

EDUCATORS' PERSPECTIVE OF SUICIDE PREVENTION PROGRAM: HOPE
SQUAD

Thesis

Submitted to

The School of Education and Health Sciences of the
UNIVERSITY OF DAYTON

In Partial Fulfillment of the Requirements for
The Degree of
Educational Specialist in School Psychology

By

Paige Marie Osterhues

Dayton, Ohio

August 2021



**University of
Dayton**

EDUCATORS' PERSPECTIVE OF SUICIDE PREVENTION PROGRAM: HOPE

SQUAD

Name: Osterhues, Paige M.

APPROVED BY:

Sawyer Hunley, Ph.D.
Advisory Committee Chair
Associate Professor
Department of Counselor Education & Human Services

Susan Davies, Ed.D.
Committee Member
Professor
Department of Counselor Education & Human Services

Scott Hall, Ph.D.
Committee Member
Professor
Department of Counselor Education & Human Services

© Copyright by

Paige Marie Osterhues

All rights reserved

2021

ABSTRACT

EDUCATORS' PERSPECTIVE OF SUICIDE PREVENTION PROGRAM: HOPE SQUAD

Name: Osterhues, Paige Marie
University of Dayton

Advisor: Dr. Sawyer C. Hunley

Evidence-based research suggests that schools offer the most extensive intervention opportunities for students at-risk for suicide (Evans & Hurrell, 2016). An important aspect of this system is the implementation and evaluation of school-based suicide prevention programs, such as Hope Squad. Current literature on this program is limited, as this program is relatively new and is being implemented in a growing number of schools across the country. Thus, the present study investigated the perspectives of school personnel on the suicide prevention program, Hope Squad. Following a qualitative method of research, eight participants, who are directly involved with Hope Squad, were interviewed using a semi-structured interview protocol. Through a thematic analysis, categories and themes emerged, including: need for Hope Squad (mental health concerns, being proactive, and social-emotional supports), benefits of Hope Squad (trained and trusted peers, suicide training, mental health awareness, and change in the culture of the school), challenges within Hope Squad (time for training members and stigma), and pandemic response (social media platforms, dramatic decrease in referrals, and delay in training). Schools can facilitate trainings through programs such as Hope Squad, to better equip staff and students to help students at-risk for suicide and create a more positive school environment. The findings from this study can be used to increase awareness of

Hope Squad and the perspectives of school personnel towards this suicide prevention program.

ACKNOWLEDGEMENTS

I would like to express the deepest appreciation to my thesis chair, Dr. Sawyer Hunley for all her support and numerous hours of editing throughout this process. I would also like to thank the members of my thesis committee; Dr. Susan Davies and Dr. Scott Hall for sharing their time and expertise with me. The dedication and encouragement from each of these professionals encouraged me to complete this thesis and grow in my career as a school psychologist.

I would also like to thank the members of my family. To my parents: Thank you for your endless love and support in this journey. I would not be here without the countless phone calls and encouragement from you throughout the years. To my fiancé: Thank you for your continued patience during this process and pushing me to always be my best. To my dearest friend, Rachel: Thank you for your constant friendship and support. Having you to rely on when I needed to rest from the busy schedule of life was a blessing.

Finally, I would like to express my sincerest gratitude to the eight individuals who participated in this study. Thank you for taking the time to share your insight with me. This thesis would not have been possible without you.

TABLE OF CONTENTS

ABSTRACT.....	iv
ACKNOWLEDGEMENTS.....	vi
INTRODUCTION.....	1
LITERATURE REVIEW.....	3
Suicide Rates.....	3
Risk Factors.....	5
Warning Signs.....	6
School-based Prevention Programs.....	6
Hope Squad.....	8
Mission and Vision.....	9
Rationale for Study.....	9
METHODS.....	11
Research Question.....	11
Research Design.....	11
Participants.....	11
Renee.....	12
Janice.....	12
Andy.....	12
Keith.....	12
Cathy.....	13
Jason.....	13
Ally.....	13
Julie.....	13
Research Team.....	13
Thesis Committee.....	13
Primary Investigator.....	14
Trained Colleague.....	14
Materials.....	14
Procedures.....	15

IRB Approval.....	15
Data Collection.....	15
Data Analysis.....	16
RESULTS.....	17
Educators’ Perspective of Hope Squad.....	17
Need for Hope Squad.....	18
Mental Health Concerns.....	18
Being Proactive.....	19
Social-Emotional Supports.....	20
Benefits of Hope Squad.....	21
Trusted and Trained Peers.....	21
Suicide Training.....	22
Awareness of Mental Health.....	23
Change in the Culture of the School.....	24
Challenges Within Hope Squad.....	25
Time for Training Members.....	25
Stigma.....	25
Pandemic Response.....	26
Social Media Platform.....	27
Dramatic Decrease in Referrals.....	27
Delay in Training.....	28
DISCUSSION.....	29
Review of Purpose.....	29
Interpretation of Findings.....	29
Limitations.....	31
Implications for Future Research.....	32
Implications for Practice.....	32
Conclusion.....	33
REFERENCES.....	34
APPENDIX A: Participant Demographic Information.....	38
APPENDIX B: Semi-Structured Interview Protocol.....	39

APPENDIX C: Informed Consent for Research.....	41
APPENDIX D: Themes Matrix: Educators' Perspective of Hope Squad.....	44

LIST OF TABLES

Table 1. Educators' Perspective of Hope Squad.....	18
----------------------------------------------------	----

CHAPTER I

INTRODUCTION

Suicide is the second leading cause of death among adolescents ages 15- to 24-year-olds (Suicide Prevention Resource Center [SPRC], 2015). Data from the Youth Risk Behavior Surveillance System (YRBSS) shows that 17.2% of adolescents seriously considered suicide, 13.6% made a suicide plan, and 8% attempted suicide (Center for Disease Control and Prevention [CDC], 2017). Data from the YRBSS also show that these percentages significantly increased between the years 2007 and 2017, (2.7% increase adolescents seriously considering suicide, 2.3% increase in adolescents making a suicide plan, and 0.5% increase in adolescents attempting suicide). Thus, there is a clear need for suicide prevention programs for adolescents.

The US Department of Health and Human Services (US DHHS) Office of the Surgeon General and the National Action Alliance for Suicide Prevention (NAASP) acknowledged that there was a critical need to address suicide prevention (Hatton et al., 2017). In 2012 the US DHHS Office of the Surgeon General and NAASP published a National Strategy for Suicide Prevention with recommendations for improving suicide prevention initiatives. Recommendations included implementing effective programs and providing education that promotes wellness and prevents suicide and related behaviors along with implementing these programs in settings where adolescents frequently spend most of their time, such as schools. (Office of the Surgeon General and NAASP, 2012) This places schools in a unique position for identifying and helping students who are at risk for suicide.

Schools provide more help to students with emotional problems than any other sector, making schools a direct and effective mental health system for adolescents (Freedenthal & Breslin, 2010). Proximity to adolescents provides school personnel and students the opportunity to better recognize students who are at risk for suicide. School-based prevention practices are essential for reducing the incidence of mental health problems, as an estimated 20% of adolescents have mental health concerns (World Health Organization, 2019). Teachers, staff, and students play an important role in providing support to at risk students and connecting them with mental health services (Nadeem et al., 2011).

The present study evaluated a current suicide prevention program, Hope Squad, which is being implemented in more than 400 schools across the country. Hope Squad is a school-based peer-to-peer suicide prevention program used to identify and help students who are at-risk for suicide (Wright-Berryman, Hundall, Hopkins & Bledsoe, 2018). Current literature on this program is limited, as this program is relatively new and is being implemented in a growing number of schools across the country. Thus, evaluating the effectiveness of programs, such as Hope Squad, is important when searching for a successful school-based suicide prevention model.

CHAPTER II

LITERATURE REVIEW

This literature review discusses the prevalence and risk factors for adolescent suicide. The importance and effectiveness of school-based prevention programs when working with adolescence in the school system is discussed. The literature review concludes with an overview of the suicide prevention program, Hope Squad, and the vision of this program.

Suicide Rates

According to Ross, Kolves and De Leo (2017), 41,000 (2.4%) of 12-17 year olds report attempting suicide in any 12-month period, with 10,000 of these cases requiring medical treatment. In this study, one hundred and fifteen teachers responded to an online survey regarding their views on the requirements for school suicide prevention. A qualitative analysis was then conducted examining teacher's knowledge, attitudes, and experience of suicidality. Suicide is an increasingly significant problem in adolescents that has a devastating impact on family, friends, and communities. A potential cause of this increase is that adolescents are at an increased risk for developing mental health problems, such as depression and anxiety, due to elevated stress sensitivity (van Loon et al., 2019). Adolescence are more sensitive to stress due to the rapid growth and development in the physical and psychological domains, including changes occurring simultaneously (puberty, transition to high school, etc.). School-based mental health professionals could prevent the development of mental health problems, such as suicidal ideation, through early intervention during this critical period. Schools play an important

role in this prevention method by providing a consistent environment for students who are at-risk for suicide to seek help.

Effective and comprehensive suicide prevention and education are key to lowering the suicide rate (Westefeld, Jenks Kettmann, Lovmo & Hey, 2007). While the number of school-based prevention programs has grown, little research has been conducted on the efficacy of these programs. According to Hatton et al. (2017), strategies to prevent suicide are not well known or utilized in school settings due to lack of training and education on how to help a student at-risk for suicide. This raises awareness to the fact that school personnel need the proper training and education to implement a successful prevention program. Finding an effective school-based suicide prevention program is important when deciding which program a school should implement.

Each year nearly 800,000 people commit suicide, which is equivalent to one suicide every 40 seconds (WHO, 2019). Based on data reported by WHO (2019), an estimated 62,118 adolescents between the ages of 10 and 19 committed suicide in the year 2016, making suicide the second leading cause of death for adolescents. Further, for every completed suicide there are more 100 suicide attempts. Suicide occurs about 1.8 times more often among males than among females, and about 2 times more often among sexual minority youth than among heterosexual youth (DeCamp & Bakken, 2016).

The Youth Risk and Behavior Surveillance (YRSB) is published by the U.S. Department of Health and Human Services and the Center for Disease Control and Prevention every two years. This survey is given to high school students across the nation to monitor the health behaviors and the effectiveness of prevention programs in schools. Data from the 2017 survey revealed a significant increase in the number of students who

reported “seriously considered attempting suicide” (2.7%), “have made a suicide plan” (2.3%), and “attempted suicide” (0.5%) when compared to the 2007 survey (Hatton et al., 2017). The results of this survey also found that the prevalence of suicide-related behaviors was higher among female than male students (Center for Disease Control and Prevention [CDC], 2017).

Risk Factors

There are extensive risk factors for suicide that vary between individuals. A study by DeCamp and Bakken (2016) found that bullying victimization, substance use, fighting, sexual behavior, depression, and unhealthy dieting are among the risk factors associated with suicidal ideation. Another study by Evans and Hurrell (2016) found that the most significant risk factor for suicide was a prior suicide attempt, with a third of adolescents making a repeated attempt on their life. Furthermore, Kosidou et al., (2014) found that poor school performance predicted suicide attempts in adolescents. The increase in social media use among youth has also increased cyberbullying, which has been identified as a risk factor for suicidal behavior (Kim, et. al., 2020). An extensive study conducted by Westefeld et. al. (2007) identified 10 characteristics as critical risk factors in adolescent suicide (in order of most importance): “hopelessness, communicated ideation-plan, previous attempts, mood level, quality of a variety of relationships, depression symptomatology, degree of social integration, recent relationship loss, mental status symptoms, and degree of willingness to accept help” (p. 32). Although these are common risk factors among adolescent suicide, each adolescent experiencing suicidal ideation faces unique circumstances and risk factors.

Warning Signs

The American Association of Suicidology (AAS) developed a list of warning signs using a two-tiered model. The first tier indicates an imminent risk and typically requires immediate attention, while the second tier indicates a need for individuals to see help. In the first tier, warning signs include threatening to or talking about wanting to kill oneself, looking for ways to kill oneself, and talk or writing about death. In the second tier, warning signs include talking about being a burden, talking about having no reason to live, feelings of hopelessness, reports of feeling trapped, substance abuse, depression, anxiety, changes in sleep patterns, reckless behavior, giving away possessions, aggression, and withdrawal from desired activities.

School-based Prevention Programs

For every suicide, there are approximately 100-200 suicide attempts (CDC, 2019). These statistics estimate that the average high school student experiences the trauma of a fellow classmate committing suicide every 2-3 years. Evidence-based research suggests that schools offer the most extensive intervention opportunities for students at-risk for suicide (Evans & Hurrell, 2016). This research additionally states that interventions focusing on “awareness and education curriculum, screening, gatekeeper training, skills training, and peer leadership” have strong evidence for preventing suicide attempt and completion (p. 2). Freedenthal and Breslin (2010) found that 58.8% of teachers had directly encountered a student at-risk for suicide, but very few indicated that they had approached the student to talk about his/her problem due to fear of not knowing how to handle the situation. School-based prevention programs are vital to educate school personnel and students on how to talk with and help students who are at-risk for suicide.

School personnel work with adolescents on a daily basis, meaning these individuals have a significant role in the prevention of suicide in students. Hatton et al. (2017) surveyed teachers on their perceptions of their ability to support adolescents' mental health needs, with less than one-third indicating they felt they had the appropriate skills to support these students. This indicated a lack of training and confidence that school personnel had to help students at-risk for suicide and other mental health issues. Further, this study found that those who felt they had the ability to support adolescents misunderstood or overlooked the warning signs of suicide. Students at risk for suicide hesitate to talk to teachers about suicidal ideation and are more likely to confide in their peers rather than adults (Hatton et al., 2017). School based personnel must consider this when looking at different programs to implement in schools.

According to Katz et al. (2013), suicide prevention programs aim to reduce the prevalence of suicidal thoughts, attempts, and deaths. Prevention programs are designed to reduce risk factors and identify those at risk in the school setting. School-based prevention programs encourage students at risk for suicide to seek help and gain access to resources that promote prevention. Several studies have found that curriculum-based suicide prevention programs have potential to directly improve the knowledge, attitudes, and help-seeking behavior in young people (such as peers) towards suicide and suicidal risk factors (Robinson et al., 2013; Stein et al., 2010). Successful school-based suicide prevention programs require the development of effective programs and the successful implementation of these programs. Walsh, Hooven, and Kronick, (2013) stated that individuals gain the willingness, confidence, and comfort to intervene with students at-

risk for suicide through training they receive during the implementation of prevention programs.

Critical components of an effective suicide prevention program include: monitoring suicidal trends, evaluating risk factors and protective factors, reducing depression and substance abuse, building resiliency, working to reduce peer and family conflict, screening for risk and providing referrals, limiting access to lethal means, and educating the media (National Institute of Mental Health, 2019). According to Westefeld, et. al. (2007), key elements of an effective suicide prevention program include: “Early detection and referral, identification of key resources, students, making more normative the idea of seeking and receiving help, training of persons who deal with youth suicide, education of parents, primary prevention that begins in elementary school, post-intervention in the schools” (p.319).

Hope Squad

Hope Squad is a school-based, peer to peer suicide prevention program that has been implemented in more than 400 schools to date (Wright-Berryman, Hudnall, Hopkins, & Bledsoe, 2018). This program was founded in Utah to train students and staff on how to watch for and encourage students who are at-risk for suicide to seek help from adults. Diane Egbers, the founder of Grant Us Hope, encouraged schools in Ohio to start implementing this program after her son committed suicide. Her foundation focuses on “creating communities of leadership and advocacy that enhance mental wellness, safety, and prevention in schools; developing a community of students that work together to save lives” (Grant Us Hope, n.d., <https://grantushope.org>). Grant Us Hope provides teens, parents, and families the platform to engage in pro-mental health conversations to reach

teens in distress. This program trains members what it means to be a mandated reporter, so that students truly get the help they need when they seek out a member in Hope Squad. Hope Squad was accepted as part of the Grant Us Hope foundation to implement this vision initially into schools in the greater Cincinnati area, which has since expanded to various school districts across Ohio.

Mission and Vision. The mission for Hope Squad is to “accelerate the capacity to prevent teen suicide through increased awareness, collaboration, and advocacy.” (Grant Us Hope, n.d., <https://grantushope.org>). This program serves as a key component in the prevention of adolescent suicides through peers directly encouraging other peers in distress to reach out to adults for help. According to Grant Us Hope (n.d.), the number one suicide prevention measure is peer to peer intervention. Hope Squad helps train student leaders, elected by their peers, on how to watch for and encourage students at-risk for suicide to seek help. Hope Squad educates individuals on how to have conversations about mental health and suicide in an effective and healthy way. The vision for Hope Squad is to “transform the conversation on suicide prevention and bridge local service gaps through collaborative, evidence-based research, education, and programs” (Grant Us Hope, n.d., <https://grantushope.org>).

Summary

There are over 3,000 suicide attempts by adolescents, grades 9 through 12, every day in the U.S. (WHO, 2019). This is a staggering number given research that has shown that suicide is preventable. Since most individuals do not seek help for suicidal thoughts and behaviors, encouraging at-risk adolescents to seek help is critical for suicide prevention. (Ross, Kolves, & De Leo, 2017). In order to do this, school-based mental

health professionals must be able to recognize the warning signs. WHO (2019) found that four out of five teens who attempt suicide have given clear warning signs. Implementing a school-based prevention program to successfully educate school personnel and peers to identify the warning signs of students at-risk is essential. To this end, the purpose of the present study is to evaluate this suicide prevention program, Hope Squad, which is being implemented in more than 400 school districts across the country.

CHAPTER III

METHOD

Research Questions and Predictions

The current study examined the following research question:

What are the views of school personnel on the effectiveness of Hope Squad, a suicide prevention program, for high school students?

Research Design

A qualitative in-depth analysis about Hope Squad was conducted to examine the views of school personnel where this program has been implemented in their school district. A qualitative study was chosen because no literature to date was available regarding school personnel perceptions of the program in districts that had implemented this program. Given that an array of participants are instrumental in both the implementation of and the outcomes for Hope Squad, it was important to evaluate these participants' perspectives.

Participants and Setting

Participants in the current study included eight school personnel currently working in a school district that had implemented Hope Squad in their school district. These school personnel were directly involved with Hope Squad and included one school psychologist, five school counselors, and two teachers involved with Hope Squad at four suburban districts in the Greater Cincinnati area. These schools in the Greater Cincinnati area were chosen because they had implemented Hope Squad in their district for over a year. All four school districts were predominately white, middle to high socioeconomic

status, and had an average of 20:1 student to teacher ratio. Participants were recruited through referrals by the school psychologist and principal at each school district. Data were collected through semi-structured interviews. When participants volunteered, the researcher found a time that was acceptable to the participant to conduct the interview. Interviews were conducted online over Zoom in order to protect the participant's confidentiality and because the project was conducted during the COVID-19 pandemic, thus limiting the viability of face-to-face interviews. The identity of the participants was kept anonymous throughout all interviews and transcriptions. Participants were assigned a pseudonym and their identity will be kept anonymous in any future papers and presentations. Following is a brief description of each participant provided during the interview. A chart of participant demographic information can be found in Appendix A.

School A:

Renee. Renee is a school psychologist. She has been at her current school district for 6 years, where Hope Squad has been implemented for 2 years.

Janice. Janice is a school counselor. She has been at her current school district for 9 years, where Hope Squad has been implemented for 2 years.

School B:

Andy. Andy is general education teacher. He has been at his current school district for 3 years, where Hope Squad has been implemented for 3 years.

School C:

Keith. Keith is a school counselor. He has been at his current school district for 7 years, where Hope Squad has been implemented for 2 years.

Cathy. Cathy is a school counselor. She has been at her current school district for 7 years, where Hope Squad has been implemented for 3 years.

School D:

Jason. Jason is a general education teacher. He has been at his current school district for 3 years, where Hope Squad has been implemented for 3 years.

Ally. Ally is a school counselor. She has been at her current school district for 5 years, where Hope Squad has been implemented for 3 years.

Julie. Julie is a school counselor. She has been at her current school district for 2 years, where Hope Squad has been implemented for 3 years.

Research Team

The research team consisted of the lead researcher, three University of Dayton faculty members serving as a thesis committee, and a trained colleague who assisted in coding.

Thesis Committee. Committee member Dr. Susan Davies previously worked as a school psychologist in the Cincinnati area. She also designed and taught the Crisis Intervention and Prevention in Educational Settings course in the school psychology program at the University of Dayton, where she serves as program coordinator.

Committee member Dr. Sawyer Hunley has served as a practicing school psychologist and supervisor in urban school districts. At the University of Dayton, she has been a faculty member and coordinator of the school psychology program, assistant provost, and a department chair. Committee member Dr. Scott Hall is a Licensed Professional Clinical

Counselor in practice in the Dayton area. He is also a professor and coordinator of the Clinical Mental Health Counseling Program at the University of Dayton.

Primary investigator. The primary investigator, Paige Osterhues, is a third-year graduate student in school psychology. The author had no personal experience with the specific suicide prevention program, Hope Squad; however, the investigator brought a unique perspective to the study. The investigator had personal experience with suicide intervention and training for suicide assessment while working with adolescents in the past. The investigator had also worked in a school setting with students who had been affected by suicide.

Trained colleague. A trained colleague aided the lead researcher in transcribing and coding interviews, which helped to establish the study's inter-rater reliability. He was a senior psychology major at the University of Wisconsin-La Crosse trained to assist in transcribing and coding through the university's research design course. Interest in this research project stemmed from a desire to gain experience in research.

Materials

Semi-structured interviews were conducted with each participant using an interview protocol (see Appendix B). A computer app, Zoom, was used to audio record the interviews. The interview protocol included questions regarding the effectiveness and views that school personnel have for Hope Squad. This protocol was designed, and questions selected, by the author to find the perspectives that school personnel had towards Hope Squad in their school.

A pilot test of the protocol questions was conducted with a local school psychologist to determine whether the questions needed to be revised in order to obtain

the information being sought in this study. Through pilot-testing, the lead researcher established a realistic estimate of how long the interview would take and gathered feedback from the school psychologist regarding the phrasing and ordering of questions. A question related to the affect of the pandemic on Hope Squad was added after the pilot testing.

Procedures

IRB Approval. Prior to interviewing or contacting participants, the researcher gained approval from the University of Dayton's Institutional Review Board (IRB). Upon receiving approval, the researcher contacted potential participants to schedule an interview.

Data Collection. Data were collected through qualitative semi-structured interviews over Zoom following the phenomenological tradition of research, whereby the researcher seeks to understand the participants and their unique experiences related to Hope Squad. Interviews examined the views of participants in schools that had implemented Hope Squad in their current school district. After participants were recruited, the lead researcher informed each participant about the purpose of the study and their right to voluntary participation and confidentiality. Participants signed an informed consent sheet prior to the interview (see Appendix C). Each interview lasted approximately 30 minutes and was recorded using an app, Zoom, on the researcher's computer. Confidentiality of participants and security of all data collected during this study was maintained by the researcher. Only the researcher had access to the recordings and confidentiality of the participants.

Data Analysis. Each response was transcribed and analyzed through Zoom by the primary investigator for underlying codes and key concepts in the data. This coding process was implemented using a grounded theory approach, which indicated that codes and results emerged from the interviews. A second reviewer coded the data to determine inter-coder agreement. These codes were not predetermined, and were only identified after an in-depth analysis of the qualitative data. Each reviewer independently reviewed the transcriptions to identify the initial codes. Member checks were also conducted by sending preliminary data to participants by email to ask if it accurately reflects their perceptions to ensure that the codes determined were accurate to the participants' views. Interviews were transcribed and coded to find themes among participants' interviews. Coding and transcribing by multiple evaluators enhanced trustworthiness of the data analysis by providing intercoder reliability.

CHAPTER IV

RESULTS

The purpose of the present study was to explore the views of school personnel on the effectiveness of the suicide prevention program, Hope Squad, in their school buildings.

Educators' Perspective of Hope Squad

Analysis of interview transcripts yielded results that fit into four broad categories: *need for hope squad*, *benefits of hope squad*, *challenges within hope squad*, and *pandemic response*. Within the category titled *need for hope squad* are the following themes: mental health concerns, being proactive, and social-emotional supports. Within the category titled *benefits of hope squad* are the following themes: trained and trusted peers, suicide training, awareness of mental health, and change in the culture of the school. Within the category titled *challenges within hope squad* are the following themes: time for training members and stigma. Within the category titled *pandemic response* are the following themes: social media platforms, dramatic decrease in referrals, and delay in training (see Table 1). A more comprehensive table of categories and themes with their supporting quotes can be found in Appendix D.

Table 1. Educators' Perspective of *Hope Squad*

Categories and Themes
<i>Need for Hope Squad</i>
Mental Health Concerns
Being Proactive
Social-Emotional Supports
<i>Benefits of Hope Squad</i>
Trained and Trusted Peers
Suicide Training
Mental Health Awareness
Change in the Culture of the School
<i>Challenges within Hope Squad</i>
Time for Training Members
Stigma
<i>Pandemic Response</i>
Social Media Platforms
Dramatic Decrease in Referrals
Delay in Training

Need for Hope Squad. Each of the eight participants provided specific reasons for implementing Hope Squad in their buildings. Participants shared the significant mental health concerns in their school buildings. Additionally, participants reported the importance of being proactive versus reactive when it comes to suicide. Finally, participants said that they recognized the importance for schools to provide social-emotional supports to the students.

Mental Health Concerns. Participants reported that one of the biggest reasons for implementing Hope Squad in their school building was the significant mental health concerns of their students. Some participants simply shared that they recognized the

importance of mental health. For example, Renee, remarked “Our need came from our building realizing that mental health matters.” Andy also stated, “We had several suicide attempts, so there was an immediate concern for the mental health of the students.” Jason shared about what he sees in regard to students getting help for mental health concerns outside of the school. He said:

An issue that we run into every year is that a lot of students might deal with these mental health concerns. There is still a gap between the communication of the kids and parents. Parents don’t always recognize or respond the right way to kids in crisis. The need for a peer-to-peer group for support and identification of those students who might need mental health services was needed.

Keith reported, “There was a lot of mental health concerns with students in the school. We thought this would be a great program to address these concerns.”

Several participants conveyed the need to provide supports to address students’ mental health concerns. Cathy stated, “We were looking to implement mental health supports. Creating the culture around mental health awareness and supporting your peers.” Similarly, Keith shared:

We saw a need for this program in our school based on the daily volume of mental health issues that we deal with as a counseling department. We felt that this would be another tool that we could have to keep kids safe and get the supports that they need.

Julie also reported the downward spiral that students feel if they lack coping skills to address their mental health. She shared, “There are a growing number of kids who are dealing with some of those big feelings and if they don’t have a coping mechanism then they don’t see a future or way out.”

Being Proactive. Another common theme reported among participants, was the importance of being proactive regarding to mental health and suicide. Ally stated:

Students’ stability was changing. We thought that students would know about other students’ concerns before adults because students don’t want to tell adults.

Thought that it would probably be a good thing to be proactive and move forward with this program.

Andy shared his hope of reaching students before they are to the breaking point of attempting to take their own life, stating “We are looking to prevent suicide and be proactive in helping students before they get to the point of attempting suicide.” When it came to looking at different programs and deciding which one their building should implement, Janice conveyed the importance of prevention efforts in hopes to be proactive with the students. She reported “Suicide prevention efforts were important when looking at the program being implemented in our building. We wanted to look at this proactively instead off reactively.”

Social-Emotional Supports. Multiple participants asserted the importance of social-emotional supports being provided to students to decrease depression and increase prosocial behaviors, such as kindness and empathy. Cathy described that her school’s decision to implement Hope Squad was based on the social-emotional trainings that were provided through this program. She said, “We were looking to add social-emotional learning components into our school. This program provided great trainings and resources on these components to our students.” Similarly, Keith shared his school’s desire for implementing Hope Squad was also the social-emotional supports that this program offers. He stated, “We know as educators that there is a need for social-emotional supports and realized that we wanted to be a part of this program that addressed these supports.”

Additionally, Jason discussed the unique aspect of the peer-to-peer interaction through this program. He said, “We wanted our students to have that social-emotional support in our building. Having the peer-to-peer connections was a great way to build

that.” His school was able to look at the unique way that they could reach students at-risk, through their peers, which Hope Squad promoted. Social-emotional supports include promoting prosocial behaviors that are easily obtained through peer-to-peer interaction.

Benefits of Hope Squad. Every participant reported that Hope Squad brought many benefits to their school building. Each of the schools gained a group of trusted and trained students that were nominated by their peers to be a part of this program. Participants also saw the benefit of having individuals receive training through Hope Squad, so that they would know how to identify suicide warnings and have conversations around suicide. Some of the participants also noticed an increase in the awareness of mental health and change in the culture of their school.

Trusted and Trained Peers. Seven out of the eight participants explained the powerful impact of having trained peers that students could trust with their concerns. Ally simply described the importance of students knowing which peers in the school that they could go to if they were struggling and needed help. She stated, “Students being able to recognize someone that they know who is a part of Hope Squad that they could trust if they are having a bad day.” Andy also described the comfort level that has changed through having peers as contact points to getting help, “The student population has become more comfortable asking for help due to the trust they have in their Hope Squad peers.” The increased comfort level was also seen by Keith, who reported:

We train students in how to deal with students who are struggling. They become a trusted person that peers can go through to get to us. If a kid does not feel comfortable coming to a teacher or counselor, hopefully they can go to a Hope Squad member. Then that Hope Squad member is trained to talk with them and get them to seek the help that they need.

There was also the realization that, through this program, there was a greater possibility that all students in the school were being reached. Julie shared, “We are able to reach a certain population of the high school that may not have been reached. Now they have someone to go to for help, it is a well-rounded group of kids.” Other participants, such as Janice and Jason shared the special role that Hope Squad provided to those students who are not always the “typical” students one would choose to be a part of this program. Janice reported:

It is not always a kid we would normally choose. Certain kids stepped up to the plate though. Kids nominated as a kid who peers felt they could go to for help. Giving them that role that they are successful in. It is eye-opening for us. Makes you realize that you can’t stereotype. There is more to these kids then we may have realized.

Similarly, Jason conveyed “Gets the students that aren’t popular or in sports but are just good human beings that have good characters. Identifies those kids and gives them a role in our school. They have so much to offer.”

Participants also noticed the genuine support that students in this program had for their peers through this program. Ally shared, “Students are supporting one another. It is great to see all the support that these students provide for each other.” Renee explained her admiration with the peer-to-peer aspect of Hope Squad proving critical support and help to students in need, “The peer-to-peer idea is very powerful. They are truly the first to know. Being able to give these kids the tools and understanding, and being able to look out for warning signs, is really powerful.”

Suicide Training. Half of the participants saw the benefit of training students and staff on suicide prevention, as well as how to feel comfortable having a conversation regarding suicide. Cathy and Renee shared their experience with recognizing the

powerful impact that suicide training had for their student population. Cathy said, “Students became comfortable recognizing the signs, having conversations with peers, and feeling comfortable coming to an adult with the concerns they find in their peers.” while Renee said, “Years ago, we didn’t talk about warning signs or suicide. Being able to give these kids the training to know the warnings signs of suicide is so powerful.” Likewise, Janice described the length of reach Hope Squad members had in not only their school, but in their community. She shared, “Even students from other districts came to our Hope Squad members for help because they have the training to help them.”

Some of the participants, such as Renee and Jason, also shared the effectiveness of the suicide training that Hope Squad provided. Renee conveyed, “The training gave the students language that they could use. They know what to say and how to say it. The training really works” while Jason conveyed, “There are a lot of lessons and trainings that we have to get through each year to get us prepared to help peers, but it is effective.”

Awareness of Mental Health. Another benefit of Hope Squad that participants noticed in their schools, was the increased awareness of mental health. Ally shared that it was not only students becoming more aware of mental health, but also teachers. She said, “Teachers went through the training and are seeing more of a need for mental health awareness. They are recognizing that it must be important if they are getting training on it.” Likewise, Janice and Jason shared similar reactions from the teachers in their school buildings. Janice shared, “Teachers were very excited and supportive of this program. Many were coming to ask how they could help and be involved. They saw the need for mental health awareness” while Jason shared, “mental health awareness is being seen. Educating colleagues is important, teachers are seeing the positive effects.”

There was also the acknowledgment of the effects that mental health can have on students and their performance in school. Jason explained, “There came an understanding that mental health can effect a child’s performance in school. If a child has severe anxiety, then they are going to have trouble learning. They aren’t focused on the lesson; they are focused on their anxiety.” Another acknowledgment that surfaced through the implementation of this program was that students realized they were not alone. Julie shared, “Students started to see that they were not the only ones going through this, there are a lot of other going through these big feelings, but some individuals are just more open about it.” Finally, Andy reported, “The main goal of Hope Squad is suicide prevention, and I think that is the most significant contribution that this program makes to the school. This being accomplished through spreading that awareness throughout the school.

Change in the Culture of the School. Five of the participants saw a change in their school culture after the implementation of Hope Squad. Janice reported, “It is about changing the school culture to a more supportive environment.” Similarly, Renee discussed the ultimate goal of Hope Squad, saying “[Ultimate Goal] is to change the culture of the school and bring more awareness to mental health.” She also shared the interest of many individuals wanting to be a part of Hope Squad and help change the culture of the school. She said, “There were so many people wanting to be involved in Hope Squad. They wanted to help our program spread throughout the school and ultimately change our school environment to a more accepting one.”

Three participants--Ally, Jason, and Andy-- each shared the positivity that spread throughout their schools with the implementation of Hope Squad. Ally said, “I think the

most beneficial aspect will be the positivity that it has around the building, especially during Hope Week” while Jason said, “It creates a positivity and support group that is accepting, open, and easy to talk to. This program connects students with other students who may feel alone. It is a giant positivity support network.” Additionally, Andy said, “Spreading positivity and kindness is something of value that Hope Squad provides to the building. Changing the culture of the building through making others feel better.” The addition of Hope Squad also led to students feeling more loved and seen by others. Jason explained this by saying:

There are students that think ‘if my teacher doesn’t even see me, then why am I here?’ Kids want to be seen and loved. Hope Squad helps kids feel that way. This program changes the culture of the school that way.

Challenges Within Hope Squad. Every participant reported that Hope Squad was not without its challenging moments. Finding a time to complete all of the training curricula was difficult. There was also the stigma that surfaced with this program, which the students in Hope Squad had to rise above.

Time for Training Members. While the training involved in Hope Squad is important, as it provides students with all the tools to recognize suicide warning signs and have those tough conversations with peers, finding time to train the members of Hope Squad has been a challenge. Keith reported, “There is a lot that goes into Hope Squad and finding time to train members can be difficult.” Similarly, Janice shared, “the biggest challenge is trying to figure out how to get the training to the kids.” This was echoed by Renee who said, “Finding time to train the students can be difficult and a challenge.”

Stigma. The biggest challenge with Hope Squad that participants reported was the stigma that came along with this program. This was a challenge that the trainings never talked about, but rather something that the leaders of Hope Squad had to address with their students on their own. Julie explained her continued determination to keep the students' spirit up who are in the program, saying "[the stigma] is not something that is talked about in the trainings. It is important to try to keep the group's spirit up even through all the stigma." Ally also described her school's stigma towards the Hope Squad group. She stated, "The challenge we have had is that our kids are being called 'rats' and 'narks' because they are snitching on people and letting people know." Confidentiality of the students being brought to the Hope Squad members is maintained to those within the Hope Squad faculty leaders and the peer that brought the student to get help. Some students still feel that bringing a peer to an adult is "ratting" them out when they only confided with the peer. The Hope Squad members are taught the required duty to report when they become an official member of Hope Squad, so that they understand that they must report a peer that confides in them to the Hope Squad faculty leaders. Jason explained a specific time that a student died by suicide, saying:

The biggest problem is just the stigma of the group, who we are and what we are about. We had a student take their own life in the district and the aftermath was tough on our kids. They kept asking what we could have done more, who are we, and what are we about. We had to explain that we are not going to reach every kid. There were a lot of peers saying that "you guys failed" after that incident.

Another participant, Andy, talked about his desire of Hope Squad to break the stigma of mental health, not only in the school system, but in the community. He said:

My hope is that people start acknowledging, taking seriously, and discussing how to improve their own mental health. That we break the stigma around mental

health. That we, as Hope Squad, are a part of the conversation that helps to be better understand and more broadly accept mental health in society.

Pandemic Response. The recent Covid-19 pandemic added unique changes, positive and negative, to Hope Squad this year. The virtual platforms of social media, such as Facebook and Instagram, became the main source of outreach for some schools. A few participants also noticed the dramatic decrease in referrals, unsure whether this was a positive or a negative outcome of the pandemic. There was also a delay in training the members of Hope Squad due to school building closures and limits being placed on the number of individuals allowed in one room.

Social Media Platform. Several participants discussed the addition of social media platforms to their Hope Squad program to reach students at-risk during virtual learning. All schools closed in March of the last school year, cutting off peer to peer interactions during the school day. With the school closures and the addition of virtual learning, Hope Squad had to find another way to reach students at-risk of suicide. Andy discussed his school's decision to use social media platforms as a form of outreach. He reported, "We have taken to social media to reach our student population. We use this space to connect with students and have a link to connect students to someone from Hope Squad." Similarly, Renee shared "Our students continually post in the social media platforms to stay in touch with peers virtually. They are posting positive, self-care, and inspirational content."

Dramatic Decrease in Referrals. In response to the Covid-19 pandemic, two participants discussed the decrease in referrals they have noticed in their student population. Andy discusses the decrease in referrals in his school district, and questions if

this is a positive or a negative response to the pandemic. He reported, “Referrals have dramatically decreased since Covid-19. We aren’t sure if it is a good thing, meaning that students don’t need help, or if students need help but aren’t reaching out.” There was also Cathy’s response to the pandemic, noticing the withdrawal in peer-to-peer interactions across social groups. She said, “[The pandemic] impacted who students are talking to. When they are in the building, they cross social networks but when they are 100% virtual then they only have communication with their own social circle. This has impacted our referral numbers.”

Delay in Training. Another impact that Covid-19 had on Hope Squad was the delay in training and implementation of this program in the school buildings. Keith and Janice shared their school’s delay in training due to adjusting to a pandemic. Keith reported, “Because we are adjusting to the pandemic, there has been a delay in implementation of the curriculum and training” while Janice reported, “Training is delayed due to not knowing what the school year will look like since the pandemic.” Cathy discussed the specific obstacles that her school has been trying to work around to try and train members of Hope Squad. She said, “...Hard to get training in with our students. Due to spacing out bells since the pandemic, we no longer had a set time to meet with students. It was hard finding time for everyone to meet.” Finally, Jason reported, “Covid-19 has slowed down the process and backtracked our mission.”

CHAPTER V

DISCUSSION

Review of Purpose

The purpose of this study was to perform an in-depth analysis of the perspectives of eight school personnel directly involved in Hope Squad using a phenomenological approach to research, with the purpose of developing an understanding of the effectiveness of this program. These research findings may be used to increase awareness of Hope Squad and the perspectives of school personnel towards this suicide prevention program.

Interpretation of Findings

As highlighted by the findings presented here and in other research literature (Robinson et al., 2013; Stein et al., 2010) curriculum-based suicide prevention programs have potential to directly improve the knowledge, attitudes, and help-seeking behavior in young people (such as peers) towards suicide and suicidal risk factors (Robinson et al., 2013; Stein et al., 2010). Similar to these findings, participants indicated that students became comfortable recognizing the signs, having conversations with peers, and coming to an adult with the concerns they find in their peers. Another study (Hatton et al., 2017) discussed the idea that students at risk for suicide hesitate to talk to teachers about suicidal ideation and are more likely to confide in their peers rather than adults. Hope Squad utilized this understanding and focused on training peers to recognize and talk to students at-risk for suicide. Participants indicated the powerful impact of having trained peers that students could trust with their concerns. Several participants discussed the

increased comfort level of students at-risk being able to ask for help from a trusted peer trained through Hope Squad.

Among the noteworthy findings, participants positively described their experience with the implementation of Hope Squad. The focus of Hope Squad is “creating communities of leadership and advocacy that enhance mental wellness, safety, and prevention in schools; developing a community of students that work together to save lives.” (Grant Us Hope, 2019). This focus appears to have been reached, with every participant noticing a change in the school culture to a more positive and supportive environment after the implementation of Hope Squad. Participants also noticed the increase in mental health awareness in their students in staff through the implementation of Hope Squad into their buildings. Schools A and B saw Hope Squad as an effort to be proactive against suicide, while schools C and D saw Hope Squad as more of a reactive action to their growing mental health concerns and suicide rates in their district. Even though school districts had different reasons for implementing Hope Squad, every school saw a positive change in their buildings after introducing this program.

The findings of this study also highlighted the importance of suicide training when deciding on an effective suicide prevention program. One study (Hatton et al., 2017) discussed the idea that strategies to prevent suicide are not well known or utilized in school settings due to lack of training and education on how to help a student at-risk for suicide. Another study (Walsh, Hooven, & Kronick, 2013) discussed how individuals gain the willingness, confidence, and comfort to intervene with students at-risk for suicide through training they receive during the implementation of prevention programs. All the participants interviewed stated the importance of the training the staff and

students received through Hope Squad. This training helped them to feel comfortable recognizing the warning signs for suicide, as well to feel comfortable having a conversation regarding suicide.

Another notable finding from this study was the effect of the pandemic on Hope Squad. The pandemic caused adolescents to experience adverse mental health effects, including depression, anxiety, and feelings of isolation (O’Sullivan et. al., 2021). This was a concern with several participants who recognized a decrease in referrals due to the withdrawal in peer-to-peer interactions across social groups. During the pandemic, schools B and C saw a decrease in referrals, while schools A and D did not see this effect in their districts. There were also several participants who discussed the delay in training and implementation of Hope Squad in their schools due to the pandemic’s shutdown and social distancing. This affected how soon students in the program could be trained to help peers at-risk for suicide, slowing down the entire process and mission of Hope Squad. There was also the positive addition of social media outreach through the pandemic. Two participants discussed the idea their students had to reach peers through social media platforms, so that peers could still reach out for help throughout the pandemic.

Limitations

One limitation of this study is the inability for these results to be generalized to other regions in Ohio or across the country due to the qualitative design only focusing on school personnel in southwestern Ohio. Another limitation of this study was the possible participation bias, given that those who choose to participate may be more inclined to have strong opinions on the program. An additional limitation was trying to conduct this study during the pandemic. This could have influenced the perspectives that the school

personnel had towards Hope Squad through the shutdown of the school system and the affect it had on students' mental health. Finally, only four schools were examined during this study, meaning that other school could have different, unexamined perspectives on the program, Hope Squad. While this increased confidence in identifying themes, it significantly limits this study's external validity.

Implications for Future Research

Future research examining the perspectives of school personnel on the suicide prevention program, Hope Squad, should build on this qualitative study by interviewing participants from other regions in Ohio and other states in the future. Additionally, future studies should further investigate the perspectives of the students involved in Hope Squad. Finally, research should evaluate the efficacy of this program for students at-risk for suicide.

Implications for Practice

Schools are a direct and effective mental health system for adolescents (Freedenthal & Breslin, 2010). An important aspect of this system is the implementation and evaluation of suicide prevention programs, such as Hope Squad. Effective implementation requires knowledge of suicide risks and how to communicate with students at-risk for suicide. This is achieved through trainings and curriculum provided by suicide prevention programs. Schools can facilitate trainings through programs such as Hope Squad, to better equip staff and students to help students at-risk for suicide and create a more positive school environment.

Conclusion

This study investigated the perspectives of school personnel on the suicide prevention program, Hope Squad. Participants reported the need for Hope Squad, including: mental health concerns, being proactive, and social-emotional supports. Benefits of Hope Squad reported by participants include: trained and trusted peers, suicide training, awareness of mental health, and change in the culture of the school. Participants reported challenges within Hope Squad including: time for training members and stigma. Finally, the pandemic response reported by participants include: social media platforms, dramatic decrease in referrals, and delay in training. The findings from this study can be utilized to spread awareness of Hope Squad, and the perspectives that school personnel have towards this suicide prevention program.

REFERENCES

- Center for Disease Control and Prevention. (2018). *Youth Risk Behavior Surveillance- United States, 2017. Surveillance Summaries, 67*. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>
- Condrón, D. S., Garraza, L. G., Walrath, C. M., McKeon, R., Goldston, D. B., & Heilbron, N. S. (2015). Identifying and referring youths at risk for suicide following participation in school-based gatekeeper training. *Suicide and Life-Threatening Behavior, 45*, 461-476. doi: 10.1111/sltb.12142
- DeCamp, W., & Bakken, N. W. (2016). Self-injury, suicide ideation, and sexual orientation: differences in causes and correlates among high school students. *Journal of Injury and Violence Research, 8*(1), 15-24. doi:10.5249/jivr.v8i1.545
- Erickson, A., & Abel, N. (2013). A high school counselor's leadership in providing school-wide screenings for depression and enhancing suicide awareness. *Professional School Counseling, 16*(5), 283-289. doi:10.5330/psc.n.2013-16.283
- Evans, R. & Hurrell, C. (2016). The role of schools in children and young people's self-harm and suicide: Systematic review and meta-ethnography of qualitative research. *BMC Public Health, 16*, 401-416. doi: 10.1186/s12889-016-3065-2
- Freedenthal, S. & Breslin, L. (2010). High school teachers' experiences with suicidal students: A descriptive study. *Journal of Loss and Trauma, 15*, 83-92. doi: 10.1080/15325020902928625

- Grant Us Hope. (n.d.). *Saving Young Lives, Together*. <https://grantushope.org>
- Hatton, V., Heath, M. A., Gibb, G. S., Coyne, S., Hudnall, G., & Bledsoe, C. (2017). Secondary teachers' perceptions of their role in suicide prevention and intervention. *School Mental Health, 9*, 97-116. doi: 10.1007/s12310-015-9173-9
- Katz, C., Bolton, S.L., Katz, L. Y., Isaak, C., Tilston-Jones, T., & Sareen, J. (2013). A systematic review of school-based suicide prevention programs. *Depression and Anxiety, 30*, 1030-1045.
- Kim, J., Walsh, E., Pike, K., & Thompson, E. A. (2020). Cyberbullying and Victimization and Youth Suicide Risk: The Buffering Effects of School Connectedness. *Journal of School Nursing, 36*(4), 251-257.
<https://doiorg.libproxy.udayton.edu/10.1177/1059840518824395>
- Kosidou, K., Dalman, C., Fredlund, P., Lee, B. K., Galanti, R., Isacson, G., & Magnusson, C. (2014). School performance and the risk of suicide attempts in young adults: a longitudinal population-based study. *Psychological Medicine, 44*, 1235-1243. doi: 10.1177/S0033291713001852
- Langley, A. K., Nadeem, E., Kataoka, S. H., Stein, B. D., & Jaycox, L. H. (2010). Evidence-based mental health programs in schools: Barriers and facilitators of successful implementation. *School mental health, 2*(3), 105-113.
- Moon, J., Williford, A., & Mendenhall, A. (2017). Educators' perceptions of youth mental health: Implications for training and the promotion of mental health services in the schools. *Children and Youth Services Review, 73*, 384-391.

- Nadeem, E., Kataoka, S. H., Chang, V. Y., Vona, P., Wong, M., & Stein, B. D. (2011). The role of teachers in school-based suicide prevention: A qualitative study of school staff perspectives. *School Mental Health, 3*, 209-221.
- O'Sullivan, K., Clark, S., McGrane, A., Rock, N., Burke, L., Boyle, N., Joksimovic, N., & Marshall, K. (2021). A Qualitative Study of Child and Adolescent Mental Health during the COVID-19 Pandemic in Ireland. *International Journal of Environmental Research and Public Health, 18*(3).
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly, 26*(1), 1-13.
<http://dx.doi.org/10.1037/a0022714>
- Rivers, I. & Noret, N. (2013). Potential suicide ideation and its association with observing bullying at school. *Journal of Adolescent Health, 53*, 32-36.
- Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & O'Brien, M. (2013). A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people. *Crisis, 34*(3), 164-182. doi: 10.1027/0227-5910/a000168
- Ross, V., Kolves, K., & De Leo, D. (2017). Teachers' perspectives on preventing suicide in children and adolescents in schools: A qualitative study. *Archives of Suicide Research, 21*, 519-530. doi:10.1080/138111118.2016.1227005
- Stein, B. D., Kataoka, S. H., Hamilton, A. B., Schultz, D., Ryan, G., Vona, P., & Wong, M. (2010). School personnel perspectives on their school's implementation of a

school-based suicide prevention program. *The Journal of Behavioral Health Services and Research*, 37(3), 338-349.

Walsh, E., Hooven, C., & Kronick, B. (2013). School-wide staff and faculty training in suicide risk awareness: Success and challenges. *Journal of Child and Adolescent Psychiatric Nursing*, 26, 53-61.

Westefeld, J. S., Jenks Kettmann, J. D., Lovmo, C., & Hey, C. (2007). High school suicide: Knowledge and opinions of teachers. *Journal of Loss and Trauma*, 12, 31-42. doi: 10.1080/15325020600757839

Wright-Berryman, J., Hudnall, G., Hopkins, R., & Bledsoe, C. (2018). Hope Squads: Peer-to-Peer Suicide Prevention in Schools. *Children & Schools*, 40(2), 125-126. <https://doi-org.libproxy.udayton.edu/10.1093/cs/cdy005>

van Loon, A. W. G., Creemers, H. E., Vogelaar, S., Saab, N., Miers, A. C., Westenberg, P. M., & Asscher, J. J. (2019). The effectiveness of school-based skills-training programs promoting mental health in adolescents: a study protocol for a randomized controlled study. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-6999-3208-2>

APPENDIX A

Participant Demographic Information

Participant	Position at School	Number of Years at Current School	Length of Time Hope Squad Has Been at School
Renee	School Psychologist	6 years	2 years
Andy	Gen Ed Teacher	3 years	3 years
Jason	Gen Ed Teacher	3 years	3 years
Keith	School Counselor	7 year	2 years
Cathy	School Counselor	7 years	3 years
Ally	School Counselor	5 years	3 years
Janice	School Counselor	9 years	2 years
Julie	School Counselor	2 years	3 years

APPENDIX B

Semi-Structured Interview Protocol

Educators' Perspective of Suicide Prevention Program: Hope Squad

Introduction

“Thank you for participating in this interview. My name is Paige Osterhues, and I am conducting my thesis on the suicide prevention program Hope Squad. As is evident from the consent form you signed, your participation is voluntary and you may ask to stop the interview, take a break, or skip a question at any point during this interview. Do you have any questions before we start?”

Opening

First, I'm going to ask you some basic informational questions.

1. What is your current position at (school)?
 - a. How many years have you been at (school)?
2. How many years has Hope Squad been at your school?

Your Experience

Now, I'm going to ask you more in-depth questions about your experiences.

1. Please tell me about your school's implementation of Hope Squad.
2. Tell me about why your school decided to implement Hope Squad.
3. What is your role in Hope Squad?
4. What are the most beneficial aspects of Hope Squad?
5. Is there anything that does not seem effective?
 - a. What would you change about this program?

6. What kind of changes (if any) did you see when your school started implementing the suicide prevention program, Hope Squad?

7. Has there been any cases of success that you know of in your school since implementing Hope Squad?

8. Were there any changes within Hope Squad as a result of the current pandemic?
 - a. If so, what changes did you notice?

Wrap up

Now, we're wrapping up with the last question.

9. Is there anything else that you would like to tell me about Hope Squad in your school?

APPENDIX C

Informed Consent

UNIVERSITY OF DAYTON - CONSENT TO PARTICIPATE IN RESEARCH

TITLE OF STUDY: Educators' Perspective of Suicide Prevention Program: Hope Squad

I am inviting you to be a part of a research study led by Paige Osterhues at the University of Dayton. Participation is not required. Please read the information below to learn more about the study. Before participating, ask questions about anything you do not understand.

PURPOSE OF THE STUDY

Suicide is the second leading cause of death among adolescents ages 15- to 24-year-olds (Suicide Prevention Resource Center [SPRC], 2015). Teachers, staff, and students play an important role in providing support to at risk students and connecting them with mental health services (Nadeem et al., 2011). The aim of the study is to examine the perceptions of school personnel regarding the suicide prevention program, Hope Squad.

PROCEDURES

If you decide to be a part of this study, please do the following:

Agree on a time with the researcher to participate in the interview via Zoom. Each interview will last approximately 45 minutes and will be recorded using an app on the researcher's computer, Zoom. Answer interview questions that you are comfortable responding to. Keep any specific names of students confidential.

POTENTIAL RISKS AND DISCOMFORTS

Due to the sensitive nature of the topic, you may have an emotional reaction to participating in the interview. You have to opportunity to discontinue the interview at any point.

ANTICIPATED BENEFITS TO PARTICIPANTS

There are no direct benefits to you.

PAYMENT FOR PARTICIPATION

You will not be reimbursed for your participation in this study.

CONFIDENTIALITY

We will not reveal who you are in any publications or presentations. Other people may need to see your research records. This is to confirm requirements of the study are met. They may see your name. These representatives will not reveal who you are to others. If we use audio recordings, your identity will be protected as much as possible.

Your confidentiality and security of all data collected during this study will be maintained by the researcher. Only the researcher will have access to the recordings and your confidentiality. Recordings and information you provides during this interview will be deleted and destroyed after the study is complete. Identifying information will not be used, and you will be given a pseudonym to be used in all documents.

PARTICIPATION AND WITHDRAWAL

You do not have to be in this study. If you do not participate, your relationship with us is not affected. You may still receive other services if applicable. You may stop participating at any time without penalty. You may be stopped from participating if the study is not good for you. You may also be stopped if study instructions are not followed.

IDENTIFICATION OF INVESTIGATORS

Please contact one of the investigators listed below if you have any questions about this research.

Paige Osterhues, Principal Investigator
University of Dayton, Department of Counselor Education and Human Services,
715-520-7802, osterhuesp1@udayton.edu

Sawyer Hunley, Faculty Advisor
University of Dayton, Department of Counselor Education and Human Services,
[937-229-3316](tel:937-229-3316), shunley1@udayton.edu

RIGHTS OF RESEARCH PARTICIPANTS

You may contact the Chair of the Institutional Review Board (IRB) at the University of Dayton if you have questions about your rights as a research participant: Candise Powell, J.D., (937) 229-3515, irb@udayton.edu.

SIGNATURE OF RESEARCH PARTICIPANT <i>(or legal guardian)</i>

I have read the information above. I have had a chance to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form. **I certify that I am at least 18 years of age.**

Name of Participant (please print) _____

Address _____

Signature of Participant _____ *Date* _____

SIGNATURE OF WITNESS

My signature as witness certifies that the Participant signed this consent form in my presence.

Name of Witness (please print) _____

Signature of Witness _____ *Date* _____

(Must be same as participant signature date)

APPENDIX D

Themes Matrix: Educators' Perspective of Suicide Prevention Program: Hope Squad

Categories	Themes	Quotes
<p>Need for Hope Squad</p>	<p><i>Mental Health Concerns</i></p>	<p>“Our need came from our building realizing that mental health matters.” -Renee</p> <p>“There was a lot of mental health concerns with students in the school. We thought this would be a great program to address these concerns.” -Keith</p> <p>“We saw need for this program in our school based on the daily volume of mental health issues that we deal with as a counseling department. We felt that this would be another tool that we could have to keep kids safe and get the supports that they need.” -Keith</p> <p>“An issue that we run into every year is that a lot of students might deal with these mental health concerns. There is still a gap between the communication of the kids and parents. Parents do not always recognize or respond the right way to kids in crisis. The need for a peer-to-peer group for support and identification of those students who might need mental health services was needed.” -Jason</p> <p>“There are a growing number of kids who are dealing with some of those big feelings and if they don’t have a coping mechanism then they don’t see a future or way out.” -Julie</p>

		<p>“We were looking to implement mental health supports. Creating the culture around mental health awareness and supporting your peers.” -Cathy</p> <p>“Several suicide attempts so there was an immediate concern for the mental health of the students.” -Andy</p>
	<p><i>Be Proactive</i></p>	<p>“Students’ stability was changing. We thought that students would know about other students’ concerns before adults because students don’t want to tell adults. Thought that it would probably be a good thing to be proactive and move forward with this program.” -Ally</p> <p>“We were looking to prevent suicide and be proactive in helping students before they get to the point of attempting suicide.” -Andy</p> <p>“Suicide prevention efforts were important when looking at this program being implemented in our building. We wanted to look at this proactively instead of reactively.” -Janice</p>
	<p><i>Social-Emotional Supports</i></p>	<p>“We were looking to add social-emotional learning components into our school. This program provided great trainings and resources on these components to our students.” -Cathy</p> <p>“We know as educators that there is a need for social-emotional supports and realized that we wanted to be a part of this program that addressed these supports.” -Keith</p>

		<p>“We wanted our students to have that social-emotional support in our building. Having the peer-to-peer connections was a great way to build that.” -Jason</p>
<p>Benefits of Hope Squad</p>	<p><i>Trusted/Trained Peers</i></p>	<p>“It is amazing seeing what these kids are capable of. They truly want to help.” -Janice</p> <p>“Gets the students that aren’t popular or in sports but are just good human beings that have good characters. Identifies those kids and gives them a role in our school. They have so much to offer.” -Jason</p> <p>“Recognizing someone that they know who is a part of Hope Squad that they could trust if they are having a bad day.” -Ally</p> <p>“Students are supporting one another. It is great to see all the support that these students provide for each other.” -Ally</p> <p>“We train students in how to deal with students who are struggling. They become a trusted person that peers can go through to get to us. If a kid does not feel comfortable coming to a teacher or counselor, hopefully they can go to a hope squad member. Then that hope squad member is trained to talk with them and get them to seek out the help that they need.” -Keith</p>

		<p>“The peer-to-peer idea is very powerful. They are truly the first to know. Being able to give these kids the tools and understanding and being able to look out for warning signs is really powerful.” -Renee</p> <p>“Not a kid we would normally choose/pick out. Certain kids stepped up to the plate though. Kids nominated as a kid who peers felt they could go to for help. Giving them that role that they are successful in. Eye-opening for us. Makes you realize that you cannot stereotype. There is more to these kids than we may have realized.” -Janice</p> <p>“We are able to reach a certain population of the high school that may not have been reached. Now they have someone to go to for help, it is a well-rounded group of kids.” -Julie</p> <p>“Student population has become more comfortable asking for help due to the trust they have in their Hope Squad peers.” -Andy</p>
	<p><i>Suicide Training</i></p>	<p>“The training gave the students language that they could use. They know what to say and how to say it. The training really works.” -Renee</p> <p>“Students became comfortable recognizing the signs, comfortable having conversations with peers, and feeling comfortable coming to an adult with the concerns they find in their peers.” -Cathy</p>

		<p>“Years ago, we didn’t talk about warning signs, we didn’t talk about suicide. Being able to give these kids the training to know the warning signs of suicide is so powerful.” -Renee</p> <p>“Even students from other districts came to our Hope Squad members for help because they have the training to help them.” -Janice</p> <p>“Lots of lessons and trainings that we have to get through each year to get us prepared to help peers, but it is effective.” -Jason</p>
	<p><i>Awareness of Mental Health</i></p>	<p>“Teachers went through the training and are seeing more of a need for mental health awareness. They are recognizing that it must be important if they are getting training on it.” -Ally</p> <p>“Teachers were very excited and supportive of this program. Many were coming to ask how they could help and be involved. They saw the need for mental health awareness.” -Janice</p> <p>“Mental health awareness is being seen. Educating colleagues is important, teachers are seeing the positive effects.” -Jason</p> <p>“There came an understanding that mental health can effect a child’s performance in school. If a child has severe anxiety, then they are going to have trouble learning. They aren’t focused on the lesson; they are focused on their anxiety.” -Jason</p>

		<p>“Students started to see that they were not the only ones going through this, there are a lot of them going through the big feelings but some of them are just more open about it.” -Julie</p> <p>“The main goal is suicide prevention, and I think that is the most significant contribution that this program makes to the school. This being accomplished through spreading that awareness throughout the school.” -Andy</p>
	<p><i>Change Culture of School</i></p>	<p>“There were so many people wanting to be involved in Hope Squad. They wanted to help our program spread throughout the school and ultimately change our school environment to a more accepting one.” -Renee</p> <p>“I think the most beneficial aspect will be the positivity that is has around the building, especially during Hope Week.” -Ally</p> <p>“It creates a positivity and support group that is accepting, open, and easy to talk to. This program connects students with other students who may feel alone. Positivity support network.” -Jason</p> <p>“There are students that think ‘If my teacher doesn’t even see me, then why am I here?’ Kids want to be seen and loved. Hope Squad helps kids feel that way. This program changes the culture of the school that way.” -Jason</p>

		<p>“[Ultimate goal] is to change the culture of the school and bring more awareness to mental health.” -Renee</p> <p>“It is about changing the school culture to a more supportive environment.” -Janice</p> <p>“Spreading positivity and kindness is something of value that Hope Squad provides to the building. Changing the culture of the building through making others feel better.” -Andy</p>
Challenges within Hope Squad	<i>Time to Training Members</i>	<p>“There is a lot that goes into Hope Squad and finding the time to train members can be difficult.” -Keith</p> <p>“Biggest challenge is trying to figure out how to get the training to the kids.” -Janice</p> <p>“Finding time to train the students can be difficult and a challenge.” -Renee</p>
	<i>Stigma</i>	<p>“Biggest problem is just the stigma of the group; who we are, what we are about. We had a student take their own life in the district and the aftermath was tough on our kids. They kept asking what we could have done more, who are we, and what are we about. We had to explain that we are not going to reach every kid. There were a lot of peers saying that ‘you guys failed’ after that incident.” -Jason</p> <p>“Is not something that is talked about in the trainings. It is important try to keep the group’s spirit up even through all the stigma.”</p>

		<p>-Julie</p> <p>“Challenge we have had is that our kids are being called “rats” and “narks” because they are snitching on people and letting people know.”</p> <p>-Ally</p> <p>“My hope is that people start acknowledging, taking seriously, and discussing how to improve their own mental health. That we break the stigma around mental health. That we, as Hope Squad, are a part of the conversation that helps to be better understand and more broadly accept mental health in society.”</p> <p>-Andy</p>
Pandemic Response	<i>Social Media Platform</i>	<p>“Our students continually post in the social media platforms to stay in touch with peers virtually. They are posting, positive, self-care, and inspirational content.”</p> <p>-Renee</p> <p>“We have taken to social media to reach our student population. We use this space to connect with students and have a link to connect students to someone from Hope Squad.”</p> <p>-Andy</p>
	<i>Dramatic Decrease in Referrals</i>	<p>“Impacted who students are talking to. When they are in the building, they cross social networks, but when they are 100% virtual then they only have communication with their own social circle.”</p> <p>-Cathy</p> <p>“Referrals have dramatically decreased since Covid-19. We are not sure if this is a good thing meaning that students don’t need help, or if students need help but aren’t reaching out. This has impacted our referral numbers.”</p>

		-Andy
	<i>Delay in Training</i>	<p>“Covid-19 has slowed down the process and backtracked our mission.” -Jason</p> <p>“Hard to get training in with our student. Due to spacing out bells since the pandemic, we no longer had a set time to meet with students. Finding time for everyone to meet” -Cathy</p> <p>“Because we are adjusting to the pandemic, there has been a delay in implementation of the curriculum and training.” -Keith</p> <p>“Training is delayed due to not knowing what the school year will look like since the pandemic.” -Janice</p>