of significance there was a difference between respondents who were classified as high KI versus those who were classified as low KI in their attitudes toward the problem of adolescent suicide (AS).

Table XXXVIII summarizes the eleven F tests for the variate "Attitude Toward the Problem of Adolescent Suicide" (AS) and each demographic main effect for the interaction KS by demographic. (See Appendix J.) As summarized in this table, six of the tests were not significant at the .01 level. These included age, marital status, level of education, years of experience, personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide, and personal

knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide. Five of the tests were significant at the .01 level. For the variate AS, these tests were for sex, race, religious preference, parental status, and teaching field. Tables XL through L show the separate results for the eleven tests, one for each demographic main effect. (See Appendix J.) A discussion of the analysis of data for the tests which were significant follows a description of Table XXXIX.

Table XXXIX summarizes the eleven F tests for the variate "Attitude Toward the Problem of Adolescent Suicide" (AS) and each demographic main effect for the interaction KI by demographic. (See Appendix J.) As summarized in this table, seven of the tests were not significant at the .01 level. These included sex, age, marital status, level of education, years of experience, personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide, and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide. Four of the tests were significant at the .01 level. For the variate AS, these tests were for race, religious preference, parental status, and teaching field. Tables LI through LXI show the separate results for the eleven

tests, one for each demographic main effect. (See Appendix J.) What follows is a discussion of the analysis of data for the tests which were significant.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table XL shows that male and female respondents exhibited negative or unfavorable attitudes toward the problem of adolescent suicide (AS) across the KS spectrum. (See Appendix J.) Males exhibited attitudes toward the problem of adolescent suicide ranging in score from 3.32 for those classified as demonstrating a low knowledge of the problem of adolescent suicide (KS=1) to 3.15 for those classified as high knowledge (KS=2). Female attitude scores ranged from 3.24 for those classified as KS=1 to 3.02 for those classified as KS=2.

Of the 1,711 usable responses, 1,181, or 69.0 per cent, were classified as KS=1, while 530, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 448, or 37.9 per cent, were males while, 733, or 62.1 per cent, were females. Of those classified as KS=2, 137, or 25.9 per cent, were males, and 393, or 74.1 per cent, were females. With 585 male responses constituting 34.2 per cent of the sample, 448, or 76.6 per cent, were classified as KS=1, while 137, or 23.4 per cent, were classified as KS=2. With

1,126 female responses constituting 65.8 per cent of the sample, 733, or 65.1 per cent, were classified as KS=1, while 393, or 34.9 per cent, were classified as KS=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table XLII and Table LIII exhibit predominantly negative attitudes toward the problem of adolescent suicide (AS) for the main effect "Race" across the KS and KI spectrum. (See Appendix J.) Table XLII shows that with the exception of brown or Hispanic respondents classified as KS=2, respondents classified by race exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KS spectrum. Black respondents exhibited attitudes toward the problem of adolescent suicide ranging in score from 3.34 for those classified as KS=1 to 3.14 for those classified as KS=2; white respondents exhibited attitude scores which ranged from 3.25 for those classified as KS=1 to 3.05 for those classified as KS=2. Hispanic responses ranged in score from 3.30 for those respondents classified as KS=1 to 2.91 for those respondents classified as KS=2.

Of the 1,702 usable responses, 1,174, or 69.0 per cent, were classified as KS=1, while 528, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 1,012, or

86.1 per cent, were white; 124, or 10.6 per cent, were black, and 29, or 2.5 per cent, were brown or Hispanic. Nine, or less than 1.0 per cent, indicated race as "other." Of those classified as KS=2, 473, or 89.6 per cent, were white; 39, or 7.4 per cent, were black, and 13, or 2.5 per cent, were brown or Hispanic. Three respondents, or 0.6 per cent, indicated "other." With 1,485 white respondents constituting 87.2 per cent of the sample, 1,012, or 68.2 per cent, were classified as KS=1, while 473, or 31.8 per cent, were classified as KS=2. With 163 black respondents constituting 9.6 per cent of the sample, 124, or 76.1 per cent, were classified as KS=1; 39, or 23.9 per cent, were classified as KS=2. With 42 brown or Hispanic responses constituting 2.5 per cent of the sample, 29, or 69.0 per cent, were classified as KS=1; 13, or 31.0 per cent, were classified as KS=2. Twelve responses were designated as "other" and constituted 0.7 per cent of the sample.

Table LIII shows that with the exception of black respondents classified as KI=2, respondents classified by race exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KI spectrum. Black respondents exhibited attitudes toward the problem of adolescent suicide ranging in score from 3.39 for those classified as KI=1 to 2.97 for those classified as KI=2. White respondents exhibited attitude scores which

ranged from 3.24 for those classified as KI=1 to 3.06 for those classified as KI=2; Hispanic responses ranged in attitude score from 3.15 for those respondents classified as KI=1 to a less favorable 3.27 for those respondents classified as high knowledge or KI=2.

Of the 1,705 usable responses, 1,218, or 71.4 per cent, were classified as KI=1, while 487, or 28.6 per cent, were classified as KI=2. Of those classified as KI=1, 1,042, or 85.6 per cent, were white; 136, or 11.2 per cent, were black, and 31, or 2.5 per cent, were brown or Hispanic. Nine, or less than 1.0 per cent, indicated race as "other." Of those classified as KI=2, 444, or 91.2 per cent, were white; 29, or 5.9 per cent, were black, and 11, or 2.3 per cent, were brown or Hispanic. Three respondents, or 0.6 per cent, indicated "other." With 1,486 white respondents constituting 87.1 per cent of the sample, 1,042, or 70.1 per cent, were classified as KI=1; 444, or 29.9 per cent, were classified as KI=2. With 165 black respondents constituting 9.7 per cent of the sample, 136, or 82.4 per cent, were classified as KI=1; 29, or 17.6 per cent, were classified as KI=2. With 42 brown or Hispanic responses constituting 2.5 per cent of the sample, 31, or 73.8 per cent, were classified as KI=1; 11, or 26.2 per cent, were classified as KI=2. Twelve responses were designated as "other" and constituted 0.7 per cent of the sample.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table XLIII and Table LIX exhibit predominantly negative attitudes toward the problem of adolescent suicide (AS) for the main effect "Religious Preference" across the KS and KI spectrum. (See Appendix J.) Table XLIII shows the attitudes toward the problem of adolescent suicide exhibited by respondents classified according to religious preference across the KS spectrum. Respondents classified as Protestant, Anglican, atheist, and "other" exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KS spectrum. Protestant responses ranged in attitude score from 3.27 for those classified as KS=1 to 3.06 for those classified as KS=2; Anglican respondents exhibited attitude scores ranging from 3.17 for those classified as KS=1 to 3.15 for those classified as KS=2. Respondents designated as atheist exhibited attitude scores ranging from 3.42 for those classified as KS=1 to 3.33 for those classified as KS=2. Those respondents who indicated their religious preference as "other" ranged in their attitude response scores from 3.49 for those classified as KS=1 to 3.28 for those classified as KS=2.

Those respondents who indicated a religious preference as Catholic and Jewish and those who chose not to

indicate a religious preference exhibited negative attitudes toward the problem of adolescent suicide for those demonstrating low knowledge of the problem of adolescent suicide (KS=1) and low positive attitudes for those demonstrating high knowledge (KS=2). Agnostic respondents exhibited positive attitudes toward the problem of adolescent suicide across the KS spectrum, ranging in score from 2.76 for those classified as KS=1 to 2.81 for those classified as KS=2. Catholic respondents exhibited attitude scores ranging from 3.31 for those classified as KS=1 to 2.95 for those classified as KS=2; Jewish respondents ranged in attitude scores from 3.23 for those classified as KS=1 to 2.96 for those classified as KS=2. Those who chose not to indicate a religious preference ranged in attitude scores from 3.15 for those classified as KS=1 to 2.78 for those classified as KS=2.

Of the 1,704 usable responses for AS and the main effect "Religious Preference" across the KS spectrum, 1,176, or 69.0 per cent, were classified as KS=1, while 528, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 863, or 73.4 per cent, were Protestant; 132, or 11.2 per cent, were Catholic; 39, or 3.3 per cent, were Anglican; 24, or 2.0 per cent, were agnostic; 8, or 0.7 per cent, were Jewish; 4, or 0.3 per cent, were atheists. Fifty-seven, or 4.9 per cent, chose not to indicate a



religious preference, and 49, or 4.2 per cent, indicated their religious preference as "other." Of those classified as KS=2, 406, or 76.9 per cent, were Protestant; 39, or 7.4 per cent, were Catholic; 17, or 3.2 per cent, were Anglican; 8, or 1.5 per cent, were agnostic; 4, or 0.8 per cent, were Jewish, and 2, or 0.4 per cent, were atheist. Twenty, or 3.8 per cent, chose not to indicate a religious preference, and 32, or 6.1 per cent, indicated their religious preference as "other."

With 1,269 Protestant respondents constituting 74.5 per cent of the sample, 863, or 68.0 per cent, were classified as KS=1; 406, or 32.0 per cent, were classified as KS=2. With 171 Catholic respondents constituting 10.0 per cent of the sample, 132, or 77.2 per cent, were classified as KS=1; 39, or 22.8 per cent, were classified as KS=2. With 56 Anglican respondents constituting 3.3 per cent of the sample, 39, or 69.6 per cent, were classified as KS=1; 17, or 30.4 per cent, were classified as KS=2. With 32 agnostic respondents constituting 1.9 per cent of the sample, 24, or 75.0 per cent, were classified as KS=1; 8, or 25.0 per cent, were classified as KS=2. The 12 Jewish respondents constituted 0.7 per cent of the sample. Eight, or 66.7 per cent, were classified as KS=1; 4, or 33.3 per cent, were classified as KS=2. The 6 atheist respondents constituted 0.4 per cent of the sample. Four,

or 66.7 per cent, were classified as KS=1; 2, or 33.3 per cent, were classified as KS=2. Of the 77 respondents, or 4.5 per cent of the sample, who chose not to indicate a religious preference, 57, or 74.0 per cent, were classified as KS=1; 20, or 26.0 per cent, were classified as KS=2. Of the 81 respondents, or 4.8 per cent of the sample, who indicated their religious preference as "other," 49, or 60.5 per cent, were classified as KS=1; 32, or 39.5 per cent, were classified as KS=2.

Table LIX shows the attitudes toward the problem of adolescent suicide exhibited by respondents classified according to religious preference across the KI spectrum. Respondents classified as Protestant, Anglican, Catholic, atheist, and "other" exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KI spectrum. Protestant responses ranged in attitude score from 3.26 for those classified as KI=1 to 3.06 for those classified as KI=2; Anglican respondents exhibited attitude scores ranging from 3.19 for those classified as KI=1 to 3.11 for those classified as KI=2; Catholic respondents ranged in attitude score from 3.25 for those classified as KI=1 to 3.19 for those classified as KI=2. Respondents designated as atheist exhibited attitude scores ranging from 3.30 for those classified as KI=1 to 3.83 for those classified as KI=2. However, their small

sample size (6) may not allow definitive data. Those respondents who indicated their religious preference as "other" ranged in their attitude response scores from 3.51 for those classified as KI=1 to 3.26 for those classified as KI=2.

Those respondents who indicated a religious preference as Jewish exhibited low positive attitudes (2.85) toward the problem of adolescent suicide for those demonstrating low knowledge of the potential for teacher intervention (KI=1) and negative attitudes (3.71) for those demonstrating high knowledge of the potential for teacher intervention (KI=2). Those respondents who chose not to indicate a religious preference exhibited negative attitudes (3.14) toward the problem of adolescent suicide for those demonstrating low knowledge of the potential for teacher intervention (KI=1) and low positive attitudes (2.85) for those demonstrating high knowledge of the potential for teacher intervention (KI=2). Agnostic respondents exhibited positive attitudes toward the problem of adolescent suicide across the KI spectrum, ranging in score from a low positive 2.99 for those classified as KI=1 to 2.61 for those classified as KI=2.

Of the 1,707 usable responses for AS and the main effect "Religious Preference" across the KI spectrum, 1,216, or 71.2 per cent, were classified as KI=1, while 491, or 28.8

per cent, were classified as KI=2. Of those classified as KI=1, 921, or 75.7 per cent, were Protestant; 119, or 9.8 per cent, were Catholic; 38, or 3.1 per cent, were Anglican; 14, or 1.2 per cent, were agnostic; 8, or 0.7 per cent, were Jewish; 5, or 0.4 per cent, were atheists. Fifty-four, or 4.4 per cent, chose not to indicate a religious preference, and 57, or 4.7 per cent, indicated their religious preference as "other." Of those classified as KI=2, 349, or 71.0 per cent, were Protestant; 53, or 10.8 per cent, were Catholic; 18, or 3.7 per cent, were Anglican; 18, or 3.7 per cent, were agnostic; 4, or 0.8 per cent, were Jewish, and 1, or 0.2 per cent, was atheist. Twenty-four, or 4.9 per cent, chose not to indicate a religious preference, and 24, or 4.9 per cent, indicated their religious preference as "other."

With 1,270 Protestant respondents constituting 74.3 per cent of the sample, 921, or 72.5 per cent, were classified as KI=1; 349, or 27.5 per cent, were classified as KI=2. With 172 Catholic respondents constituting 10.1 per cent of the sample, 119, or 69.2 per cent, were classified as KI=1; 53, or 30.8 per cent, were classified as KI=2. With 56 Anglican respondents constituting 3.3 per cent of the sample, 38, or 67.9 per cent, were classified as KI=1; 18, or 32.1 per cent, were classified as KI=2. With 32 agnostic respondents constituting 1.9

per cent of the sample, 14, or 43.8 per cent, were classified as KI=1; 18, or 56.2 per cent, were classified as KI=2. The 12 Jewish respondents constituted 0.7 per cent of the sample. Eight, or 66.7 per cent, were classified as KI=1; 4, or 33.3 per cent, were classified as KI=2. The 6 atheist respondents constituted 0.4 per cent of the sample. Five, or 83.3 per cent, were classified as KI=1; 1, or 16.7 per cent, was classified as KI=2. Of the 78 respondents, or 4.6 per cent of the sample, who chose not to indicate a religious preference, 54, or 69.2 per cent, were classified as KI=1; 24, or 30.8 per cent, were classified as KI=2. Of the 81 respondents, or 4.7 per cent of the sample, who indicated their religious preference as "other," 57, or 70.4 per cent, were classified as KI=1; 24, or 29.6 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table XLV and Table LVI exhibit negative attitudes toward the problem of adolescent suicide (AS) for the main effect "Parental Status" across the KS and KI spectrum. (See Appendix J.) Table XLV shows that both parent and non-parent respondents exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KS spectrum. Parent attitude responses ranged in score from 3.31 for

those classified as low in knowledge of the problem of adolescent suicide (KS=1) to 3.08 for those classified as high in knowledge (KS=2). Non-parent attitude scores ranged from 3.21 for those classified as KS=1 to 3.03 for those classified as KS=2.

Of the 1,679 usable responses for AS and the main effect "Parental Status" across the KS spectrum, 1,157, or 69.0 per cent, were classified as KS=1, while 522, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 706, or 61.0 percent, were parents, while 451, or 39.0 per cent, were not. Of those classified as KS=2, 291, or 55.8 per cent, were parents; 231, or 44.2 per cent, were not. With 997 parent responses constituting 59.4 per cent of the sample, 706, or 70.8 per cent, were classified as KS=1, while 291, or 29.2 per cent, were classified as KS=2. With 682 non-parent responses constituting 40.6 per cent of the sample, 451, or 66.1 per cent, were classified as KS=1, while 231, or 33.9 per cent, were classified as KS=2.

Table LVI shows that both parent and non-parent respondents exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KI spectrum. Parent attitude responses ranged in score from 3.31 for those classified as low in knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI=1) to 3.08 for those classified as

high in knowledge (KI=2). Non-parent attitude scores ranged from 3.18 for those classified as KI=1 to 3.07 for those classified as KI=2.

Of the 1,682 usable responses for AS and the main effect "Parental Status" across the KI spectrum, 1,201, or 71.4 per cent, were classified as KI=1, while 481, or 28.6 per cent, were classified as KI=2. Of those classified as KI=1, 720, or 60.0 per cent, were parents, while 481, or 40.0 per cent, were not. Of those classified as KI=2, 276, or 57.4 per cent, were parents, while 205, or 42.6 per cent, were not. With 996 parent responses constituting 59.2 per cent of the sample, 720, or 72.3 per cent, were classified as KI=1, while 276, or 27.7 per cent, were classified as KI=2. With 686 non-parent responses constituting 40.8 per cent of the sample, 481, or 70.1 per cent, were classified as KI=1, while 205, or 29.9 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table XLVII and Table LVIII exhibit predominantly negative attitudes toward the problem of adolescent suicide (AS) for the main effect "Teaching Field" across the KS and KI spectrum. (See Appendix J.) Table XLVII shows the attitudes toward the problem of adolescent suicide exhibited by respondents

classified according to their primary teaching field across the KS spectrum. Respondents in the teaching fields of business, fine arts, home economics, industrial arts, mathematics, physical education, social studies, science, and vocational education exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KS spectrum. Respondents who teach business courses ranged in attitude score from 3.36 for those classified as KS=1 to 3.38 for those classified as KS=2, the highest negative score exhibited for those ranked high in knowledge of the problem of adolescent suicide; respondents who teach in the fine arts ranged in attitude score from 3.24 for those classified as KS=1 to 3.10 for those classified as KS=2; home economics respondents ranged in attitude score from 3.24 for KS=1 to 3.09 for those classified as KS=2. The highest negative attitude score for those classified as low in knowledge of the problem of adolescent suicide (KS=1) was exhibited by industrial arts respondents ranging in score from 3.66 (KS=1) to 3.25 for those classified as KS=2. Respondents who teach mathematics exhibited attitude scores ranging from 3.37 for those classified as KS=1 to 3.08 for those classified as KS=2; respondents who teach physical education ranged in attitude score from 3.32 for those classified as KS=1 to 3.13 for those classified as KS=2. Social studies



respondents ranged in attitude score from 3.24 for those classified as KS=1 to 3.05 for those classified as KS=2; respondents who teach in the sciences exhibited attitude scores ranging from 3.22 for those with low knowledge of the problem of adolescent suicide (KS=1) to a slightly more negative 3.23 for those with high knowledge (KS=2), and respondents in vocational education ranged in attitude score from 3.32 for those classified as KS=1 to 3.15 for those classified as KS=2.

Respondents teaching in language arts, foreign language, and special education and those respondents who indicated their primary teaching field as "other" exhibited negative attitudes toward the problem of adolescent suicide for those who demonstrated low knowledge of the problem (KS=1) and low positive attitudes for those respondents who demonstrated high knowledge (KS=2). Respondents who teach language arts exhibited attitude scores ranging from 3.20 for those classified as KS=1 to 2.97 for those classified as KS=2. Respondents who teach in a foreign language program exhibited attitude scores ranging from 3.10 for KS=1, the lowest negative score for those who demonstrated low knowledge of the problem of adolescent suicide when respondents were classified by specific teaching field, to 2.83 for those who demonstrated a high knowledge of the problem of adolescent suicide (KS=2).

Special education respondents ranged in attitude score from 3.20 for those classified as KS=1 to 2.85 for those classified as KS=2; respondents who indicated their primary teaching field as "other," ranged in attitude score from 3.09 for those who demonstrated low knowledge of the problem of adolescent suicide (KS=1) to 2.82 for those who demonstrated high knowledge (KS=2).

Of the 1,697 usable responses for AS and the main effect "Primary Teaching Field" across the KS spectrum, 1,172, or 69.0 per cent, were classified as KS=1, while 525, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 211, or 18.0 per cent, indicated they taught language arts; 160, or 13.7 per cent, indicated mathematics; 146, or 12.5 per cent, indicated social studies; 115, or 9.8 per cent, indicated the sciences; 91, or 7.8 per cent, indicated the fine arts. Eighty-nine, or 7.6 per cent, indicated they primarily taught courses in physical education; 68, or 5.8 per cent, indicated business courses; 67, or 5.6 per cent, indicated special education; 51, or 4.4 per cent, indicated industrial arts courses; 42, or 3.6 per cent, indicated foreign language; 40, or 3.4 per cent, indicated home economics, and 32, or 2.7 per cent, indicated vocational education. Sixty, or 5.1 per cent, of those classified as KS=1 indicated their primary teaching field was one other than those subject areas mentioned.

Of those classified as KS=2, 122, or 23.1 per cent, indicated they taught language arts; 67, or 12.8 per cent, indicated social studies; 58, or 11.1 per cent, indicated mathematics; 45, or 8.6 per cent, indicated the sciences; 43, or 8.2 per cent, indicated the fine arts. Thirty-three, or 6.3 per cent, indicated they taught courses in physical education; 32, or 6.0 per cent, indicated business courses; 31, or 5.9 per cent, indicated home economics; 25, or 4.8 per cent, indicated special education; 13, or 2.5 per cent, indicated foreign language; 12, or 2.3 per cent, indicated industrial arts courses, and 10, or 1.9 per cent, indicated vocational education. Thirty-four, or 6.5 per cent, of those classified as KS=2 indicated their primary teaching field was one other than those subject areas mentioned.

With 333 language arts respondents constituting 19.5 per cent of the sample, 221, or 63.4 per cent, were classified as demonstrating low knowledge of the problem of adolescent suicide (KS=1); 122, or 36.6 per cent, were classified as demonstrating high knowledge of the problem of adolescent suicide (KS=2). With 218 respondents in mathematics constituting 12.8 per cent of the sample, 160, or 73.4 per cent, were classified as KS=1; 58, or 26.6 per cent, were classified as KS=2. With 213 social studies respondents constituting 12.6 per cent of the sample, 146, or 68.5 per cent, were classified as KS=1; 67, or 31.5 per

cent, were classified as KS=2. With 160 respondents from the sciences constituting 9.5 per cent of the sample, 115, or 71.9 per cent, were classified as KS=1; 45, or 28.1 per cent, were classified as KS=2. With 134 respondents from the fine arts constituting 7.9 per cent of the sample, 91, or 67.9 per cent, were classified as KS=1; 43, or 32.1 per cent, were classified as KS=2. With 122 respondents from physical education departments constituting 7.2 per cent of the sample, 89, or 73.0 per cent, were classified as KS=1; 33, or 27.0 per cent, were classified as KS=2. The 100 respondents who indicated their primary teaching field as business courses constituted 5.9 per cent of the sample; 68, or 68.0 per cent, were classified as KS=1, and 32, or 32.0 per cent, were classified as KS=2. Ninety-two respondents from special education constituted 5.4 per cent of the sample; 67, or 72.8 per cent, were classified as KS=1 and 25, or 27.2 per cent, were classified as KS=2. With 71 of the respondents from home economics curricula constituting 4.2 per cent of the sample, 40, or 56.3 per cent, were classified as KS=1; 31, or 43.7 per cent, were classified as KS=2. With 63 respondents, or 3.7 per cent of the sample, indicating industrial arts as their primary teaching field, 51, or 81.0 per cent, were classified as KS=1, and 12, or 19.0 per cent, were classified as KS=2. With 55 of the respondents from foreign language departments constituting

3.3 per cent of the sample, 42, or 76.4 per cent, were classified as KS=1, and 13, or 23.6 per cent, were classified as KS=2. Forty-two respondents from vocational education constituted 2.5 per cent of the sample; 32, or 76.2 per cent, were classified as KS=1, and 10, or 23.8 per cent, were classified as KS=2. The 94 respondents who indicated their teaching field as "other" than those subject areas mentioned constituted 5.5 per cent of the sample with 60, or 63.8 per cent, classified as KS=1, and 34, or 36.2 per cent, classified as KS=2.

Table LVIII shows the attitudes toward the problem of adolescent suicide exhibited by respondents classified according to their primary teaching field across the KI spectrum. Respondents in the teaching fields of business, fine arts, industrial arts, mathematics, physical education, social studies, science, special education, and vocational education exhibited negative or unfavorable attitudes toward the problem of adolescent suicide across the KI spectrum. Respondents who teach business courses ranged in attitude score from 3.39 for those classified as KI=1 to 3.29 for those classified as KI=2; respondents who teach in the fine arts ranged in attitude score from 3.18 for those classified as KI=1 to a more negative 3.21 for those classified as KI=2. The highest negative attitude scores for those classified as low (KI=1) and as

high (KI=2) in knowledge of the potential for teacher intervention in the problem of adolescent suicide were exhibited by respondents from the industrial arts who ranged in score from 3.59 (KI=2) to 3.48 (KI=2).

Respondents who teach mathematics exhibited attitude scores ranging from 3.35 for those classified as KI=1 to 3.14 for those classified as KI=2; respondents who teach physical education ranged in attitude score from 3.33 for those classified as KI=1 to 3.06 for those classified as KI=2. Social studies respondents ranged in attitude score from 3.25 for those classified as KI=1 to 3.03 for those classified as KI=2; respondents who teach in the sciences exhibited attitude scores ranging from 3.26 for those classified as KI=1 to 3.12 for those classified as KI=2; respondents from special education exhibited attitude scores ranging from 3.08 for those with low knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI=1) to a more negative 3.15 for those with high knowledge (KI=2), and respondents from vocational education ranged in attitude score from 3.44 for those classified as KI=1 to 3.02 for those classified as KI=2.

Respondents teaching in language arts, foreign language, and home economics, and those respondents who indicated their primary teaching field as "other"

exhibited negative attitudes toward the problem of adolescent suicide for those who demonstrated low knowledge of the potential for teacher intervention (KI=1) and low positive attitudes for those respondents who demonstrated high knowledge (KI=2). Respondents who teach language arts exhibited attitude scores ranging from 3.18 for those classified as KI=1 to 2.98 for those classified as KI=2. Respondents who teach in a foreign language program exhibited attitude scores ranging from 3.09 for KI=1, one of the lowest negative scores for those demonstrating low knowledge of the potential for teacher intervention, to 2.88 for KI=2, the highest positive score for those who demonstrated a high knowledge of the potential for teacher intervention when respondents were classified by specific teaching field. Respondents from home economics ranged in attitude score from 3.24 for those classified as KI=1 to 2.98 for those classified as KI=2. Respondents who indicated their primary teaching field as one "other" than those mentioned ranged in attitude score from 3.08 for those who demonstrated low knowledge of the potential for teacher intervention (KI=1) to 2.87 for those who demonstrated high knowledge (KI=2).

Of the 1,700 usable responses for AS and the main effect "Primary Teaching Field" across the KI spectrum, 1,216, or 71.5 per cent, were classified as KI=1, while 484,

or 28.5 per cent, were classified as KI=2. Of those classified as KI=1, 226, or 18.6 per cent, indicated they taught language arts; 168, or 13.8 per cent, indicated mathematics; 149, or 12.3 per cent, indicated social studies; 121, or 9.9 per cent, indicated the sciences; 92, or 7.6 per cent, indicated the fine arts. Ninety-two, or 7.6 per cent, indicated they primarily taught courses in physical education; 74, or 6.1 per cent, indicated business courses; 60, or 4.9 per cent, indicated special education; 55, or 4.5 per cent, indicated industrial arts courses; 52, or 4.3 per cent, indicated home economics; 41, or 3.4 per cent, indicated foreign language, and 26, or 2.1 per cent, indicated vocational education. Sixty, or 4.9 per cent, of those classified as KI=1 indicated their primary teaching field was one other than those subject areas mentioned. Of those classified as KI=2, 110, or 22.7 per cent, indicated they taught language arts; 64, or 13.2 per cent, indicated social studies; 51, or 10.5 per cent, indicated mathematics; 42, or 8.7 per cent, indicated the fine arts; 39, or 8.1 per cent, indicated the sciences; 32, or 6.6 per cent, indicated special education. Thirty, or 6.2 per cent, indicated they taught courses in physical education; 25, or 5.2 per cent, indicated business courses; 19, or 3.9 per cent, indicated home economics; 16, or 3.3 per cent, indicated vocational education; 14, or 2.9 per



cent, indicated foreign language, and 9, or 1.9 per cent, indicated industrial arts. Thirty-three, or 6.8 per cent, of those classified as KI=2 indicated their primary teaching field was one other than those subject areas mentioned.

With 336 language arts respondents constituting 19.8 per cent of the sample, 226, or 67.3 per cent, were classified as demonstrating low knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI=1); 110, or 32.7 per cent, were classified as demonstrating high knowledge of the potential for teacher intervention (KI=2). With 219 respondents in mathematics constituting 12.9 per cent of the sample, 168, or 76.7 per cent, were classified as KI=1; 51, or 23.3 per cent, were classified as KI=2. With 213 social studies respondents constituting 12.6 per cent of the sample, 149, or 69.9 per cent, were classified as KI=1; 64, or 30.1 per cent, were classified as KI=2. With 160 respondents from the sciences constituting 9.4 per cent of the sample, 121, or 75.6, were classified as KI=1; 39, or 24.4 per cent, were classified as KI=2. With 134 respondents from the fine arts constituting 7.9 per cent of the sample, 92, or 68.7 per cent, were classified as KI=1; 42, or 31.3 per cent, were classified as KI=2. With 122 respondents from physical education departments constituting 7.2 per cent of the sample, 92, or 75.4 per cent, were classified as

KI=1; 30, or 24.6 per cent, were classified as KI=2. The 99 respondents who indicated their primary teaching field as business courses constituted 5.9 per cent of the sample; 74, or 74.8 per cent, were classified as KI=1, and 25, or 25.2 per cent, were classified as KI=2. Ninety-two respondents from special education constituted 5.4 per cent of the sample; 60, or 65.2 per cent, were classified as KI=1, and 32, or 34.8 per cent, were classified as KI=2. With 71 of the respondents from home economics curricula constituting 4.2 per cent of the sample, 52, or 73.2 per cent, were classified as KI=1; 19, or 26.8 per cent, were classified as KI=2. With 64 respondents, or 3.7 per cent of the sample, indicating industrial arts as their primary teaching field, 55, or 85.9 per cent, were classified as KI=1, and 9, or 14.1 per cent, were classified as KI=2. With 55 of the respondents from foreign language departments constituting 3.2 per cent of the sample, 41, or 74.6 per cent, were classified as KI=1, and 14, or 25.4 per cent, were classified as KI=2. Forty-two respondents from vocational education constituted 2.4 per cent of the sample; 26, or 61.9 per cent, were classified as KI=1, and 16, or 38.1 per cent, were classified as KI=2. The 93 respondents who indicated their teaching field as "other" than those subject areas mentioned constituted 5.4 per cent of the sample with 60, or 64.5 per cent, classified as KI=1, and 33, or 35.5 per cent, classified as KI=2.

## Subproblem 4

In terms of attitude toward the potential for teacher intervention in the problem of adolescent suicide, what are the demographic characteristics of secondary school teachers?

Table LXII summarizes the eleven F tests for the variate "Attitude Toward the Potential for Teacher Intervention in the Problem of Adolescent Suicide" (AI) and the main effect "Knowledge of the Problem of Adolescent Suicide" (KS) for each demographic interaction. (See Appendix K.) On a dichotomized basis where KS=1 indicated a low level of knowledge concerning the problem of adolescent suicide and KS=2 indicated a high level of knowledge, analysis of the data across the demographic spectrum showed that at the .01 level of significance there was a difference between respondents who were classified as high KS versus those who were classified as low KS in their attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI).

Table LXIII summarizes the eleven F tests for the variate "Attitude Toward the Potential for Teacher Intervention in the Problem of Adolescent Suicide" (AI) and the main effect "Knowledge of the Potential for Teacher Intervention in the Problem of Adolescent Suicide" (KI)

for each demographic interaction. (See Appendix K.) On a dichotomized basis where KI=1 indicated a low level of knowledge concerning the potential for teacher intervention and KI=2 indicated a high level of knowledge, analysis of the data across the demographic spectrum showed that at the .01 level of significance there was a difference between respondents who were classified as high KI versus those who were classified as low KI in their attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI).

Table LXIV summarizes the eleven F tests for the variate "Attitude Toward the Potential for Teacher Intervention in the Problem of Adolescent Suicide" (AI) and each demographic main effect for the interaction KS by demographic. (See Appendix K.) As summarized in this table ten of the tests were significant at the .01 level. These included sex, age, race, marital status, parental status, level of education, teaching field, years of experience, personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide, and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide. For the variate AI and each demographic main effect for the interaction KS by demographic, only the test for religious preference was not significant at

the .01 level. Tables LXVI through LXXVI show the separate results for the eleven tests, one for each demographic main effect. (See Appendix K.) A discussion of the analysis of data for the tests which were significant follows a description of Table LXV.

Table LXV summarizes the eleven F tests for the variate "Attitude Toward the Potential for Teacher Intervention in the Problem of Adolescent Suicide" (AI) and each demographic main effect for the interaction KI by demographic. (See Appendix K.) As summarized in this table, nine of the tests were significant at the .01 level. These included sex, age, race, marital status, parental status, level of education, teaching field, years of experience, and personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide. For the variate AI and each demographic main effect for the interaction KI by demographic, only two tests were not significant at the .01 level: the tests for religious preference and for personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide. Tables LXXVII through LXXXVII show the separate results for the eleven tests, one for each demographic main effect. (See Appendix K.) What follows is a discussion

of the analysis of data for the tests which were significant.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXVI and Table LXXVII show that male and female respondents exhibited positive or favorable attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) across the KS and KI spectrum. (See Appendix K.) Table LXVI shows that respondents classified by sex exhibited positive attitudes toward the potential for teacher intervention across the KS spectrum. Male responses ranged in score from 2.82 for those classified as demonstrating a low knowledge of the problem of adolescent suicide (KS=1) to 2.68 for those classified as demonstrating a high knowledge (KS=2). Female attitude scores ranged from 2.59 for those classified as KS=1 to 2.33 for those classified as KS=2.

Of the 1,711 usable responses, 1,181, or 69.0 per cent, were classified as KS=1, while 530, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 448, or 37.9 per cent, were males, while 733, or 62.1 per cent, were females. Of those classified as KS=2, 137, or 25.9 per cent, were males, and 393, or 74.1 per cent, were females. With 585 male responses constituting 34.2 per cent of the

sample, 448, or 76.6 per cent, were classified as KS=1, while 137, or 23.4 per cent, were classified as KS=2. With 1,126 female responses constituting 65.8 per cent of the sample, 733, or 65.1 per cent, were classified as KS=1, while 393, or 34.9 per cent, were classified as KS=2.

Table LXXVII shows that respondents classified by sex exhibited positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide across the KI spectrum. Male responses ranged in score from 2.94 for those classified as demonstrating a low knowledge of the potential for teacher intervention (KI=1) to 2.32 for those classified as demonstrating a high knowledge (KI=2). Female scores ranged from 2.63 for those classified as KI=1 to 2.21 for those classified as KI=2.

Of the 1,714 usable responses, 1,224, or 71.4 per cent, were classified as KI=1, while 490, or 28.6 per cent, were classified as KI=2. Of those classified as KI=1, 440, or 35.9 per cent, were males, while 784, or 64.1 per cent, were females. Of those classified as KI=2, 144, or 29.4 per cent, were males, and 346, or 70.6, were females. With 584 male responses constituting 34.1 per cent of the sample, 440, or 75.3 per cent, were classified as KI=1, while 144, or 24.7 per cent, were classified as KI=2. With 1,130 female responses constituting 65.9 per cent of the

sample, 784, or 69.4 per cent, were classified as KI=1, while 346, or 30.6 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXVII and Table LXXVIII exhibit predominantly positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Age" across the KS and KI spectrum. (See Appendix K.) Table LXVII shows that with the exception of respondents who indicated ages 56-60 and who were classified as KS=1, respondents classified by age groups exhibited positive or favorable attitudes toward the potential for teacher intervention across the KS spectrum. Respondents 25 years of age or less ranged in attitude score from 2.60 for those classified as KS=1 to 2.42 for those classified as KS=2; respondents ages 26-30 ranged in attitude score from 2.54 for those classified as KS=1 to 2.33 for those classified as KS=2; respondents ages 31-35 ranged in attitude score from 2.64 for those classified as KS=1 to 2.52 for those classified as KS=2. Respondents ages 36-40 exhibited attitudes ranging in score from 2.69 for those classified as KS=1 to 2.34 for those classified as KS=2; respondents ages 41-45 exhibited attitude scores ranging from 2.60 for those classified as KS=1 to 2.27



for those classified as KS=2. Respondents ages 46-50 ranged in attitude score from 2.41 for those classified as KS=1 to a slightly less positive 2.49 for those classified as KS=2; respondents ages 51-55 ranged in attitude score from 2.84 for those classified as KS=1 to 2.45 for those classified as KS=2; respondents ages 56-60 ranged in attitude score from a negative 3.20 for those classified as KS=1 to a positive 2.71 for those classified as KS=2; respondents ages 61-65 ranged in attitude score from 2.61 for those classified as KS=1 to a less positive 2.84 for those classified as KS=2. Respondents who indicated their age was 66 years or more exhibited attitude scores ranging from 2.83 for those classified as KS=1 to 2.33 for those classified as KS=2.

Of the 1,712 usable responses, 1,182, or 69.1 per cent, were classified as KS=1, and 530, or 30.9 per cent, were classified as KS=2. Of those classified as KS=1, 272, or 23.0 per cent, were ages 26-30; 239, or 20.2 per cent, were ages 31-35; 156, or 13.2 per cent, were age 25 or younger; 140, or 11.8 per cent, were ages 36-40; 106, or 9.0 per cent, were ages 41-45; 100, or 8.5 per cent, were ages 46-50. Fifty-three respondents, or 4.5 per cent, were ages 51-55; 53, or 4.5 per cent, were age 66 or greater; 44, or 3.7 per cent, were ages 56-60, and 19, or 1.6 per cent, were ages 61-65. Of those classified as KS=2,

115, or 21.7 per cent, were ages 26-30; 107, or 20.2 per cent, were ages 31-35; 69, or 13.0 per cent, were ages 36-40; 68, or 12.8 per cent, were age 25 or younger. Fifty-four, or 10.2 per cent, were ages 46-50; 47, or 8.9 per cent, were ages 41-45; 26, or 4.9 per cent, were ages 51-55; 20, or 3.8 per cent, were ages 56-60; 19, or 3.6 per cent, were age 66 or greater, and 5, or 0.9 per cent, were ages 61-65. With 387 respondents ages 26-30 constituting 22.6 per cent of the sample, 272, or 70.3 per cent, were classified as KS=1, while 115, or 29.7 per cent, were classified as KS=2. With 346 respondents ages 31-35 constituting 20.2 per cent of the sample, 239, or 69.1 per cent, were classified as KS=1, while 107, or 30.9 per cent, were classified as KS=2. With 224 respondents age 25 or younger constituting 13.1 per cent of the sample, 156, or 69.6 per cent, were classified as KS=1, while 68, or 30.4 per cent, were classified as KS=2. With 209 respondents ages 36-40 constituting 12.2 per cent of the sample, 140, or 67.0 per cent, were classified as KS=1, while 69, or 30.0 per cent, were classified as KS=2. With 154 respondents ages 46-50 constituting 9.0 per cent of the sample, 100, or 64.9 per cent, were classified as KS=1, while 54, or 35.1 per cent, were classified as KS=2. With 153 respondents ages 41-45 constituting 8.9 per cent of the sample, 106, or 69.3 per cent, were classified as KS=1, while 47, or 30.7 per cent,

were classified as KS=2. With 79 respondents ages 51-55 constituting 4.6 per cent of the sample, 53, or 67.1 per cent, were classified as KS=1, while 26, or 32.9 per cent, were classified as KS=2. With 72 respondents age 66 or greater constituting 4.2 per cent of the sample, 53, or 73.6 per cent, were classified as KS=1, while 19, or 26.4 per cent, were classified as KS=2. With 64 respondents ages 56-60 constituting 3.7 per cent of the sample, 44, or 68.8 per cent, were classified as KS=1, while 20, or 31.3 per cent, were classified as KS=2. With 24 respondents ages 61-65 constituting 1.4 per cent of the sample, 19, or 79.2 per cent, were classified as KS=1, while 5, or 20.8 per cent, were classified as KS=2.

Table LXXVIII shows that with the exception of respondents who indicated ages 56-60 and who were classified as KI=1, respondents classified by age groups exhibited positive or favorable attitudes toward the potential for teacher intervention in the problem of adolescent suicide across the KI spectrum. Respondents age 25 or younger ranged in attitude score from 2.65 for those classified as KI=1 to 2.22 for those classified as KI=2; respondents ages 26-30 ranged in attitude score from 2.57 for those classified as KI=1 to 2.25 for those classified as KI=2; respondents ages 31-35 ranged in attitude score from 2.78 for those classified as KI=1 to 2.22 for those classified

as KI=2. Respondents ages 36-40 exhibited attitudes ranging in score from 2.71 for those classified as KI=1 to 2.23 for those classified as KI=2; respondents ages 41-45 exhibited attitude scores ranging from 2.68 for those classified as KI=1 to 2.17 for those classified as KI=2. Respondents ages 46-50 ranged in attitude score from 2.91 for those classified as KI=1 to 2.35 for those classified as KI=2; respondents ages 51-55 ranged in attitude score from 2.97 for those classified as KI=1 to 2.15 for those classified as KI=2; respondents 56-60 ranged in attitude score from a negative 3.22 for those classified as KI=1 to a positive 2.61 for those classified as KI=2; respondents ages 61-65 ranged in attitude score from 2.87 for those classified as KI=1 to 2.03 for those classified as KI=2. Respondents who indicated their age was 66 years or more exhibited attitude scores ranging from 2.89 for those classified as KI=1 to 2.21 for those classified as KI=2.

Of the 1,715 usable responses, 1,224, or 71.3 per cent, were classified as KI=1, and 491, or 28.7 per cent, were classified as KI=2. Of those classified as KI=1, 279, or 22.8 per cent, were ages 26-30; 236, or 19.3 per cent, were ages 31-35; 167, or 13.6 per cent, were age 25 or younger; 153, or 12.5 per cent, were ages 36-40; 115, or 9.4 per cent were ages 46-50; 102, or 8.3 per cent, were ages

41-45; 54, or 4.5 per cent, were ages 51-55; 53, or 4.3 per cent, were age 66 or greater; 47, or 3.8 per cent, were ages 56-60, and 18, or 1.5 per cent, were ages 61-65. Of those classified as KI=2, 111, or 22.6 per cent, were ages 31-35; 110, or 22.4 per cent, were ages 26-30; 59, or 12.0 per cent, were age 25 or younger; 57, or 11.6 per cent, were ages 36-40; 49, or 10.0 per cent, were ages 41-45; 38, or 7.7 per cent, were ages 46-50; 25, or 5.1 per cent, were ages 51-55; 19, or 3.9 per cent, were age 66 or greater; 17, or 3.5 per cent, were ages 56-60, and 6, or 1.2 per cent, were ages 61-65. With 389 respondents ages 26-30 constituting 22.7 per cent of the sample, 279, or 71.7 per cent, were classified as KI=1, while 110, or 28.3 per cent, were classified as KI=2. With 347 respondents ages 31-35 constituting 20.3 per cent of the sample, 236, or 68.0 per cent, were classified as KI=1, while 111, or 32.0 per cent, were classified as KI=2. With 226 of the respondents age 25 or younger constituting 13.1 per cent of the sample, 167, or 73.9 per cent, were classified as KI=1, while 59, or 26.1 per cent, were classified as KI=2. With 210 of the respondents ages 36-40 constituting 12.2 per cent of the sample, 153, or 72.9 per cent, were classified as KI=1, while 57, or 27.1 per cent, were classified as KI=2. With 153 of the respondents ages 46-50 constituting 8.9 per cent of the sample, 115, or 75.2 per cent, were classified as

KI=1, while 38, or 24.8 per cent, were classified as KI=2. With 151 of the respondents ages 41-45 constituting 8.8 per cent of the sample, 102, or 67.6 per cent, were classified as KI=1, while 49, or 32.4 per cent, were classified as KI=2. With 79 of the respondents ages 51-55 constituting 4.7 per cent of the sample, 54, or 68.4 per cent, were classified as KI=1, while 25, or 31.6 per cent, were classified as KI=2. With 72 of the respondents age 66 or greater constituting 4.2 per cent of the sample, 53 or 73.6 per cent, were classified as KI=1, while 19, or 26.4 per cent, were classified as KI=2. With 64 of the respondents ages 56-60 constituting 3.7 per cent of the sample, 47, or 70.4 per cent, were classified as KI=1; 17, or 26.6 per cent, were classified as KI=2. With 24 of the respondents ages 61-65 constituting 1.4 per cent of the sample, 18, or 75.0 per cent, were classified as KI=1, while 6, or 25.0 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXVIII and Table LXXIX exhibit predominantly low positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Race" across the KS and KI spectrum. (See Appendix K.) Table LXVIII shows that respondents classified by race

exhibited low positive or moderately favorable attitudes toward the potential for teacher intervention across the KS spectrum. Black respondents exhibited attitudes ranging in score from 2.91 for those classified as KS=1 to 2.79 for those classified as KS=2; brown or Hispanic respondents exhibited attitude scores which ranged from 2.68 for those classified as KS=1 to 2.49 for those classified as KS=2; white respondents exhibited attitudes ranging in score from 2.64 for those classified as KS=1 to 2.39 for those classified as KS=2. Respondents who indicated their race as "other" than these three ranged in attitude score from 3.00 for those classified as KS=1 to 2.60 for those classified as KS=2.

Of the 1,702 usable responses, 1,174, or 69.0 per cent, were classified as KS=1, while 528, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 1,012, or 86.1 per cent, were white; 124, or 10.6 per cent, were black, and 29, or 2.5 per cent were brown or Hispanic. Nine, or less than 1.0 per cent, indicated race as "other." Of those classified as KS=2, 473, or 89.6 per cent, were white; 39, or 7.4 per cent, were black, and 13, or 2.5 per cent, were brown or Hispanic. Three respondents, or 0.6 per cent indicated "other." With 1,485 white respondents constituting 87.2 per cent of the sample, 1,012, or 68.2 per cent, were classified as KS=1, while 473, or 31.8 per

cent, were classified as KS=2. With 163 black respondents constituting 9.6 per cent of the sample, 124, or 76.1 per cent, were classified as KS=1; 39, or 23.9 per cent, were classified as KS=2. With 42 brown or Hispanic responses constituting 2.5 per cent of the sample, 29, or 69.0 per cent, were classified as KS=1; 13, or 31.0 per cent, were classified as KS=2. Twelve responses were designated as "other" and constituted 0.7 per cent of the sample.

Table LXXIX shows that respondents classified by race exhibited predominantly low positive or moderately favorable attitudes toward the potential for teacher intervention in the problem of adolescent suicide across the KI spectrum. Black respondents exhibited attitudes ranging in score from 2.97 for those classified as KI=1 to 2.48 for those classified as KI=2. Brown or Hispanic respondents exhibited attitude scores which ranged from 2.59 for those classified as KI=1 to a less positive 2.71 for those classified as KI=2. White respondents ranged in attitude score from 2.71 for those classified as KI=1 to 2.21 for those classified as KI=2. Respondents who indicated their race as "other" than these three ranged in attitude from 2.93 for those classified as KI=1 to 2.80 for those classified as KI=2.

Of the 1,705 usable responses, 1,218, or 71.4 per cent, were classified as KI=1, while 487, or 28.6 per cent,



were classified as KI=2. Of those classified as KI=1, 1,042, or 85.6 per cent, were white; 136, or 11.2 per cent, were black, and 31, or 2.5 per cent, were brown or Hispanic. Nine, or less than 1.0 per cent, indicated race as "other." Of those classified as KI=2, 444, or 91.2 per cent, were white; 29, or 5.9 per cent, were black, and 11, or 2.3 per cent, were brown or Hispanic. Three respondents, or 0.6 per cent, indicated "other." With 1,486 white respondents constituting 87.1 per cent of the sample, 1,042, or 70.1 per cent, were classified as KI=1; 444, or 29.9 per cent, were classified as KI=2. With 165 black respondents constituting 9.7 per cent of the sample, 136, or 82.4 per cent, were classified as KI=1; 29, or 17.6 per cent, were classified as KI=2. With 42 brown or Hispanic responses constituting 2.5 per cent of the sample, 31, or 73.8 per cent, were classified as KI=1; 11, or 26.2 per cent, were classified as KI=2. Twelve responses were designated as "other" and constituted 0.7 per cent of the sample.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXX and Table LXXXI exhibit positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Marital Status" across the KS and KI spectrum. (See Appendix K.) Table LXX

shows that respondents classified by current marital status exhibited positive attitudes toward the potential for teacher intervention across the KS spectrum. Respondents who indicated they had never been married ranged in attitude score from 2.54 for those classified as low knowledge of the problem of adolescent suicide (KS=1) to 2.33 for those classified as high in knowledge (KS=2). Married respondents exhibited attitudes ranging in score from 2.70 for those classified as KS=1 to 2.44 for those classified as KS=2. Divorced respondents exhibited attitudes ranging in score from 2.57 for those classified as KS=1 to 2.35 for those classified as KS=2. Widowed respondents ranged in attitude score from 2.83 for those classified as KS=1 to 2.73 for those classified as KS=2. Respondents who chose not to indicate marital status exhibited a negative attitude across the KS spectrum, 3.02 for those classified as KS=1 and a more negative 3.23 for those classified as KS=2.

Of the 1,706 usable responses for AI and the main effect "Marital Status" across the KS spectrum, 1,178, or 69.4 per cent, were classified as KS=1, while 528, or 30.6 per cent, were classified as KS=2. Of those classified as KS=1, 861, or 73.1 per cent, were married; 175, or 14.9 per cent, were never married; 98, or 8.3 per cent, were divorced, and 25, or 2.1 per cent, were widowed. Nineteen, or 1.6

per cent, classified as KS=1 did not indicate marital status. Of those classified as KS=2, 348, or 65.9 per cent, were married; 98, or 18.6 per cent, were never married; 70, or 13.3 per cent, were divorced, and 6, or 1.1 per cent, were widowed. Six, or 1.1 percent, of those classified as KS=2 did not indicate marital status. With 1,209 married respondents constituting 70.9 per cent of the sample, 861, or 71.2 per cent, were classified as KS=1, while 348, or 28.8 per cent, were classified as KS=2. With 273 respondents who were never married constituting 16.0 per cent of the sample, 175, or 64.1 per cent, were classified as KS=1, while 98, or 35.9 per cent, were classified as KS=2. With 168 divorced respondents constituting 9.9 per cent of the sample, 98, or 58.3 per cent, were classified as KS=1, while 70, or 41.7 per cent, were classified as KS=2. With 31 widowed respondents constituting 1.8 per cent of the sample, 25, or 80.7 per cent, were classified as KS=1, while 6, or 19.3 per cent, were classified as KS=2. Of the 25 respondents, or 1.5 per cent, who chose not to indicate marital status, 19, or 76.0 per cent, were classified as KS=1, and 6, or 24.0 per cent, were classified as KS=2.

Table LXXXI shows that respondents classified by current marital status exhibited positive attitudes toward the potential for teacher intervention across the KI

spectrum. Respondents who indicated they had never been married ranged in attitude score from 2.59 for those classified as low knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI=1) to 2.18 for those classified as high in knowledge (KI=2). Married respondents exhibited attitudes ranging in score from 2.78 for those classified as KI=1 to 2.24 for those classified as KI=2. Divorced respondents exhibited attitudes ranging in score from 2.59 for those classified as KI=1 to 2.24 for those classified as KI=2. Widowed respondents ranged in attitude score from 2.91 for those classified as KI=1 to 2.58 for those classified as KI=2. Respondents who chose not to indicate marital status exhibited a negative attitude (3.21) for those classified as KI=1 and a low positive attitude (2.71) for those classified as KI=2.

Of the 1,709 usable responses for AI and the main effect "Marital Status" across the KI spectrum, 1,221, or 71.6 per cent, were classified as KI=1, while 488, or 28.4 per cent, were classified as KI=2. Of those classified as KI=1, 875, or 71.6 per cent, were married; 189, or 15.5 per cent, were never married; 117, or 9.6 per cent, were divorced, and 22, or 1.8 per cent, were widowed. Eighteen, or 1.5 per cent, classified as KI=1 did not indicate marital status. Of those classified as KI=2, 334, or 68.4 per cent,

were married; 86, or 17.6 per cent, were never married; 52, or 10.7 per cent, were divorced, and 9, or 1.9 per cent, were widowed. Seven, or 1.4 per cent, of those classified as KI=2 did not indicate marital status. With 1,209 married respondents constituting 70.7 per cent of the sample, 875, or 72.4 per cent, were classified as KI=1, while 334, or 27.6 per cent, were classified as KI=2. With 275 respondents who were never married constituting 16.1 per cent of the sample, 189, or 68.7 per cent, were classified as KI=1, while 86, or 31.3 per cent, were classified as KI=2. With 169 divorced respondents constituting 9.9 percent of the sample, 117, or 69.2 per cent, were classified as KI=1, while 52, or 30.8 per cent, were classified as KI=2. With 31 widowed respondents constituting 1.8 per cent of the sample, 22, or 71.0 per cent, were classified as KI=1, while 9, or 29.0 per cent, were classified as KI=2. Of the 25 respondents who chose not to indicate marital status, 18, or 72.0 per cent, were classified as KI=1, while 7, or 28.0 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXXI and Table LXXXII exhibit positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Parental

Status" across the KS and KI spectrum. (See Appendix K.) Table LXXI shows that both parent and non-parent respondents exhibited positive or favorable attitudes toward the potential for teacher intervention across the KS spectrum. Parent attitude responses ranged in score from 2.74 for those classified as low in knowledge of the problem of adolescent suicide (KS=1) to 2.40 for those classified as high in knowledge (KS=2). Non-parent attitude scores ranged from 2.57 for those classified as KS=1 to 2.44 for those classified as KS=2.

Of the 1,679 usable responses for AI and the main effect "Parental Status" across the KS spectrum, 1,157, or 69.0 per cent, were classified as KS=1, while 552, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 706, or 61.0 per cent, were parents, while 451, or 39.0 per cent, were not. Of those classified as KS=2, 291, or 55.8 per cent, were parents; 231, or 44.2 per cent, were not. With 997 parent responses constituting 59.4 per cent of the sample, 706, or 70.8 per cent, were classified as KS=1, while 291, or 29.2 per cent, were classified as KS=2. With 682 non-parent responses constituting 40.6 per cent of the sample, 451, or 66.1 per cent, were classified as KS=1, while 231, or 33.9 per cent, were classified as KS=2.

Table LXXXII shows that both parent and non-parent respondents exhibited positive or favorable attitudes toward the potential for teacher intervention in the problem of adolescent suicide across the KI spectrum. Parent attitude responses ranged in score from 2.80 for those classified as low in knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI=1) to 2.24 for those classified as high in knowledge (KI=2). Non-parent attitude scores ranged from 2.65 for those classified as KI=1 to 2.25 for those classified as KI=2.

Of the 1,682 usable responses for AI and the main effect "Parental Status" across the KI spectrum, 1,201, or 71.4 per cent, were classified as KI=1, while 481, or 28.6 per cent, were classified as KI=2. Of those classified as KI=1, 720, or 60.0 per cent, were parents, while 481, or 40.0 per cent, were not. Of those classified as KI=2, 276, or 57.4 per cent, were parents, while 205, or 42.6 per cent, were not. With 996 parent responses constituting 59.2 per cent of the sample, 720, or 72.3 per cent, were classified as KI=1, while 276, or 27.7 per cent, were classified as KI=2. With 686 non-parent responses constituting 40.8 per cent of the sample, 481, or 70.1 per cent, were classified as KI=1, while 205, or 29.9 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXXII and Table LXXXIII exhibit positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Level of Education" by degree across the KS and KI spectrum, with the exception of post doctoral respondents classified as KS=2. (See Appendix K.) Table LXXII shows the attitudes toward the potential for teacher intervention exhibited by respondents classified according to their highest level of education across the KS spectrum. Respondents who possess a bachelor's degree ranged in attitude score from 2.66 for those classified as KS=1 to 2.43 for those classified as KS=2; respondents with graduate credit beyond the bachelor's but who have not attained a higher degree ranged in attitude score from 2.57 for those classified as KS=1 to 2.42 for those classified as KS=2. Respondents who possess a master's degree exhibited attitudes ranging in score from 2.77 for those classified as KS=1 to 2.44 for those classified as KS=2; respondents with graduate credit beyond the master's but who have not attained a higher degree ranged in attitude score from 2.67 for those classified as KS=1 to 2.57 for those classified as KS=2. Respondents who possess a doctorate



exhibited attitude scores ranging from 2.56 for those classified as KS=1 to 2.13 for those classified as KS=2; respondents with post-doctoral credit ranged in attitude score from 1.60 for those classified as KS=1 to 3.90 for those classified as KS=2. (Sample size will make this data inconclusive.) Respondents who indicated their education as "other" than degrees or graduate work listed exhibited attitude scores which ranged from a negative 3.40 for those classified as KS=1 to a positive 2.63 for those classified as KS=2.

Of the 1,700 usable responses, 1,173, or 68.9 per cent, were classified as KS=1, while 527, or 31.1 per cent, were classified as KS=2. Of those who were classified as KS=1, 347, or 29.6 per cent, possessed a master's degree; 314, or 26.7 per cent, had done graduate work beyond the bachelor's; 257, or 21.9 per cent, had done graduate work beyond the master's, and 235, or 20.0 per cent, possessed a bachelor's degree. Ten respondents, or 0.9 per cent, who were classified as KS=1 indicated a level of education as "other," 9, or 0.8 per cent, possessed a doctorate, and 1, or 0.1 per cent, had done post-doctoral work. Of those who were classified as KS=2, 144, or 27.3 per cent, possessed a master's degree; 132, or 25.1 per cent, had done graduate work beyond the bachelor's; 129, or 24.5 per cent, possessed a bachelor's degree, and 106, or 20.1 per cent, had done

graduate work beyond the master's. Eight respondents, or 1.5 per cent, who were classified as KS=2 indicated level of education as "other," 6, or 1.1 per cent, possessed a doctorate, and 2, or 0.4 per cent, had done post-doctoral work. With 491 respondents holding a master's degree constituting 28.9 per cent of the sample, 347, or 70.7 per cent, were classified as KS=1, and 144, or 29.3 per cent, were classified as KS=2. With 446 respondents who have done graduate work beyond the bachelor's constituting 26.2 per cent of the sample, 314, or 70.4 per cent, were classified as KS=1, and 132, or 29.6 per cent, were classified as KS=2. With 364 respondents who possess a bachelor's degree constituting 21.4 per cent of the sample, 235, or 64.6 per cent, were classified as KS=1, and 129, or 35.4 per cent, were classified as KS=2. With 363 respondents who have done graduate work beyond the master's constituting 21.3 per cent of the sample, 257, or 70.8 per cent, were classified as KS=1, and 106, or 29.2 per cent, were classified as KS=2. Of the 18 respondents, or 1.1 per cent, who listed their level of education as "other," 10, or 55.6 per cent, were classified as KS=1, and 8, or 44.4 per cent, were classified as KS=2. With 15 respondents, or 0.9 per cent, who possess a doctorate, 9, or 60.0 per cent, were classified as KS=1, and 6, or 40.0 per cent, were classified as KS=2. The 3 respondents who had done post-doctoral

work constituted 0.3 per cent of the sample. One was classified as KS=1; two were classified as KS=2.

Table LXXXIII shows the attitudes toward the potential for teacher intervention in the problem of adolescent suicide exhibited by respondents classified according to their highest level of education across the KI spectrum. Respondents who possess a bachelor's degree ranged in attitude score from 2.68 for those classified as KI=1 to 2.30 for those classified as KI=2; respondents with graduate credit beyond the bachelor's but who have not attained a higher degree ranged in attitude score from a 2.59 for those classified as KI=1 to 2.17 for those classified as KI=2. Respondents who possess a master's degree exhibited attitudes ranging in score from 2.83 for those classified as KI=1 to 2.25 for those classified as KI=2; respondents with graduate credit beyond the master's but who have not attained a higher degree ranged in attitude score from 2.83 for those classified as KI=1 to 2.27 for those classified as KI=2. Respondents who possess a doctorate exhibited attitude scores ranging from 2.69 for those classified as KI=1 to 1.93 for those classified as KI=2; respondents with post-doctoral credit ranged in attitude score from 2.50 for those classified as KI=1 to 2.10 for those classified as KI=2. (Sample size will make this data inconclusive.) Respondents who indicated

their education as "other" than degrees or graduate work listed exhibited attitude scores which ranged from a negative 3.29 for those classified as KI=1 to a positive 2.25 for those classified as KI=2.

Of the 1,704 usable responses, 1,218, or 71.5 per cent, were classified as KI=1, while 486, or 28.5 per cent, were classified as KI=2. Of those who were classified as KI=1, 362, or 29.7 per cent, possessed a master's degree; 326, or 26.8 per cent, had done graduate work beyond the bachelor's; 268, or 22.0 per cent, possessed a bachelor's degree, and 238, or 19.5 per cent, had done graduate work beyond the master's. Fourteen respondents, or 1.2 per cent, who were classified as KI=1 indicated a level of education as "other," 9, or 0.7 per cent, possessed a doctorate, and 1, or 0.1 per cent, had done post-doctoral work. Of those who were classified as KI=2, 133, or 27.4 per cent, possessed a master's degree; 125, or 25.7 per cent, had done graduate work beyond the master's; 121, or 24.9 per cent, had done graduate work beyond the bachelor's; 95, or 19.6 per cent, possessed a bachelor's degree, and 6, or 1.2 per cent, possessed a doctorate. Four respondents, or 0.8 per cent, who were classified as KI=2 indicated a level of education as "other," and 2, or 0.4 per cent, had done post-doctoral work. With 495 respondents holding a master's degree constituting 29.0 per cent of the sample,

362, or 73.1 per cent, were classified as KI=1, and 133, or 26.9 per cent, were classified as KI=2. With 447 respondents who have done graduate work beyond the bachelor's constituting 26.3 per cent of the sample, 326, or 72.9 per cent, were classified as KI=1, and 121, or 27.1 per cent, were classified as KI=2. With 363 respondents who have done graduate work beyond the master's constituting 21.3 per cent of the sample, 238, or 65.6 per cent, were classified as KI=1, and 125, or 34.4 per cent, were classified as KI=2. With 363 respondents who possess a bachelor's degree constituting 21.3 per cent of the sample, 268, or 73.8 per cent, were classified as KI=1, and 95, or 26.2 per cent, were classified as KI=2. Of the 18 respondents, or 1.0 per cent, who listed their level of education as "other," 14, or 77.8 per cent, were classified as KI=1, and 4, or 22.2 per cent, were classified as KI=2. With 15 respondents, or 0.9 per cent, who possess a doctorate, 9, or 60.0 per cent, were classified as KI=1, and 6, or 40.0 per cent, were classified as KI=2. The 3 respondents who had done post-doctoral work constituted 0.2 per cent of the sample. One was classified as KI=1; two were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXXIII and Table LXXXIV exhibit predominantly positive attitudes

toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Teaching Field" across the KS and KI spectrum. (See Appendix K.) Table LXXIII shows the attitudes toward the potential for teacher intervention exhibited by respondents classified according to their primary teaching field across the KS spectrum. With the exception of the industrial arts respondents who were classified as KS=1, respondents in all teaching fields exhibited positive or favorable attitudes across the knowledge of suicide (KS) spectrum. Respondents who teach business courses ranged in attitude score from 2.79 for those classified as KS=1 to 2.38 for those classified as KS=2; respondents who teach in the fine arts ranged in attitude score from 2.73 for those classified as KS=1 to 2.47 for those classified as KS=2; foreign language respondents ranged in attitude score from 2.63 for those classified as KS=1 to 2.49 for those classified as KS=2; respondents in home economics exhibited attitude scores ranging from 2.56 for those classified as KS=1 to 2.15 for those classified as KS=2. Respondents in industrial arts ranged in attitude score from 3.03, the only negative score, for those classified as KS=1 to 2.88 for those classified as KS=2. Language arts respondents ranged in attitude score from 2.55 for those classified as KS=1 to 2.46 for those who were

classified as KS=2; respondents in mathematics exhibited attitudes ranging in score from 2.82 for those classified as KS=1 to 2.49 for those classified as KS=2; respondents in physical education ranged in attitude score from 2.66 for those who were classified as demonstrating a low knowledge of the problem of adolescent suicide (KS=1) to 2.61 for those who were classified as demonstrating a high knowledge (KS=2). Respondents in social studies exhibited attitudes ranging in score from 2.76 for those classified as KS=1 to 2.36 for those classified as KS=2; respondents in the sciences ranged in attitude score from 2.74 for those classified as KS=1 to 2.51 for those classified as KS=2. The highest positive AI scores for teaching field across the KS spectrum were exhibited by respondents in special education, who ranged in attitude score from 2.28 for those classified as KS=1 to 2.02 for those classified as KS=2. Respondents in vocational education ranged in attitude score from 2.78 for those classified as KS=1 to 2.30 for those classified as KS=2; respondents who indicated their primary teaching field as "other" than those listed, ranged in attitude score from 2.36 for those classified as KS=1 to 2.30 for those classified as KS=2.

Of the 1,697 usable responses for AI and the main effect "Primary Teaching Field" across the KS spectrum, 1,172, or 69.0 per cent, were classified as KS=1, while

525, or 31.0 per cent, were classified as KS=2. Of those classified as KS=1, 211, or 18.0 per cent, indicated they taught language arts; 160, or 13.7 per cent, indicated mathematics; 146, or 12.5 per cent, indicated social studies; 115, or 9.8 per cent, indicated the sciences; 91, or 7.8 per cent, indicated the fine arts. Eighty-nine, or 7.6 per cent, indicated they primarily taught courses in physical education; 68, or 5.8 per cent, indicated business courses; 67, or 5.6 per cent, indicated special education; 51, or 4.4 per cent, indicated industrial arts courses; 42, or 3.6 per cent, indicated foreign language; 40, or 3.4 per cent, indicated home economics, and 32, or 2.7 per cent, indicated vocational education. Sixty, or 5.1 per cent, of those classified as KS=1 indicated their primary teaching field was one other than those subject areas mentioned. Of those classified as KS=2, 122, or 23.1 per cent, indicated they taught language arts; 67, or 12.8 per cent, indicated social studies; 58, or 11.1 per cent, indicated mathematics; 45, or 8.6 per cent, indicated the sciences; 43, or 8.2 per cent, indicated the fine arts. Thirty-three, or 6.3 per cent, indicated they taught courses in physical education; 32, or 6.0 per cent, indicated business courses; 31, or 5.9 per cent, indicated home economics; 25, or 4.8 per cent, indicated special education; 13, or 2.5 per cent, indicated foreign language; 12, or 2.3 per cent, indicated industrial



arts courses, and 10, or 1.9 per cent, indicated vocational education. Thirty-four, or 6.5 per cent, of those classified as KS=2 indicated their primary teaching field was one other than those subject areas mentioned.

With 333 language arts respondents constituting 19.5 per cent of the sample, 211, or 63.4 per cent, were classified as demonstrating low knowledge of the problem of adolescent suicide (KS=1); 122, or 36.6 per cent, were classified as demonstrating high knowledge of the problem of adolescent suicide (KS=2). With 218 respondents in mathematics constituting 12.8 per cent of the sample, 160, or 73.4 per cent, were classified as KS=1; 58, or 26.6 per cent, were classified as KS=2. With 213 social studies respondents constituting 12.6 per cent of the sample, 146, or 68.5 per cent, were classified as KS=1; 67, or 31.5 per cent, were classified as KS=2. With 160 respondents from the sciences constituting 9.5 per cent of the sample, 115, or 71.9 per cent, were classified as KS=1; 45, or 28.1 per cent, were classified as KS=2. With 134 respondents from the fine arts constituting 7.9 per cent of the sample, 91, or 67.9 per cent, were classified as KS=1; 43, or 32.1 per cent, were classified as KS=2. With 122 respondents from physical education departments constituting 7.2 per cent of the sample, 89, or 73.0 per cent, were classified as KS=1; 33, or 27.0 per cent, were classified as KS=2. The

100 respondents who indicated their primary teaching field as business courses constituted 5.9 per cent of the sample; 68, or 68.0 percent, were classified as KS=1, and 32, or 32.0 percent, were classified as KS=2. Ninety-two respondents from special education constituted 5.4 per cent of the sample; 67, or 72.8 per cent, were classified as KS=1, and 25, or 27.2 per cent, were classified as KS=2. With 71 of the respondents from home economics curricula constituting 4.2 per cent of the sample, 40, or 56.3, were classified as KS=1; 31, or 43.7 per cent, were classified as KS=2. With 63 respondents, or 3.7 per cent of the sample, indicating industrial arts as their primary teaching field, 51, or 81.0 per cent, were classified as KS=1, and 12, or 19.0 per cent, were classified as KS=2. With 55 of the respondents from foreign language departments constituting 3.3 per cent of the sample, 42, or 76.4 per cent, were classified as KS=1, and 13, or 23.6 per cent, were classified as KS=2. Forty-two respondents from vocational education constituted 2.5 per cent of the sample; 32, or 76.2 per cent, were classified as KS=1, and 10, or 23.8 per cent, were classified as KS=2. The 94 respondents who indicated their teaching field as "other" than those subject areas mentioned constituted 5.5 per cent of the sample with 60, or 63.8 per cent, classified as KS=1, and 34, or 36.2 per cent, classified as KS=2.

Table LXXXIV shows the attitudes toward the potential for teacher intervention in the problem of adolescent suicide exhibited by respondents classified according to their primary teaching field across the KI spectrum. With the exception of the industrial arts respondents who were classified as KI=1, respondents in all teaching fields exhibited positive or favorable attitudes across the knowledge of the potential for teacher intervention (KI) spectrum. Respondents who teach business courses ranged in attitude score from 2.82 for those classified as KI=1 to 2.22 for those classified as KI=2; respondents who teach in the fine arts ranged in attitude score from 2.76 for those classified as KI=1 to 2.39 for those classified as KI=2; foreign language respondents ranged in attitude score from 2.70 for those classified as KI=1 to 2.29 for those classified as KI=2; respondents in home economics exhibited attitude scores ranging from 2.39 for those classified as demonstrating low knowledge of the potential for teacher intervention (KI=1) to 2.36 for those classified as demonstrating a high knowledge (KI=2). Respondents in industrial arts ranged in attitude from 3.07, the only negative score, for those classified as KI=1 to 2.49 for those classified as KI=2. Language arts respondents ranged in attitude score from 2.68 for those classified as KI=1 to 2.21 for those classified as KI=2;

respondents in mathematics exhibited attitudes ranging in score from 2.87 for those classified as KI=1 to 2.27 for those classified as KI=2; respondents in physical education ranged in attitude score from 2.79 for those classified as KI=1 to 2.20 for those classified as KI=2. Respondents in social studies exhibited attitudes ranging in score from 2.81 for those classified as KI=1 to 2.24 for those classified as KI=2; respondents in the sciences ranged in attitude score from 2.76 for those classified as KI=1 to 2.44 for those classified as KI=2. The highest positive AI scores for teaching field across the KI spectrum were exhibited by respondents in special education who ranged in attitude score from 2.37 for those classified as KI=1 to 1.91 for those classified as KI=2. Respondents in vocational education ranged in attitude score from 2.85 for those classified as KI=1 to 2.35 for those classified as KI=2; respondents who indicated their primary teaching field as "other" than those listed ranged in attitude score from 2.54 for those classified as KI=1 to 2.01 for those classified as KI=2.

Of the 1,700 usable responses for AI and the main effect "Primary Teaching Field" across the KI spectrum, 1,216, or 71.5 per cent, were classified as KI=1, while 484, or 28.5 per cent, were classified as KI=2. Of those classified as KI=1, 226, or 18.6 per cent, indicated they

taught language arts; 168, or 13.8 per cent, indicated mathematics; 149, or 12.3 per cent, indicated social studies; 121, or 9.9 per cent, indicated the sciences; 92, or 7.6 per cent, indicated the fine arts. Ninety-two, or 7.6 per cent, indicated they primarily taught courses in physical education; 74, or 6.1 per cent, indicated business courses; 60, or 4.9 per cent, indicated special education; 55, or 4.5 per cent indicated industrial arts courses; 52, or 4.3 per cent, indicated home economics; 41, or 3.4 per cent, indicated foreign language, and 26, or 2.1 per cent, indicated vocational education. Sixty, or 4.9 per cent, of those classified as KI=1 indicated their primary teaching field was one other than those subject areas mentioned. Of those classified as KI=2, 110, or 22.7 per cent, indicated they taught language arts; 64, or 13.2 per cent, indicated social studies; 51, or 10.5 per cent, indicated mathematics; 42, or 8.7 per cent, indicated the fine arts; 39, or 8.1 per cent, indicated the sciences; 32, or 6.6 per cent, indicated special education. Thirty, or 6.2 per cent, indicated they taught courses in physical education; 25, or 5.2 per cent indicated business courses; 19, or 3.9 per cent indicated home economics; 16, or 3.3 per cent, indicated vocational education; 14, or 2.9 per cent, indicated foreign language, and 9, or 1.9 per cent, indicated industrial arts. Thirty-three, or 6.8 per cent, of those classified as KI=2 indicated

their primary teaching field was one other than those subject areas mentioned.

With 336 language arts respondents constituting 19.8 per cent of the sample, 226, or 67.3 per cent, were classified as demonstrating low knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI=1); 110, or 32.7 per cent, were classified as demonstrating high knowledge of the potential for teacher intervention (KI=2). With 219 respondents in mathematics constituting 12.9 per cent of the sample, 168, or 76.7 per cent, were classified as KI=1; 51, or 23.3 per cent, were classified as KI=2. With 213 social studies respondents constituting 12.6 per cent of the sample, 149, or 69.9 per cent, were classified as KI=1; 64, or 30.1 per cent, were classified as KI=2. With 160 respondents from the sciences constituting 9.4 per cent of the sample, 121, or 75.6 per cent, were classified as KI=1; 39, or 24.4 per cent, were classified as KI=2. With 134 respondents from the fine arts constituting 7.9 per cent of the sample, 92, or 68.7 per cent, were classified as KI=1; 42, or 31.3 per cent, were classified as KI=2. With 122 respondents from physical education departments constituting 7.2 per cent of the sample, 92, or 75.4 per cent, were classified as KI=1; 30, or 24.6 per cent, were classified as KI=2. The 99 respondents who indicated their primary teaching field

as business courses constituted 5.9 per cent of the sample; 74, or 74.8 per cent, were classified as KI=1, and 25, or 25.2 per cent, were classified as KI=2. Ninety-two respondents from special education constituted 5.4 per cent of the sample; 60, or 65.2 per cent, were classified as KI=1, and 32, or 34.8 per cent, were classified as KI=2. With 71 of the respondents from home economics curricula constituting 4.2 per cent of the sample, 52, or 73.2 per cent, were classified as KI=1; 19, or 26.8 per cent, were classified as KI=2. With 64 respondents, or 3.7 per cent of the sample, indicating industrial arts as their primary teaching field, 55, or 85.9 per cent, were classified as KI=1, and 9, or 14.1 per cent, were classified as KI=2. With 55 of the respondents from foreign language departments constituting 3.2 per cent of the sample, 41, or 74.6 were classified as KI=1, and 14, or 25.4 per cent were classified as KI=2. Forty-two respondents from vocational education constituted 2.4 per cent of the sample; 26, or 61.9 per cent were classified as KI=1, and 16, or 38.1 per cent, were classified as KI=2. The 93 respondents who indicated their teaching field as "other" than those subject areas mentioned constituted 5.4 per cent of the sample with 60, or 64.5 per cent, classified as KI=1, and 33, or 35.5 per cent, classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXXIV and Table LXXXV exhibit attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Years of Experience" across the KS and KI spectrum. (See Appendix K.) Table LXXIV shows that with the exception of respondents with 21 to 25 years of teaching experience who were classified as KS=1 and respondents with 36 or more years of experience classified as KS=2, respondents classified by years of teaching experience exhibited positive or favorable attitudes toward the potential for teacher intervention across the KS spectrum. Respondents with 5 or less years of teaching experience ranged in attitude score from 2.58 for those classified as KS=1 to 2.36 for those classified as KS=2; respondents with 6 to 10 years experience ranged in attitude from 2.61 for those classified as KS=1 to 2.36 for those classified as KS=2; respondents with 11 to 15 years experience ranged in attitude score from 2.75 for those classified as KS=1 to 2.37 for those classified as KS=2; respondents with 16 to 20 years experience ranged in attitude score from 2.66 for those classified as KS=1 to 2.55 for those classified as KS=2. Respondents with 21 to 25 years of teaching experience exhibited attitude



scores ranging from a negative 3.15 for those classified as KS=1 to a positive 2.55 for those classified as KS=2; respondents with 26 to 30 years experience exhibited attitude scores ranging from 2.99 for those classified as KS=1 to 2.67 for those classified as KS=2; respondents with 31 to 35 years experience exhibited attitude scores ranging from 2.89 for those classified as demonstrating a low knowledge of the problem of adolescent suicide (KS=1) to 2.83 for those classified as demonstrating a high knowledge (KS=2). Respondents with 36 or more years experience exhibited attitude scores ranging from a low positive 2.75 for those classified as demonstrating low knowledge (KS=1) to a negative 3.22 for those demonstrating a high knowledge (KS=2).

Of the 1,712 usable responses, 1,182, or 69.1 per cent, were classified as KS=1, and 530, or 30.9 per cent, were classified as KS=2. Of the respondents classified as KS=1, 375, or 31.7 per cent, had 5 or less years of experience; 357, or 30.2 per cent, had 6 to 10 years experience; 188, or 15.9 per cent, had 11 to 15 years experience; 116, or 9.8 per cent, had 16 to 20 years experience; 59, or 5.0 per cent, had 21 to 25 years experience; 40, or 3.4 per cent, had 36 or more years of teaching experience; 34, or 2.9 per cent, had 26 to 30 years of experience, and 13, or 1.1 per cent, had 31 to 35 years of

experience. Of those classified as KS=2, 171, or 32.3 per cent, had 5 or less years of experience; 155, or 29.3 per cent, had 6 to 10 years experience; 103, or 19.4 per cent, had 11 to 15 years experience; 52, or 9.8 per cent, had 16 to 20 years experience; 19, or 3.6 per cent, had 21 to 25 years experience; 14, or 2.6 per cent, had 26 to 30 years experience; 9, or 1.7 per cent, had 36 or more years experience, and 7, or 1.3 per cent, had 31 to 35 years of teaching experience. With 546 respondents who have 5 or less years of teaching experience constituting 31.9 per cent of the sample, 375, or 68.7 per cent, were classified as KS=1, and 171, or 31.3 per cent, were classified as KS=2. With 512 respondents who have 6 to 10 years experience constituting 30.0 per cent of the sample, 357, or 69.7 per cent, were classified as KS=1, and 155, or 30.3 per cent, were classified as KS=2. With 291 respondents who have 11 to 15 years experience constituting 16.9 per cent of the sample, 188, or 64.6 per cent, were classified as KS=1, and 103, or 35.4 per cent, were classified as KS=2. With 168 respondents who have 16 to 20 years experience constituting 9.8 per cent of the sample, 116, or 69.1 per cent, were classified as KS=1, and 52, or 30.9 per cent, were classified as KS=2. With 78 respondents who have 21 to 25 years experience constituting 4.6 per cent of the sample, 59, or 75.6 per cent, were classified as KS=1

and 19, or 24.4 per cent, were classified as KS=2. With 49 respondents who have 36 or more years of experience constituting 2.8 per cent of the study, 40, or 81.6 per cent, were classified as KS=1, and 9, or 18.4 per cent, were classified as KS=2. With 48 respondents who have 26 to 30 years experience constituting 2.8 per cent of the sample, 34, or 70.8 per cent, were classified as KS=1, and 14, or 29.2 per cent, were classified as KS=2. With 20 respondents who have 31 to 35 years of teaching experience constituting 1.2 per cent of the sample, 13, or 65.0 per cent, were classified as KS=1, and 7, or 35.0 per cent, were classified as KS=2.

Table LXXXV shows that with the exception of respondents with 21 to 25 years of teaching experience who were classified as KI=1 and respondents with 26 to 30 years of teaching experience who were classified as KI=1, respondents classified by years of teaching experience exhibited positive or favorable attitudes toward the potential for teacher intervention across the KI spectrum. Respondents with 5 or less years of teaching experience ranged in attitude score from 2.61 for those classified as KI=1 to 2.24 for those classified as KI=2; respondents with 6 to 10 years experience ranged in attitude from 2.69 for those classified as KI=1 to 2.20 for those classified as KI=2; respondents with 11 to 15 years experience ranged

in attitude score from 2.80 for those classified as KI=1 to 2.27 for those classified as KI=2; respondents with 16 to 20 years experience ranged in attitude score from 2.87 for those classified as KI=1 to 2.16 for those classified as KI=2. Respondents with 21 to 25 years of teaching experience exhibited attitude scores ranging from a negative 3.18 for those classified as KI=1 to a positive 2.38 for those classified as KI=2; respondents with 26 to 30 years experience exhibited attitude scores ranging from a negative 3.04 for those classified as KI=1 to a positive 2.40 for those classified as KI=2; respondents with 31 to 35 years experience exhibited attitude scores ranging from 2.96 for those classified as KI=1 to 2.50 for those classified as KI=2, and respondents with 36 or more years of teaching experience exhibited attitude scores ranging from 2.90 for those classified as KI=1 to 2.62 for those classified as KI=2.

Of the 1,715 usable responses, 1,224, or 71.5 per cent, were classified as KI=1, and 491, or 28.5 per cent, were classified as KI=2. Of the respondents classified as KI=1, 410, or 33.5 per cent, had 5 or less years of teaching experience; 351, or 28.7 per cent, had 6 to 10 years experience; 200, or 16.3 per cent, had 11 to 15 years experience; 11, or 9.1 per cent, had 16 to 20 years experience; 63, or 5.2 per cent, had 21 to 25 years experience;

37, or 3.0 per cent, had 36 or more years experience; 36, or 2.9 per cent, had 26 to 30 years experience; 16, or 1.3 per cent, had 31 to 35 years of teaching experience. Of those classified as KI=2, 162, or 33.0 per cent, had 6 to 10 years experience; 138, or 28.1 per cent, had 5 years or less experience; 93, or 18.9 per cent, had 11 to 15 years experience; 55, or 11.3 per cent, had 16 to 20 years experience; 16, or 3.3 per cent, had 21 to 25 years experience; 12, or 2.4 per cent, had 36 or more years teaching experience; 11, or 2.2 per cent, had 26 to 30 years experience, and 4, or 0.8 per cent, had 31 to 35 years experience. With 548 respondents who have 5 or less years of teaching experience constituting 32.0 per cent of the sample, 410, or 74.8 per cent, were classified as KI=1, and 138, or 25.2 per cent, were classified as KI=2. With 513 respondents who have 6 to 10 years experience constituting 29.9 per cent of the sample, 351, or 68.4 per cent, were classified as KI=1, and 162, or 31.6 per cent, were classified as KI=2. With 293 respondents who have 11 to 15 years experience constituting 17.1 per cent of the sample, 200, or 68.3 per cent, were classified as KI=1, and 93, or 31.7 per cent, were classified as KI=2. With 166 respondents who have 16 to 20 years experience constituting 9.7 per cent of the sample, 111, or 66.9 per cent, were classified as KI=1, and 55, or 33.1 per cent,

were classified as KI=2. With 79 respondents who have 21 to 25 years experience constituting 4.6 per cent of the sample, 63, or 79.7 per cent, were classified as KI=1, and 16, or 20.3 per cent, were classified as KI=2. With 49 respondents who have 36 or more years teaching experience constituting 2.9 per cent of the sample, 37, or 75.5 per cent, were classified as KI=1, and 12, or 24.5 per cent, were classified as KI=2. With 47 respondents who have 26 to 30 years experience constituting 2.7 per cent of the sample, 36, or 76.6 per cent, were classified as KI=1, and 11, or 23.4 per cent, were classified as KI=2. With 20 respondents who have 31 to 35 years teaching experience constituting 1.1 per cent of the sample, 16, or 80.0 per cent, were classified as KI=1, and 4, or 20.0 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXXV and Table LXXXVI exhibit attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) for the main effect "Personal Knowledge of an Individual Ages 13 through 19 Years Who Had Committed Suicide" across the KS and KI spectrum. (See Appendix K.) Table LXXV shows that respondents classified by personal

knowledge exhibited positive or favorable attitudes toward the potential for teacher intervention across the KS spectrum. Respondents who indicated personal knowledge of an individual ages 13 through 19 years who had committed suicide ranged in attitude score from 2.57 for those classified as KS=1 to 2.37 for those classified as KS=2. Respondents with no personal knowledge of such an individual ranged in attitude score from 2.73 for those classified as KS=1 to 2.46 for those classified as KS=2.

Of 1,697 usable responses, 1,170, or 68.9 per cent, were classified as KS=1, and 527, or 31.1 per cent, were classified as KS=2. Of those classified as KS=1, 445, or 38.0 per cent, were respondents with personal knowledge, and 725, or 62.0 per cent, were respondents without such familiarity. Of those classified as KS=2, 244, or 46.3 per cent, were respondents with personal knowledge of an individual ages 13 through 19 who had committed suicide, and 283, or 53.7 per cent, were respondents without such knowledge. With 1,008 respondents, or 59.4 per cent of the sample, who did not have such knowledge, 725, or 71.9 per cent, were classified as KS=1, and 283, or 28.1 per cent, were classified as KS=2. With 689 respondents who were familiar with such suicides constituting 40.6 per cent of the sample, 445, or 64.6 per cent, were classified as KS=1, and 244, or 35.4 per cent, were classified as KS=2.

Table LXXXVI shows that respondents classified by personal knowledge of a suicide ages 13 through 19 exhibited positive or favorable attitudes toward the potential for teacher intervention across the KI spectrum. Respondents who indicated personal knowledge ranged in attitude score from 2.67 for those classified as KI=1 to 2.19 for those classified as KI=2. Respondents with no personal knowledge of an individual ages 13 through 19 who had committed suicide ranged in attitude score from 2.78 for those classified as KI=1 to 2.27 for those classified as KI=2.

Of 1,700 usable responses, 1,219, or 71.7 per cent, were classified as KI=1, and 481, or 28.3 per cent, were classified as KI=2. Of those classified as KI=1, 454, or 37.2 per cent, were respondents with personal knowledge of an individual ages 13 through 19 who had committed suicide; 765, or 62.8 per cent, had no such personal knowledge. Of those classified as KI=2, 236, or 49.1 per cent, did possess such familiarity, and 245, or 50.9 per cent, did not. With 1,010 respondents who did not have such knowledge constituting 59.4 per cent of the sample, 765, or 75.7 per cent, were classified as KI=1, and 245, or 24.3 per cent, were classified as KI=2. With 690 respondents who did know such an individual constituting 40.6 per cent



of the sample, 454, or 65.8 per cent, were classified as KI=1, and 236, or 34.2 per cent, were classified as KI=2.

On the basis that attitude response values  $\leq 3$  were considered positive and attitude response values  $> 3$  were considered negative on a scale of 1 to 6, Table LXXVI exhibits attitudes toward the potential of teacher intervention in the problem of adolescent suicide (AI) for the main effect "Personal Knowledge of An Individual Younger Than Age 13 or Older Than Age 19 Who Had Committed Suicide" across the KS spectrum. (See Appendix K.) Table LXXVI shows that respondents classified by personal knowledge exhibited positive or favorable attitudes toward the potential of teacher intervention across the KS spectrum. Respondents who indicated personal knowledge of an individual younger than age 13 or older than age 19 who had committed suicide ranged in attitude score from 2.59 for those classified as KS=1 to 2.44 for those classified as KS=2. Respondents with no personal knowledge of such an individual ranged in attitude score from 2.73 for those classified as KS=1 to 2.44 for those classified as KS=2.

Of 1,689 usable responses, 1,167, or 69.1 per cent, were classified as KS=1, and 522, or 30.9 per cent, were classified as KS=2. Of those classified as KS=1, 444, or 37.8 per cent, were respondents with personal knowledge, and

726, or 62.2 per cent, were respondents without such familiarity. Of those classified as KS=2, 206, or 39.5 per cent, were respondents with personal knowledge of an individual younger than age 13 or older than age 19 who had committed suicide, and 316, or 60.5 per cent, were respondents without such knowledge. With 1,042 respondents who did not have such knowledge constituting 61.7 per cent of the sample, 726, or 69.7 per cent were classified as KS=1, and 316, or 30.3 per cent, were classified as KS=2. With 647 respondents who were familiar with such suicides constituting 38.3 per cent of the sample, 44, or 68.2 per cent, were classified as KS=1, and 206, or 31.8 per cent, were classified as KS=2.

#### Subproblem 5

What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the problem of adolescent suicide on the attitude of secondary school teachers toward suicide among adolescents?

Table LXXXVIII summarizes the eleven F tests for the interaction KS by demographic for the variate AS. (See Appendix L.) As summarized in this table, none of the tests were significant at the .01 level. That is, at the .01 level of significance, there was no interaction effect.

### Subproblem 6

What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the problem of adolescent suicide on the attitude of secondary school teachers toward the potential for teacher intervention in adolescent suicide?

Table LXXXIX summarizes the eleven F tests for the interaction effect KS by demographic for the variate AI. (See Appendix L.) As summarized in this table, none of the tests were significant at the .01 level. That is, at the .01 level of significance, there was no interaction effect.

### Subproblem 7

What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the potential for teacher intervention in the problem of adolescent suicide on the attitude of secondary school teachers toward suicide among adolescents?

Table XC summarizes the eleven F tests for the interaction effect KI by demographic for the variate AS. (See Appendix M.) As summarized in this table, none of the tests were significant at the .01 level. That is, at the .01 level of significance, there was no interaction effect.

### Subproblem 8

What is the interaction effect of selected demographic variables and the knowledge of secondary school teachers concerning the potential for teacher intervention in the problem of adolescent suicide on the attitude of secondary school teachers toward the potential for teacher intervention?

Table XCI summarizes the eleven F tests for the interaction effect KI by demographic for the variable AI. (See Appendix M.) As summarized in this table, none of the tests were significant at the .01 level. That is, at the .01 level of significance, there was no interaction effect.

The findings and conclusions developed from this analysis of data are found in Chapter V.

## CHAPTER V

### SUMMARY, FINDINGS, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

#### Summary

In order to develop a data base upon which to examine the prospects for realizing the intervention potential of secondary school teachers in the area of adolescent suicide, the purpose of this study was to analyze the interaction of (1) the secondary school teacher's knowledge concerning both the problem of adolescent suicide and the potential for teacher intervention and (2) selected demographic variables on the dependent variables of the secondary school teacher's attitudes concerning both the problem of adolescent suicide and the potential for teacher intervention. The focus of the subproblems was the determination of difference in knowledge and in attitude as a function of the selected demographics.

In order to gather data for this study, an instrument was formulated by the investigator and validated by five recognized professionals directly involved with suicide prevention in Dallas County. A pilot study was conducted and the reliability of the instrument was determined.

The population for this study consisted of an estimated 5,472 secondary school teachers in six independent school districts throughout Dallas County. Geographically selected, these districts represent a combined average daily attendance of 237,582 students, 47.9 per cent of whom are enrolled in secondary schools within the districts. A total of 2,449 instruments with instructions for completion was delivered through the internal mail system of each participating district. Usable responses were received from 1,739 teachers, representing 71 per cent of the sample and 32 per cent of the estimated population.

The response scores of each teacher were averaged for each of the four areas of investigation.

1. Attitude toward the problem of adolescent suicide (AS);
2. Attitude toward the potential for teacher intervention in the problem of adolescent suicide (AI);
3. Knowledge of the problem of adolescent suicide (KS);
4. Knowledge of the potential for teacher intervention in the problem of adolescent suicide (KI).

The cognitive scores (KS, KI) were dichotomized for analysis, and a set of descriptive statistics was generated on the two knowledge sections. The two sets of attitude scores (AS, AI) were summarized in a frequency distribution

reflecting the nature of the sample's attitudes toward adolescent suicide and toward intervention. The interactions of knowledge and eleven selected demographic variables on attitude were tested by eleven sets of four 2 x N factorial designs; that is, four 2 x N factorial analysis of variance for each demographic type in the interaction study.

### Findings

The analysis of data in Chapter IV provides the basis for the findings of this study. The findings are reported as they relate to the research questions which were investigated. (See Appendix N.)

#### Subproblem 1

1. There were significant differences in knowledge concerning the problem of adolescent suicide (KS) as a function of three of the selected demographic characteristics of secondary school teachers: sex, marital status, and personal knowledge of a suicide between the ages of thirteen and nineteen. As a function of sex, knowledge scores for females were significantly higher than for males; as a function of marital status, knowledge scores for teachers who were divorced and for those who had never married were both higher than for the majority who were married; as a function of personal knowledge of an

individual between the ages of thirteen and nineteen who had committed suicide, knowledge scores for those with such familiarity were significantly higher than for those who did not have such familiarity. All KS scores, however, were below mid-range, where KS=1 indicated a low level of knowledge concerning the problem of adolescent suicide and KS=2 indicated a high level of knowledge.

2. There were no significant differences in knowledge concerning the problem of adolescent suicide (KS) as a function of eight of the selected demographic characteristics of secondary school teachers. These included age, race, religious preference, parental status, level of education, teaching field, years of experience, and personal knowledge of an individual younger than thirteen years or older than nineteen years who had committed suicide.

#### Subproblem 2

1. There were significant differences in knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI) as a function of four of the selected demographic characteristics of secondary school teachers: sex, race, personal knowledge of a suicide between the ages of thirteen and nineteen, and personal knowledge of a suicide younger than age thirteen or older than age nineteen. As a function of sex,



knowledge scores for females were significantly higher than for males, although the females' mean score for KI was lower than their mean score for KS. As a function of race, similar knowledge scores for white and Hispanic teachers were higher than for black teachers; as a function of personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide, knowledge scores for those with such familiarity were significantly higher than for those without such familiarity; as a function of personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide, knowledge scores for those with such familiarity were significantly higher than for those without such familiarity. All KI scores, however, were below mid-range, where KI=1 indicated a low level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide and KI=2 indicated a high level of knowledge.

2. There were no significant differences in knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI) as a function of seven of the selected demographic characteristics of secondary school teachers. These included age, religious preference, marital status, parental status, level of education, teaching field, and years of experience.

### Subproblem 3

1. There was a significant difference in attitude toward the problem of adolescent suicide (AS) between teachers who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and teachers who were classified as demonstrating a low level of such knowledge (KS=1).

2. There was a significant difference in attitude toward the problem of adolescent suicide (AS) between teachers who were classified as demonstrating a high level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI=2) and those who were classified as demonstrating a low level of such knowledge (KI=1).

3. There were significant differences in attitude toward the problem of adolescent suicide (AS) across the knowledge spectrum (KS, KI) as a function of particular demographic characteristics of secondary school teachers.

a. As a function of sex, attitude scores for female teachers demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and a low level of knowledge (KS=1) were significantly higher than the comparable attitude scores for male teachers. Both sets of scores, however, reflected moderately negative attitudes toward the problem of adolescent suicide

with females who demonstrated high knowledge approaching positivity. Both high knowledge males and females (KS=2) were significantly less negative in attitude than those demonstrating low knowledge (KS=1). Categorically, the proportion of KS=2 to KS=1 was greater for females than for males.

b. As a function of race, teachers exhibited predominantly negative attitudes toward the problem of adolescent suicide (AS) across the KS and KI spectrum. Attitude scores for white teachers who were classified as demonstrating high levels of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) approached positivity, while Hispanic teachers classified as KS=2 and black teachers classified as KI=2 exhibited low positive attitudes toward the problem of adolescent suicide. White and Hispanic teachers who were classified as demonstrating a low level of knowledge concerning the problem of adolescent suicide (KS=1) and black teachers who were classified as KS=1 and as KS=2 exhibited negative attitudes toward the problem of adolescent suicide. White and black teachers who were classified as demonstrating a low level of knowledge concerning the potential for teacher intervention (KI=1) and Hispanic teachers who were classified as KI=1 and as KI=2 exhibited negative attitudes toward the

problem of adolescent suicide. The proportion of teachers who were classified as KS=2 and KI=2 to teachers who were classified as KS=1 and KI=1, respectively, as a function of race was similar for white and Hispanic teachers and higher than for black teachers. Attitudes toward the problem of adolescent suicide were less negative for teachers classified, by race, as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) than for teachers classified as demonstrating a low level of knowledge (KS=1, KI=1).

c. As a function of religious preference, teachers exhibited predominantly negative attitudes toward the problem of adolescent suicide (AS) across the KS and KI spectrum. Attitude scores for each of the four denominations indicated a negative attitude toward the problem of adolescent suicide on the part of teachers classified as demonstrating a low level of knowledge concerning the problem (KS=1). For teachers classified as demonstrating a high level of knowledge (KS=2), attitude scores remained negative for Anglicans, approached positivity for Protestants and reflected low positive attitudes for Catholic and Jewish teachers. Attitude scores were negative for atheists and positive for agnostics across the KS spectrum, with a more negative attitude for those

agnostics demonstrating a high level of knowledge (KS=2) than for those demonstrating a low level of knowledge (KS=1). Attitude scores for each of the classifications, with the exception of agnostic and Jewish teachers, indicated a negative attitude toward the problem of adolescent suicide on the part of teachers classified as demonstrating a low level of knowledge concerning the potential for teacher intervention (KI=1). Jewish and agnostic teachers classified as KI=1 indicated low positive attitudes with agnostic teachers indicating a higher positive attitude for those classified as KI=2 and Jewish teachers indicating a more negative attitude for those classified as KI=2. Protestant, Anglican, and Catholic teachers classified as demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) indicated less negative attitudes toward the problem of adolescent suicide than those teachers classified as demonstrating a low level of knowledge (KI=1), with the attitude scores of Protestant teachers approaching positivity for KI=2. Attitude scores for atheistic teachers indicated a more negative attitude toward the problem of adolescent suicide for those teachers classified as demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) than for those classified as KI=1. The size of the samples for teachers

indicating their religious preference as Jewish and atheist may not permit conclusive interpretation of the direction of their scores. For the remaining four categories, the proportion of teachers demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) to teachers demonstrating a low level of knowledge (KI=1) was lowest for Protestant teachers, higher and similar for Anglican and Catholic teachers, and highest for agnostics, whose sample size may not permit conclusive interpretation. The proportion of teachers demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) to teachers demonstrating a low level of knowledge (KS=1) was lowest for Catholic and agnostic teachers, while the proportion for other categories was higher and similar to each other.

d. The attitude of teachers who are not parents toward the problem of adolescent suicide (AS) was significantly less negative than the attitude of those who are parents. However, across the KS spectrum, all scores did reflect a negative attitude, with high knowledge teachers in both categories approaching positivity. Teachers who are not parents also indicated a higher proportion of teachers demonstrating high knowledge of the problem of adolescent suicide (KS=2) than did the parent group. Teachers classified as demonstrating a

high level of knowledge concerning the potential for teacher intervention (KI=2) indicated similar attitudes approaching positivity for teachers who are parents and for those who are not. Similarly, the proportion of teachers demonstrating high knowledge concerning teacher intervention (KI=2) to those demonstrating low knowledge (KI=1) was only slightly higher for the non-parent classification. Across the knowledge spectrum, teachers classified as KS=1 and as KI=1, for parental status, had significantly more negative attitudes toward the problem of adolescent suicide than those teachers classified as KS=2 and as KI=2, respectively.

e. As a function of teaching field, teachers who demonstrated a low level of knowledge concerning the problem of adolescent suicide (KS=1) and the potential for teacher intervention (KI=1) exhibited a range of negative attitudes toward the problem of adolescent suicide (AS) with low negative attitudes approaching positivity in the areas of foreign language, special education, language arts, and fine arts. The most negative attitude for KS=1 and for KI=1 was exhibited by teachers in the industrial arts. Among teachers classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) those in the areas of social studies, mathematics, home economics, and fine arts

indicated attitudes approaching positivity, while those in foreign language, special education, and language arts did indicate low positive or constructive attitudes toward the problem of adolescent suicide. Home economics and language arts teachers revealed the highest proportion of teachers classified as demonstrating a high level of knowledge (KS=2) to those demonstrating a low level (KS=1). The lowest proportion was revealed by teachers in the industrial arts. With the exception of teachers in business and science, there was a less negative attitude toward the problem of adolescent suicide for those teachers classified as KS=2 than for those classified as KS=1. Among teachers classified as demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2), those in the areas of vocational education, social studies, physical education, and mathematics indicated low negative attitudes approaching positivity, while those in foreign language, language arts, and home economics did indicate low positive or constructive attitudes toward the problem of adolescent suicide. With the exception of teachers in fine arts and special education, there was a less negative attitude toward the problem of adolescent suicide for those teachers classified as KI=2 than for those classified as KI=1.



4. For each of the five significant demographic characteristics across the KS spectrum, 31 per cent of the sample were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2), and 69 per cent were classified as demonstrating a low level of such knowledge (KS=1). For each of the four significant demographic characteristics across the KI spectrum, 29 per cent of the sample were classified as demonstrating a high level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI=2) and 71 per cent were classified as demonstrating a low level of such knowledge (KI=1).

5. There were no significant differences in attitude toward the problem of adolescent suicide (AS) across the spectrum of knowledge concerning this problem (KS) as a function of six of the selected demographic characteristics of secondary school teachers. These included age, marital status, level of education, years of experience, personal knowledge of an individual between the ages of thirteen and nineteen years who had committed suicide, and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide.

6. There were no significant differences in attitude toward the problem of adolescent suicide (AS) across the

spectrum of knowledge concerning the potential for teacher intervention (KI) as a function of seven of the selected demographic characteristics of secondary school teachers. These included sex, age, marital status, level of education, years of experience, personal knowledge of an individual between the ages of thirteen and nineteen who had committed suicide, and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide.

#### Subproblem 4

1. There was a significant difference in attitude toward the potential for teacher intervention (AI) between teachers who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and teachers who were classified as demonstrating a low level of such knowledge (KS=1).

2. There was a significant difference in attitude toward the potential for teacher intervention (AI) between teachers who were classified as demonstrating a high level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI=2) and those who were classified as demonstrating a low level of such knowledge (KI=1).

3. There were significant differences in attitude toward the potential for teacher intervention in the

problem of adolescent suicide (AI) across the knowledge spectrum (KS, KI) as a function of particular demographic characteristics of secondary school teachers.

a. As a function of sex, attitude scores for female teachers classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and a low level of such knowledge (KS=1) were significantly higher than attitude scores for male teachers. Attitude scores for female teachers demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) and a low level of such knowledge (KI=1) were significantly higher than attitude scores for males classified as KI=2 and KI=1, respectively. In all cases, however, attitude scores reflected positive attitudes toward the potential for teacher intervention (AI). Both male and female teachers who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) exhibited attitude scores which were significantly more positive than those of their respective sex who were classified as demonstrating a low level of such knowledge (KS=1, KI=1). Categorically, the proportion of KS=2 to KS=1 and KI=2 to KI=1 was greater for females than for males.

b. As a function of age, attitude scores across the KS and KI spectrum indicated a positive attitude toward the potential for teacher intervention (AI) across chronological lines with the exception of teachers fifty-six to sixty years of age who were classified as demonstrating a low level of knowledge concerning the problem of adolescent suicide (KS=1) and the potential for teacher intervention (KI=1). Teachers who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) exhibited significantly more positive attitudes toward the potential for teacher intervention (AI) than teachers who were classified as demonstrating a low level of such knowledge (KS=1, KI=1).

c. As a function of race, teachers exhibited positive or constructive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) across the KS and KI spectrum. Attitude scores for white teachers across the KS spectrum were more positive than scores exhibited by brown or Hispanic teachers and both were more positive than scores exhibited by black teachers. Categorically, the proportion of KS=2 to KS=1 was higher for white and Hispanic teachers than for black teachers. Attitude scores for white teachers across the KI spectrum were

more positive than scores exhibited by black teachers and both were more positive than scores exhibited by brown or Hispanic teachers. Within racial classifications, attitudes were significantly more positive for all teachers classified as demonstrating a high level of knowledge concerning the problem of suicide (KS=2) and the potential for teacher intervention (KI=2) than for teachers who were classified as demonstrating a low level of such knowledge (KS=1, KI=1).

d. As a function of marital status, teachers exhibited positive or favorable attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) across the KS and KI spectrum. The most favorable attitude toward the potential for teacher intervention was indicated by teachers who have never been married and who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2). Categorically, as a function of marital status, the proportion of teachers classified as KS=2 to KS=1 was highest for teachers who have been divorced, followed by teachers who have never been married. The proportion of teachers classified as KI=2 to KI=1 was highest for teachers who have never been married, followed by teachers who have been divorced.

With the exception of teachers who have been widowed, the attitude toward the potential for teacher intervention of teachers with a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for intervention (KI=2) was significantly more positive than the attitude of teachers with a low level of such knowledge (KS=1, KI=1).

e. The attitudes of teachers who are parents and of teachers who are not parents toward the potential for teacher intervention (AI) were significantly more positive for those who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) than for those who were classified as demonstrating a low level of such knowledge (KS=1, KI=1). For KS=2 and KI=2, teachers who are parents exhibited a slightly more positive attitude toward the potential for teacher intervention than teachers who are not parents; for KS=1 and KI=1, teachers who are not parents exhibited a significantly more positive attitude toward the potential for teacher intervention. Categorically, the proportions of KS=2 to KS=1 and KI=2 to KI=1 were slightly higher for teachers who are not parents than for teachers who are parents.

f. As a function of level of education, teachers exhibited positive attitudes toward the potential for teacher intervention in the problem of adolescent suicide (AI) across the KS and KI spectrum, with the exception of post doctoral teachers who are classified as KS=2. Size of the sample for teachers who possess a doctorate and who have earned post doctoral credit did not allow additional interpretation of data. Teachers who possess a bachelor's degree, graduate credit beyond the bachelor's, and a master's degree and who were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) exhibited approximately the same positive attitude score which reflected a more favorable attitude than the positive attitude score of teachers classified as KS=2 with graduate work beyond the master's. Teachers who possess a bachelor's degree, a master's degree, and graduate credit beyond the master's and who were classified as demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) exhibited approximately the same positive attitude score which reflected a less favorable attitude than the positive attitude score of teachers classified as KI=2 with graduate work beyond the bachelor's degree. Among those classified as demonstrating a low level of knowledge concerning the problem of adolescent suicide

(KS=1), the highest positive score for attitude concerning the potential for teacher intervention was indicated by teachers with graduate work beyond the bachelor's, while the lowest positive score for those classified as KS=1 for level of education was indicated by those who possess the master's degree. For each of these categories, the attitude of teachers classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) was significantly more positive than the attitude toward the potential for teacher intervention indicated by teachers classified as demonstrating a low level of such knowledge (KS=1). Among those classified as demonstrating a low level of knowledge concerning the potential for teacher intervention (KI=1), the highest positive score for attitude concerning the potential for teacher intervention (AI) was indicated by teachers with graduate credit beyond the bachelor's degree, while the lowest positive score for those classified as KI=1 for level of education was indicated by those with a master's degree and graduate credit beyond the master's. For each of these categories, the attitude of teachers classified as demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) was significantly more positive than the attitude toward the potential for teacher intervention indicated by teachers



classified as demonstrating a low level of such knowledge (KI=1). Categorically, the proportion of those classified as KS=2 to those classified as KS=1 was highest for teachers with a bachelor's degree; the proportion of those classified as KI=2 to those classified as KI=1 was highest for teachers with graduate credit beyond the master's.

g. With the exception of industrial arts teachers who demonstrated a low level of knowledge concerning the problem of adolescent suicide (KS=1) and the potential for teacher intervention (KI=1), attitudes toward the potential for teacher intervention (AI) as a function of teaching field were positive across the KS and KI spectrum for all fields and categories. Across the KS and KI spectrum, the most positive attitude was indicated by special education teachers, while the one negative attitude score and the lowest positive attitude for each factor were indicated by industrial arts teachers. For all categories of KS and KI, with the exception of home economics teachers classified by KI, the attitude toward the potential for teacher intervention (AI) of teachers classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) was significantly more positive than the attitude exhibited

by those demonstrating a low level of such knowledge (KS=1, KI=1). The highest proportion of KS=2 to KS=1 was indicated by teachers of home economics followed by teachers in language arts; the lowest proportion was indicated by teachers of industrial arts. The highest proportion of KI=2 to KI=1 was indicated by teachers in vocational education followed by teachers in special education; the lowest proportion was indicated by teachers of industrial arts.

h. As a function of years of teaching experience, teachers exhibited positive attitudes toward the potential for teacher intervention (AI) across the KS and KI spectrum, with the exception of negative attitude scores for teachers with 21 to 25 years experience classified as KS=1 and KI=1, teachers with 36 or more years of experience classified as KS=2, and teachers with 26 to 30 years of experience classified as KI=1. Scores reflecting attitude toward the potential for teacher intervention were correspondingly less favorable for teachers who demonstrated a high knowledge of the problem of adolescent suicide (KS=2) as a function of increasing years of teaching experience. Simultaneously, teachers with extensive experience who have demonstrated a high level of knowledge concerning the problem of adolescent suicide (KS=2) exhibited less favorable attitudes toward the

potential for teacher intervention than did teachers with fewer years of experience who have demonstrated a low level of knowledge concerning the problem of adolescent suicide (KS=1). The highest positive attitude score for KS was exhibited by teachers with 10 or less years of experience; for KI, the highest positive attitude score was exhibited by teachers with 16 to 20 years of experience. The lowest proportion of KS=2 to KS=1 was indicated by teachers with 36 or more years experience, followed by teachers with 21 to 25 years experience; the highest proportion was indicated by teachers with 11 to 15 years of experience and teachers with 31 to 35 years of experience. The lowest proportion of KI=2 to KI=1 was indicated by teachers with 31 to 35 years experience and 21 to 25 years experience; the highest proportion was indicated by teachers with 16 to 20 years of experience.

i. Teachers who knew an individual between the ages of thirteen and nineteen who had committed suicide and had demonstrated a high level of knowledge concerning adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) exhibited a higher positive attitude toward the potential for teacher intervention (AI) than teachers without this familiarity who had also demonstrated a high level of knowledge (KS=2, KI=2). However, those without familiarity who were classified as KS=2 and KI=2

indicated attitudes which were more positive than teachers with such familiarity who had demonstrated a low level of knowledge concerning adolescent suicide (KS=1) and the potential for teacher intervention (KI=1). The proportion of KS=2 to KS=1 and KI=2 to KI=1 for the teachers familiar with a thirteen-through nineteen-year-old who had committed suicide was significantly higher for those with such familiarity than for those without this knowledge. In both categories, teachers who demonstrated a high level of knowledge concerning the problem of adolescent suicide (KS=2) and the potential for teacher intervention (KI=2) exhibited significantly higher positive attitudes toward the potential for teacher intervention than teachers who demonstrated a low level of knowledge (KS=1, KI=1).

j. Teachers who knew an individual younger than age thirteen or older than age nineteen who had committed suicide and had demonstrated a high level of knowledge concerning adolescent suicide (KS=2) exhibited the same positive attitude toward the potential for teacher intervention (AI) as teachers without this familiarity. Both indicated positive attitudes significantly more favorable than the attitude scores exhibited by those with and without such familiarity who demonstrated a low level of knowledge concerning the problem of adolescent suicide

(KS=1). For those with knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide, the proportion of KS=2 to KS=1 was approximately the same as for those without such familiarity. In both categories, teachers who demonstrated a high level of knowledge concerning the problem of adolescent suicide (KS=2) exhibited significantly higher positive attitudes toward the potential for teacher intervention than teachers who demonstrated a low level of knowledge concerning adolescent suicide (KS=1).

4. For each of the ten significant demographic characteristics across the KS spectrum, approximately 31 per cent of the sample were classified as demonstrating a high level of knowledge concerning the problem of adolescent suicide (KS=2), and 69 per cent were classified as demonstrating a low level of such knowledge (KS=1). For each of the nine significant demographic characteristics across the KI spectrum, approximately 29 per cent of the sample were classified as demonstrating a high level of knowledge concerning the potential for teacher intervention (KI=2) and 71 per cent were classified as demonstrating a low level of such knowledge (KI=1).

5. There were no significant differences in attitude toward the potential for teacher intervention (AI) across the spectrum of knowledge concerning the problem of

adolescent suicide (KS) as a function of religious preference.

6. There were no significant differences in attitude toward the potential for teacher intervention (AI) across the spectrum of knowledge concerning the potential for teacher intervention (KI) as a function of religious preference and personal knowledge of an individual younger than age thirteen or older than age nineteen who had committed suicide.

#### Subproblem 5

The absence of an interaction effect for selected demographic variables and the knowledge of secondary school teachers concerning the problem of adolescent suicide (KS) on the attitude of secondary school teachers toward suicide among adolescents (AS) reveals that knowledge concerning the problem of adolescent suicide and the selected demographic characteristics of secondary school teachers were acting independently, and, therefore, there was no reciprocal action between KS and demographic to produce a given attitude toward the problem of adolescent suicide.

#### Subproblem 6

The absence of an interaction effect for selected demographic variables and the knowledge of secondary school

teachers concerning the problem of adolescent suicide (KS) on the attitude of secondary school teachers toward the potential for teacher intervention in the problem of adolescent suicide (AI) reveals that knowledge concerning the problem of adolescent suicide and the selected demographic characteristics of secondary school teachers were acting independently, and, therefore, there was no reciprocal action between KS and demographic to produce a given attitude toward the potential for teacher intervention.

#### Subproblem 7

The absence of an interaction effect for selected demographic variables and the knowledge of secondary school teachers concerning the potential for teacher intervention in the problem of adolescent suicide (KI) on the attitude of secondary school teachers toward suicide among adolescents (AS) reveals that knowledge concerning the potential for teacher intervention and the selected demographic characteristics of secondary school teachers were acting independently, and, therefore, there was no reciprocal action between KI and demographic variable to produce a given attitude toward the problem of adolescent suicide.

### Subproblem 8

The absence of an interaction effect for selected demographic variables and the knowledge of secondary school teachers concerning the potential for teacher intervention in the problem of adolescent suicide (KI) on the attitude of secondary school teachers toward the potential for intervention (AI) reveals that knowledge concerning the potential for teacher intervention and the selected demographic characteristics of secondary school teachers were acting independently, and, therefore, there was no reciprocal action between KI and demographic to produce a given attitude toward the potential for teacher intervention.

### Conclusions

The findings of this study suggest the following conclusions.

### Subproblem 1

1. Although indicators of knowledge for secondary school teachers concerning the problem of adolescent suicide (KS) do appear to vary as a function of a limited set of demographic characteristics, the contributing effect appears to be one of higher comparative scores, not one of a higher level of knowledge.



2. Secondary school teachers appear to possess a low level of knowledge concerning the problem of adolescent suicide.

### Subproblem 2

1. Although indicators of knowledge for secondary school teachers concerning the potential for teacher intervention in the problem of adolescent suicide (KI) do appear to vary as a function of a limited set of demographic characteristics, the contributing effect appears to be one of higher comparative scores, not one of a higher level of knowledge.

2. Secondary school teachers appear to possess a low level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide.

### Subproblem 3

1. Level of knowledge concerning the problem of adolescent suicide (KS) does appear to be a significant contributing factor in the secondary school teacher's attitude toward the problem of adolescent suicide (AS) as a function of selected demographic characteristics.

2. Level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI) does appear to be a significant contributing factor in the secondary school teacher's attitude toward the

problem of adolescent suicide (AS) as a function of selected demographic characteristics.

3. Secondary school teachers appear to possess a range of predominantly negative attitudes toward the problem of adolescent suicide.

#### Subproblem 4

1. Level of knowledge concerning the problem of adolescent suicide (KS) does appear to be a significant contributing factor in the secondary school teacher's attitude toward the potential for teacher intervention in the problem of adolescent suicide (AI) as a function of nearly all selected demographic characteristics.

2. Level of knowledge concerning the potential for teacher intervention in the problem of adolescent suicide (KI) does appear to be a significant contributing factor in the secondary school teacher's attitude toward the potential for teacher intervention in the problem of adolescent suicide (AI) as a function of nearly all selected demographic characteristics.

3. Secondary school teachers appear to possess a tenuously positive attitude toward the potential for teacher intervention in the problem of adolescent suicide.

#### Subproblem 5

There is no reciprocal action between the secondary school teacher's knowledge of the problem of adolescent suicide and selected demographics to produce an effect on the teacher's attitude toward the problem of suicide among adolescents.

#### Subproblem 6

There is no reciprocal action between the secondary school teacher's knowledge of the problem of adolescent suicide and selected demographics to produce an effect on the teacher's attitude toward the potential for teacher intervention in the problem of adolescent suicide.

#### Subproblem 7

There is no reciprocal action between the secondary school teacher's knowledge concerning the potential for teacher intervention in the problem of adolescent suicide and selected demographics to produce an effect on the teacher's attitude toward the problem of suicide among adolescents.

#### Subproblem 8

There is no reciprocal action between the secondary school teacher's knowledge concerning the potential for teacher intervention in the problem of adolescent suicide and selected demographics to produce an effect on the

teacher's attitude toward the potential for teacher intervention in the problem of adolescent suicide.

#### Implications for Teacher Education

In order to realize the intervention potential of the secondary school teacher in the area of adolescent suicides, the conclusions of this study provide the basis for several implications in teacher education.

1. Consideration should be given to devising curricula for integration into existing pre-service and graduate education courses in order to increase the knowledge of teachers concerning the problem of adolescent suicide and the potential for teacher intervention.

2. In-service programs should be developed and conducted in an effort to increase the knowledge of teachers concerning the problem of adolescent suicide and the potential for teacher intervention.

3. Attention should be given to the encouragement of constructive attitudes toward the problem of adolescent suicide and the potential for teacher intervention on the part of pre-service and in-service secondary school teachers.

#### Recommendations

The knowledge and attitudes of secondary school teachers concerning the problem of adolescent suicide and

the potential for teacher intervention have been analyzed in this study in an effort to develop a data base upon which to examine the prospects for realizing the intervention potential of secondary school teachers in the area of adolescent suicide. The findings, conclusions, and implications suggest the following recommendations for additional study.

1. An in-depth study should be made of additional methods to increase the knowledge of teachers concerning the problem of adolescent suicide and the potential for teacher intervention.

2. Further study should investigate methods of encouraging constructive attitudes toward the problem of adolescent suicide and the potential for teacher intervention on the part of pre-service and in-service secondary school teachers.

3. An in-depth study should be made of the receptiveness of pre-service and in-service teachers to training in the area of intervention in the problem of adolescent suicide.

4. Further study should investigate whether the knowledge and attitudes of secondary school teachers concerning adolescent suicide and the potential for teacher intervention have an impact upon their students' knowledge and attitudes concerning adolescent suicide and the potential for teacher intervention.

APPENDIX A

DEATH CERTIFICATE

STATE OF TEXAS		CERTIFICATE OF DEATH		STATE FILE NO.	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE b. COUNTY			
b. CITY OR TOWN (If outside city limits, give precinct no.)		c. CITY OR TOWN (If outside city limits, give precinct no.)			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give locat on)			
e. IS PLACE OF DEATH INSIDE CITY LIMITS?		f. IS RESIDENCE INSIDE CITY LIMITS?		f. IS RESIDENCE ON A FARM?	
3. NAME OF DECEASED (Type or print)		YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
4. SEX		a. First		b. Middle	
5. COLOR OR RACE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)	
13. FATHER'S NAME		Student		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of Item 18.]			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month _____ Day _____ Year _____		20d. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)			
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ and last saw the deceased alive on _____ 19____ m. on the date stated above, and to the best of my knowledge, from the causes stated in Part I or Part II of Item 18.					
22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county)		[State]		24. FUNERAL DIRECTOR'S SIGNATURE	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR		25c. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

VS-112, REV. 1/58

## APPENDIX B

### VALIDITY OF THE INSTRUMENT



May 15, 1978

10:55 A.M. - 1:20 P.M.

Ms. Kathy Brock, Director  
Casa de los Amigos  
2640 Bachman Blvd.  
Dallas, Texas

"Casa" is a residential care facility sponsored by Urban Services Branch-YMCA for youths aged ten through seventeen who are runaways, in crisis, and/or contemplating running away; and their parents, if desired. The program is designed to alleviate the immediate problems and needs of runaways, reunite youth with family, and/or develop alternative living arrangements. Intake is available seven days a week, twenty-four hours each day.

Because suicide threats and attempts are an integral part of youths in crisis, Ms. Brock was asked to review the appropriateness of twenty-seven statements as part of an anticipated instrument to assess secondary school teachers as operants for intervention in adolescent suicide. The director of Casa is actively involved in suicide intervention for adolescents ages ten through seventeen and is, therefore, considered knowledgeable, by this writer, concerning content validity of those statements proposed to elicit data for analysis of the potential of secondary school teachers for intervention. Because Casa is primarily a referral environment,

Ms. Brock has first-hand knowledge and very strong professional opinions concerning the positive role that teachers do and could play.

Within this framework, Ms. Brock's responses were quite enthusiastic and supportive. It is her professional opinion and experienced judgment that the statements are appropriate in their content and design to seek data for the assessment of the secondary school teacher as an operant for intervention in adolescent suicide.

Proposed statement AI 3-5 provoked a significantly marked response:

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

Ms. Brock strongly disagreed and cited situations to support her opinion. Her reaction is compatible with research data supporting an appropriate response to this statement.

Ms. Brock further stated that, hypothetically speaking, if there were a need to interview a prospective teacher for "classes" at Casa, she would readily administer the proposed instrument in her efforts to determine the most appropriate personnel for Casa's unique environment.

May 18, 1978

2:25 P.M. - 4:50 P.M.

Dr. Charles Petty, Director  
Southwestern Institute of Forensic Sciences  
P. O. Box 35728  
Dallas, Texas 75235

Charles S. Petty, M.D. serves as chief medical examiner for Dallas County in addition to his duties as director of the Southwestern Institute of Forensic Sciences. He is also director of the Dallas County Criminal Investigation Laboratory and serves on the Board of Directors of Suicide Prevention of Dallas, Inc.

Dr. Petty has been available to this writer on numerous occasions to discuss various ramifications of the growing problem of adolescent suicide, particularly in Dallas County. He has provided this writer with complete access to the Institute's files, records, and statistical data pertinent to a study of adolescent suicide in Dallas County.

Specifically because of his obvious and expressed interest in preventing the youthful suicide, evidenced in his presentation at a symposium on this subject in November, 1977, Dr. Petty was asked to review twenty-seven statements proposed for an instrument designed to obtain data reflecting the knowledge and attitude of secondary school teachers concerning adolescent suicide. Dr. Petty

was told that analysis of this data would be for the purpose of assessing the role of the secondary school teacher as an operant for intervention in adolescent suicide.

Dr. Petty's response was extremely favorable. He expressed a highly supportive view of the nature of the statements as well as for their phraseology and mix. Dr. Petty stated that he did indeed feel that an analysis of data obtained through the administration of an instrument encompassing the proposed statements could most certainly provide a knowledge base for assessing the intervenor role of secondary school teachers. Such an assessment, he expressed, definitely has merit. (Dr. Petty is presently co-authoring a chapter on investigation of suicide for a book-in-progress.)

Dr. Petty did correct the working of statement KS 5-8 from "A suicide resulting in death . . . ." to "A suicide attempt resulting in death . . . ." In addition, he was adamant concerning the writer's omission of a racial classification as part of the demographic data. Dr. Petty stated that racial differences do exist among suicides, both attempted and completed, and that it would be most significant to attempt to determine whether this racial pattern of differences also exists among secondary school teachers in their knowledge of and

attitude toward adolescent suicide. After careful consideration of Dr. Petty's suggestions, this writer agrees that the potential benefits of response classification by race outweigh the possibilities of a negative sample reaction generated by such a designation.

May 23, 1978

9:30 A.M. - 11:00 A.M.

Dr. Charles Vorkoper, Clinical Director  
Suicide Prevention of Dallas, Inc.  
P. O. Box 19651  
Dallas, Texas 75219

Suicide Prevention of Dallas, Inc., provides immediate twenty-four-hour telephone crisis counseling seven days a week for persons who consider taking their own lives. The caller is helped to identify his problems and consider additional alternatives and solutions. This may include following through with a client until he is effectively involved with a community facility or a private professional resource.

Because of his position as clinical director of Suicide Prevention of Dallas, Inc., and as a former counselor with the Pastoral Counseling Education Center, Mr. Charles Vorkoper, A.C.S.W., was asked to review twenty-seven statements to determine whether, in his professional opinion, they were appropriate to provide data concerning the knowledge and attitude of secondary school teachers in an effort to assess the role of the teacher as an operant for intervention in adolescent suicide. Mr. Vorkoper's response was overwhelmingly supportive. He expressed his professional opinion that the statements proposed for the assessment instrument do

embody those elements which could provide data with which to assess the secondary school teacher as an operant for intervention in adolescent suicide.

Specifically, Mr. Vorkoper expressed his opinion that an analysis of data derived from the proposed twenty-seven statements would make a valuable contribution toward community efforts in suicide prevention. He stated that responses to the proposed statements could provide school administrators with a strong knowledge base from which to develop meaningful programs specifically designed to enable teachers to intervene in the crisis of suicidal and potentially suicidal secondary school students, as well as in the earlier crisis stages of the dramatically rising number of young college-age suicides.

Mr. Vorkoper further expressed the interest of Suicide Prevention of Dallas, Inc., in the completed data analysis in hopes that it might become a part of the center's data bank currently being computerized. He suggested that this writer consider, at a later date, making some minor adjustments in order to administer the proposed instrument to other professional groups involved with adolescents, such as medical doctors and clergy, for the same purpose as that suggested for secondary school teachers.

May 29, 1978

1:30 P.M. - 2:15 P.M.

Mrs. Sharlyn Lininger  
Director of Professional Services  
Family Guidance Center  
2200 Main Street  
Dallas, Texas 75201

Family Guidance Center, a social service agency, offers individual, family, and group counseling by professional staff to people with personal or family problems.

At the suggestion of Executive Director, Paul Cromidas, an appointment with the director of professional services was arranged for this writer. As a result of previous, as well as present professional experience, Mrs. Lininger was considered by Mr. Cromidas to be the most appropriate person to review twenty-seven proposed statements concerning knowledge of and attitude toward suicide and suicide intervention in an attempt to ascertain the validity of such statements in assessing the intervention potential of secondary school teachers.

A former math and English teacher in a public high school, Mrs. Lininger has her bachelor's degree from Rice University and her master's degree in social work from the University of Houston. It was her judgment that the statements "covered the area extremely well." With her comments reflecting obvious familiarity with recent findings in the area of suicidology, Mrs. Lininger is



very interested in learning the response of the sample to several statements in particular. This applies especially to KI 7-8 and KI 8-8, both concerned with characteristics of depression, because the knowledge implied in these two statements exhibited facts that professionals in her field are actively attempting to impart to the general public and involved professionals in related fields.

Additionally, Mrs. Lininger made one recommendation concerning the possible misinterpretation of KI 2-8, which, at her suggestion, has had the word "attempted" added to the term "suicide" for the purpose of clarity.

June 5, 1978

1:00 P.M. - 2:00 P.M.

Ms. Julie Dodson  
Dallas Child Guidance Clinic  
2101 Welborn Street  
Dallas, Texas 75219

A psychiatric clinic for children and adolescents with emotional problems, Dallas Child Guidance Clinic provides diagnostic and treatment services utilizing the collaborative work of psychiatrists, psychologists, and social workers. Diagnostic evaluations include casework interviews with parents and psychological testing and/or psychiatric interviews with children and adolescents. The long-term treatment program is, again, on a collaborative basis and includes individual, family, and group psychotherapy, as well as medication therapy.

Dallas County residents who are under age eighteen, and their parents or guardians, are accepted for service on referral from parents, physicians, schools, courts, social agencies, and other professional persons such as lawyers, ministers, and nurses.

It was this writer's opinion that the nature of services provided by the Child Guidance Clinic made it an appropriate place to obtain an experienced professional assessment of a proposed instrument concerning adolescent

suicide. An appointment was arranged with Ms. Julie Dodson, a psychiatric social worker.

Asked to critique twenty-seven statements designed to assess a teacher's knowledge of and attitude toward adolescent suicide and intervention in adolescent suicide in order to analyze the intervention potential of secondary school teachers, Ms. Dodson reviewed each item individually, discussing the merits of some in detail. She subsequently expressed a highly favorable overall opinion concerning item phraseology and focus. Observing that resulting data could offer significant insight into the question of how a teacher perceives his role, Ms. Dodson expressed her judgment that the proposed instrument "should provide a wealth of data."

Ms. Dodson was particularly enthusiastic concerning the analysis potential inherent in the design encompassing four areas of investigation. She has asked if her agency might have access to this writer's research upon completion.

TABLE I

## UNITED STATES SUICIDE RATES BY MONTH 1966-1975

Month	Years									
	1975	1974	1973	1972*	1971	1970	1969	1968	1967	1966
January	13.0	11.9	11.2	12.1	12.1	10.8	10.7	10.2	10.9	10.6
February	13.1	11.4	12.0	12.0	11.8	11.5	10.4	10.9	10.4	10.4
March	13.2	12.7	12.1	12.1	12.0	11.3	11.5	11.4	10.6	11.6
April	13.5	12.2	12.2	12.8	12.8	12.5	11.7	11.5	11.2	11.9
May	13.3	11.9	12.2	12.9	12.0	12.1	11.7	11.0	11.3	11.5
June	12.8	11.9	12.1	12.5	11.8	11.8	10.7	10.2	11.2	11.3
July	12.6	11.7	12.3	11.8	11.0	10.9	10.6	11.0	10.8	10.2
August	12.4	12.1	12.5	11.9	11.4	11.7	10.9	10.6	10.5	10.8
September	12.9	12.7	12.1	11.9	11.9	11.5	11.2	10.7	10.9	10.6
October	12.2	13.1	12.2	11.7	11.1	11.7	11.0	10.3	11.0	11.1
November	12.0	11.9	11.7	11.1	11.6	11.7	11.2	10.1	10.4	10.3
December	11.6	12.3	11.1	11.3	10.4	10.7	11.1	10.2	9.9	10.1
Total	12.7	12.1	12.0	12.0	11.7	11.6	11.1	10.7	10.8	10.9

\*Based on a 50 per cent sample of deaths.

Rates per 100,000 population annually.

Source: Dr. Calvin Frederick, Chief, Disaster Assistance and Emergency Mental Health, National Institute of Mental Health, Washington, D.C.

TABLE II  
TOTAL NUMBER OF SUICIDES IN THE UNITED STATES BY RACE AND SEX, 1968-1975\*

	Year							
	1968	1969	1970	1971	1972	1973	1974	1975
Total	21,373	22,364	23,480	24,092	25,004	25,118	25,683	27,063
Male	15,379	15,857	16,629	16,860	17,768	18,108	18,595	19,622
Female	5,993	6,507	6,851	7,232	7,236	7,010	7,088	7,441
White	20,212	21,038	22,059	22,577	23,264	23,412	23,923	25,173
Male	14,520	14,886	15,591	15,802	16,476	16,823	17,263	18,206
Female	5,692	6,152	6,468	6,775	6,788	6,589	6,660	6,967
Negro	954	1,090	1,167	1,220	1,412	1,383	1,442	1,512
Male	722	804	863	861	1,058	1,075	1,120	1,165
Female	232	286	304	359	354	308	322	347
Indian	101	98	112	140	154	160	163	193
Male	76	77	95	106	120	123	123	153
Female	25	21	17	34	34	37	40	40
Chinese	34	49	45	47	52	53	41	44
Male	18	27	28	27	36	27	27	18
Female	16	22	17	20	16	26	14	26
Japanese	37	51	55	57	62	67	57	63
Male	19	35	25	27	44	31	27	34
Female	18	16	30	30	18	36	30	29
All Other Races	34	38	42	51	60	43	57	78
Male	24	28	27	37	34	29	35	46
Female	10	10	15	14	26	14	22	32

\*Number of deaths per 100,000 population annually.

Source: Dr. Calvin Frederick, Chief, Disaster Assistance and Emergency Mental Health, National Institute of Mental Health, Washington, D.C.

TABLE III  
TOTAL NUMBER OF SUICIDES IN THE UNITED STATES BY AGE AND SEX, 1955, 1965, 1975\*

Year and Sex	All Ages	Age Ranges														
		10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84
1955																
Male	16.0	0.4	4.0	8.8	12.1	12.6	15.5	22.3	26.4	33.7	39.2	41.7	42.2	43.8	50.2	54.7
Female	4.6	0.2	1.3	2.6	3.8	5.4	5.4	6.9	8.9	10.3	10.1	9.5	9.6	7.9	8.0	7.7
Total	10.2	0.3	2.6	5.6	7.9	8.9	10.3	14.5	17.6	21.9	24.4	25.2	24.7	27.3	27.8	27.9
1965																
Male	16.3	0.9	6.1	13.8	16.3	18.3	21.1	24.0	25.5	33.1	37.8	36.8	36.5	38.5	45.6	49.0
Female	6.1	0.2	1.9	4.3	6.5	8.4	10.8	11.4	12.3	13.1	12.4	10.2	10.4	8.3	7.8	7.2
Total	11.1	0.5	4.0	8.9	11.3	13.3	15.8	17.5	18.7	22.8	24.7	22.8	22.3	21.6	24.1	24.4
1975																
Male	18.9	1.2	12.2	28.4	25.4	23.2	22.2	24.8	27.4	28.3	30.2	30.1	32.4	35.5	42.5	41.3
Female	6.8	0.4	2.9	6.8	7.9	9.4	10.6	12.6	12.8	12.7	11.9	10.0	8.9	8.9	7.5	7.3
Total	12.7	0.8	7.6	16.5	16.5	16.2	16.2	18.6	19.9	20.2	20.6	19.4	19.3	20.2	21.2	19.6

\*Rates are per 100,000 population annually.

Source: Dr. Calvin Frederick, Chief, Disaster Assistance and Emergency Mental Health, National Institute of Mental Health, Washington, D.C.

# KNOWLEDGE OF THE PROBLEM OF ADOLESCENT SUICIDE

KS 1-8

Suicide is already a leading cause of death among adolescents.

(1, p. 26; 7, p. 50; 8, p. 119; 9, p. 1; 10, pp. 11-12; 13, p. 71; 14, p. 231; 15, p. 11; 17, p. 32; 18, p. 220; 20, p. v; 21, p. 539; 25, p. 30; 26, p. 308)

KS 2-8

Family income and suicide rates are directly related.

(1, p. 31; 8, p. 227; 10, p. 21; 13, p. 72; 24, p. 384)

KS 3-8

More adolescent males than females attempt suicide.

(2, p. 57; 11, p. 36; 12, p. 57; 13, p. 72; 16, pp. 38, 103; 18, p. 221; 19, p. 55; 25, p. 30)

KS 4-8

More adolescent males than females kill themselves.

(2, p. 57, 3, p. 8; 8, p. 116; 11, p. 36; 12, p. 57; 13, p. 72; 16, pp. 38, 103; 18, p. 221; 19, p. 55; 21, p. 539; 25, p. 30)

KS 5-8

A suicide attempt resulting in death finally offers the individual just what he desires.

(6, p. 20; 8, pp. 227, 256; 10, pp. 21, 32; 17, p. 33; 18, p. 274; 19, p. 9; 24, p. 384)

KS 6-8

There is less danger than an adolescent will attempt suicide when he can verbalize his suicide plan in detail.

(7, p. 73; 8, p. 226; 10, p. 88; 12, p. 61; 17, p. 33; 18, p. 278; 24, p. 384)

KS 7-8

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

(10, pp. 21-22; 11, p. 149; 13, p. 72; 16, p. 42)

KS 8-8

Adolescent suicides do increase during the darkest hours of night.

(10, p. 22; 11, p. 152; 13, p. 72)



KNOWLEDGE CONCERNING THE POTENTIAL FOR  
TEACHER INTERVENTION

KI 1-8

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

(5, p. 191; 8, pp. 208, 231-232; 9, pp. 107-109; 10, p. 90; 13, p. 72; 21, p. 542; 25, p. 32)

KI 2-8

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

(5, p. 191; 8, p. 264; 13, p. 73; 25, p. 32)

KI 3-8

There is little that can be done by a teacher for the potentially suicidal adolescent.

(5, p. 191; 9, pp. 107-109; 10, p. 90; 13, p. 72; 25, p. 32)

KI 4-8

A suicide rarely occurs without warning.

(2, p. 57; 5, p. 186; 7, p. 71; 8, pp. 184, 226, 257; 10, p. 34; 13, p. 73; 16, p. 52; 17, p. 70; 21, p. 541; 25, p. 32)

KI 5-8

Adolescents who continually threaten to commit suicide will more than likely attempt it.

(5, pp. 187-188; 7, p. 73; 8, p. 226; 10, p. 19; 12, p. 61; 17, p. 33; 24, p. 384)

KI 6-8

Suicide is predictable.

(7, p. 73; 16, p. 48; 17, p. 71)

## KI 7-8

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

(2, p. 57; 5, p. 163; 7, p. 100; 8, p. 261;  
10, pp. 20, 41; 24, p. 384)

## KI 8-8

Various ages among adolescents reveal similar characteristics of depression.

(1, p. 27; 10, pp. 41-42; 13, p. 72; 15, p. 13;  
16, p. 46; 18, p. 223; 23, p. 82)

ATTITUDE TOWARD THE PROBLEM OF  
ADOLESCENT SUICIDE

AS 1-6

Suicide is a social problem, as well as a psychological problem.

(10, pp. 115-132; 11, p. 186; 19, pp. 54-55;  
20, p. 3; 21, p. 540)

AS 2-6

The act of suicide is, in itself, a sign of mental illness.

(5, p. 145; 7, p. 82; 8, p. 227; 9, p. 20; 10,  
p. 21; 11, p. 193; 16, p. 18; 17, p. 33;  
24, p. 384)

AS 3-6

There is something about teenagers who may commit suicide that makes it easy to tell them from normal teenagers.

(8, pp. 117, 123; 9, p. 20; 10, p. 40; 18,  
p. 100; 22, p. 91; 23, p. 82)

AS 4-6

The suicidal act is an offense against a reasonable sense of ethics and morality.

(9, p. vii)

AS 5-6

Suicide is a measure of a modern society's level of success or failure in integrating its citizens and its institutions.

(1, p. 28; 4; 10, p. 117; 11, p. 76; 19,  
pp. 54-55; 26, p. 311)

AS 6-6

Tax money should be spent on research in preventing the youthful suicide.

(19, p. 9)

ATTITUDE TOWARD THE POTENTIAL FOR  
TEACHER INTERVENTION

AI 1-5

Efforts to identify suicidal youngsters are not compatible with the role of a teacher.

(8, pp. 208, 231; 21, p. 541)

AI 2-5

Adolescent problems or concerns unrelated to school performance or activity should be minimized in the student-to-teacher relationship

(5, p. 191; 9, pp. 107-109; 13, p. 73)

AI 3-5

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

(8, p. 231; 10, pp. 108-109, 159; 21, p. 541)

AI 4-5

Classroom discussions of suicide enable teachers to alert adolescents and their parents to the danger signals of suicide.

(8, p. 230; 10, p. 159; 21, p. 541)

AI 5-5

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

(10, pp. 158-139; 21, p. 542; 23, p. 82)

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## APPENDIX C

### AREAS OF INVESTIGATION



KNOWLEDGE OF THE PROBLEM OF  
ADOLESCENT SUICIDE (KS)

Instrument  
Item

3. There is less danger that an adolescent will attempt suicide when he can verbalize his suicide plan in detail. (\*)
7. A suicide attempt resulting in death finally offers the individual just what he desires. (\*)
9. More adolescent males than females kill themselves.
13. Family income and suicide rates are directly related. (\*)
17. Adolescent suicides do increase during the darkest hours of night. (\*)
20. More adolescent males than females attempt suicide. (\*)
22. Suicide is already a leading cause of death among adolescents.
25. A noticeable increase in adolescent suicide does coincide with the bleakness of winter and the seasonal emphasis on family holidays. (\*)

(\*negative item requiring weight reversal)

KNOWLEDGE CONCERNING THE POTENTIAL FOR  
TEACHER INTERVENTION (KI)

Instrument  
Item

1. A suicide rarely occurs without warning.
5. When a severely depressed person begins to feel and act better, it is a signal that he is not, for the time being, a serious suicidal risk. (\*)
11. Various ages among adolescents reveal similar characteristics of depression. (\*)
12. Intervention in a potential suicide means a teacher would have to be more than simply tolerant, accepting, and willing to become involved. (\*)
14. Adolescents who continually threaten to commit suicide will more than likely attempt it.
19. The secondary school teacher is not in a strategic position to identify the potential suicide. (\*)
24. There is little that can be done by a teacher for the potentially suicidal adolescent. (\*)
26. Suicide is predictable.

(\*negative item requiring weight reversal)

ATTITUDE TOWARD THE PROBLEM OF  
ADOLESCENT SUICIDE (AS)

Instrument  
Item

- 6. Suicide is a measure of a modern society's level of success or failure in integrating its citizens and its institutions.
- 10. The act of suicide is, in itself, a sign of mental illness. (\*)
- 15. Suicide is a social problem, as well as a psychological problem.
- 18. Tax money should be spent on research in preventing the youthful suicide.
- 23. There is something about teenagers who may commit suicide that makes it easy to tell them from normal teenagers. (\*)
- 27. The suicidal act is an offense against a reasonable sense of ethics and morality. (\*)

(\*negative item requiring weight reversal)

ATTITUDE TOWARD THE POTENTIAL FOR  
TEACHER INTERVENTION (AI)

Instrument  
Item

2. Adolescent problems or concerns unrelated to school performance or activity should be minimized in the student-to-teacher relationship. (\*)
4. Knowledge of the theory and techniques of suicide intervention should be required of all secondary school teachers.
8. Efforts to identify suicidal youngsters are not compatible with the role of a teacher. (\*)
16. Classmates of an attempted or completed suicide will not significantly benefit from open class discussion of their reactions. (\*)
21. Classroom discussions of suicide enable teachers to alert adolescents and their parents to the danger signals of suicide.

(\*negative item requiring weight reversal)

APPENDIX D

INSTRUMENT FOR ASSESSMENT

Fall, 1978

Dear Colleague:

I would like to invite you to participate in a very important research study being conducted among secondary school teachers throughout Dallas County and approved by your district.

For this effort to be successful, however, **your** contribution is genuinely necessary, because the significance of this study will be a function of individual response.

The attached statements will take approximately ten minutes to complete. Please note that I am not asking for your name or an identification of your school. This will ensure your privacy and, I hope, also enable you to be completely free with your responses.

Thank you very much for your time and for your consideration of this research effort. For your convenience, a return envelope has been provided.

Susan E. Gordon  
Principal Researcher

### SUICIDE AMONG ADOLESCENTS

The statements that follow are opinions or ideas about suicide among adolescents who range in age from thirteen through nineteen years. There are many differences of opinion about this subject. In other words, many people agree with each of the following statements, while many people disagree. I would like to know what *you* think about these statements.

Please read each statement and then write, in the space provided at its left, **only one** of the following numbers: 1, 2, 3, 4, 5, 6. The meaning of each of these figures is:

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

Select that choice which comes closest to saying how you feel about each statement. You can be sure that many people agree with your choice. I am interested in *your* opinion. It is very important that you respond to every statement. **PLEASE DO NOT SIGN YOUR NAME OR INDICATE THE SCHOOL IN WHICH YOU TEACH.**

- \_\_\_\_\_ A suicide rarely occurs without warning.
- \_\_\_\_\_ Adolescent problems or concerns unrelated to school performance or activity should be minimized in the student-to-teacher relationship.
- \_\_\_\_\_ There is less danger that an adolescent will attempt suicide when he can verbalize his suicide plan in detail.
- \_\_\_\_\_ Knowledge of the theory and techniques of suicide intervention should be required of all secondary school teachers.
- \_\_\_\_\_ When a severely depressed person begins to feel and act better, it is a signal that he is not, for the time being, a serious suicidal risk.
- \_\_\_\_\_ Suicide is a measure of a modern society's level of success or failure in integrating its citizens and its institutions.
- \_\_\_\_\_ A suicide attempt resulting in death finally offers the individual just what he desires.
- \_\_\_\_\_ Efforts to identify suicidal youngsters are not compatible with the role of a teacher.
- \_\_\_\_\_ More adolescent males than females kill themselves.
- \_\_\_\_\_ The act of suicide is, in itself, a sign of mental illness.
- \_\_\_\_\_ Various ages among adolescents reveal similar characteristics of depression.
- \_\_\_\_\_ Intervention in a potential suicide means a teacher would have to be more than simply tolerant, accepting, and willing to become involved.
- \_\_\_\_\_ Family income and suicide rates among adolescents are directly related.
- \_\_\_\_\_ Adolescents who continually threaten to commit suicide will more than likely attempt it.
- \_\_\_\_\_ Suicide is a social problem, as well as a psychological problem.
- \_\_\_\_\_ Classmates of an attempted or completed suicide will not significantly benefit from open class discussion of their reactions.

- ☐ Adolescent suicides do increase during the darkest hours of night.  
☐ Tax money should be spent on research in preventing the youthful suicide.  
☐ The secondary school teacher is not in a strategic position to identify the potential suicide.  
☐ More adolescent males than females attempt suicide.  
☐ Classroom discussions of suicide enable teachers to alert adolescents and their parents to the danger signals of suicide.  
☐ Suicide is already a leading cause of death among adolescents.  
☐ There is something about teenagers who may commit suicide that makes it easy to tell them from normal teenagers.  
☐ There is little that can be done by a teacher for the potentially suicidal adolescent.  
☐ A noticeable increase in adolescent suicide does coincide with the bleakness of winter and the seasonal emphasis on family holidays.  
☐ Suicide is predictable.  
☐ The suicidal act is an offense against a reasonable sense of ethics and morality.

The questions which follow concern areas of personal information. I would like to know how *you* would describe yourself in each of these areas. It is very important that you respond to every question. Once again, **PLEASE DO NOT SIGN YOUR NAME OR INDICATE THE SCHOOL IN WHICH YOU TEACH.**

What is your sex? Check (*/*) one:

☐ Male ☐ Female

What is your age? Please specify number of years \_\_\_\_\_.

What is your race? Check (*/*) one:

☐ Black ☐ Brown ☐ White ☐ Other \_\_\_\_\_  
(Please specify)

What is your religious preference? Check (*/*) one:

☐ Anglican  
☐ Protestant  
☐ Agnostic  
☐ Catholic  
☐ Jewish  
☐ Atheist  
☐ Prefer not to respond ☐ Other \_\_\_\_\_  
(Please specify)

What is your marital status? Check (*/*) one:

☐ Never Married  
☐ Married  
☐ Divorced  
☐ Widowed  
☐ Prefer not to respond ☐ Other \_\_\_\_\_  
(Please specify)



Are you a parent? *Check (✓) one:*

☐ Yes ☐ No

What is your highest level of academic education? *Check (✓) one:*

☐ Bachelor's Degree  
☐ Graduate work beyond the Bachelor's Degree  
☐ Master's Degree  
☐ Graduate work beyond the Master's Degree  
☐ Doctorate  
☐ Post doctoral work  
☐ Other \_\_\_\_\_  
*(Please specify)*

What is your primary field of teaching? *Check (✓) one:*

☐ Business Courses  
☐ Fine Arts  
☐ Foreign Language  
☐ Home Economics  
☐ Industrial Arts  
☐ Language Arts  
☐ Mathematics  
☐ Physical Education  
☐ Social Studies  
☐ Science  
☐ Other \_\_\_\_\_  
*(Please specify)*

How many years of teaching experience have you had? *Please specify number of years* \_\_\_\_\_.

Have you ever known an individual or individuals age 13 through 19 who you later learned committed suicide? *Check (✓) one:*

☐ Yes ☐ No

Have you ever known an individual or individuals younger than age 13 or older than age 19 who you later learned committed suicide? *Check (✓) one:*

☐ Yes ☐ No

RESERVED FOR YOUR COMMENTS:

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THANK YOU FOR YOUR TIME

APPENDIX E

TABLE IV

TEST-RETEST RELIABILITY COEFFICIENTS

TABLE IV  
TEST-RETEST RELIABILITY COEFFICIENTS

Item	1	2	3	4	5	6	7	8	9
R	.854	.896	.810	.874	.912	.789	.791	.825	.835

Item	10	11	12	13	14	15	16	17	18
R	.893	.898	.823	.913	.823	.821	.907	.906	.944

Item	19	20	21	22	23	24	25	26	27
R	.893	.817	.862	.883	.912	.840	.889	.879	.876

Minimum reliability coefficient = 0.789.

Maximum reliability coefficient = 0.944.

Overall reliability coefficient = 0.869.

APPENDIX F

TABLE V

DEMOGRAPHIC FREQUENCY DISTRIBUTION

TABLE V  
FREQUENCY DISTRIBUTION: DEMOGRAPHICS

Variable	Frequency	Per Cent
Sex		
Male	590	33.9
Female	1,148	66.0
Not indicated	1	0.1
Age		
25 and younger	224	12.9
26-30	392	22.5
31-35	348	20.0
36-40	215	12.4
41-45	155	8.9
46-50	157	9.0
51-55	81	4.7
56-60	66	3.8
61-65	24	1.4
66 and older	1	0.1
Not indicated	76	4.4
Race		
Black	167	9.6
Brown	42	2.4
White	1,505	86.5
Other	15	0.9
Not indicated	10	0.5
Religion		
Anglican	56	3.2
Protestant	1,289	74.1
Agnostic	33	1.9
Catholic	173	9.9
Jewish	12	0.7
Atheist	6	0.3
Other	83	4.8
Not indicated	87	5.0
Marital Status		
Never married	278	16.0
Married	1,226	70.5
Divorced	171	9.8
Widowed	32	1.8
Other	2	0.1
Not indicated	30	1.7

TABLE V--Continued

Variable	Frequency	Per Cent
Parental Status		
Yes	1,010	58.1
No	696	40.0
Not indicated	33	1.9
Level of Education		
Bachelor's	370	21.3
Graduate work beyond	455	26.2
Master's	498	28.6
Graduate work beyond	368	21.2
Doctorate	15	0.9
Post doctoral	3	0.2
Other	18	1.0
Not indicated	12	0.7
Field of Teaching		
Business courses	100	5.8
Fine arts	140	8.0
Foreign language	57	3.3
Home economics	71	4.1
Industrial arts	64	3.7
Language arts	344	19.8
Mathematics	221	12.7
Physical education	124	7.1
Social studies	215	12.4
Science	162	9.3
Special education	92	5.3
Vocational education	43	2.5
Other	96	5.5
Not indicated	10	0.6
Years of Teaching Experience		
4 or less	550	31.6
6-10	519	29.8
11-15	298	17.1
16-20	172	9.9
21-25	80	4.6
26-30	49	2.8
31-35	20	1.2
36 or above	7	0.4
Not indicated	44	2.5

TABLE V--Continued

Variable	Frequency	Per Cent
Knowledge of a Committed Suicide		
Ages: 13 through 19		
Yes	702	40.4
No	1,021	58.7
Not indicated	16	0.9
Ages: Younger than 13 or Older than 19		
Yes	656	37.7
No	1,059	60.9
Not indicated	24	1.4

APPENDIX G

TABLES VI-XI

ITEM RESPONSE FREQUENCY DISTRIBUTION



TABLE VI  
ITEM RESPONSE FREQUENCY DISTRIBUTION FOR KS

Instrument Item	Response Scale												No Response																								
	1						2							3						4						5						6					
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent		Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent								
3	78	4.5	281	16.2	234	13.5	525	30.2	460	26.5	151	8.7	9	0.5																							
7	756	43.5	654	37.6	170	9.8	69	4.0	60	3.5	26	1.5	3	0.2																							
9	91	5.2	358	20.6	609	35.0	429	24.7	189	10.9	33	1.9	29	1.7																							
13	215	12.4	671	38.6	429	24.7	261	15.0	121	7.0	32	1.8	9	0.5																							
17	19	1.1	167	9.6	476	27.4	680	39.1	311	17.9	60	3.5	25	1.4																							
20	51	2.9	317	18.2	506	29.1	512	29.5	271	15.6	43	2.5	38	2.2																							
22	220	12.7	549	31.6	479	27.6	297	17.1	138	7.9	33	1.9	22	1.3																							
25	27	1.6	118	6.8	228	13.1	574	33.0	575	33.1	190	10.9	26	1.5																							

TABLE VII  
ITEM RESPONSE FREQUENCY DISTRIBUTION FOR KI

Instrument Item	Response Scale												N = 1739	
	1		2		3		4		5		6			
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent		No Response Number
1	532	30.6	622	35.8	148	8.5	56	3.2	222	12.8	154	8.9	4	0.3
5	196	11.3	609	35.0	345	19.9	351	20.2	200	11.5	31	1.8	6	0.4
11	15	0.9	92	5.3	124	7.1	562	32.3	810	46.6	113	6.5	22	1.3
12	11	0.6	129	7.4	91	5.2	224	12.9	944	54.3	328	18.9	11	0.6
14	134	7.7	512	29.5	391	22.5	401	23.1	262	15.1	32	1.8	6	0.3
19	224	12.9	752	43.3	306	13.6	206	11.9	196	11.3	45	2.6	9	0.5
24	204	11.7	810	46.6	450	25.9	170	9.8	77	4.4	18	1.0	9	0.5
26	47	2.7	287	16.5	521	30.0	317	18.2	429	24.7	128	7.4	9	0.5

TABLE VIII  
ITEM RESPONSE FREQUENCY DISTRIBUTION FOR AS

Instrument- Item	Response Scale												N = 1738	
	1		2		3		4		5		6		No. Response	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
6	97	5.6	452	26.0	377	21.7	258	14.8	406	23.4	127	7.3	21	1.3
10	83	4.8	289	16.6	183	10.5	267	15.4	610	35.1	300	17.3	6	0.3
15	378	21.7	1,036	59.6	195	11.5	51	2.9	56	3.2	15	0.9	7	0.4
18	165	9.5	641	36.9	405	23.3	199	11.4	223	12.8	90	5.2	15	0.8
23	128	7.4	774	44.5	479	27.6	207	11.9	114	6.6	31	1.8	5	0.3
27	115	6.6	384	22.1	270	15.5	321	18.5	461	26.5	142	8.2	45	2.6



TABLE X

ITEM RESPONSE FREQUENCY DISTRIBUTION FOR KS=1 AND KI=1

Instrument Item	Responses for KS=1		Instrument Item	Responses for KI=1	
	Number	Per Cent		Number	Per Cent
3	1,136	65.4	1	432	24.9
7	155	8.9	5	582	33.5
9	651	37.5	11	1,485	85.4
13	414	23.8	12	1,496	86.1
17	1,051	60.5	14	695	40.0
20	826	47.5	19	447	25.7
22	468	26.9	24	265	15.2
25	1,339	77.0	26	874	50.3

TABLE XI  
ITEM RESPONSE FREQUENCY DISTRIBUTION FOR KS=2 AND KI=2

Instrument Item	Responses for KS=2		Instrument Item	Responses for KI=2	
	Responses Number	Per Cent		Responses Number	Per Cent
3	593	34.1	1	1,302	74.9
7	1,580	90.9	5	1,150	66.2
9	1,058	60.9	11	231	13.3
13	1,315	75.7	12	231	13.3
17	662	38.1	14	1,037	59.7
20	874	50.3	19	1,282	73.8
22	1,248	71.8	24	1,464	84.2
25	372	21.5	26	855	49.2

APPENDIX H

TABLE XII

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC  
EFFECT FOR THE VARIATE KS

TABLES XIII-XXIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS  
FOR THE MAIN EFFECT KS BY DEMOGRAPHIC

TABLE XII

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC EFFECT  
FOR THE VARIATE KS

Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
				Yes	No
Sex	23.22820	1, 1721	0.00001	x	
Age	0.47178	9, 1714	0.89407		x
Race	1.57703	3, 1710	0.19330		x
Religion	1.52298	7, 1708	0.15555		x
Marriage	4.46999	4, 1713	0.00139	x	
Parent	3.50901	1, 1689	0.06133		x
Education	1.49829	6, 1706	0.17524		x
Field	1.80016	12, 1696	0.04380		x
Experience	1.22740	7, 1776	0.28451		x
13-19 yrs.	11.54025	1, 1706	0.00071	x	
<13 or >19 yrs.	0.57735	1, 1698	0.44753		x



TABLE XIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KS BY DEMOGRAPHIC--SEX

Demographic	Knowledge of Suicide		Observations N=1723	
Sex	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Male	1.24	0.424	588	34.1
Female	1.35	0.476	1,135	65.9

TABLE XIV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KS BY DEMOGRAPHIC--AGE

Demographic	Knowledge of Suicide		Observations N=1724	
Age (Years)	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
25 or less	1.30	0.460	226	13.1
26-30	1.30	0.458	389	22.6
31-35	1.31	0.462	347	20.1
36-40	1.34	0.474	214	12.4
41-45	1.30	0.459	151	8.8
46-50	1.35	0.478	155	8.9
51-55	1.32	0.470	81	4.7
56-60	1.31	0.467	64	3.7
61-65	1.20	0.415	24	1.4
66 or more	1.26	0.442	73	4.2

TABLE XV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KS BY DEMOGRAPHIC--RACE

Demographic	Knowledge of Suicide		Observations N=1714	
Race	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Black	1.24	0.426	165	9.6
Brown	1.31	0.468	42	2.5
White	1.32	0.466	1,492	87.1
Other	1.27	0.458	15	0.9

TABLE XVI

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KS BY DEMOGRAPHIC--RELIGION

Demographic	Knowledge of Suicide		Observations N=1716	
Religion	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Anglican	1.30	0.464	56	3.3
Protestant	1.32	0.466	1,278	74.5
Agnostic	1.24	0.435	33	1.9
Catholic	1.23	0.420	172	10.0
Jewish	1.33	0.492	12	0.7
Atheist	1.33	0.516	6	0.4
Prefer not to respond	1.26	0.440	78	4.6
Other	1.40	0.492	81	4.7

TABLE XVII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KS BY DEMOGRAPHIC--MARITAL STATUS

Demographic Marital Status	Knowledge of Suicide		Observations N=1718	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Never married	1.36	0.479	276	16.1
Married	1.29	0.453	1,214	70.7
Divorced	1.42	0.495	170	9.9
Widowed	1.19	0.397	32	1.9
Prefer not to respond	1.23	0.430	26	1.5

TABLE XVIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KS BY DEMOGRAPHIC--PARENT

Demographic Parent	Knowledge of Suicide		Observations N=1691	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Yes	1.29	0.555	1,002	59.2
No	1.34	0.472	689	40.8

TABLE XIX

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KS BY DEMOGRAPHIC--EDUCATION

Demographic	Knowledge of Suicide		Observations N=1713	
Education	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Bachelor's	1.35	0.479	367	21.4
Beyond Bachelor's	1.29	0.456	451	26.3
Master's	1.29	0.456	494	28.8
Beyond Master's	1.29	0.456	365	21.3
Doctorate	1.40	0.507	15	0.9
Post Doctorate	1.67	0.577	3	0.2
Other	1.44	0.511	18	1.1

TABLE XX

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KS BY DEMOGRAPHIC--TEACHING FIELD

Demographic Teaching Field	Knowledge of Suicide		Observations N=1709	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Business	1.31	0.466	99	5.8
Fine Arts	1.32	0.469	134	7.8
Foreign Language	1.23	0.426	56	3.3
Home Economics	1.44	0.500	71	4.2
Industrial Arts	1.19	0.396	63	3.7
Language Arts	1.37	0.482	337	19.7
Mathematics	1.26	0.442	220	12.9
Physical Education	1.28	0.452	124	7.3
Social Studies	1.31	0.464	215	12.6
Science	1.29	0.454	160	9.4
Special Education	1.27	0.447	92	5.4
Vocational Education	1.23	0.428	43	2.5
Other	1.35	0.479	95	5.6

TABLE XXI

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KS BY DEMOGRAPHIC--EXPERIENCE

Demographic Experience in Years	Knowledge of Suicide		Observations N=1724	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
5 or less	1.31	0.464	548	31.8
6-10	1.30	0.460	518	30.1
11-15	1.35	0.479	292	16.9
16-20	1.31	0.463	169	9.8
21-25	1.24	0.430	79	4.6
26-30	1.29	0.459	48	2.8
31-35	1.35	0.489	20	1.2
36 or more	1.18	0.388	50	2.9



TABLE XXII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
 THE MAIN EFFECT KS BY DEMOGRAPHIC--  
 KNOWN SUICIDE (13-19 YEARS)

Demographic Known Suicide (13-19 Years)	Knowledge of Suicide		Observations N=1708	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Yes	1.36	0.479	693	40.6
No	1.28	0.448	1,015	59.4

TABLE XXIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
 THE MAIN EFFECT KS BY DEMOGRAPHIC--  
 KNOWN SUICIDE (<13 or >19 YEARS)

Demographic Known Suicide (<13 or >19 Years)	Knowledge of Suicide		Observations N=1700	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Yes	1.32	0.466	650	38.2
No	1.30	0.459	1,050	61.8

APPENDIX I

TABLE XXIV

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC  
EFFECT FOR THE VARIATE KI

TABLES XXV-XXXV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS  
FOR THE MAIN EFFECT KI BY DEMOGRAPHIC

TABLE XXIV

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC EFFECT  
FOR THE VARIATE KI

Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
				Yes	No
Sex	6.47637	1, 1721	0.01108	x	
Age	0.68588	9, 1714	0.72224		x
Race	3.76416	3, 1710	0.01052	x	
Religion	1.92796	7, 1708	0.06211		x
Marriage	0.44037	4, 1713	0.77949		x
Parent	0.73927	1, 1689	0.39010		x
Education	1.93215	6, 1706	0.07281		x
Field	1.74195	12, 1696	0.05352		x
Experience	1.79041	7, 1716	0.08567		x
13-19 yrs.	20.09602	1, 1706	0.00001	x	
<13 or >19 yrs.	15.78106	1, 1698	0.00008	x	

TABLE XXV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--SEX

Demographic	Knowledge of Intervention		Observations N=1723	
Sex	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Male	1.25	0.430	588	34.1
Female	1.30	0.460	1,135	65.9

TABLE XXVI

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--AGE

Demographic	Knowledge of Intervention		Observations N=1724	
Age (Years)	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
25 or less	1.26	0.438	226	13.1
26-30	1.28	0.451	389	22.6
31-35	1.32	0.466	347	20.1
36-40	1.27	0.446	214	12.4
41-45	1.33	0.470	151	8.8
46-50	1.25	0.432	155	8.9
51-55	1.31	0.465	81	4.7
56-60	1.25	0.436	64	3.7
61-65	1.25	0.442	24	1.4
66 or more	1.26	0.442	73	4.2

TABLE XXVII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--RACE

Demographic	Knowledge of Intervention		Observations N=1714	
Race	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Black	1.18	0.382	165	9.6
Brown	1.26	0.445	42	2.5
White	1.30	0.457	1,492	87.1
Other	1.20	0.414	15	0.9

TABLE XXVIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--RELIGION

Demographic	Knowledge of Intervention		Observations N=1716	
Religion	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Anglican	1.32	0.471	56	3.3
Protestant	1.37	0.445	1,278	74.5
Agnostic	1.55	0.506	33	1.9
Catholic	1.31	0.463	172	10.0
Jewish	1.33	0.492	12	0.7
Atheist	1.17	0.408	6	0.4
Prefer not to respond	1.30	0.459	78	4.6
Other	1.30	0.460	81	4.7

TABLE XXIX

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KI BY DEMOGRAPHIC--MARITAL STATUS

Demographic	Knowledge of Intervention		Observations N=1718	
Marital Status	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Never married	1.31	0.463	276	16.1
Married	1.27	0.446	1,214	70.7
Divorced	1.31	0.462	170	9.9
Widowed	1.28	0.457	32	1.9
Prefer not to respond	1.27	0.452	26	1.5

TABLE XXX

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KI BY DEMOGRAPHIC--PARENT

Demographic	Knowledge of Intervention		Observations N=1691	
Parent	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Yes	1.28	0.447	1,002	59.2
No	1.30	0.456	689	40.8



TABLE XXXI

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--EDUCATION

Demographic	Knowledge of Intervention		Observations N-1713	
Education	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Bachelor's	1.26	0.437	367	21.4
Beyond Bachelor's	1.27	0.444	451	26.3
Master's	1.27	0.444	494	28.8
Beyond Master's	1.34	0.474	365	21.3
Doctorate	1.40	0.507	15	0.9
Post Doctorate	1.67	0.577	3	0.2
Other	1.22	0.428	18	1.1

TABLE XXXII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KI BY DEMOGRAPHIC--TEACHING FIELD

Demographic Teaching Field	Knowledge of Intervention		Observations N=1709	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Business	1.25	0.437	99	5.8
Fine Arts	1.31	0.466	134	7.8
Foreign Language	1.25	0.437	56	3.3
Home Economics	1.27	0.446	71	4.2
Industrial Arts	1.14	0.353	63	3.7
Language Arts	1.32	0.467	337	19.7
Mathematics	1.23	0.423	220	12.9
Physical Education	1.25	0.435	124	7.3
Social Studies	1.30	0.458	215	12.6
Science	1.24	0.427	160	9.4
Special Education	1.35	0.479	92	5.4
Vocational Education	1.37	0.489	43	2.5
Other	1.35	0.479	95	5.6

TABLE XXXIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE  
MAIN EFFECT KI BY DEMOGRAPHIC--EXPERIENCE

Demographic Experience in Years	Knowledge of Intervention		Observations N=1724	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
5 or less	1.25	0.433	548	31.8
6-10	1.31	0.464	518	30.1
11-15	1.32	0.465	292	16.9
16-20	1.33	0.470	169	9.8
21-25	1.20	0.405	79	4.6
26-30	1.23	0.425	48	2.8
31-35	1.20	0.410	20	1.2
36 or more	1.24	0.431	50	2.9

TABLE XXXIV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--  
KNOWN SUICIDE (13-19 YEARS)

Demographic Known Suicide (13-19 Years)	Knowledge of Intervention		Observations N=1708	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Yes	1.34	0.474	693	40.6
No	1.24	0.428	1,015	59.4

TABLE XXXV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR  
THE MAIN EFFECT KI BY DEMOGRAPHIC--  
KNOWN SUICIDE (<13 or >19 YEARS)

Demographic Known Suicide (<13 or >19 Years)	Knowledge of Intervention		Observations N=1700	
	Mean ( $\bar{X}$ )	Standard Deviation (SD)	Number	Per Cent
Yes	1.34	0.473	650	38.2
No	1.25	0.431	1,050	61.8

## APPENDIX J

### TABLES XXXVI-XXXVII

ANOVA: F TEST SUMMARY BY KNOWLEDGE  
EFFECTS FOR THE VARIATE AS

### TABLES XXXVIII-XXXIX

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC  
EFFECT AS A FUNCTION OF KNOWLEDGE  
FOR THE VARIATE AS

### TABLES XL-LXI

ANOVA: CELL MEANS AND STANDARD DEVIATIONS  
FOR THE DEPENDENT VARIABLE AS AS  
A FUNCTION OF KNOWLEDGE x DEMOGRAPHIC

TABLE XXXVI

ANOVA: F TEST SUMMARY BY KNOWLEDGE EFFECT KS FOR THE VARIATE AS

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KS x Sex	KS	39.92597	1, 1707	0.00001	x	
KS x Age	KS	39.77185	1, 1692	0.00001	x	
KS x Race	KS	40.04244	1, 1694	0.00001	x	
KS x Religion	KS	39.05748	1, 1688	0.00001	x	
KS x Marriage	KS	40.02599	1, 1696	0.00001	x	
KS x Parent	KS	39.53880	1, 1675	0.00001	x	
KS x Education	KS	39.60109	1, 1686	0.00001	x	
KS x Field	KS	37.62426	1, 1671	0.00001	x	
KS x Experience	KS	39.65829	1, 1696	0.00001	x	
KS x 13-19 years	KS	38.76773	1, 1693	0.00001	x	
KS x <13 or >19 years	KS	39.84702	1, 1685	0.00001	x	

TABLE XXXVII

ANOVA: F TEST SUMMARY BY KNOWLEDGE EFFECT KI FOR THE VARIATE AS

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KI x Sex	KI	31.37367	1, 1710	0.00001	x	
KI x Age	KI	31.38387	1, 1695	0.00001	x	
KI x Race	KI	30.29295	1, 1697	0.00001	x	
KI x Religion	KI	31.08085	1, 1691	0.00001	x	
KI x Marriage	KI	31.02204	1, 1699	0.00001	x	
KI x Parent	KI	27.40584	1, 1678	0.00001	x	
KI x Education	KI	31.39239	1, 1690	0.00001	x	
KI x Field	KI	29.84372	1, 1674	0.00001	x	
KI x Experience	KI	31.35859	1, 1699	0.00001	x	
KI x 13-19 years	KI	30.32414	1, 1696	0.00001	x	
KI x <13 or >19 years	KI	29.99436	1, 1688	0.00001	x	

TABLE XXXVIII

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC EFFECT AS A FUNCTION  
OF KS FOR THE VARIATE AS

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KS x Sex	Sex	7.48676	1, 1707	0.00633	x	
KS x Age	Age	1.78817	9, 1692	0.06644		x
KS x Race	Race	3.87009	3, 1694	0.00910	x	
KS x Religion	Religion	4.28068	7, 1688	0.00011	x	
KS x Marriage	Marriage	2.30675	4, 1696	0.05643		x
KS x Parent	Parent	6.28427	1, 1675	0.01234	x	
KS x Education	Education	2.62170	6, 1686	0.01583		x
KS x Field	Field	4.27262	12, 1671	0.00001	x	
KS x Experience	Experience	1.06940	7, 1696	0.38100		x
KS x 13-19 years	13-19 years	4.06360	1, 1693	0.04408		x
KS x <13 or >19 years	<13 or >19 years	1.81473	1, 1685	0.17825		x



TABLE XXXIX

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC EFFECT AS A FUNCTION  
OF KI FOR THE VARIATE AS

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KI x Sex	Sex	0.49467	1, 1710	0.48202		x
KI x Age	Age	1.66830	9, 1695	0.09218		x
KI x Race	Race	4.17399	3, 1697	0.00599	x	
KI x Religion	Religion	3.82634	7, 1691	0.00041	x	
KI x Marriage	Marriage	2.70217	4, 1699	0.02938		x
KI x Parent	Parent	8.08689	1, 1678	0.00455	x	
KI x Education	Education	2.08936	6, 1690	0.05202		x
KI x Field	Field	4.16099	12, 1674	0.00001	x	
KI x Experience	Experience	0.92374	7, 1699	0.48702		x
KI x 13-19 years	13-19 years	3.85300	1, 1696	0.04993		x
KI x <13 or >19 years	<13 or >19 years	1.00092	1, 1688	0.31733		x





TABLE XLII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--RACE

Demographic	Attitude Toward Suicide				Observations N = 1702									
	KS=1		KS=2		KS=1					KS=2				
	Mean	Standard Deviation	Mean	Standard Deviation	Per Cent			Per Cent		Per Cent			Per Cent	
					Number	Column Total	Row Total	Observation Total	Number	Column Total	Row Total	Observation Total	Number	Row Total
Black	3.34	0.680	3.14	0.540	124	10.6	76.1	7.3	39	7.4	23.9	2.3	163	9.6
Brown	3.30	0.657	2.91	0.641	29	2.5	69.0	1.7	13	2.5	31.0	0.8	42	2.5
White	3.25	0.645	3.05	0.645	1,012	86.1	68.2	59.5	473	89.6	31.8	27.7	1,485	87.2
Other	3.87	1.083	3.44	0.585	9	0.8	75.0	0.5	3	0.6	25.0	0.2	12	0.7
Column Total					1,174	100.0	--	69.0	528	100.0	--	31.0	1,702	100.0

TABLE XLIII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--RELIGION

Demographic	Attitude Toward Suicide				Observations N = 1704									
	KS=1		KS=2		KS=1				KS=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Per Cent	Number	Column Total	Row Total	Per Cent		
Religion													Number	Per Cent
Anglican	3.17	0.736	3.15	0.562	39	3.3	69.6	2.3	2.3	17	3.2	30.4	1.0	3.3
Protestant	3.27	0.618	3.06	0.636	863	73.4	68.0	50.7	50.7	406	76.9	32.0	23.8	74.5
Agnostic	2.76	0.735	2.81	0.651	24	2.0	75.0	1.4	1.4	8	1.5	25.0	0.5	1.9
Catholic	3.31	0.707	2.95	0.643	132	11.2	77.2	7.7	7.7	39	7.4	22.8	2.3	10.0
Jewish	3.23	0.877	2.96	0.821	8	0.7	66.7	0.5	0.5	4	0.8	33.3	0.2	0.7
Atheist	3.42	0.616	3.33	1.179	4	0.3	66.7	0.2	0.2	2	0.4	33.3	0.1	0.4
Prefer not to respond	3.15	0.780	2.78	0.487	57	4.9	74.0	3.4	3.4	20	3.8	26.0	1.2	4.5
Other	3.49	0.694	3.28	0.641	49	4.2	60.5	2.8	2.8	32	6.1	29.5	1.9	4.8
Column Total					1,176	100.0	--	69.0	69.0	528	100.0	--	31.0	100.0



TABLE XLV

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--PARENT

Demographic	Attitude Toward Suicide		Observations N = 1679											
	KS=1		KS=2		KS=1					KS=2				
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Obs- ervation Total	Number	Per Cent		Obs- ervation Total	Row Total	
						Column Total	Row Total			Column Total	Row Total			
Yes	3.31	0.655	3.08	0.654	706	61.0	70.8	42.1	291	55.8	29.2	17.3	997	59.4
No	3.21	0.648	3.03	0.614	451	39.0	66.1	26.9	231	44.2	33.9	13.7	682	40.6
Column Total					1,157	100.0	--	69.0	522	100.0	--	31.0	1,697	100.0

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--EDUCATION

Demographic	Attitude Toward Suicide				Observations N = 1700													
	KS=1				KS=2				KS=1						KS=2			
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Obs- ervation Total	Number	Column Total	Row Total	Obs- ervation Total	Number	Column Total	Row Total	Obs- ervation Total		
Education																		
Bachelor's	3.32	0.621	3.07	0.605	235	20.0	64.6	13.8	129	24.5	35.4	7.5	364	21.4				
Beyond Bachelor's	3.23	0.595	2.94	0.632	314	26.7	70.4	18.4	132	25.1	29.6	7.8	446	26.2				
Master's	3.31	0.633	3.11	0.679	347	29.6	70.7	20.4	144	27.3	29.3	8.5	491	28.9				
Beyond Master's	3.19	0.726	3.03	0.635	257	21.9	70.8	15.1	106	20.1	29.2	6.2	363	21.3				
Doctorate	3.11	0.795	2.81	0.499	9	0.8	60.0	0.5	6	1.1	40.0	0.4	15	0.9				
Post Doctorate	1.83	0.000	3.58	0.589	1	0.1	33.3	0.1	2	0.4	66.7	0.2	3	0.3				
Other	3.72	1.300	3.27	0.487	10	0.9	55.6	0.6	8	1.5	44.4	0.5	18	1.1				
Column Total					1,173	100.0	--	68.9	527	100.0	--	31.1	1,700	100.0				



TABLE XIVII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--TEACHING FIELD

Demographic	Attitude Toward Suicide				Observations N = 1697											
	KS=1		KS=2		KS=1					KS=2						
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Number	Per Cent		Number	Per Cent				
						Column Total	Row Total		Column Total	Row Total		Column Total	Row Total	Column Total	Row Total	
Teaching Field																
Business	3.36	0.554	3.38	0.479	68	5.8	68.0	4.0	32	6.0	32.0	1.9	1.9	100	5.9	
Fine Arts	3.24	0.610	3.10	0.569	91	7.8	67.9	5.4	43	8.2	32.1	2.5	2.5	134	7.9	
Foreign Language	3.10	0.536	2.83	0.663	42	3.6	76.4	2.5	13	2.5	23.6	0.8	0.8	55	3.3	
Home Economics	3.24	0.731	3.09	0.634	40	3.4	56.3	2.4	31	5.9	43.7	1.8	1.8	71	4.2	
Industrial Arts	3.66	0.985	3.25	0.909	51	4.4	81.0	3.0	12	2.3	19.0	0.7	0.7	63	3.7	
Language Arts	3.20	0.637	2.97	0.622	211	18.0	63.4	12.3	122	23.1	36.6	7.2	7.2	333	19.5	
Mathematics	3.37	0.670	3.08	0.560	160	13.7	73.4	9.4	58	11.1	26.6	3.4	3.4	218	12.8	
Physical Education	3.32	0.503	3.13	0.662	89	7.6	73.0	5.3	33	6.3	27.0	1.9	1.9	122	7.2	
Social Studies	3.24	0.726	3.05	0.660	146	12.5	68.5	8.6	67	12.8	31.5	4.0	4.0	213	12.6	
Science	3.22	0.560	3.23	0.662	115	9.8	71.9	6.8	45	8.6	28.1	2.7	2.7	160	9.5	
Special Education	3.20	0.620	2.85	0.578	67	5.6	72.8	3.9	25	4.8	27.2	1.5	1.5	92	5.4	
Vocational Education	3.32	0.512	3.15	0.518	32	2.7	76.2	1.7	10	1.9	23.8	0.6	0.6	42	2.5	
Other	3.09	0.689	2.82	0.748	60	5.1	63.8	3.5	34	6.5	36.2	2.0	2.0	94	5.5	
Column Total					1,172	100.0	--	69.0	525	100.0	--	31.0	1,697	100.0		

TABLE XLVIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--EXPERIENCE

Demographic	Attitude Toward Suicide			Observations N = 1712										
	KS=1		KS=2	KS=1					KS=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Per Cent	Observation Total	Number	Column Total	Row Total	Per Cent	
Experience (Years)														
5 or Less	3.25	0.610	3.03	0.601	375	31.7	68.7	21.9	171	32.3	31.3	10.0	546	31.9
6-10	3.24	0.709	3.05	0.657	357	30.2	69.7	20.9	155	29.3	30.3	9.1	512	30.0
11-15	3.30	0.589	3.02	0.625	188	15.9	64.6	10.9	103	19.4	35.4	6.0	291	16.9
16-20	3.30	0.712	3.00	0.690	116	9.8	69.1	6.8	52	9.8	30.9	3.0	169	9.8
21-25	3.31	0.592	3.21	0.698	59	5.0	75.6	3.5	19	3.6	24.4	1.1	78	4.6
26-30	3.47	0.708	3.32	0.687	34	2.9	70.8	2.0	14	2.6	29.2	0.8	48	2.8
31-35	3.26	0.633	3.17	0.653	13	1.1	65.0	0.8	7	1.3	35.0	0.4	20	1.2
36 or More	3.16	0.724	3.20	0.570	40	3.4	81.6	2.3	9	1.7	18.4	0.5	49	2.8
Column Total					1,182	100.0	--	69.1	530	100.0	--	30.9	1,712	100.0

TABLE XLIX

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--KNOWN SUICIDE (13-19 YEARS)

Demographic	Attitude Toward Suicide				Observations N = 1697							
	KS=1		KS=2		KS=1				KS=2			
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Per Cent	Number	Column Total	Row Total	Per Cent
Known Suicide (13-19 Years)												
Yes	3.20	0.673	3.06	0.634	445	38.0	64.6	26.2	244	46.3	35.4	40.6
No	3.30	0.640	3.05	0.640	725	62.0	71.9	42.7	283	53.7	28.1	59.4
Column Total					1,170	100.0	--	68.9	527	100.0	--	100.0

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KS x DEMOGRAPHIC--KNOWN SUICIDE (<13 or >19 YEARS)

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KI x DEMOGRAPHIC--SEX

Demographic	Attitude Toward Suicide				Observations N = 1714										
	KI=1		KI=2		KI=1					KI=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent			Number	Per Cent					
						Column Total	Row Total	Obs- ervation Total		Column Total	Row Total	Obs- ervation Total			
Sex															
Male	3.33	0.676	3.11	0.681	440	35.9	75.3	25.7		144	29.4	24.7	8.4	584	34.1
Female	3.22	0.633	3.05	0.642	784	64.1	69.4	45.7		346	70.6	30.6	20.2	1,130	65.9
Column Total					1,224	100.0	--	71.4		490	100.0	--	28.6	1,714	100.0

TABLE LII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KI x DEMOGRAPHIC--AGE

Demographic	Attitude Toward Suicide				Observations N = 1715											
	KI=1		KI=2		KI=1					KI=2						
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Observation Total		Number	Per Cent		Observation Total			
						Column Total	Row Total	Column Total	Row Total		Column Total	Row Total	Column Total	Row Total		
Age (Years)															Row Total Number	Row Total Per Cent
25 or less	3.28	0.699	3.11	0.574	167	13.6	73.9	9.7		59	12.0	26.1	3.4		226	13.1
26-30	3.19	0.641	3.05	0.745	279	22.8	71.7	16.3		110	22.4	28.3	6.4		389	22.7
31-35	3.25	0.614	3.10	0.600	236	19.3	68.0	13.8		111	22.6	32.0	6.5		347	20.3
36-40	3.27	0.637	3.00	0.580	153	12.5	72.9	8.9		57	11.6	27.1	3.3		210	12.2
41-45	3.17	0.601	3.01	0.656	102	8.3	67.6	5.9		49	10.0	32.4	2.9		151	8.8
46-50	3.37	0.735	3.16	0.635	115	9.4	75.2	6.7		38	7.7	248	2.2		153	8.9
51-55	3.26	0.534	2.95	0.800	54	4.5	68.4	3.2		25	5.1	31.6	1.5		79	4.7
56-60	3.27	0.664	3.21	0.713	47	3.8	70.4	2.7		17	3.5	26.6	1.0		64	3.7
61-65	3.21	0.727	2.81	0.414	18	1.5	75.0	1.0		6	1.2	25.0	0.4		24	1.4
66 or More	3.48	0.667	3.04	0.711	53	4.3	73.6	3.1		19	3.9	26.4	1.1		72	4.2
Column Total					1,224	100.0	--	71.3		491	100.0	--	28.7		1,715	100.0



TABLE LIV  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KI x DEMOGRAPHIC--RELIGION

Demographic	Attitude Toward Suicide										Observations N = 1707			
	KI=1					KI=2					KI=2			
	Standard Deviation		Mean		Standard Deviation	Number	Per Cent			Number	Per Cent			Row Total
	Mean	Standard Deviation	Mean	Standard Deviation			Column Total	Row Total	Obs- vation Total		Column Total	Row Total	Obs- vation Total	Number Per Cent
Religion														
Anglican	3.19	0.723	3.11	0.605		38	3.1	67.9	2.2	18	3.7	32.1	1.1	56 3.3
Protestant	3.26	0.621	3.06	0.627		921	75.7	72.5	53.9	349	71.0	27.5	20.4	1,270 74.3
Agnostic	2.99	0.675	2.61	0.703		14	1.2	43.8	0.8	18	3.7	56.2	1.1	32 1.9
Catholic	3.25	0.711	3.19	0.702		119	9.8	69.2	7.0	53	10.8	30.8	3.1	172 10.1
Jewish	2.85	0.715	3.71	0.832		8	0.7	66.7	0.5	4	0.8	33.3	0.2	12 0.7
Atheist	3.30	0.758	3.83	0.000		5	0.4	83.3	0.3	1	0.2	16.7	0.1	6 0.4
Prefer not to respond	3.14	0.708	2.85	0.749		54	4.4	69.2	3.2	24	4.9	30.8	1.4	78 4.6
Other	3.51	0.763	3.26	0.590		57	4.7	70.4	3.3	24	4.9	29.6	1.4	81 4.7
Column Total						1,216	100.0	--	71.2	491	100.0	--	28.8	1,707 100.0





TABLE LVI  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KI x DEMOGRAPHIC--PARENT

Demographic	Attitude Toward Suicide		Observations N = 1682									
	KI=1		KI=2		KI=1		KI=2		KI=1		KI=2	
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Per Cent	Obs- ervation Total	Number	Column Total	Row Total
Parent												
Yes	3.31	0.661	3.08	0.646	720	60.0	72.3	42.8	276	57.4	27.7	16.4
No	3.18	0.627	3.07	0.665	481	40.0	70.1	28.6	205	42.6	29.9	12.2
Column Total					1,201	100.0	--	71.4	481	100.0	--	28.6
										1,682		100.0

TABLE LVII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KI x DEMOGRAPHIC---EDUCATION

Demographic	Attitude Toward Suicide					Observations N = 1704											
	KI=1					KI=1					KI=2						
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent			Number	Per Cent			Number	Per Cent			
						Column Total	Row Total	Observation Total		Column Total	Row Total	Observation Total		Column Total	Row Total	Observation Total	
Education																	
Bachelor's	3.24	0.629	3.20	0.593	268	22.0	73.8	15.7	95	19.6	26.2	5.6	363	21.3			
Beyond Bachelor's	3.21	0.596	3.05	0.654	326	26.8	72.9	19.2	121	24.9	27.1	7.1	447	26.3			
Master's	3.33	0.639	3.03	0.667	362	29.7	73.1	21.2	133	27.4	26.9	7.8	495	29.0			
Beyond Master's	3.21	0.724	3.02	0.645	238	19.5	65.6	14.0	125	25.7	34.4	7.3	363	21.3			
Doctorate	3.04	0.455	2.92	0.993	9	0.7	60.0	0.5	6	1.2	40.3	0.4	15	0.9			
Post Doctorate	4.00	0.000	2.50	0.943	1	0.1	33.3	0.1	2	0.4	66.7	0.1	3	0.2			
Other	3.68	1.057	2.96	0.712	14	1.2	77.8	0.8	4	0.8	22.2	0.2	18	1.0			
Column Total					1,218	100.0	--	71.5	486	100.0	--	28.5	1,704	100.0			







ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AS  
AS A FUNCTION OF KI x DEMOGRAPHIC--KNOWN SUICIDE (<13 or >19 YEARS)

Demographic	Attitude Toward Suicide				Observations N = 1692									
	KI=1		KI=2		KI=1				KI=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Number	Per Cent		Number	Per Cent		
						Column Total	Row Total		Column Total	Row Total		Column Total	Row Total	
Known Suicide ( $<13$ or $>19$ Years)														
Yes	3.24	0.625	3.04	0.701	430	35.5	66.3	25.3	219	45.7	33.7	12.9	649	38.3
No	3.27	0.666	3.08	0.618	783	64.5	75.1	46.3	260	54.3	24.9	15.5	1,043	61.7
Column Total					1,213	100.0	--	71.6	479	100.0	--	28.4	1,692	100.0

APPENDIX K

TABLES LXII-LXIII

ANOVA: F TEST SUMMARY BY KNOWLEDGE  
EFFECTS FOR THE VARIATE AI

TABLES LXIV-LXV

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC  
EFFECT AS A FUNCTION OF KNOWLEDGE  
FOR THE VARIATE AI

TABLES LXVI-LXXXVII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS  
FOR THE DEPENDENT VARIABLE AI AS  
A FUNCTION OF KNOWLEDGE x DEMOGRAPHIC



TABLE LXII

ANOVA: F TEST SUMMARY BY KNOWLEDGE EFFECT KS FOR THE VARIATE AI

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KS x Sex	KS	38.39338	1, 1707	0.00001	x	
KS x Age	KS	38.33602	1, 1692	0.00001	x	
KS x Race	KS	37.58992	1, 1694	0.00001	x	
KS x Religion	KS	36.58018	1, 1688	0.00001	x	
KS x Marriage	KS	37.87433	1, 1696	0.00001	x	
KS x Parent	KS	36.95936	1, 1675	0.00001	x	
KS x Education	KS	39.41006	1, 1686	0.00001	x	
KS x Field	KS	37.54851	1, 1671	0.00001	x	
KS x Experience	KS	38.44044	1, 1696	0.00001	x	
KS x 13-19 years	KS	36.18294	1, 1693	0.00001	x	
KS x <13 or >19 years	KS	37.60803	1, 1685	0.00001	x	

TABLE LXIII

ANOVA: F TEST SUMMARY BY KNOWLEDGE EFFECT KI FOR THE VARIATE AI

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KI x Sex	KI	150.48905	1, 1710	0.00001	x	
KI x Age	KI	149.46756	1, 1695	0.00001	x	
KI x Race	KI	144.93494	1, 1697	0.00001	x	
KI x Religion	KI	145.51563	1, 1691	0.00001	x	
KI x Marriage	KI	145.67111	1, 1699	0.00001	x	
KI x Parent	KI	143.12116	1, 1678	0.00001	x	
KI x Education	KI	148.32285	1, 1690	0.00001	x	
KI x Field	KI	149.27763	1, 1674	0.00001	x	
KI x Experience	KI	149.58977	1, 1699	0.00001	x	
KI x 13-19 years	KI	150.34528	1, 1696	0.00001	x	
KI x <13 or >19 years	KI	147.00799	1, 1688	0.00001	x	

TABLE LXIV

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC EFFECT AS A FUNCTION  
OF KS FOR THE VARIATE AI

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KS x Sex	Sex	41.38695	1, 1707	0.00001	x	
KS x Age	Age	4.88513	9, 1692	0.00001	x	
KS x Race	Race	7.60807	3, 1694	0.00005	x	
KS x Religion	Religion	0.89771	7, 1688	0.50747		x
KS x Marriage	Marriage	4.94274	4, 1696	0.00060	x	
KS x Parent	Parent	6.45373	1, 1675	0.01122	x	
KS x Education	Education	4.39377	6, 1686	0.00022	x	
KS x Field	Field	5.14830	12, 1671	0.00001	x	
KS x Experience	Experience	5.95798	7, 1696	0.00001	x	
KS x 13-19 years	13-19 years	12.71452	1, 1693	0.00038	x	
KS x <13 or >19 years	<13 or >19 years	8.17335	1, 1685	0.00434	x	

TABLE LXV

ANOVA: F TEST SUMMARY BY DEMOGRAPHIC EFFECT AS A FUNCTION  
OF KI FOR THE VARIATE AI

Interaction	Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
					Yes	No
KI x Sex	Sex	41.77874	1, 1710	0.00001	x	
KI x Age	Age	5.04208	9, 1695	0.00001	x	
KI x Race	Race	6.08881	3, 1697	0.00042	x	
KI x Religion	Religion	0.73425	7, 1691	0.64296		x
KI x Marriage	Marriage	5.79978	4, 1699	0.00013	x	
KI x Parent	Parent	7.31818	1, 1678	0.00694	x	
KI x Education	Education	4.81032	6, 1690	0.00008	x	
KI x Field	Field	4.59746	12, 1674	0.00001	x	
KI x Experience	Experience	6.31577	7, 1699	0.00001	x	
KI x 13-19 years	13-19 years	7.31955	1, 1696	0.00694	x	
KI x <13 or >19 years	<13 or >19 years	3.29218	1, 1688	0.06991		x



TABLE IXVII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KS x DEMOGRAPHIC--AGE

Demographic	Attitude toward Intervention				Observations N = 1712									
	KS=1		KS=2		KS=1				KS=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Number	Per Cent		Row Total			
						Column Total	Row Total		Observation Total	Column Total	Row Total	Observation Total		
Age (Years)														
25 or Less	2.60	0.739	2.42	0.670	156	13.2	69.6	9.1	68	12.8	30.4	4.0	224	13.1
26-30	2.54	0.787	2.33	0.709	272	23.0	70.3	15.9	115	21.7	29.7	5.7	387	22.6
31-35	2.64	0.809	2.52	0.816	239	20.2	69.1	14.0	107	20.2	30.9	6.3	346	20.2
36-40	2.69	0.820	2.34	0.790	140	11.8	67.0	8.2	69	13.0	33.0	4.0	209	12.2
41-45	2.60	0.767	2.27	0.750	106	9.0	69.3	6.2	47	8.9	30.7	2.8	153	8.9
46-50	2.41	0.865	2.49	0.729	100	8.5	64.9	5.8	54	10.2	35.1	3.2	154	9.0
51-55	2.84	0.854	2.45	0.663	53	4.5	67.1	3.1	26	4.9	32.9	1.5	79	4.6
56-60	3.20	0.942	2.71	0.780	44	3.7	68.8	2.6	20	3.8	31.3	1.2	64	3.7
61-65	2.61	0.883	2.84	0.670	19	1.6	79.2	1.1	5	0.9	20.8	0.3	24	1.4
66 or More	2.83	0.857	2.33	0.731	53	4.5	73.6	3.1	19	3.6	26.4	1.1	72	4.2
Column Total					1,182	100.0	--	69.1	530	100.0	--	30.9	1,712	100.0









TABLE LXXI  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KS x DEMOGRAPHIC--PARENT

Demographic	Attitude Toward Intervention				Observations N = 1679							
	KS=1		KS=2		KS=1				KS=2			
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Per Cent	Observation Total	Number	Column Total	Row Total
Parent												
Yes	2.74	0.821	2.40	0.727	706	61.0	70.8	42.1	291	55.8	29.2	17.3
No	2.57	0.806	2.44	0.772	451	39.0	66.1	26.9	231	44.2	33.9	13.7
Column Total					1,157	100.0	--	69.0	522	100.0	--	31.0
										1,679		100.0





TABLE LXXIV  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KS x DEMOGRAPHIC--EXPERIENCE

Demographic	Attitude Toward Intervention				Observations N = 1712									
	KS=1		KS=2		KS=1					KS=2				
	Mean	Standard Deviation	Mean	Standard Deviation	Per Cent		Per Cent		Number	Per Cent		Per Cent		Number
					Column Total	Row Total	Column Total	Row Total		Column Total	Row Total	Column Total	Row Total	
Experience (Years)														
5 or Less	2.58	0.727	2.36	0.692	375	31.7	68.7	21.9	171	32.3	31.3	10.0	546	31.9
6-10	2.61	0.860	2.36	0.772	357	30.2	69.7	20.9	155	29.3	30.3	9.1	512	30.0
11-15	2.75	0.758	2.37	0.764	188	15.9	64.6	10.9	103	19.4	35.4	6.0	291	16.9
16-20	2.66	0.854	2.55	0.694	116	9.8	69.1	6.8	52	9.8	30.9	3.0	168	9.8
21-25	3.15	0.901	2.55	0.718	59	5.0	75.6	3.5	19	3.6	24.4	1.1	78	4.6
26-30	2.99	1.070	2.67	0.506	34	2.9	70.8	2.0	14	2.6	29.2	0.8	48	2.8
31-35	2.89	0.992	2.83	0.668	13	1.1	65.0	0.8	7	1.3	35.0	0.4	20	1.2
36 or More	2.75	0.723	3.22	1.210	40	3.4	81.6	2.3	9	1.7	18.4	0.5	49	2.8
Column Total					1,182	100.0	--	69.1	530	100.0	--	30.9	1,712	100.0

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KS x DEMOGRAPHIC---KNOWN SUICIDE (13-19 YEARS)

Demographic	Attitude Toward Intervention				Observations N = 1697									
	KS=1		KS=2		KS=1					KS=2				
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Column Total	Row Total	Observation Total	Number	Column Total	Row Total	Observation Total	Number	Row Total
Known Suicide (13-19 Years)														
Yes	2.57	0.873	2.37	0.720	445	38.0	64.6	26.2	244	46.3	35.4	14.4	689	40.6
No	2.73	0.833	2.46	0.766	725	62.0	71.9	42.7	283	53.7	28.1	16.7	1,008	59.4
Column Total					1,170	100.0	--	68.9	527	100.0	--	31.1	1,697	100.0







TABLE LXVIII

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KI x DEMOGRAPHIC--AGE

Demographic	Attitude Toward Intervention				Observations N = 1715									
	KI=1		KI=2		KI=1				KI=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Number	Per Cent		Number	Per Cent		
						Column Total	Row Total		Column Total	Row Total		Column Total	Row Total	
Age (Years)														
25 or Less	2.65	0.723	2.22	0.600	167	13.6	73.9	9.7	59	12.0	26.1	3.4	226	13.1
26-30	2.57	0.794	2.25	0.646	279	22.8	71.7	16.3	110	22.4	28.3	6.4	389	22.7
31-35	2.78	0.816	2.22	0.654	236	19.3	68.0	13.8	111	22.6	32.0	6.5	347	20.3
36-40	2.71	0.858	2.23	0.605	153	12.5	72.9	8.9	57	11.6	27.1	3.3	210	12.2
41-45	2.68	0.825	2.17	0.551	102	8.3	67.6	5.9	49	10.0	32.4	2.9	151	8.8
46-50	2.91	0.842	2.35	0.648	115	9.4	75.2	6.7	38	7.7	24.8	2.2	153	8.9
51-55	2.97	0.809	2.15	0.481	54	4.5	68.4	3.2	25	5.1	31.6	1.5	79	4.7
56-60	3.22	0.949	2.61	0.698	47	3.8	70.4	2.7	17	3.5	26.6	1.0	64	3.7
61-65	2.87	0.823	2.03	0.528	18	1.5	75.0	1.0	6	1.2	25.0	0.4	24	1.4
66 or More	2.89	0.845	2.21	0.638	53	4.3	73.6	3.1	19	3.9	26.4	1.1	72	4.2
Column Total					1,224	100.0	--	71.3	491	100.0	--	28.7	1,715	100.0



ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AY  
AS A FUNCTION OF KI x DEMOGRAPHIC--RELIGION

Demographic	Attitude Toward Intervention				Observations N = 1707												
	Mean	Standard Deviation	Mean	Standard Deviation	KI=1			KI=2			KI=1			KI=2			
					Number	Column Total	Row Total	Observation Total	Number	Column Total	Row Total	Observation Total	Number	Column Total	Row Total	Observation Total	
Religion																	
Anglican	2.72	0.844	2.40	0.689	38	3.1	67.9	2.2	18	3.7	32.1	1.1	56	3.3			
Protestant	2.74	0.828	2.24	0.611	921	75.7	72.5	53.9	349	71.0	27.5	20.4	1,270	74.3			
Agnoastic	2.77	0.976	2.23	0.563	14	1.2	43.8	0.8	18	3.7	56.2	1.1	32	1.9			
Catholic	2.64	0.775	2.26	0.631	119	9.8	69.2	7.0	53	10.8	30.8	3.1	172	10.1			
Jewish	2.43	0.713	2.55	0.900	8	0.7	66.7	0.5	4	0.8	33.3	0.2	12	0.7			
Atheist	2.80	0.510	1.80	0.000	5	0.4	83.3	0.3	1	0.2	16.7	0.1	6	0.4			
Prefer not to respond	3.02	0.841	2.16	0.778	54	4.4	69.2	3.2	24	4.9	30.8	1.4	78	4.6			
Other	2.74	0.832	2.19	0.597	57	4.7	70.4	3.3	24	4.9	29.6	1.4	81	4.7			
Column Total					1,216	100.0	--	71.2	491	100.0	--	28.8	1,707	100.0			

TABLE LXXXI

ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KI x DEMOGRAPHIC--MARITAL STATUS

Demographic	Attitude Toward Intervention					Observations N = 1709										
	KI=1			KI=2		KI=1					KI=2					
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Obs- ervation Total	Number	Per Cent		Obs- ervation Total	Number	Per Cent		
						Column Total	Row Total			Column Total	Row Total			Column Total	Row Total	Column Total
Marital Status																
Never Married	2.59	0.751	2.18	0.609	189	15.5	68.7	11.1	86	17.6	31.3	5.0	275	16.1		
Married	2.78	0.825	2.24	0.619	875	71.6	72.4	51.2	334	68.4	27.6	19.5	1,209	70.7		
Divorced	2.59	0.882	2.24	0.608	117	9.6	69.2	6.9	52	10.7	30.8	3.0	169	9.9		
Widowed	2.91	0.948	2.58	0.682	22	1.8	71.0	1.3	9	1.9	29.0	0.5	31	1.8		
Prefer not to respond	3.21	0.796	2.71	0.908	18	1.5	72.0	1.1	7	1.4	28.0	0.4	25	1.5		
Column Total					1,221	100.0	--	71.6	488	100.0	--	28.4	1,709	100.0		



TABLE LXXXIII  
ANOVA: CELL MEANS AND STANDARD DEVIATIONS FOR THE DEPENDENT VARIABLE AI  
AS A FUNCTION OF KI x DEMOGRAPHIC--EDUCATION

Demographic	Attitude Toward Intervention				Observations N = 1704											
	KI=2				KI=1				KI=2							
	Mean	Standard Deviation	Mean	Standard Deviation	Number	Per Cent		Observation Total	Number	Per Cent		Column Total	Row Total	Observation Total		Row Total
						Column Total	Row Total			Column Total	Row Total			Column Total	Row Total	
Bachelor's	2.68	0.739	2.30	0.661	268	22.0	73.8	15.7	95	19.6	26.2	5.6	363	21.3	21.3	
Beyond Bachelor's	2.59	0.774	2.17	0.622	326	26.8	72.9	19.2	121	24.9	27.1	7.1	447	26.3	26.3	
Master's	2.83	0.854	2.25	0.615	362	29.7	73.1	21.2	133	27.4	26.9	7.8	495	29.0	29.0	
Beyond Master's	2.83	0.896	2.27	0.600	238	19.5	65.6	14.0	125	25.7	34.4	7.3	363	21.3	21.3	
Doctorate	2.69	0.672	1.93	0.350	9	0.7	60.0	0.5	6	1.2	40.0	0.4	15	0.9	0.9	
Post Doctorate	2.50	0.000	2.10	0.707	1	0.1	33.3	0.1	2	0.4	66.7	0.1	3	0.2	0.2	
Other	3.29	0.768	2.25	0.379	14	1.2	77.8	0.8	4	0.8	22.2	0.2	18	1.0	1.0	
Column Total					1,218	100.0	--	71.5	486	100.0	--	28.5	1,704	100.0	100.0	











APPENDIX L

TABLES LXXXVIII-LXXXIX

ANOVA: F TEST SUMMARY BY INTERACTION  
EFFECT KS x DEMOGRAPHIC FOR THE  
VARIATES AS AND AI

TABLE LXXXVIII

ANOVA: F TEST SUMMARY BY INTERACTION EFFECT  
KS x DEMOGRAPHIC FOR THE VARIATE AS

Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
				Yes	No
KS x Sex	0.43514	1, 1707	0.50963		x
KS x Age	0.39322	9, 1692	0.93873		x
KS x Race	0.31797	3, 1694	0.81240		x
KS x Religion	0.64756	7, 1688	0.71662		x
KS x Marriage	2.23470	4, 1696	0.06344		x
KS x Parent	0.42863	1, 1675	0.51281		x
KS x Education	1.29229	6, 1686	0.25783		x
KS x Field	0.80458	12, 1671	0.64606		x
KS x Experience	0.46560	7, 1696	0.85975		x
KS x 13-19 years	2.74156	1, 1693	0.09808		x
KS x <13 or >19 years	0.13984	1, 1685	0.70852		x

TABLE LXXXIX

ANOVA: F TEST SUMMARY BY INTERACTION EFFECT  
KS x DEMOGRAPHIC FOR THE VARIATE AI

Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
				Yes	No
KS x Sex	1.66886	1, 1707	0.19671		x
KS x Age	1.06516	9, 1692	0.38605		x
KS x Race	0.31580	3, 1694	0.81240		x
KS x Religion	0.35765	7, 1688	0.92659		x
KS x Marriage	0.48817	4, 1696	0.74446		x
KS x Parent	6.18258	1, 1675	0.01306		x
KS x Education	2.30909	6, 1686	0.03211		x
KS x Field	0.87750	12, 1671	0.56981		x
KS x Experience	1.80019	7, 1696	0.08375		x
KS x 13-19 years	0.77760	1, 1693	0.09808		x
KS x <13 or >19 years	1.20345	1, 1685	0.27290		x

APPENDIX M

TABLES XC-XCI

ANOVA: F TEST SUMMARY BY INTERACTION  
EFFECT KI x DEMOGRAPHIC FOR  
THE VARIATES AS AND AI

TABLE XC

ANOVA: F TEST SUMMARY BY INTERACTION EFFECT  
KI x DEMOGRAPHIC FOR THE VARIATE AS

Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
				Yes	No
KI x Sex	0.49467	1, 1710	0.48202		x
KI x Age	0.56324	9, 1695	0.82781		x
KI x Race	0.31979	3, 1694	0.81240		x
KI x Religion	1.58449	7, 1691	0.13611		x
KI x Marriage	0.19700	4, 1699	0.93998		x
KI x Parent	2.64374	1, 1687	0.10427		x
KI x Education	1.93335	6, 1690	0.07263		x
KI x Field	0.76294	12, 1674	0.68929		x
KI x Experience	1.17660	7, 1699	0.31335		x
KI x 13-19 years	0.74726	1, 1696	0.38755		x
KI x <13 or >19 years	0.01678	1, 1688	0.89697		x

TABLE XCI

ANOVA: F TEST SUMMARY BY INTERACTION EFFECT  
KI x DEMOGRAPHIC FOR THE VARIATE AI

Effect	F Statistic	Degrees of Freedom	Significance of F	Significant	
				Yes	No
KI x Sex	4.88007	1, 1710	0.02739		x
KI x Age	1.14682	9, 1695	0.32641		x
KI x Race	0.31580	3, 1694	0.81397		x
KI x Religion	1.03039	7, 1691	0.40788		x
KI x Marriage	0.73340	4, 1699	0.56923		x
KI x Parent	3.53596	1, 1687	0.06034		x
KI x Education	2.34207	6, 1690	0.02983		x
KI x Field	0.78924	12, 1674	0.66205		x
KI x Experience	1.27438	7, 1699	0.25968		x
KI x 13-19 years	0.08603	1, 1696	0.76935		x
KI x <13 or >19 years	0.51113	1, 1688	0.47482		x



APPENDIX N

TABLE XCII

SIGNIFICANCE COMPARISON AS A  
FUNCTION OF DEMOGRAPHICS

TABLE XCII  
SIGNIFICANCE COMPARISON AS A FUNCTION OF DEMOGRAPHICS (x)

Demographic	Subproblem									
	1	2	3		4		5	6	7	8
	KS	KI	KS	AS	KS	AI	AS x KS	AS x KI	AI x KS	AI x KI
Sex	x	x				x				
Age						x				
Race		x		x	x	x				
Religion				x						
Marriage	x				x	x				
Parent				x	x	x				
Education						x				
Field				x	x	x				
Experience						x				
13-19 years	x	x				x				
<13 or >19 years		x				x				

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