

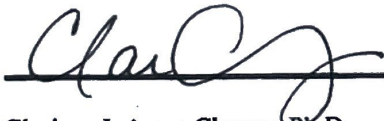
SOCIAL INFLUENCES MODERATING THE RELATIONSHIP BETWEEN YOUTH
INTENTIONS AND ENGAGEMENT IN SUICIDE PREVENTION BEHAVIORS

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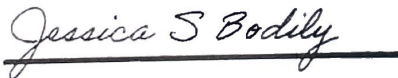
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**Social Influences Moderating the Relationship between Youth Intentions and Engagement
in Suicide Prevention Behaviors**

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Abstract

The purpose of this study was to examine which social influences moderate the relationship between adolescent intentions and engagement in suicide prevention behaviors. The social influences that were studied were peer attitudes, teacher attitudes, and parent attitudes toward suicide prevention. The participants were a racially diverse sample of 546 high school students from two schools in a high-risk Southwestern U.S. district with a highly reported number of suicide attempts. The *Planned Behavior and Implementation Questionnaire* was administered to assess the study constructs of intentions, suicide prevention behaviors, teacher attitudes, parent attitudes, and peer norms for suicide prevention behaviors. The Jason Foundation “A Promise for Tomorrow” gatekeeper training program was implemented in three 40-minute health class sessions by trained teachers. It was expected that peer norms and parent and teacher attitudes would moderate the relationship between intentions and engagement in suicide prevention behaviors. The results found a main effect between parent attitudes and adolescent engagement in suicide prevention behaviors, but no significant moderator effects. Results also revealed that intentions did not predict actual engagement in suicide prevention behaviors. The present findings suggest that parents may have a positive influence, potentially enhancing adolescents’ ability to confidently engage in suicide prevention behaviors.

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Introduction

Suicide has been a growing public health concern and is the second leading cause of death among adolescents and youth adults aged 10-24 (Curtin, 2020). Prevention efforts have been implemented in order to help educate adolescents, peers, parents, and the community to be aware of the warning signs of those at-risk for suicide (Kaur & Sathish, 2020). Prevention programs in schools and in the community have been shown to increase knowledge about suicide warning signs, and with this knowledge, it is expected that those who participated in the prevention efforts would feel more comfortable and competent with help-seeking and/or assisting those at-risk in seeking help. However, knowledge does not necessarily directly translate into help-seeking (Totura, Labouliere, Gryglewicz, & Karver, 2019a), suggesting that there are other mechanisms in place that predict engagement in suicide prevention behaviors, such as discussing warning signs with someone at-risk or making a referral to a trusted adult for help. The social context in which youth suicide prevention programs are placed can have an important influence on individual prevention behaviors, in that the positive involvement of others can encourage one's own personal involvement (Totura, Labouliere et al., 2019a). Therefore, this study examines the role of youth perceived attitudes toward suicide prevention of relevant social influences, including teachers, peers, and parents, as they relate to adolescent engagement in suicide prevention behaviors following participation in school-based suicide prevention programming.

The Theory of Planned Behavior (TPB) provides a framework for understanding the factors associated with one's engagement in health-related behaviors (Ajzen, 2011). The TPB consists of three components - attitudes, subjective norms, and perceived behavioral control - each related to behavioral intentions to engage in a target behavior, which is then predictive of

actual engagement in that behavior. Behavioral intentions embody the willingness to engage in a behavior. Moreover, the intentions toward the desired behavior is influenced by one's positive or negative appraisal of the behavior, or attitudes. Additionally, as part of the decision-making process to engage in a particular behavior, one considers the perceived appraisal of influential others around them, or subjective norms, for engaging in a target behavior. Lastly, perceived behavioral control is how capable the individual feels in competently performing the behavior. The TPB has been utilized in evaluations of suicide prevention programs, specifically gatekeeper training programs, in order to identify mechanisms that contribute to adolescents' involvement in suicide prevention behaviors (Hangartner, Totura, Labouliere, Gryglewicz, & Karver, 2019; Kuhlman, Walch, Bauer, & Glenn, 2017; Totura et al., 2019a). For instance, researchers have found that perceived behavioral control (self-efficacy in implementing suicide prevention behaviors) contributes to change in engaging in these prevention behaviors following gatekeeper programs (Hangartner et al. 2019); however, other researchers have found conflicting results (Wyman, Brown, Inmann, Cross, Schmeelk-Cone, Guo, & Pena, 2008). These conflicting results come from studies that have only examined direct effects between certain constructs (perceived behavioral control and intentions to act) or select components without testing how all of the theorized components could function together to predict decision-making and behavior (Capp, Deane, Lamber, 2001; Osteen, Frey, Woods, Ko, & Shipe, 2017; Wyman et al. 2008). Totura and colleagues (2019a) posited that this gap is due to the lack of clarity about these theoretical mechanisms as they lead to behavioral change in suicide prevention among adolescents. In their study, they tested all of the components of the Theory of Planned Behavior that aid in adolescents' decision-making to engage in suicide prevention behaviors and found that the subjective norms, or attitudes, of classroom peers regarding engaging in suicide prevention

behaviors were directly predictive of intentions to engage in behaviors. However, less is known about the moderating effect of peer norms on the relationship between intending to participate in prevention behaviors and actual involvement in them, in addition to the relative influence of these peer norms in comparison with other important perceived suicide prevention attitudes, such as that of teachers and parents.

Gatekeeper Suicide Prevention Programs in Schools

Gatekeeper training programs are among the most promising youth suicide prevention approaches and have been used to help increase knowledge of suicide warning signs, as well as encouraging help-seeking (Robinson, Green, Spittal, Templer, & Bailey 2016; Torok et al., 2019). In line with this help-seeking, these programs can also promote increased access to supportive resources for those who are identified as at-risk (Syvara & Mandracchia, 2019). These programs are designed to enhance early identification of adolescents at high risk for suicide and to facilitate timely mental health referrals (Condrón, Garraza, Walrath, McKeon, Goldston, & Heilbron, 2015). Furthermore, school staff participating in gatekeeper programs are trained to increase their knowledge of warning signs and risk factors which increases confidence and likelihood that personnel will effectively direct suicidal youth to the appropriate resources (Indelicato, Mirso-Paun, & Griffin, 2011). Beyond the knowledge of warning signs, evaluations of gatekeeper training programs have also shown significant increases in attitudes toward suicide prevention and self-efficacy in engaging in prevention behaviors (Cimini, Rivero, Bernier, Stanley, Murray, Anderson, Wright, & Banat, 2012; Lamis, Underwood, & D'Amore, 2017; Totura et al., 2019a), each important factors according to the TPB in predicting engagement in suicide prevention behaviors. With that in mind, there are many social influences that affect behavioral change in the adolescent developmental stage, with peers participating alongside in

programming as potentially a primary influence in the decision-making process (Steinberg 2009).

Peer Attitudes toward Suicide Prevention Programs

Adolescents frequently turn to their peers for guidance to determine what behaviors are conforming and acceptable (Lamblin, Muraski, Whittle, & Fornito, 2017). When adolescents do seek help with emotional concerns, they are more likely to seek guidance and support from peers than from adults (Cigularov, Chen, Thurber, & Stallones, 2008; O'Donnell et al. 2003; Pisani et al. 2012). This poses a potential problem since those peers may not be skilled or willing to engage in effective strategies to help at-risk youth (Gould et al. 2004; Stone et al. 2011). With respect to suicide prevention, it is important to know if these peer influences are viewed as a trusted, competent support system (Cakar & Savi 2014; Corry & Leavey 2017). Given the growing reliance on peers during adolescence, it is important to engage the school community in prevention programs and work toward establishing norms that are supportive of the implementation of learned skills to help those at-risk (Wilson & Deane 2001). Research has shown that adolescents often avoid seeking help for suicide-related behaviors due to perceived stigma displayed as fear, loss of self-esteem, shame, and other related appraisals (Gilchrist & Sullivan 2006; Nearchou, Bird, Costello, Duggan, Gilroy, Long, McHugh, & Hennessy, 2018; Moskos, Olson, Halbern, & Gray 2007; Rice, Purcell, & McGorry, 2018). Yet with the perception of peer norms endorsing help-seeking, adolescents may be more likely to seek help themselves or assist those who may be in need.

Totura and colleagues (2019a) found that subjective norms and attitudes were highly related to post-training intentions to use suicide prevention behaviors for adolescents, while perceived behavioral control was the only factor that predicted suicide prevention behaviors two

months following training. This finding is consistent with developmental literature which indicates that the perceptions of peers become highly important to adolescents regarding decision-making, particularly with emotionally laden circumstances such as suicide prevention (Schmeelk-Cone, Gunzler, Petrova, Goldston, Tu, & Wyman, 2012; Wilson & Deane 2001). Additionally, self-efficacy to engage in suicide prevention is an important factor in leading to behavior change (Corry & Leavey 2017), outside of intentions to engage in prevention behaviors (Totura et al., 2019a). This is consistent with previous developmental theory in that adolescents are more likely to engage in a challenging task if they feel cognitively equipped and relatively certain of the outcome and if those actions are accepted by their peers (Steinberg, 2009). Alternatively, adolescents may have a difficult time making cogent decisions in situations marked by affective arousal, such as learning that peers might have suicidal thoughts, mainly if they don't feel they are equipped with skills to effectively intervene. Totura and colleagues (2019) maintain that there are developmental considerations at play when identifying the factors that contribute to engagement in suicide prevention behaviors for adolescents, suggesting that examining these decision-making processes, how they function, and how they influence behavior in suicide prevention gatekeeper programs can help guide the development of current and future adolescent prevention efforts in general.

Teacher Trainer Attitudes toward Suicide Prevention Programs

School-based suicide prevention programs rely on the involvement of teachers and school staff to support their implementation. Teachers, particularly those who are conducting trainings, have the potential to influence student attitudes with respect to program participation and general attitudes around help-seeking. Therefore, it is crucial to assess teacher attitudes toward suicide prevention as they have the capacity to serve as a model for student buy-in. Specifically, if

student program participants perceive their teacher trainers to be supportive of preventive efforts, those perceptions may enhance their own engagement in suicide prevention behaviors. Previous findings have shown that teaching staff appear to be a promising audience to target and promote early suicide prevention for adolescents (Torok, Calear, Smart, Nicolopoulos, & Wong, 2019). In Torok and colleagues' (2019) literature review, there was a significant improvement in attitudes among teachers related to suicide prevention, which they conclude would be beneficial to help engage adolescents in suicide prevention behaviors. What these findings suggest is that it is important to have a comprehensive approach to suicide prevention that involves students and school personnel alike in order to have an optimal impact on suicidality within the school community (Robinson-Link, Hoover, Bernstein, Lever, Maton, & Wilcox, 2020). Research findings emphasize the need for greater integration of suicide prevention programs with existing school initiatives to effectively have school personnel assist students in engaging in positive prevention behaviors (Singer, Erbacher, & Rosen, 2019). Adolescents having the consultation of supportive adults and feeling prepared for help-seeking may translate their intentions to engage in suicide prevention behaviors into actual prevention behaviors. In particular, adolescents who develop an alliance, or therapeutic relationship, with program teacher trainers around the appeal and benefit of suicide prevention efforts are more likely to actively participate and might feel more capable of engaging in desired prevention behaviors. (Totura et al. 2019b). It is reasonable to expect that this alliance is in part associated with the attitudes teacher trainers hold with respect to participation in suicide prevention efforts.

Teachers and school personal, however, are not the only adults that have an influence on adolescent behavior. Despite an increase in the importance of peer relationships during this developmental period, parents and guardians still play a vital role in shaping the norms and

attitudes of their children. School and home represent two of the primary agents of socialization and development for adolescents, so the relevant norms parents project potentially also play a key role in the adoption and implementation of suicide prevention behaviors (Arnon, Shamai, & Ilatov 2008; Torok et al. 2019).

Parent Attitudes towards Suicide Prevention Programs

Parents and teachers often falsely believe that talking about suicide or self-harm may increase the likelihood of adolescent suicidal risk; therefore, they are often unprepared for such discussions (Hooven, 2013). Teaching parents about myths such as these could shape parental attitudes toward suicide prevention in general, as well as increase the willingness of their children to disclose the risk for themselves or others (Torok et al. 2019). Research has shown that family is a significant source of safety and support for vulnerable youth (Hooven, 2013) with quality parent-child relationships providing a consistent protective factor for adolescent suicide (Kidd, Henrich, Brookmeyer, Davidson, King, & Shahar, 2006; Hooven 2013). More specifically, parents' attitudes with respect to school-based suicide prevention programs can have an impact on how adolescents perceive their own attitudes and involvement in such programs, although the nature of these parental influences remains a gap in the existing research. Engaging parents in a training program as a trusted source of support can also improve outcomes among adolescents (Torok et al., 2019). Providing information to parents about suicide prevention that disproves myths and offers tangible information on warning signs can help parents develop positive attitudes toward suicide prevention with the goal of helping young people engage in suicide prevention behaviors. Despite the importance of this potential source of support, parents have not been studied as much as school personnel when it comes to measuring attitudes and seeing the level of influence they have on adolescents' intentions to engage in behaviors related

to suicide prevention. This current study will explore this gap in order to provide a better understanding of parents' views on suicide prevention and how these views can enhance adolescent participation in suicide prevention programming, in conjunction with the attitudes of peers and teacher trainers.

The Present Study

The purpose of this study was to evaluate social attitudinal influences (teacher trainers, parents, and peers) and their moderator effects on the relationship between adolescents' intentions to engage in suicide prevention behaviors and their actual engagement in these behaviors (see Figure 1 for conceptual model). Guided by the Theory of Planned Behavior, previous research has shown that attitudes related to engaging in positive behaviors toward suicide prevention can have an impact on how likely an adolescent will engage in suicide prevention behaviors (Totura et al., 2019a). Furthermore, the perceived attitudes of influential individuals, such as peers, teachers, and parents, toward suicide prevention has possible implications for one's own engagement in prevention behaviors. Prior work has shown that the subjective norms of peers are predictive of engagement in prevention behaviors (Totura et al., 2019a), yet less is known about the respective influences of the subjective norms of teacher trainers and parents toward suicide prevention. This study explored the associations among these social influences as expected moderators of the relationship between student intentions to engage in suicide prevention behaviors and actual engagement in these behaviors. Since peers and teachers are the more direct participants in school-based gatekeeper training, it was expected that the perceived norms of these two influences will enhance the relationship between adolescent intentions to engage in suicide prevention behaviors and actual involvement, with peers likely being a stronger moderator of the intentions-behavior relationship given the growing influence of

peers during the adolescent developmental period. It was also expected that the norms of parents would have a significant, yet smaller moderating effect on adolescent intentions to engage in suicide prevention behaviors compared with that of peers and teachers.

Methods

Participants

Participants are 546 high school students (54% female; 46% male; 96% 9th graders) from two schools in a high-risk Southwestern U.S. district with a significant number of reported youth suicide attempts. The participants were enrolled in health courses in which the prevention program was implemented. The sample is racially diverse, with 46.8% identifying as Hispanic or Latino, 22.9% White or Caucasian, 18.2% multiracial, 4.3% American Indian or Alaskan Native, 3.5% Black or African-American, 1.3% Asian or Asian-American, and 3.0% other. Analyses will include all participants who completed pre- and post-training surveys and the follow-up assessment two months after training.

Measures

The *Planned Behavior and Implementation Questionnaire* (PBIQ; Totura et al., 2009; see Appendix) was used to assess the study constructs of intentions to engage in suicide prevention behaviors, engagement in prevention behaviors, perceived teacher trainer engagement, perceived subjective norms of peer intentions to engage in prevention behaviors, and perceived parental attitudes toward suicide prevention. The PBIQ was designed specifically for suicide prevention programming based on the Theory of Planned Behavior (Ajzen, 1991) and has been validated in previous studies assessing suicide prevention outcomes (Hangartner et al., 2019; Labouliere et al., 2015; Totura et al., 2019a; Totura et al., 2019b α). All items were rated on a 7-point Likert scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*).

Three items from the PBIQ assessed *intentions* to use suicide prevention behaviors pre-training (e.g., “If I learn that a friend is having suicidal thoughts, I plan to inform a responsible adult;” $\alpha=0.77$). Three items assessed perceived peer *subjective norms* about suicide prevention behaviors pre-training (e.g., “If other students like me suspect that someone they know is suicidal, they will refer him or her to a responsible adult;” $\alpha=0.74$). One item administered post-training assessed youth *perceived trainer attitudes* about the suicide prevention program (“My teacher who taught the Jason Foundation program seemed to like the Jason Foundation presentation”). One item assessed perceived *parent attitudes toward suicide prevention* post-training (“Parents who know about the Jason Foundation program seem to like it”). Finally, participants completed a follow-up PBIQ survey two months after the training to assess suicide prevention *behaviors* using four yes/no questions which were summed to create a composite scale of 0-4 possible behaviors completed (e.g., “I used the warning signs I learned in the training to identify someone who may be suicidal; $\alpha=0.72$).

Procedure

The Jason Foundation (JF) “*A Promise for Tomorrow*” gatekeeper prevention program was part of district-mandated health curriculum; therefore, parents submitted waivers of signed informed consent as their children participated. Data collection and analysis for the program evaluation was approved by university Institutional Review Board. The JF program provides participants with suicide prevention knowledge, in particular the warning signs for suicide risk, and skills for identifying at-risk peers, interacting with them, and referring them to needed resources. The student training was held across three 40-minute health class sessions by trained teachers and were overseen by school mental health personnel who would serve as referral resources for at-risk students. The PBIQ was administered in group format during training

sessions and again two-months following the completion of training. Responses were de-identified and matched using an identification number.

Analysis Plan

Multiple imputation was used to address missing data. Means and standard deviations were run for each of the study variables. In addition, correlations were run between each of the study variables to present simple patterns in expected associations. Interactions between Intentions to Engage in suicide prevention behaviors and each of the proposed moderators (teacher trainer attitudes, parent attitudes, peer subjective norms) were computed (e.g., Intentions X Peer norms). A regression model was then run, using simultaneous entry with each of the study variables and the interactions entered together, in predicting actual engagement in suicide prevention behaviors from intentions to engage in these behaviors. This process was intended to identify those social influence variables that moderate the Intentions to Engagement in behaviors relationship. Post hoc slope analyses were conducted to test the nature of significant moderator effects by constructing conditional moderators at high (+1SD) and low (-1SD) levels of the moderator and regressing these on the Intentions-Engagement in behaviors relationship.

Results

Descriptive and Correlations

Means, standard deviations, and correlations are presented in Table 1. There were a few notable associations relating to intentions to engage in suicide prevention behaviors in adolescents. There were significant correlations between peer SPB subjective norms, teacher engagement, and parent attitudes toward suicide prevention and adolescents' intentions to engage in suicide prevention behaviors. However, contrary to expectations, SPB intentions did not correlate with actual SPBs (see Table 1).

Moderator Analysis

A regression model was run to assess the predictive nature of social influences, and hypothesized moderator effects, on adolescents' intentions to engage in suicide prevention behaviors (see Table 2). Similar to the simple correlations, SPB intentions did not predict SPBs. There was a main effect found between parent suicide prevention attitudes and adolescents' engagement in suicide prevention behaviors. Results also suggest that there is a marginally significant moderator effect of peer SPB subjective norms on SPBs ($p = .044$).

Slope Analysis

A slope analysis was run to investigate the nature of the suggested moderator effect of peer subjective norms on suicide prevention behaviors (SPB) by creating conditional moderators at both high (+1SD) and low (-1SD) levels of SPB peer norms and SPB intentions. Two additional regression models were run using both high and low peer norm conditional moderators. The results of the slope analysis revealed that moderation in fact did not occur as the slopes of the regression lines resulting from each of the new models remain nonsignificant from zero (high peer norms, $\beta=1.12$, $p=0.966$ and low peer norms, $\beta=0.961$, $p=1.11$; see Figure 2). It is important to note that in each of the two conditional models, SPB intentions continued to be a nonsignificant predictor of SPBs.

Discussion

The main goal of the study was to investigate if the social influences of peers, teachers, and parents would moderate the relationship between adolescents' intentions to engage in suicide prevention behaviors and actual engagement in behaviors. The results revealed that none of the hypothesized moderator effects were significant. Moreover, SPB intentions did not predict SPBs at two-month follow-up after participation in the suicide prevention gatekeeper program. The lack of significant moderator effects is likely due to the fact that intentions do not contribute

meaningfully to SPBs. This is contrary to the guiding theory of this study, The Theory of Planned Behavior (Ajzen, 2011), which suggests that intentions are the main predictor of engagement in health-related behaviors. The lack of relationship between intentions and SPBs might be related to research design, specifically when intentions and behaviors were measured. Intentions were assessed prior to involvement in the gatekeeper program and SPBs were assessed two months following the end of the program. At follow-up, there might have been other factors more important at that time in predicting behaviors, such as perceived behavioral control in engaging in behaviors. This is consistent with Totura and colleagues (2019) study on adolescent decision-making following participation in suicide prevention programming. It is quite possible that the same would be true in the present study, although testing this relationship was outside of the scope, which was to primarily examine the effects of various social influences on SPBs. Furthermore, it might be that perceptions of peer norms around SPBs are more closely associated with the experiences of what the participant would expect while currently in the program, for example, that perceived peer norms might moderate the relationship between pre-program intentions to engage in the program itself and post-program engagement, but not actual suicide prevention behaviors at the time that they are needed to assist at-risk youth. Again, this potential was outside of the scope of the present study, but is a direction for future research. Additionally, there are developmental considerations that could potentially contribute to the engagement in suicide prevention behaviors for adolescents (Totura et al., 2019), such that adolescents would be more likely to engage in a challenging task, like SPBs, if they feel cognitively equipped to do so (Steinberg, 2009).

While teacher and parent influences also did not moderate the intentions to behaviors relationship, the results do point to an interesting and unexpected finding. The attitudes of

parents with respect to suicide prevention directly and significantly predicted SPBs. It is possible that parents play an important role in supporting adolescents as they attempt to assist an at-risk peer. Based on previous findings, family can be a significant source of support and safety for at-risk youth, and quality parent-child relationships could serve as a protective factor for adolescent suicide (Kidd, Henrich, Brookmeyer, Davidson, King, & Shahar, 2006; Hooven 2013).

Extending from these findings, it may be that supportive parental attitudes could influence adolescents' self-efficacy and confidence with help-seeking behaviors once participation in the gatekeeper program and regular involvement with the program trainer are complete, although this is another place for future research.

Study Strengths, Limitations, and Future Directions

There are several strengths of the present study to be noted. This study elucidated the potential direct influence of parents with respect to adolescent engagement in suicide prevention behaviors. This finding suggests that gatekeeper training programs could implement more parental engagement as trusted sources of support for youth following program implementation, which could have the potential to improve the outcomes of at-risk youths (Torok et al., 2019). The study also consisted of a racially diverse sample, although cultural/racial differences were not studied in relation to engaging in suicide prevention behaviors. Additionally, the present study is longitudinal in nature, allowing the ability to assess SPB intentions and behaviors at different timepoints, including pre- and post-program participation. Finally, although the peer moderator effect did not pan out, simple correlations are consistent with previous literature on suicide prevention behaviors in relation to peer influences, such that peer SPB subjective norms are related to SPB intentions ($r = .68$; Totura et al., 2019). This finding corresponds to the broader literature that the influence of peers can become highly important to adolescents

regarding decision-making, specifically with emotional decisions such as suicide prevention (Schmeelk-Cone, Gunzler, Petrova, Goldston, Tu, & Wyman, 2012; Wilson & Deane 2001).

Despite these strengths, there are a few limitations in the present study to be considered. One limitation to be noted was that missing data was imputed, in which some cases had over 50% of data points that needed to be estimated. With increasing proportions of data requiring imputation, the potential for instability in the imputed estimates increases. Additionally, the reported SPBs were relatively low, which possibly restricted the variance that was needed to find significant effects in the study. Furthermore, the sample size was not large enough to look at additional variables or factors that could have an effect on intentions to engage in suicide prevention behaviors, such as group-based cultural and racial factors.

Future research can examine the positive influence that parents have on adolescents regarding suicide prevention behaviors, in addition to investigating the evolution of adolescent self-efficacy in engaging in prevention behaviors. A specific direction as suggested by the present findings is how parents may influence the decision-making and perceived capacity of adolescents to engage in help-seeking behaviors. Additionally, future research could investigate social-contextual factors both during participation in the program related to direct program outcomes (i.e., intentions and behavioral indicators of involvement in the program itself) and once the program is over (i.e., suicide prevention behaviors).

Conclusion

The present study examined how social influences of peer attitudes, teacher attitudes, and parent attitudes could affect the relationship between adolescents' intentions to engage in suicide prevention behaviors and actual SPBs. The results found expand upon the existing literature of suicide prevention behaviors by revealing that, despite the lack of moderating effects by parents,

peers, and teachers, parents have an unexpected and unique direct relationship with SPBs. This positive influence appears to be especially effective post-training when program participants are to engage in suicide prevention behaviors. By understanding this influence, it could potentially enhance adolescents' ability to confidently engage in suicide prevention behaviors. Furthermore, training programs can utilize this information in order to design prevention efforts that actively involve family members in order to maximum program benefits for youth.

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Table 1. *Descriptives and correlations for study variables.*

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Peer SPB Subjective Norms	4.8787	1.38941	1				
2. Teacher Trainer Attitudes	5.8660	1.22844	.105*	1			
3. Parent Attitudes toward Suicide Prevention	4.9347	1.4303	.242**	.327**	1		
4. SPB Intentions	4.4887	1.22294	0.682*	.176**	.253**	1	
5. SPBs	1.0939	1.03952	0.065	0.051	.147*	0.025	1

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. SPB = suicide prevention behaviors. **Correlation is significant at the 0.01 level (2-tailed). *Correlation is significant at the 0.05 level (2-tailed).

Table 2. *Moderator analysis regression coefficients predicting to suicide prevention behaviors.*

	B	S.E.	Beta	T	Sig.
Constant	1.041	.051		20.516	<.001
SPB Intentions	0.002	.051	.003	.047	.962
Peer SPB Subjective Norms	.046	.044	.062	1.062	.289
Teacher Trainer Attitudes	.010	.040	.012	.255	.799
Parent Attitudes toward Suicide Prevention	.101	.034	.139	3.011	.003
SPB Intentions X SPB Peer Norms	.041	.020	.107	2.017	.044
SPB Intentions X Teacher Attitudes	.024	.024	.047	.998	.319
SPB Intentions X Parent Attitudes toward Suicide Prevention	-0.013	0.022	-0.027	-0.572	0.568

Note: SPB = suicide prevention behaviors.

Figure 1. *Conceptual model for the proposed moderating effects of teacher trainer, peer, and parent attitudes on the predictive relationship between intentions to engage in suicide prevention behaviors and actual engagement in suicide prevention behaviors.*

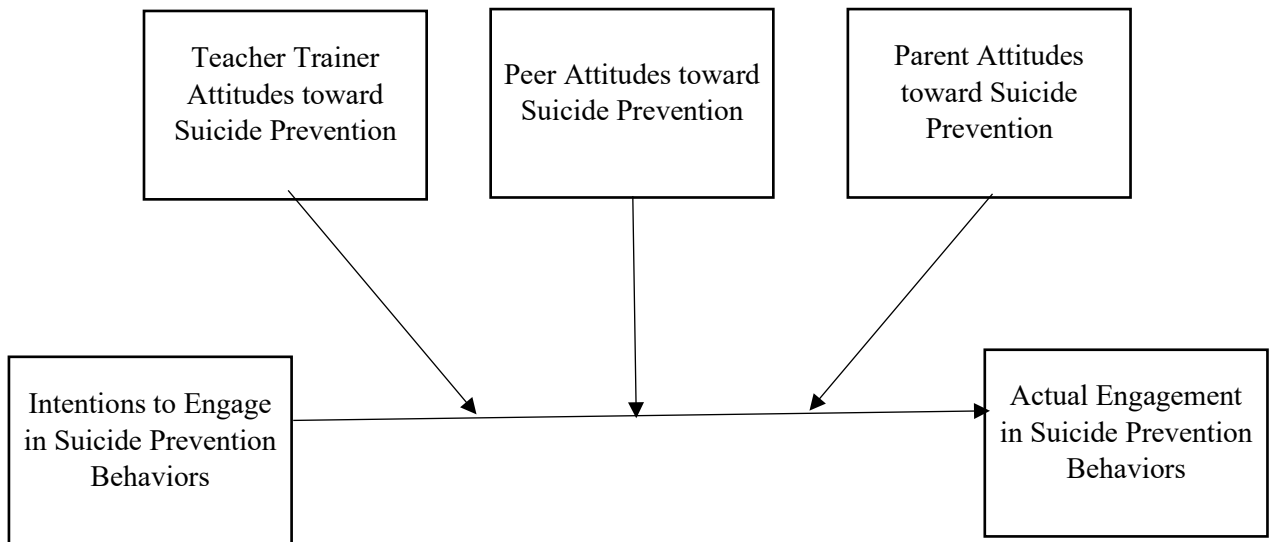
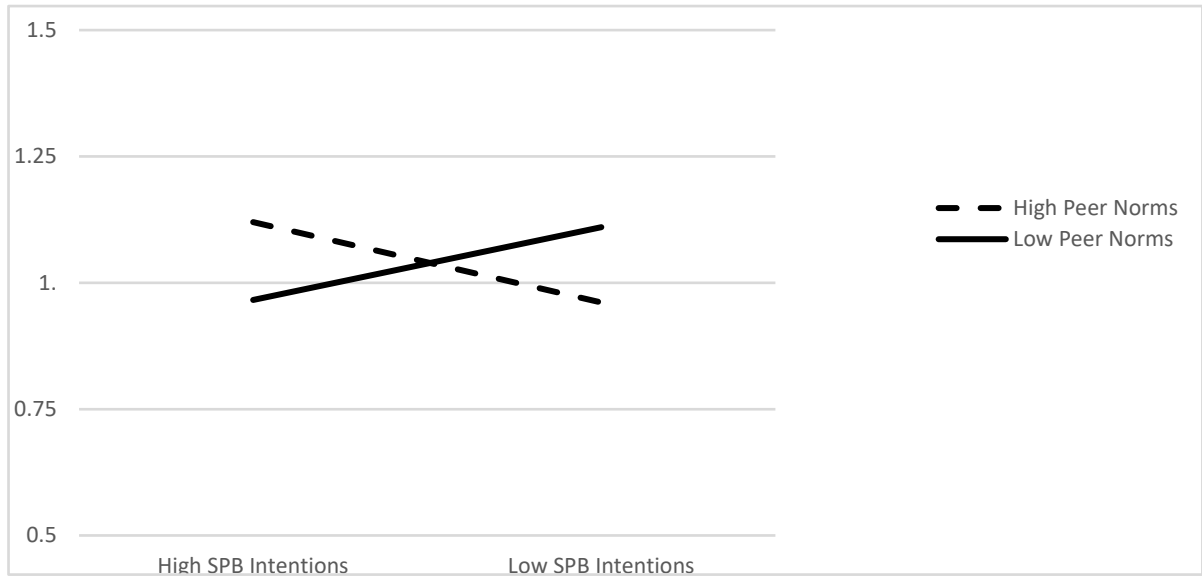


Figure 2. *Suicide prevention behaviors (SPBs) at high and low levels of SPB peer norms and SPB intentions.*



Appendix: Study Measures

YOUTH PRE-TRAINING SURVEY

SURVEY INFORMATION

Purpose

The Albuquerque Public School District (APS) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the University of South Florida (USF) thank you for your willingness to participate in our study of the Jason Foundation program. The ultimate goal of the Jason Foundation program is to prevent the occurrence of suicide. You are taking a leading role in allowing APS, SAMHSA, and USF to gather some important information aimed at making this program more accessible to high school students across the nation.

Confidentiality

Responses to this survey are anonymous: you are not asked to provide your name. School personnel will not know the answers of any individual. However, we request background information, such as your gender, so that findings can be reported for different groups such as females. Completed surveys, which you will seal in the envelopes provided to you, will be given to independent researchers to be analyzed and summarized.

Voluntary

Participation in this survey is voluntary: you can choose not to participate. In addition, if you choose to participate, feel free to skip any questions you do not want to answer.

GENERAL INSTRUCTIONS

This is the first of two surveys you will be asked to complete. It is expected to take about 10 minutes of your time. Although some questions may appear to be repetitive, the questions are necessary for building confidence in the results of the survey.

This is an opinion survey. It is not a test. There are no “right” or “wrong” answers to the questions on this survey. Answer the questions quickly, based on what you know or what you think, without puzzling or worrying about individual questions. Use the “don’t know” option as needed, such as when you do not understand a question.

Please be aware that questions appear on both sides of most survey pages. Be sure to continue on to the back side of those pages.

THANK YOU IN ADVANCE FOR YOUR PARTICIPATION!

BACKGROUND INFORMATION

The following background information is requested so that we can describe who responds to the survey. Please write in the information that best describes you. Please keep in mind that all of your answers are strictly confidential and in no way be will traced to you.

First letter of your last name:	_____ (e.g., if your name is John Doe, enter last initial D)	High school :	_____ _____
Month and Day of Birth:	____ / ____ (e.g., if your month and day of birth is January 2 nd , enter 1/2)	Room number where the Jason Foundation class took place:	_____ (e.g., Health Class, Room 201)

Date and Time of training:	___/___/___ ___:___		
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YOUTH PRE-TRAINING SURVEY

INSTRUCTIONS: Please indicate how much you agree or disagree with each of the statements in this survey that relate to classes about the topic of suicide prevention.

Use a number between 1 and 7 from the scale shown below to indicate your answer. Note that “1” means that you “strongly disagree”, and “7” means that you “strongly agree” with the statement. Enter the number that most accurately reflects your response to each statement by writing that number on the blank line to the right of the statement. Remember, you may use 1, 7, or any number in between. If you “don’t know” the answer to a question, write “0” in the space provided. Note that “don’t know” is a legitimate and important response. If the question does not apply to you, write “9”.

Strongly Disagree	Disagree	Somewh at Disagree	Neither Agree nor Disagree	Somewh at Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Please Answer:
 From “1” to “7”
 “0” if you don’t know
 “9” if not applicable

1. Other students like me will call a suicide hotline if they encounter a friend who is thinking of suicide.	
2. I plan to ask questions during the Jason Foundation presentation.	
3. I intend to actively participate in the Jason Foundation class discussions.	
4. If other students like me learn that a friend is having suicidal thoughts, they will inform a responsible adult (e.g., school counselor, teacher, clergy, or parent).	
5. I will actively participate in the Jason Foundation classroom activities.	
6. In the future, I will call a suicide hotline if I encounter a friend who is thinking of suicide.	
7. If I learn that a friend is having suicidal thoughts, I plan to inform a responsible adult (e.g., school counselor, teacher, clergy, or parent).	
8. Other students like me will ask questions during the Jason Foundation presentation.	
9. Other students that I am friends with will actively participate in the Jason Foundation classroom activities.	
10. If other students like me suspect that someone they know is suicidal, they will refer him/her to a responsible adult (e.g. school counselor, teacher, clergy, or parent).	
11. If I suspect that someone I know is suicidal, I intend to refer him/her to a responsible adult (e.g. school counselor, teacher, clergy, or parent).	
12. Other students like me will actively participate in the Jason Foundation classroom discussions.	

YOUTH POST-TRAINING SURVEY

SURVEY INFORMATION

Purpose

The Albuquerque Public School District (APS) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the University of South Florida (USF) thank you for your willingness to participate in our study of the Jason Foundation program. The ultimate goal of the Jason Foundation program is to prevent the occurrence of suicide. You are taking a leading role in allowing APS, SAMHSA, and USF to gather some important information aimed at making this program more accessible to high school students across the nation.

Confidentiality

Responses to this survey are anonymous: you are not asked to provide your name. School personnel will not know the answers of any individual. However, we request background information, such as your age and gender, so that findings can be reported for different groups such as females. Completed surveys, which you will seal in the envelopes provided to you, will be given to independent researchers to be analyzed and summarized.

Voluntary

Participation in this survey is voluntary: you can choose not to participate. In addition, if you choose to participate, feel free to skip any questions you do not want to answer.

GENERAL INSTRUCTIONS

This is the second of two surveys you will be asked to complete. It is expected to take about 25 minutes of your time. Although some questions may appear to be repetitive, the questions are necessary for building confidence in the results of the survey.

This is an opinion survey. It is not a test. There are no “right” or “wrong” answers to the questions on this survey. Answer the questions quickly, based on what you know or what you think, without puzzling or worrying about individual questions. Use the “don’t know” option as needed, such as when you do not understand a question.

Please be aware that questions appear on both sides of most survey pages. Be sure to continue on to the back side of those pages.

THANK YOU IN ADVANCE FOR YOUR PARTICIPATION!

YOUTH POST-TRAINING SURVEY

INSTRUCTIONS: Please indicate how much you agree or disagree with each of the statements in this survey that relate to classes about the topic of suicide prevention.

Use a number between 1 and 7 from the scale shown below to indicate your answer. Note that “1” means that you “strongly disagree”, and “7” means that you “strongly agree” with the statement. Enter the number that most accurately reflects your response to each statement by writing that number on the blank line to the right of the statement. Remember, you may use 1, 7, or any number in between. If you “don’t know” the answer to a question, write “0” in the space provided. Note that “don’t know” is a legitimate and important response. If the question does not apply to you, write “9”.

Strongly Disagree	Disagree	Somewh at Disagree	Neither Agree nor Disagree	Somewh at Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Please Answer:
From “1” to “7”
 “0” if you don’t know
 “9” if not applicable

1. I actively participated in the Jason Foundation classroom activities.	
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2. The Jason Foundation program is an important addition to the school's prevention programming.	
3. The advantages of implementing the Jason Foundation program at this school far outweighed any disadvantages.	
4. Students in this class seemed interested in the Jason Foundation activities.	
5. Students in this class took an active part in Jason Foundation classroom discussions.	
6. Students in this class asked a lot of questions during the Jason Foundation presentation.	
7. The Jason Foundation program is contributing to the safety of the students who take it.	
8. The incidence of suicide is likely to decrease among students who participate in the Jason Foundation program.	
9. If I learn that a friend is having suicidal thoughts, I plan to inform a responsible adult (e.g., school counselor, teacher, clergy or parent).	
10. I like the Jason Foundation program.	
11. I was comfortable participating in the Jason Foundation program that focuses on suicide prevention.	
12. Students in my Jason Foundation presentation worked together as a group on Jason Foundation group exercises.	
13. Implementing the Jason Foundation program addresses an important unmet need at school.	
14. The Jason Foundation program provides students with knowledge and strategies that will help them reduce suicide in the future.	
15. I asked questions during the Jason Foundation presentation.	

Strongly Disagree	Disagree	Somewh at Disagree	Neither Agree nor Disagree	Somewh at Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

**Please Answer:
From "1" to
"7"
"0" if you don't
know
"9" if not
applicable**

16. My teacher who taught the Jason Foundation program seemed to like the Jason Foundation presentation.	
17. I believe suicide prevention should be a part of the school's prevention programming.	
18. The Jason Foundation program is a very good addition to our prevention programming.	
19. If I suspect that someone I know is suicidal, I intend to refer him/her to a responsible adult.	
20. The Jason Foundation program will save lives.	
21. Other students like me actively participated in the Jason Foundation classroom discussions.	
22. I actively participated in the Jason Foundation program discussions.	
23. Jason Foundation materials have been an important addition to this school's prevention programming.	
24. In the future, I will call a suicide hotline if I encounter a friend who is thinking of suicide.	

25. Offering the Jason Foundation program is a very good idea for this school.	
26. Overall, implementing the Jason Foundation program has been helpful to the students in this school.	
27. Other students like me asked questions during the Jason Foundation presentation.	
28. Parents who know about the Jason Foundation program seem to like it.	
29. Other students that I am friends with actively participated in the Jason Foundation classroom activities.	
30. The Jason Foundation program is very similar to a course already offered at this school.	
31. Students in my Jason Foundation presentation actively participated in role-playing exercises.	
32. The Jason Foundation program will have lifelong benefits for the students who take it.	
33. I like the teacher who taught the Jason Foundation program.	

INSTRUCTIONS: There are many different classroom activities your teacher could choose from in the course of teaching the Jason Foundation curriculum. We are interested in which activities your teacher decided to carry out. Please read the list shown below of possible classroom activities. Indicate whether each activity actually occurred in your class. Circle **“YES”** if you are absolutely sure it occurred. Otherwise, please circle **“NO”**.

34. We played the game “Tell or Don’t Tell’ in small groups.	YES	NO
35. We discussed youth suicide statistics (i.e., 100+ young people lose their lives to suicide each week).	YES	NO

36. We listed some people/places we could go to for help.	YES	NO
37. We looked at transparencies that discussed the dangers of drugs and alcohol.	YES	NO
38. We watched the video "Choices" with the main characters Mark and Jan.	YES	NO
39. We identified warning signs shown by Mark and Jan.	YES	NO
40. We learned what the letters in the word SAVE stand for.	YES	NO
41. I received a pledge card that I can keep in my wallet.	YES	NO
42. We discussed the five main warning signs of suicide.	YES	NO
43. We watched a "Dateline" episode about depression and suicide among high school students.	YES	NO
44. Our teacher read us a story about Mike, a high school student who committed suicide and how his suicide affected his friends, family, and classmates.	YES	NO
45. We learned what the letters in the word LIFE stand for.	YES	NO
46. We wrote out a "plan of action" that we could use if a friend is thinking about hurting him/herself.	YES	NO
47. During the Jason Foundation presentation we took a quiz about what we already know about youth suicide.	YES	NO

YOUTH FOLLOW-UP SURVEY

SURVEY INFORMATION

Purpose

The Albuquerque Public School District (APS) in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the University of South Florida (USF) thank you for your willingness to participate in our evaluation of the Jason Foundation program. The ultimate goal of the Jason Foundation program is to prevent the occurrence of suicide. You are taking a leading role in allowing APS, SAMHSA, and USF to gather some important information aimed at making this program more accessible and useful to high school students across the nation.

Confidentiality

Responses to this survey are anonymous: you are not asked to provide your name. School personnel will not know the answers of any individual. However, we request background information, such as your age and gender, so that findings can be reported for different groups such as females. Completed surveys, which you will seal in the envelopes provided to you, will be given to independent evaluators to be analyzed and summarized.

Voluntary

Participation in this survey is voluntary: you can choose not to participate. In addition, if you choose to participate, feel free to skip any questions you do not want to answer.

GENERAL INSTRUCTIONS

This is the last of the surveys you will be asked to complete. It is expected to take about 10 minutes of your time. Although some questions may appear to be repetitive, the questions are necessary for building confidence in the results of the survey.

This is an opinion survey. It is not a test. There are no “right” or “wrong” answers to the questions on this survey. Answer the questions quickly, based on what you know or what you think, without puzzling or worrying about individual questions. Use the “don’t know” option as needed, such as when you do not understand a question.

Please be aware that questions appear on both sides of most survey pages. Be sure to continue on to the back side of those pages.

THANK YOU IN ADVANCE FOR YOUR PARTICIPATION!

BACKGROUND INFORMATION

The following background information is requested so that we can describe who responds to the survey. Please circle, check (✓), or write in the information that best describes you. Please keep in mind that all of your answers are strictly confidential and in no way be will traced to you.

First letter of your last name:	_____ (e.g., if your name is John Doe, enter last initial D)	Date and Time of training:	____/____/____ ____:____
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<p>Month and Day of Birth:</p>	<p>____ / ____ (e.g., if your month and day of birth is January 2nd, enter 1/2)</p>	<p>Classroom number where the Jason Foundation class took place:</p>	<p>_____ (e.g., Health Class, Room 201)</p>
<p>Please indicate your typical course grades (choose only one answer)</p>	<p> <input type="checkbox"/> Mostly A's <input type="checkbox"/> Mostly A's & B's <input type="checkbox"/> Mostly B's <input type="checkbox"/> Mostly B's & C's <input type="checkbox"/> Mostly C's <input type="checkbox"/> Mostly C's & D's <input type="checkbox"/> Mostly D's <input type="checkbox"/> Mostly D's & F's <input type="checkbox"/> Mostly F's </p>		

YOUTH FOLLOW-UP SURVEY

INSTRUCTIONS: Please indicate how much you agree or disagree with each of the statements in this survey that relate to suicide prevention.

Use a number between 1 and 7 from the scale shown below to indicate your answer. Note that “1” means that you “strongly disagree”, and “7” means that you “strongly agree” with the statement. Enter the number that most accurately reflects your response to each statement by writing that number on the blank line to the right of the statement. Remember, you may use 1, 7, or any number in between. If you “don’t know” the answer to a question, write “0” in the space provided. Note that “don’t know” is a legitimate and important response. If the question does not apply to you, write “9”.

Strongly Disagree	Disagree	Somewh at Disagree	Neither Agree nor Disagree	Somewh at Agree	Agree	Strongly Agree
1	2	3	4	5	6	7

Please Answer:
From "1" to "7"
"0" if you don't know
"9" if not applicable

1. I found myself talking to peers about suicide after finishing the Jason Foundation curriculum.	
2. I feel comfortable talking to someone who is suicidal.	
3. I feel comfortable referring someone who is suicidal to a responsible adult for help.	
4. I feel comfortable talking to a responsible adult about someone who is suicidal.	
5. I am confident that I can use the warning signs from the Jason Foundation curriculum to identify someone who may be suicidal in the future.	
6. I am confident that I could refer someone who is suicidal for help in the future.	

INSTRUCTIONS: Please read the list shown below of possible activities. Indicate whether you completed each activity. Circle **"YES"** if you are absolutely sure you completed it. Otherwise, please circle **"NO"**. If you circled **"YES"** for an activity, please indicate how many times you completed it since taking part in the Jason Foundation training.

7. I used the warning signs I learned in the Jason Foundation curriculum to identify someone who may be suicidal.	YES	NO
If you answered "Yes" to question 7, how many times did you do this since you had the Jason Foundation training? _____		
8. I talked to someone who was suicidal.	YES	NO
If you answered "Yes" to question 8, how many times did you do this since you had the Jason Foundation training? _____		
9. I referred someone who was suicidal to a responsible adult who could help (e.g., school counselor, teacher, clergy, or parent).	YES	NO
If you answered "Yes" to question 9, how many times did you do this since you had the Jason Foundation training? _____		
10. I talked to a responsible adult about someone who is suicidal.	YES	NO
If you answered "Yes" to question 10, how many times did you do this since you had the Jason Foundation training? _____		