




2014-06-10

Paraeducators: Gatekeepers to Youth Suicide Prevention

Danielle Ann Cannon

Brigham Young University - Provo

Follow this and additional works at: <https://scholarsarchive.byu.edu/etd>

 Part of the [Counseling Psychology Commons](#), and the [Special Education and Teaching Commons](#)

BYU ScholarsArchive Citation

Cannon, Danielle Ann, "Paraeducators: Gatekeepers to Youth Suicide Prevention" (2014). *All Theses and Dissertations*. 4092.
<https://scholarsarchive.byu.edu/etd/4092>

This Thesis is brought to you for free and open access by BYU ScholarsArchive. It has been accepted for inclusion in All Theses and Dissertations by an authorized administrator of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu, ellen_amatangelo@byu.edu.

Paraeducators: Gatekeepers to Suicide Prevention

Danielle A. Cannon

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Educational Specialist

Betty Y. Ashbaker, Chair
Melissa Allen Heath
Shannon Dulaney

Department of Counseling Psychology and Special Education

Brigham Young University

April 2014

Copyright © Danielle A. Cannon

All Rights Reserved

ABSTRACT

Paraeducators: Gatekeepers to Youth Suicide Prevention

Danielle A. Cannon

Counseling Psychology and Special Education, BYU
Educational Specialist in School Psychology

For youth between the ages of 10 and 24, suicide is the third leading cause of death. School-aged youth that struggle with suicidal thoughts often express their feelings to peers and some trusted adults. Generally, these trusted adults work in school settings. Potentially, teachers and staff can serve as vital gatekeepers to identify and support students who struggle with suicide ideation. In particular, paraeducators, who are often seen as less of an authority figure, become easier to approach due to the personal relationships created in small groups and one-on-one interactions with students. If trained in suicide prevention, paraeducators, who work closely with students and are part of the local community, could become an important gatekeeper. The current study sought to investigate paraeducators' perceptions of the following questions: (a) Are paraeducators approached by students with suicide ideation? and (b) How are paraeducators currently responding to suicidal students? The final purpose of this survey was to collect information that informed and supported the implementation of training for paraeducators in the area of school-based suicide prevention and intervention. This study's survey was distributed in an urban Utah school district to 854 paraeducators. Of the 854 surveys, 77 surveys were completed by paraeducators (9% participation rate).

Of the participating paraeducators, 32% reported being approached by a student who expressed suicidal thoughts. Paraeducators indicated that their most frequent response to suicidal students was to provide counsel (39%), whereas to tell supervising teachers or administrators was listed as their third or fourth response option. Most paraeducators (97%) perceived that their role included reporting a student at-risk for suicide, however most (67%) reported having no suicide training or being unsure of what training was available. This lack of training is problematic due to the number of paraeducators being approached by students expressing thoughts of suicide. Additionally this research supports the need to train school support staff.

Keywords: paraeducators, suicide intervention, suicide prevention, training

ACKNOWLEDGMENTS

A thank you must go to Betty Y. Ashbaker for all of her guidance and enthusiasm for the project. Further thanks to both Shannon Dulaney and Melissa Allen Heath for their previous work, help, excitement and insight for this project. Also, thank you to my husband Jonathan for all of his support and encouragement.

TABLE OF CONTENTS

ABSTRACT.....	ii
ACKNOWLEDGEMENTS.....	iii
TABLE OF CONTENTS.....	iv
LIST OF TABLES.....	vi
DESCRIPTION OF THESIS STRUCTURE.....	vii
Introduction.....	1
Paraeducators' Role.....	1
Need For Training.....	3
Purpose of Study.....	3
Research Questions.....	4
Implications.....	4
Method.....	5
Participants.....	5
Instrument.....	5
Demographics.....	6
Procedure.....	6
Data Analysis.....	8
Results.....	8
Are Paraeducators Approached?.....	8
Paraeducators Current Responses.....	9
Paraeducator Training.....	13
Discussion.....	14
Paraeducators Need For Training.....	15
How Paraeducators Currently Provide Support.....	15
Limitations.....	19
Implications for Future Research.....	20
Implications for Practice.....	20
Conclusion.....	22
References.....	22

APPENDIX A: Review of Literature.....	25
APPENDIX B: Instrument Survey.....	44
APPENDIX C: Other Study Materials.....	47
APPENDIX D: Consent Form.....	48

LIST OF TABLES

1. Has a Student Expressed Suicidal Thoughts to You?.....	9
2. Training Perspectives.....	14

DESCRIPTION OF THESIS STRUCTURE

This thesis, *Paraeducators: Gatekeepers to Suicide Prevention*, is written in a hybrid format. The hybrid format brings together traditional thesis requirements with journal publication formats.

The preliminary pages of the thesis reflect requirements for submission to the university. The thesis report is presented as a journal article, and conforms to length and style requirements for submitting research reports to education journals.

The literature review is included in Appendix A. There are two reference lists included. The first list contains references in the journal-ready article and can be found on page 22. The second reference list is the “Review of Literature” found in Appendix A on page 25 Appendix B includes the survey that was used in the study. Appendix C includes the research request form and can be found on page 47. Appendix D is on page 48 and is the implied consent form that was sent to study participants.

Introduction

Adolescent suicide is a serious problem impacting families and communities. For youth between the ages of 10 and 24, suicide is the third leading cause of death (Centers for Disease Control and Prevention [CDC], 2012). Results from the Youth Risk Behavior Survey (2011), a nationwide survey of youth in grades 9-12, conducted in public and private schools in the United States, indicates that in the 12 months preceding the survey 16% of students reported seriously considering suicide, 13% reported creating a suicide plan, and 8% reported trying to take their own life. Furthermore, almost 29% of our nation's students reported feeling sad or helpless for two weeks or more. In addition to the 13% of adolescents who complete suicide each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at emergency departments across the United States (CDC, 2012).

School-aged youth struggle with suicidal thoughts, often expressing their feelings of despair to peers and trusted adults. Generally, these trusted adults work in school settings. Much of youths' time is spent in a school setting, and therefore it is important that all school personnel become "gatekeepers" in suicide prevention. According to Tompkins, Witt, and Abraibesh (2010) a "gatekeeper is anyone who may recognize and refer someone at risk of suicide" (p. 507). Paraeducators can become gatekeepers in the school setting when they are trained to know what to look for in regard to suicidal tendencies (Schepp & Biocca, 1991).

Paraeducators' Role

Paraeducators have become a large and integrated part of the American school system (Ashbaker & Morgan, 2006). The U.S. Department of Labor (2004) stated that paraeducators held almost 1.3 million jobs in 2002. Additionally, this number is expected to grow somewhat faster than average job demand (Hsu, 2007). In the 2003–2004 school year, 91% of the public

schools reported employing at least one paraeducator (Institute of Educational Sciences [IES], 2007). Yet, despite the vital role paraeducators play in instructional education, there is little in the literature pertaining to their involvement with school-based suicide prevention and intervention efforts. Suicide recognition and prevention is not part of the limited training they receive.

Paraeducators, along with teachers, can serve as vital gatekeepers and support to students with suicide ideation. Paraeducators, like teachers, have daily contact with their students, but paraeducators are less likely to be seen as authority figures. Paraeducators often work with students individually or in small groups allowing them to develop personal relationships with their students. Due to these personal relationships paraeducators are sometimes easier to approach than other school personnel. Additionally, because paraeducators work with students in such close settings, they may be able to notice and identify warning signs or behavior changes in students struggling with suicidal thoughts.

In 2010, the National Education Association (NEA) conducted a nationwide survey on issues related to bullying in the public schools. Nearly a thousand paraeducators (959) responded. Participant demographics found that 67% of paraeducators live in the school community where they work, a rate twice as high as that of teachers.

With their unique role in the students' community and culture, paraeducators can connect schools to students and their families. Chopra (2011) suggested that paraeducators serve in the role of connector: they connect parents to teachers, parents to community resources, students to teachers, students to parents, students to peers, and students to the curriculum. Paraeducators, who often work closely with students and are part of the local community, have the potential to become gatekeepers with the appropriate training in suicide prevention.

Need for Training

In 2001 Heath and Ashbaker conducted a survey with paraeducators to identify their need and desire for crisis intervention training. The results of this survey indicated paraeducators not only want training in crisis intervention, but would also benefit greatly from such training. In particular, paraeducators would benefit from training in suicide prevention. The survey showed that 26% of paraeducators from Idaho and Utah ($n=576$) reported having a student tell them they were suicidal. Only 20% of these paraeducators reported receiving any training regarding what to do in this type of situation. Furthermore, 65% of paraeducators expressed an interest in training on responding to a student who indicated that he/she wants to kill himself/herself (Heath & Ashbaker).

An extensive literature review revealed little research involving school-based paraeducators involvement with suicidal youth despite the vital role they play in education. Though much of the literature addresses the roles of administrators, teachers, and school counselors in working with students who have suicidal tendencies, there is a dearth of information directed at paraeducators, who could be an important gatekeeper to suicide prevention in schools.

Purpose of Study

The literature reveals that paraeducators are a large asset in instructional education, but receive little training in the areas they are hired for, such as curriculum or behavior management. There is even less in the literature pertaining to their involvement with students that are suicidal. What role and action do they take if a student approaches them with thoughts of suicide? Suicide training in intervention and prevention, such as recognizing risk factors or warning signs, is not typically part of the training they receive.

The purpose of this study was to understand what paraeducators know and do, along with identifying essential information regarding the basis for creating a training system and resource for paraeducators regarding youth suicide prevention and intervention. Information used to create this training came from the survey given to better understand the interactions paraeducators are having with suicidal youth and from what steps of action paraeducators are currently taking with students.

Research Questions

This research has three objectives: (a) to identify whether or not and to what extent paraeducators are approached by students with suicidal ideation, (b) to identify how paraeducators currently respond to students who approach them with thoughts of suicide, and (c) to gather information that informed and supported the development and implementation of training for paraeducators in the areas of suicide prevention, intervention, and postvention. Approval was obtained for paraeducator training to be added to both the website created by the school district and their training manual for suicide prevention and intervention.

Implications

According to IES (2007), most of the public schools in the United States are employing paraeducators. This indicates that paraeducators are making up a significant amount of school support staff and could also play a significant role in suicide prevention if trained properly. Implications from this study indicate the need for this large group of support staff to receive and have access to suicide prevention and intervention training, as it is a responsibility of schools to maintain a safe school environment and provide necessary training to school staff.

Method

Participants

The survey was sent out to 854 paraeducators currently working in a school district. The participants were the 77 paraeducators (9%) who completed the survey. Of the participants who completed the survey, 12 were from the high school setting, 9 from the junior high/middle school setting, and 55 from the elementary setting. There was one response with no reply to their school setting. The positions held by the participants were reported as 15 working in special education, severe disabilities, 32 in special education, moderate disabilities, 3 as bus/transportation, 22 as lunch/recess, 13 as district behavior team, 7 as 504 aides, 26 as Title 1 aides, 12 as language immersion, 13 were “not sure” and 36 reported multiple positions. Ethnicity of the participants was 89% White/Caucasian, 5% Hispanic, 3% Pacific Islander, and 3% totaling other backgrounds. Of the participants, 38% reported speaking another language, and of those, 76% spoke Spanish, 19% spoke French, 21% reported speaking other languages, and 11% spoke multiple languages (generally a combination of French and Spanish). The number of years working as a paraeducator was reported as the following: 20 participants reported less than 2 years, 14 participants reported 2-4 years, 19 participants reported 5-9 years, 20 participants reported 10-20, 2 participants reported greater than 20 years, and 2 participants did not respond to this question.

Instrument

A five-section, 23-item survey was replicated from previous studies for high school health teachers (King, Price, Telljohann, & Wahl, 1999a) and high school counselors (King, Price, Telljohan, & Wahl, 1999b). The previous studies focused on teachers and counselors perceived self-efficacy regarding student-youth suicide ideation. The studies were then formatted

for the paraeducator population to examine their knowledge, training, and role taken when interacting with student-youth suicide ideation. The five sections of the survey included (a) demographics (b) open response question (c) 1-6 rating scale of supports given to students at risk (d) yes/no/not sure questions and (e) 5-point Likert scale. The estimated time to complete the survey was about 10 minutes (See Appendix B).

The data collected from this instrument was used to create a training system and resource for paraeducators regarding suicide prevention, intervention, and postvention. Information for the training system provided information about the prevalence of interactions paraeducators have with suicidal youth, what steps of action paraeducators take with students, and what training and resources, if any, have been provided by their school.

Demographics

Demographic information about the district was obtained from the district website (Utah State Office of Education, 2010). According to the most recent counts from the 2010 report, there were 13,385 students in the district. Of those students, approximately 93% were White, 26% were Hispanic/Latino, 1% were Native American, 2% were Asian, 1% were Black, and 2% were Pacific Islander. There were 13% English Language Learners and 12% had a native language of Spanish. There were 45% of students who were “disadvantaged,” meaning they qualify for free or reduced price lunch, and 13% of students were receiving special education services (resource and self-contained combined).

Procedure

The first phase of the study was conducted to check the stability of changes made from the original survey for teachers and counselors that had been adapted to the paraeducator population. This phase was completed by conducting a pilot study. The pilot study consisted of

former paraeducators or paraeducators who were not currently employed by the district in which the study took place. Participants for the pilot study were recruited by snowball recruitment. They fit the same role by having served or by currently serving children in grades K-12. Seven participants were contacted and four of those participants completed the pilot study survey. These participants received the survey on two separate occasions, about one week apart. The survey was also distributed and reviewed by professionals in the academic community and by those who were familiar in the area of crisis interventions, specifically suicide, within the school district. The survey was then further reviewed and revised by graduate students enrolled in the School Psychology Ed.S. program.

The second phase consisted of distribution of the survey. This study was conducted within an urban school district according to procedures approved by both their district and Brigham Young University's Institutional Review Boards. The survey was distributed by an associate superintendent of the district to all district paraeducators. Participants were contacted via district employee e-mail to participate in the survey. Paraeducators could access it from a school computer or their own private computer. The e-mail included an overview with a link to the Qualtrics survey. Their participation was requested but not required (see Appendix C). An implied consent agreement was included in the first page of the Qualtrics survey (see Appendix D). The participant then chose to continue and participate in the survey, or to decline participation. The participants received knowledge of their implied consent and had to choose "I agree" before beginning the survey. The invitation within each survey indicated that responses would be confidential and reported as group data only. Each respondent's consent to participate was inferred from their completion and submission of the online survey.

Data collection activities took place during a two-week period of winter semester. A second e-mail was sent a week into the study as a reminder to complete the survey. Of the 854 who received the survey, 77 completed the survey, equating to a 9% return rate.

Data Analysis

Descriptive statistics were used to summarize data obtained from the paraeducators. The use of frequency analysis was conducted to determine whether or not students approached paraeducators. Cross-tabulation analysis was used to further examine the groups of paraeducators who were approached (e.g., age of students, type of aide). The use of both frequency and chi-square analyses were conducted to examine how paraeducators are currently responding to students. Chi-square analyses were used to examine the probability that the responses of paraeducators did not just happen by chance. Themes from individual open response answers were also examined and themed into categories. Frequency analysis was also conducted to evaluate if paraeducators had received any training (e.g., did they believe it is their role, did their school's curriculum teach about suicide, had their school offered professional development, was it in the last five years) to support development of a training manual. Analyses were organized by each objective.

Results

Are Paraeducators Approached?

Of the 77 paraeducators who completed the survey (9% participation rate), 32% reported that a student has expressed suicidal thoughts to them. Of those, 25% of elementary paraeducators, 77% of junior high/middle paraeducators, and 36% of high school paraeducators reported "yes" to having had a student express suicidal thoughts to them. Almost half of Special Education, Severe Disabilities paraeducators reported having a student express suicidal thoughts

to them. Similarly, about half of Special Education, Moderate Disabilities, Behavior Team, 504 and Title 1 Aides reported “yes” to having had a student express suicidal thoughts to them.

Table 1

Has a Student Expressed Suicidal Thoughts to You?

Group of Students	Yes	No	Not Sure
Elementary	14	39	2
Junior High/Middle	7	1	1
High School	4	7	0
Special Education- Severe Disabilities	7	8	-
Special Education- Moderate Disabilities	14	17	1
Bus/Transportation	1	2	-
Language Immersion	2	9	1
Lunch/Recess	10	10	2
Behavior Team	9	3	1
504 Aide	4	3	-
Title 1	11	14	1
Not Sure	1	10	1

Paraeducators’ Current Responses

When given an open response question of “What have you done or would you do if a student told you they wanted to hurt or kill him/herself?” paraeducators responded with themes of talking to the students, reporting to their supervisor or teacher, reporting to the principal, or reporting to mental health professionals (e.g., school psychologist, counselor or social worker).

When asked to complete a Likert Scale from 1-6 on what supports they would provide (1 = Most Likely to 6 = Least Likely), similar responses were found between “counseling the student not to attempt suicide,” “refer the student to their teacher,” “talk to the administration at my school,” “directly talk to the student's teacher and see what could be done,” “call the parents/guardians of the student,” and “talk to mental health professionals at my school (e.g., social worker, school psychologist, counselor).”

Responses, along the theme of talking with the student, included phrases such as, “I would try to talk to the student about it right when they asked me and try to help them see the good things in their lives and solve any problems they felt they had,” “I would talk through it with them,” “Talk with them about it, ask if they have a plan of suicide intent or just thinking about it. Advise them to talk to a professional and help them try to find a resource that can help them,” “I would talk to him or her. I would try to get the individual to talk to a counselor, clergy, and their parents.” Data from the Likert scale ratings revealed that 39% (30 of 77) of participants reported that they were “Most Likely” to “counsel the student not to attempt suicide.” A Chi-square test of analysis indicates that these responses varied from what would be expected by chance and therefore are significant ($p=.000$). Further analysis revealed the response of “1” being higher than what would be expected by chance $X^2(5, N=63) = 6.32, p < .05$ and “6” being less than what would be expected by chance $X^2(5, N=63) = -2.21, p < .05$.

Responses under the theme of talking to the teacher or supervisor included “I would talk to my teacher or supervisor;” “I would immediately tell my supervisor and counselor;” “I would report it to my supervisor and find out who else I needed to contact about it;” “I would report the conversation to my supervisor and principal; and “I would report it to the teacher, special education teacher/facilitator, and bring it to the attention of the school psychologist.” Data from

the Likert scale revealed that 14% (11 of 77) reported that they were “Most Likely” to “directly talk to the student’s teacher and see what could be done.” Chi-square test of analysis indicates that these responses varied from what would be expected by chance and therefore are significant ($p=.002$). The responses of “3” were greater than what would be expected by chance $X^2(5, N=63) = 3.16, p < .05$ and “6” was less than what would be expected by chance, $X^2(5, N=63) = 2.53, p < .05$.

Responses relating to talking to the administration included, “I would consult the principal and turn it into the school psychologist,” “I would notify the principal right away,” “I would report it to the principal and teacher,” “Report it to the principal,” “I would turn it into the principal.” Data from the Likert scale also revealed that 14% (11 of 77) reported that they were “Most Likely” to “talk to the administration at my school.” Chi-square test of analysis indicates that these responses varied from what would be expected by chance and therefore are significant ($p=.048$). The response of “6” was less than what would be expected by chance $X^2(5, N=63) = -2.53, p < .05$.

Responses under the theme of referring to mental health professionals at the school included “Report it to a counselor on campus,” “I have referred them to the school counselors,” “I would refer the student to our counselor,” “suggest that it is a bad idea and talk and school psyc [sic],” “I would consult the principal and turn it into the school psychologist.” Data from the Likert scale revealed that 11% (9 of 77) reported “Most Likely” to “I would talk to mental health professionals at my school (e.g., social worker, school psychologist, counselor).” Chi-square test indicates that these responses were what could be explained by chance and not significant ($p=.361$).

To the question of “I believe I can recognize a student at risk,” the Chi-square analysis was significant in all areas. The responses of “disagree” and “agree” were greater than what would be expected by chance $X^2(3, N=75) = 2.24, p < .05$; $X^2(3, N=75) = 3.36, p < .05$. The responses of “strongly disagree” and “strongly agree” were less than what would be expected by chance $X^2(3, N=75) = -3.35, p < .05$; $X^2(3, N=75) = -4.03, p < .05$.

To the question of “I believe I can effectively offer support to a student at-risk,” the Chi-square analysis revealed the responses of “strongly disagree” and “strongly agree” were less than what would be expected by chance $X^2(3, N=76) = -2.91, p < .05$; $X^2(3, N=76) = -2.68, p < .05$. The response of “agree” was greater than what would be expected by chance $X^2(3, N=76) = 3.13, p < .05$.

To the question of “I believe I would refer a student to a school counselor, social worker, or school psychologist,” the Chi-square analysis revealed that the responses of “strongly disagree” and “disagree” were less than what would be expected by chance $X^2(3, N=76) = -4.21, p < .05$; $X^2(3, N=76) = -4.02, p < .05$ and “strongly agree” was greater than what would be expected by chance $X^2(3, N=76) = 5.59, p < .05$.

To the question of “I believe I would talk to other professionals at my school,” all responses were considered significant. The Chi-square analyses revealed that the responses of “strongly disagree” and “disagree” were less than what would be considered by chance $X^2(3, N=76) = -4.25, p < .05$; $X^2(3, N=76) = -4.25, p < .05$ and the responses of “agree” and “strongly agree,” were greater than what would be expected by chance $X^2(3, N=76) = 2.24, p < .05$; $X^2(3, N=76) = 5.59, p < .05$.

The question of “I believe I would ask a student at risk of attempting suicide if he/she is suicidal,” was significant in “strongly disagree” and “strongly agree” being less than what would

be expected by chance $X^2(3, N=76) = -2.46, p < .05$; $X^2(3, N=76) = -3.35, p < .05$ and in “disagree” being greater than what would be expected by chance $X^2(3, N=76) = 4.47, p < .05$.

To the question of “I believe I would talk to the parents,” a Chi-square analysis revealed that the response of “disagree” was greater than what would be expected by chance $X^2(3, N=76) = 3.36, p < .05$ and the response of “strongly agree” was less than what would be expected by chance $X^2(3, N=76) = -2.68, p < .05$.

When asked if they believed they would talk with other paraeducators at their school to help determine whether or not a student is at risk of attempting suicide, the Chi-square test analysis indicated that this response could be explained by chance and therefore answers could not be considered to be significant ($p = .101$).

Paraeducator Training

Of the paraeducators who completed the survey, 97% believed that it is the part of their role to report a student as risk for suicide. But, only 9% reported that their school’s curriculum included teaching about suicide. The majority of paraeducators were not sure. Out of those whose school provided curriculum on how to deal with suicide, only five had access to a copy of that curriculum. Similarly, when asked if their school has offered professional development on adolescent suicide, a majority reported “not sure.” Of those few who answered “yes,” only four reported that paraeducators were included in the training and five reported that it was offered in the last five years.

Table 2

Training Perspectives

Question	Yes	No	Not Sure
Do you believe it is part of the role of a paraeducator to report a student at-risk for suicide?	75	1	-
Does your school's curriculum include teaching about suicide?	7	12	57
If yes, do you have access to a copy of curriculum?	5	21	29
Has your school offered any professional development training on adolescent suicide?	9	27	40
If yes, were paraeducators included in the training?	4	16	36
Was it offered in the last five years?	5	9	53

Note: N = 77; Because of participants' missing data, numbers may total less than 77.

Discussion

The study was conducted to determine the involvement level and training of paraeducators in the area of youth student suicide. The original research questions addressed the following issues: are paraeducators approached by at-risk students? (Objective 1), how are paraeducators currently responding to students who approach them about suicide? (Objective 2), and what training do they currently receive and what training will they need in the future? (Objective 3). Discussion of the frequency data results for Objective 1 and Objective 3 will be discussed together in comparison with data taken from a 2001 BYU survey of Utah and Idaho paraeducators who attended a crisis class training. For discussion on Objective 2 test analyses, only results found to be significant according to .05 Chi-Square Test of Analysis with a critical value of ± 1.96 will be discussed.

Paraeducators' Need for Training

The survey conducted by Heath and Ashbaker (2001) found that 26% of paraeducators reported having a student approach them who said he/she wanted to kill himself/herself. This can be compared with the current study in which 32% of paraeducators reported having had a student express suicidal thoughts to them. In the 2001 study, only 20% of all paraeducators surveyed reported receiving any type of crisis training, and only 32.9% knew that the school in which they worked had a crisis plan detailing paraeducators' duties.

Similarly, the recent study found that only 9% of the paraeducators surveyed knew that their school's curriculum taught about suicide and only 5% reported having access to the curriculum; only 11% had received professional development training on suicide. The majority of responses indicated "not sure" to both questions (74%; 52%), indicating that in general, paraeducators are not getting trained and are not aware of training within their schools. A fair number of paraeducators in both studies are being approached, and a surprising number of them are not sure if they even have a crisis plan or curriculum, or if there is training available to them.

How Paraeducators Currently Provide Support

Offering support. To the question associated with Objective 2—"What support would you most likely provide to a student at-risk of attempting suicide?"—participants were asked to rate each question from "1=Most Likely" to "6=Least Likely." The response to the question of "I would counsel the student to not attempt suicide," led to the indication that paraeducators are consistently first responding with counsel to the student, and also counseling with students remains their preferred option in such a crisis situation. This parallels with the question, "I believe I can effectively offer support," in which a majority reported "agree," indicating an alignment with the "most likely" option as a first response to "I would counsel the student."

Similarly, to the question of “I believe I can effectively offer support to a student at risk,” a majority of paraeducators again chose the response of “agree,” indicating that paraeducators feel that they are capable of providing counsel, which could be one explanation for the high response of paraeducators choosing to counsel a student at-risk. These results are concerning in that paraeducators feel comfortable and are providing counsel to students that are in a potentially high-risk situation. Although they are trying to help the student, their words and actions could lead to unintended consequences due to lack of training in suicide intervention.

In addition, to the question of “I believe I can recognize a student at risk,” the responses were varied in a significant number choosing both “disagree” and “agree.” These responses could indicate that as a group, they are unsure in recognizing if a student is at risk. To further assess if paraeducators know what to do with an at-risk student, the question “I believe I would ask a student at risk of attempting suicide if he/she is suicidal” was asked. The response of “disagree” was chosen most frequently and “strongly disagree” least frequently. This further indicates that as a whole, paraeducators vary and are unsure of what they should do, or if they should be asking a student at risk if they are suicidal.

The results of these questions indicate that paraeducators are not as certain in the area of recognizing a student on their own versus when a student is approaching them. From these analyses we see that it may seem intuitive for paraeducators to try to counsel with a student who is really struggling. Due to the fact that paraeducators receive no training in this area and are reporting uncertainty in what to say and how to recognize the signs of a student at risk for suicide, it is important for counseling to be conducted with a mental health professional available at the school.

Referring and reporting at-risk students. The responses to the question of “I would refer the student to their teacher,” the response of “1” or Most Likely was chosen less and indicates that paraeducators are more likely to talk directly to the teacher instead of the letting the student handle the situation themselves. This is a good indicator in that it seems intuitive that paraeducators know not to leave a student alone or allow them to handle situations on their own. Further support is given to this by the response of “6” or Least Likely being higher than what would be expected by chance, again indicating that this is the last response that paraeducators would give to a student at risk.

In response to “I would talk to the administration at my school,” very few paraeducators chose this as the least likely thing that they would do. This could mean that they are choosing or would choose to inform the administration at their school when a student talks to them. Similarly, paraeducators are also choosing to inform the teacher, or their supervisor, when an at-risk student talks to them. The Chi-square analysis of “I would talk to the student’s teacher,” revealed that talking to a student’s teacher is still in the range of what paraeducators would do as one of their top options. This is also informative for future training purposes in that paraeducators need to be informed that they should be reporting to their teacher or supervisor as a first response as opposed to leaving it as a later option of what to do when a student approaches them.

When given the question of “I believe I would refer a student to a school counselor, social worker, or school psychologist,” the Chi-square analysis revealed that the response of “strongly agree” was a highly chosen option indicating that paraeducators believe that informing mental health professionals at their school is important. This response brings a contradiction between the questions of “I believe I would refer a student to a school counselor, social worker,

or school psychologist,” compared to the question from the Likert Scale in which only 11% reported “Most Likely” to “I would talk to mental health professionals at my school (e.g., social worker, school psychologist, counselor)” which yielded to not be significant. When evaluating the responses further, talking to a mental health professional is not the first thing they would do, but the second choice after “I would counsel with the student.” It is interesting that paraeducators are choosing to provide counsel themselves before referring to someone who is trained.

Counseling a student should be conducted by a mental health professional who is trained rather than the paraeducator themselves. Paraeducators can provide support in listening to the student, but providing counsel and listening are different forms of support. The second choice should be to talk to mental health professionals, but the first response would be to report it to their supervisor, which could be the student’s teacher or administration, in which the majority of paraeducators chose as their third option (teacher) and fourth option (administration). This can also be further compared to the question of “I believe I would talk to other professionals at my school,” indicating again that paraeducators are willing to discuss with others within their school about the crisis situation.

The other “least likely” response was to the question of “I would call the parents/guardians of the students” indicating that by a great majority, this is the last thing paraeducators would do on their own. Similarly when asked if “I believe I would talk to the parents,” the response of “disagree” was greater than what would be expected by chance. This is another indicator that paraeducators know they must let the teacher, administration, or mental health professional at their school handle such situations with parents instead of calling the parents themselves. Although both of these questions are good indicators that the majority of

paraeducators are doing what is expected with no training, it is necessary for them to receive further training in both of these areas.

Limitations

Limitations could have occurred due to the semantics of certain questions, particularly for the response of “I’d counsel with the student not to commit suicide.” The term “counsel” could have been taken a few different ways depending on how each person interpreted it, such as just listening, providing support, and giving therapy. This could have influenced the high result of paraeducators choosing this option due to their interpretation of what it meant to counsel with the student.

The survey was distributed through district employee email and no incentives were offered for survey completion. The email was sent to 854 paraeducators within a school district. Of the 854 contacted, 77 paraeducators completed the survey. The nature of paraeducators’ roles in working with students may have prohibited them from knowing they had received an email message. Contact through employee email could have impacted the paraeducators response rate by not knowing of their employee email, not checking their employee email, or other complications. The low response rate (9%) does not represent a high number of the population, but valuable insight was gained from the completed responses. The responses can be compared with the BYU study (2001), in which there were 576 participants who responded. In the BYU study, paraeducators self-selected to go to a class on crisis intervention indicating interest in the topic. This may have been impacted by prior experiences with a crisis in their school, such as a student committing suicide, and therefore have a greater desire to attend, learn, and participate more in that area.

Other limitations would be that there was no verbal contact and only a short paragraph of written instruction when the survey was administered. If paraeducators had questions or confusion, there was contact information available for the graduate student and supervisors, but the extra effort to make contact may have affected their willingness to continue and possibly stopped them from finishing the survey when questions could not be clarified. This could also be an explanation for why there were surveys that were started but not completed, or why there were for surveys with missing information.

Implications for Future Research

Further research could take place on a state and national level to survey a greater number of paraeducators and learn their perceptions. Along with teachers, other school staff should be trained to help identify students at risk for suicide. This training should consist of recognizing warning signs, knowing risk factors, and defining appropriate roles specific to paraeducators.

A replication of this study could include additional recruitment methods such as posters at the schools, tweets, and Facebook announcements to alert paraeducators to the survey in their e-mail. Drawings for prizes could be offered as incentives for completion of the survey. Also, the pairing of a teacher survey and a paraeducator survey could be done to compare number approached, viewpoints, and training that is available.

Implications for Practice

Paraeducators, along with teachers, have day-to-day contact with students. This places the paraeducator in the position to recognize warning signs and to act as a gatekeeper to their students if they are trained to know what to look for. Paraeducators should be aware of the risk factors and know to report them to a supervisor when they see them.

However, some school responsibilities belong to the teacher or school counselor alone. Paraeducators should first tell their teacher or supervisor after a student approaches them with thoughts of suicide. Paraeducators can be there as a gatekeeper, to support the student by listening and referring to someone who can provide the help they need. Counseling the student should be done by a mental health professional at the school. They should talk to the teacher and administrators at their school to learn from them the steps their school takes in crisis situations such as suicide.

Conclusion

There is not only a lack of research, but a lack of training in the area of suicide prevention and intervention for the paraeducator population. This study's results indicated that paraeducators are not trained to properly address when students approaching them with suicide ideation. Not only are they not trained, they are also providing counsel that they are not qualified to give. This study also found that paraeducators are uncertain in recognizing warning signs, knowing what to say, and knowing what to do in such a crisis situation. Training in the area of suicide prevention and intervention is important for all school employees. Paraeducators, who work closely with students that are academically at risk and who make up a large number of support staff, are important gatekeepers that must be trained appropriately in suicide prevention and crisis intervention within the schools.

References

- Allen, M., & Ashbaker, B. Y. (2004). Strengthening schools: Involving paraprofessionals in crisis prevention and intervention. *Intervention in School and Clinic, 39*, 139-146.
- Allen, M., Ashbaker, B.Y., & Stott, K., (2003). *Strengthening rural schools: Training Paraprofessionals in crisis prevention and intervention*. Retrieved from <http://www.eric.ed.gov/PDFS/ED476220.pdf>
- Ashbaker, B. Y., & Morgan, J. (2006). *Paraprofessionals in the classroom*. Needham Heights, MA: Allyn and Bacon.
- Centers for Disease Control and Prevention. (2012). *Injury prevention and control: Violence prevention*. Retrieved from http://www.cdc.gov/violenceprevention/pub/youth_suicide.html
- Chopra, R. (2011, May). *Working effectively with families: Research-based tips for paraeducators*. Presented at the 29th National Conference on the Training and Employment of Paraeducators, Harrisburg, PA. Retrieved from: <http://assets.paracenter.org/working%20with%20families.pdf>
- Freedenthal, S., & Breslin, L. (2010). High school teachers' experiences with suicidal students: A descriptive study. *Journal of Loss and Trauma, 15*, 83-92.
- Friend, M., & Cook, L. (2009). *Interactions: Collaboration skills for school professionals* (6th ed.). Upper Saddle River, NJ: Prentice Hall.
- Giangreco, M. F., Broer, S. M., & Doyle M. B. (2005). Perspectives of students with intellectual disabilities about their experiences with paraprofessional support. *Exceptional Children, 71*, 415-430.

- Heath, M. A., & Ashbaker, B. (2001). [Paraprofessionals' training for and experience with school-based crisis intervention]. Unpublished raw data.
- Heath, M. A., & Young, E. L. (2005). Preparing non-instructional personnel and bus drivers to assist with crisis prevention and intervention. In M.A. Heath & D. Sheen (Eds.), *School based crisis intervention: Preparing all personnel to assist* (pp.142-149). New York, NY: Guilford Press.
- Holbrook, M. (2011). *Paraeducators in secondary transitional settings: Their knowledge, responsibilities, and training needs* (Unpublished master's thesis). Brigham Young University, Provo, UT.
- Hsu, S. (2007). *Legislation, litigation, regulation, and implementation of paraprofessional supervision in the school settings* (Master's thesis). Available from:
<http://contentdm.lib.byu.edu/cdm/ref/collection/ETD/id/954>
- Institute of Educational Sciences. (2007). *Description and employment criteria of instructional paraprofessionals*. Retrieved from
<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007008>
- King, K. A., Price, J. H., Telljohann, S. K., & Wahl, J. (1999a). High school health teachers' perceived self-efficacy in identifying students at risk for suicide. *Journal of School Health, 69*, 202-207.
- King, K.A., Price, J.H., Telljohann, S.K., & Wahl, J. (1999b). How confident do high school counselors feel in recognizing students at risk for suicide? *American Journal of Health Behavior, 23*, 457-467.

National Center for Educational Statistics. (2007). *Table 79: Staff employed in public elementary and secondary school systems, by type of assignment and state or jurisdiction: Fall 2003.*

Retrieved from http://nces.ed.gov/programs/digest/d06/tables/dt06_079.asp

Tompkins, T. L., Witt, J. & Abraibesh, N. (2010). Does a gatekeeper suicide prevention program work in a school setting? Evaluating training outcome and moderators of effectiveness. *Suicide and Life-Threatening Behavior*, 40, 506-515.

Schepp, K.G., & Biocca, L. (1991). Adolescent suicide: Views of adolescents, parents, and school personnel. *Archives of Psychiatric Nursing*, 5, 57-63.

Scouller, K. M., & Smith, D. I. (2002). Prevention of youth suicide: How well informed are the potential gatekeepers of adolescents in distress? *Suicide and Life-Threatening Behavior*, 32, 67-79.

Suicide Prevention Resource Center. (2012). *Suicide prevention basics*. Retrieved from <http://www.sprc.org/basics/about-suicide>

U.S. Department of Labor. (2004). *Occupational outlook handbook*. Retrieved from <http://www.careermvp.com/oco/ocos153.shtml>

Whalen, L. G., Grunbaum, J., Kinchen, S., McManus, T., Shanklin, S. L., & Kann, L. (2003). *Middle school youth risk behavior survey*. Retrieved from

<http://www.cdc.gov/HealthyYouth/yrbs/middleschool2003/pdf/fullreport.pdf>

Youth Risk Behavior Survey. (2011). *Youth Risk Behavior Surveillance System (YRBSS), Adolescent and school health*. Retrieved from

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Appendix A

Review of Literature

Introduction

The Centers for Disease Control and Prevention states that suicide is a serious public health problem, even for young people. Shockingly, for youth between the ages of 10 and 24, suicide is the third leading cause of death. It results in approximately 4,600 lives lost each year. A nationwide survey of youth in grades 9-12 in public and private schools in the United States found that 16% of students reported seriously considering suicide, 13% reported creating a plan, and 8% reported trying to take their own life in the 12 months preceding the survey. But deaths from youth suicide are only part of the problem. More young people survive suicide attempts than actually die. Each year, approximately 157,000 youth between the ages of 10 and 24 receive medical care for self-inflicted injuries at Emergency Departments across the United States (CDC, 2012). And furthermore, the Youth Risk Behavior Survey (2011) reports that almost 29% of our nation's students have reported feeling sad or helpless for two weeks or more.

Overall the prevalence of seriously considering suicide is higher among high school students, specifically in ninth grade (14.8%) and eleventh grade students (14.5%). But unfortunately, the problem continues on to younger students as well. Across states, almost 20% of children as young as sixth graders have seriously thought about killing themselves (17.7% of sixth graders, 18.7% of seventh graders, and 24% of eighth graders). Of those students, 10.8% of sixth graders had made a plan, along with 12.0% of seventh graders and 17.3% of eighth graders. The percentages of students that have tried to kill themselves are 7.2% of sixth graders, 8.7% of seventh graders, and 10.9% of eighth graders (Whalen, Grunbaum, Kinchen, McManus, Shanklin, & Kann, 2003).

To address the depth of this problem on a local level, Utah was ranked at or above the 90th national percentile for suicide deaths since 1989 by the National Center for Injury Prevention and Control. For more than two decades, Utah's adolescent suicide death rate exceeded the U.S. rate. In 2004, Utah ranked eighth highest in the nation for suicide deaths by youth aged 15 to 19 years with a rate of 13.79 per 100,000 persons—a rate nearly double the U.S. rate of 8.20 per 100,000 persons (CDC, 2001; CDC, 2007 as cited in Moskos, Halbern, Alder, Kim, & Gray, 2007).

Suicide can affect all youth, but there are risk factors that put some students at higher risk than others. Some factors which lead to a higher risk of suicide include:

- Prior suicide attempt(s);
- Family history of suicide;
- History of depression, mood disorders, or other mental illness;
- Alcohol or drug abuse;
- Stressful life event or loss;
- Easy access to lethal means;
- Exposure to the suicidal behavior of others;
- Incarceration (CDC, 2012; Suicide Prevention Resource Center, 2012).

There are also factors which affect which youth report suicide and suicide attempts. “Of the reported suicides in the 10 to 24 age group, 81% of the deaths were males and 19% were females. Girls, however, are more likely to report attempting suicide than boys. Cultural variations in suicide rates also exist, with Native American/Alaskan Native and Hispanic youth having the highest rates of suicide-related fatalities. A nationwide survey of youth in grades 9-12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers” (CDC, 2012, para. 3).

Students across the nation feel both mental and emotional stress during their high school years that can combine with risk factors, such as depression, that increase the risk of suicide. And school staffs need to be able to help identify students and get them the treatment they need (Substance Abuse and Mental Health Services Administration, 2012).

It is clear that suicide is a prominent issue with which school-aged youth struggle. Most high school teachers say that suicide is a problem among their students, and it is becoming more common that a teacher knows at least one student who has attempted or completed suicide (Westefeld, Kettmann, Lovmo, & Hey, 2007). The increase in suicidal behaviors among high school-aged adolescents tells of the critical need for teaching personnel to recognize and help students at risk. Often teachers are the first to spot emotional or other psychosocial problems in adolescents (Freedenthal & Breslin, 2010). Everyone who works in a school setting should have reason for concern regarding youth suicide. Schools in particular have important reasons why they should address suicide. One reason is that schools are to provide and maintain a safe school environment as a part of their overall mission. A student's mental health can affect his/her overall academic performance. A student suicide can significantly impact other students and the entire school community. And lastly, negligence law suits have been levied against schools for failure to notify parents if their child appears suicidal, for failure to get assistance for a student at risk of suicide, and for failure to adequately supervise a student at risk (Substance Abuse and Mental Health Services Administration, 2012).

Considering the fact that much of youth's time is spent in a school setting, it is important that all school staff are aware of suicidal signs, that they know and understand their roles, and that they receive the appropriate training (Joe & Bryant, 2007). There are large amounts of literature addressing administrators', teachers', and school counselors' role in working with

students who have suicide ideation, but there is little research that is directed to other school personnel who also have daily contact with students, such as paraeducators.

Paraeducators' History and Prevalence

Paraeducators have become a large and integrated part of the American school system. They are being implemented into more prominent roles and yet remain an unknown factor within the schools, community, and research. French and Pickett (1997) stated that over the past ten years, the use and utilization of paraeducators has greatly increased. Giangreco, Broer, & Edelman (2001) state that despite the growth of paraeducators, they remain “one of the least studied and potentially most significant aspects of special education over the past decade... As we enter this new decade, the growth has continued, the context has expanded beyond the special education class” (para. 2).

Although the presence of paraeducators has greatly increased during the last decade, their first appearances in the school systems began after WWII. During the 1960s and 1970s, schools hired more paraeducators and expanded their roles because of demographic pressures and provisions in federal legislation such as Head Start and Title I (Hsu, 2007; Pickett, 1996). According to the U.S. Department of Labor (2004) paraeducators held almost 1.3 million jobs in 2002 and this number was expected to grow through 2012 (Hsu, 2007). The growth of school support staff, such as paraeducators, is not unique to the United States alone. In the United Kingdom numbers have doubled between 1995 and 2005. The increase for teacher's assistants alone was 200% between 1999 and 2009 (Morgan & Ashbaker, 2012). In the United States, 91% of the public schools reported employing at least one paraeducator between 2003 and 2004 (IES, 2007). Specifically in Utah there are 5,911 instructional aides, (paraeducators) which made up

nearly 15% of all elementary and secondary schools staff during the 2003-2004 school year (NCES, 2007).

Defining a Paraeducator

As paraeducators have become more prominent in the educational system, it is important to define what a paraeducator is and does. The federal government provides a definition under the *No Child Left Behind Act (NCLB)*, which states that a paraeducator is an individual employed by the district, working at a preschool, elementary, or secondary school level. They are employed to work under the direction and supervision of a certified teacher. A paraeducator can be employed in special education, language instruction, or other educational programs (Ashbaker & Morgan, 2006).

In Title 1 Part A of the NCLB, paraeducators are defined as those who give instructional support and their responsibilities may include:

- (a) provide one-on-one tutoring for eligible students, if the tutoring is scheduled at a time when a student would not otherwise receive instruction from a teacher;
- (b) assist the classroom management, such as organizing instructional and other materials;
- (c) provide assistance in a computer laboratory;
- (d) conduct parental involvement activities;
- (e) provide support in a library or media center;
- (f) act as a translator; or
- (g) provide instructional services to students under the direct supervision of a highly qualified teacher (NCLB, 2002, p. 83).

Paraeducators are and have been known under a variety of titles. According to Ashbaker and Morgan (2006), across the United States and United Kingdom, at least fifteen different titles are used for paraeducators who work in education. *Aide* is probably one of the earliest titles, and *paraeducator* is one of the most recent. Other titles could include, *educational technician*, *teacher aide*, *instructional assistant (IA)*, *para*, *school assistant*, *teaching assistant (TA)*, and *learning support assistant (LSA)*.

Paraeducators' Role

A study done by Fisher and Pleasants (2012), has paraeducators from districts in one Midwestern state define themselves and their role. In the study paraeducators were asked to rate what they believed their primary role was and if they thought that role was appropriate for paraeducators. The most frequent response of highest ranking was that their primary role was that of support to students, both behaviorally and socially. A total of 53% of paraeducators ranked this response. Almost all reported that this was an appropriate role. The next most frequent response was that of implementing teacher instruction/supervising students.

The literature also defines the role a paraeducator serves. It would also be beneficial to note what roles they are performing within the school setting, such as those mentioned above as a support for students and implementing instruction. According to Hoffman and Sable (2005) most U.S. public schools have paraeducators employed as support staff in which their main role is for the delivering of instruction (Dunn, 2010). Similarly, Giangreco and Broer (2005) queried 153 paraeducators about the extent to which they engaged in seven common tasks, almost half (47%) of their time was spent delivering instruction (Carter, O'Rourke, Sisco, & Pelsue, 2008). The 1999-2000 Study of Personnel Needs in Special Education, involving special education paraeducators, also reported that the majority of paraeducators spent time providing small group

instructional support and delivering one-on-one instruction (Carlson, Brauen, Klein, Schroll, & Willig, 2002).

This personal one-on-one and/or small group instructional setting often gives the paraeducator a closer and more direct interaction with students than with the student's general education teacher. A survey completed by students with disabilities reported that when students were in general education classes, most often, it was the paraeducator, rather than the classroom teacher, who interacted with them and functioned as their primary teacher. Sadly, several of the study participants indicated feeling that the classroom teacher didn't know them as well, and that they couldn't approach the general education teacher (Giangreco et.al., 2005). This study also revealed that students with disabilities reported the paraeducator as a friend because they were the people these students spent much of their time with in school. They were also seen as a protector from bullying and it was typically the paraeducator who advocated on a student's behalf (Giangreco et.al., 2005). This idea is supplemented further by research completed in the United Kingdom, in which the teaching assistant was found to be more of a helping and critical adult friend, able to act as a human shield, and not seen as being a part of the 'authority of schooldom' (Kerry, 2005) .

This puts the paraeducator in a unique and tenuous position of being more of a confidant to students, especially those students who are struggling with suicide ideation. Students see them as less of an authority figure and often easier to approach due to the personal relationship created from smaller instructional groups. Paraeducators interact with students not only in the classroom, but also in the cafeteria, the bus, the playground, or other unstructured times during the day. These unstructured times provide opportunities for students to easily talk to a

paraeducator who might otherwise have difficulty talking to their teacher or counselor (Allen, Ashbaker, & Stott, 2003).

Besides being directly approached by students, paraeducators who are working with students in such a close setting, such as a small group, are in optimal position to notice and identify signs and behavior changes if they are trained to know what to look for (Schepp & Biocca, 1991). A survey about teachers' experiences supporting children after traumatic experiences indicated that teachers are often unsure of what to do and are uncertain of their role. Furthermore, teachers are in a place where they spend a large amount of time with students and can recognize behavior change and identify posttraumatic signs (Alisic, Bus, Dulack, Pennings, & Splinter, 2012). This idea can be extended further to teachers spending large amounts of time with students being able to recognize behavior change and identify signs of suicide. As paraeducators are also spending many hours of the school day with students, they can also recognize and identify signs of suicidal behaviors if they know what their role is and are trained appropriately.

Paraeducator as a Community Connector

Although a paraeducators' primary purpose is to assist with instruction, they offer the "serendipitous advantage" of building congruence among the school, community, and families (Manz et al., 2010). As paraeducators are members of the community and culture of the students, they can connect schools to students and their families. Paraeducators serve the role of connector: they connect parents to teachers, parents to community resources, students to teachers, students to parents, students to peers, and students to the curriculum (Chopra, Sandoval-Lucero, Aragon, De Balderas, & Carroll, 2004).

Paraprofessionals often live in the same or in similar communities and neighborhoods as the school they work for and, therefore, are likely to represent the cultural and linguistic backgrounds of the students and families (Chopra, 2011; Manz et al., 2010; Rueda & Monzo, 2002). A nationwide survey conducted by the National Education Association (2010) on issues related to bullying in the public schools found that 67% of paraeducators live in the school community where they work, a rate twice as high as that of teachers (Council for Exceptional Children, 2005). Another study conducted at Brigham Young University in 2001 surveyed paraeducators across Utah and Idaho. This survey revealed that almost 20% of paraeducators speak an additional language—10% spoke Spanish (Heath & Ashbaker, 2001).

Paraprofessionals are taking this uncommon role of community connectors more than teachers. An article published in the United Kingdom discusses how teaching assistants connect with students more than teachers in this way. Within Eastern Europe (e.g., Czech Republic) and the United Kingdom, there is a minority population called “Roma,” and few teachers understand the community and culture of these students. The authors found that not only did teaching assistants bridge the gap between the Roma child and Non-Roma teacher, the teaching assistants tend to become confidants to students. “The Roma [teaching] assistants are like aunts and uncles to the children. ‘The children tell them far more than they would ever tell me, so they are a useful bridge in the classroom’” (O’Reilly, 2001, para. 18). This trend of hiring a bilingual/bicultural paraeducator to support the needs of minority students is common in the United States as well. The number of paraeducators is increasing among America’s ethnic minority groups. In fact, due to the need of cultural and linguistic support, the National Center for Educational Statistics (2007) reported that California is leading the United States in hiring the greatest number of paraeducators in the country. This increase is providing a positive resource

for meeting the language, racial, and ethnic needs of minority students. This not only benefits students, but also helps to foster community-school relations (Rueda & Monzo, 2002; Kerry & Kerry, 2002). Allen and Ashbaker (2004), describe the unique ‘qualities and abilities’ that paraeducators have in the schools in which they work. They usually live in the same community as the school, they have interest in the school’s success due to family members that often attend that school, and they can provide cultural, and often linguistic, support for families.

Training of Paraeducators

With the involvement level paraeducators are having with school-aged children that go beyond just pure academic instruction, it is startling to note how little they are trained in any area. The need for paraeducators to be adequately trained is a recurring theme in the literature. This is shocking due to the idea presented by the Council for Exceptional Children in 1988, that reminds us that we need to remember those we are placing with our students with resides in their “abilities, qualifications, and competencies” (Council for Exceptional Children, 2003, p. 4). These abilities, qualifications, and competencies come through training and experience. But still the research consistently shows this need for training in tasks that many paraeducators are currently expected to perform under the supervision of a licensed teacher (Warger, 2002). Often they perform these tasks and have responsibilities much like a certified teacher but unfortunately they have little or no training. Pickett (1996) discovered that

while paraprofessionals spend most of their time providing instruction and other direct services to students and/or their families, anywhere from 70 to 90% are hired without training; few states have established criteria or guidelines for training paraprofessionals; and most state and local education agencies have not developed systematic ongoing pre- and/or in-service programs for the paraprofessional workforce (p.11).

Giangreco et.al., (2001) ascribes this unfortunate lack of training “trap” in which a paraeducator often gets caught. First, teachers generally assume that paraeducators are well trained to support the students they work with, which is typically far from true. Second, with the little training they may receive, teachers give the students entirely into the hands of the paraeducator (Morgan & Ashbaker, 2012). Although the increasing rates of paraeducators has raised school professionals’ awareness of the need to provide training for them (Manz, et al., 2010), there is still little training being given to them, even in the areas in which they are hired for, such as instruction or behavior management. But, even with this dramatic shift of roles away from clerical work and toward instructional support, the research still continues to indicate that paraeducators are asked to perform difficult tasks with limited training and that teachers are not prepared to provide ongoing training (Fisher & Pleasants, 2012; Holbrook, 2011). Generally paraeducators just receive on-site training, small handouts or a “verbal explanation” (Fisher & Pleasants, 2012; Hipsky, 2007) but there appears to be minimal available in the area of school crisis, especially pertaining to suicide. Paraeducators need to understand their role with students instructionally, but also towards other interventions, especially crisis interventions. Until this role is defined, paraeducators cannot be as effective. There needs to be an understanding of what roles they cover and what ones they do not (Kerry, 2005).

This confusion of role responsibilities can have negative consequences for students (academically, behaviorally, and in crisis situations) and for schools. The inappropriate utilization of paraprofessionals can have significant legal implications (Etscheidt, 2005). But beyond legal implications, paraeducators generally report that they desire to have more interaction and training to increase their competence and take on more important responsibilities in all areas in which they are involved with students (Downing et al., 2000; Hauge & Babkie,

2006). This desire for further training is demonstrated in the 2001 BYU study in which 65% of paraeducators expressed an interest in being trained on what to do if a student says that he/she wants to kill himself/herself. This same study also reported that 26% (25.7%) of paraeducators had a student approach them who said he/she wants to kill himself/herself; yet less than 20% (19.9%) of the paraeducators reported receiving any type of training of what to do in a suicide crisis intervention. Of those surveyed, only 32.9% knew that the school they work at had a crisis plan and had a copy of their duties (Heath & Ashbaker, 2001). No other research was found involving paraeducators and crisis intervention, nor specifically with suicide. This can be contrasted with the NEA (2010) study on bullying previously mentioned, in which nearly all the paraeducators reported that their school district had a bullying policy. But even then, only half of them said they had received training and more than two-thirds reported that they need additional training on how to address the different forms of bullying.

Conclusion

“All school employees, even those in non-instructional positions, should be familiar with the school-wide prevention program... they also need to be aware of information or policies that apply to their job and association with students” (Heath & Young, 2005, p. 146). Training in the area of suicide prevention is important for all school employees, especially those who work closely with students. Paraeducators, who do work closely with students, are often more approachable, and are part of the local community, are important gatekeepers that must be trained appropriately in suicide crisis prevention within the schools.

Review of Literature References

- Alexander, M., Ashbaker, B., Fillmore, D., Giddings, K., & Likins, M. (2010). *Utah special education paraeducator handbook*. Salt Lake City, UT: Utah State Office of Education.
- Alisic, E., Bus, M., Dulack, W., Pennings, L., & Splinter, J. (2012). Teachers' experiences supporting children after traumatic exposure. *Journal of Traumatic Stress, 25*, 98-101.
- Allen, M., & Ashbaker, B. Y. (2004). Strengthening schools: Involving paraprofessionals in crisis prevention and intervention. *Intervention in School and Clinic, 39*, 139-146.
- Allen, M., Ashbaker, B.Y., & Stott, K., (2003). *Strengthening rural schools: Training Paraprofessionals in crisis prevention and intervention*. Retrieved from <http://www.eric.ed.gov/PDFS/ED476220.pdf>
- Ashbaker, B. Y., & Minney, R. B. (2007). *Planning your paraprofessionals path: An administrator's legal compliance and training guide*. Horsham, PA: LRP.
- Ashbaker, B. Y., & Morgan, J. (2006). *Paraprofessionals in the classroom*. Needham Heights, MA: Allyn and Bacon.
- Ashbaker, B. Y., & Morgan, J. (2001). Growing roles for teachers' aides. *Education Digest, 66*(7), 60-64.
- Carlson, E., Brauen, M., Klein, S., Schroll, K., & Willig, S. (2002). *Key findings: Study of personnel needs in special education*. Washington, DC: Westat. Retrieved from <http://spense.education.ufl.edu/KeyFindings.pdf>
- Carter, E., O'Rourke, L., Sisco L. G., & Pelsue, D. (2008). Knowledge, responsibilities, and training needs of paraprofessionals in elementary and secondary schools. *Remedial and Special Education, 30*, 344-59.

- Centers for Disease Control. (2012). *Injury prevention and control: Violence prevention*. Retrieved from http://www.cdc.gov/violenceprevention/pub/youth_suicide.html
- Chopra, R. V., Sandoval-Lucero, E., Aragon, L., Bernal, C., De Balderas, H. B., & Carroll, D. (2004). The paraprofessional role of connector. *Remedial Special Education, 25*(4), 219–231.
- Chopra, R. (2011, May). *Working effectively with families: Research-based tips for paraeducators*. Presented at the 29th National Conference on the Training and Employment of Paraeducators, Harrisburg, PA. Retrieved from: <http://assets.paracenter.org/working%20with%20families.pdf>
- Council for Exceptional Children. (2003). *What every special educator must know: Ethics, standards, and guidelines for special educators* (5th ed.). Arlington, VA: Author. Retrieved from http://departments.weber.edu/specialed/Red_book_5th_edition.pdf
- Council for Exceptional Children. (2005). Perspectives of students with intellectual disabilities about their experiences with paraprofessional support. *Exceptional Children, 71*, 423.
- Downing, J. E., Ryndak, D. L., & Clark, D. (2000). Paraeducators in inclusive classrooms their own perceptions. *Remedial and Special Education, 21*, 171-182.
- Dunn, S. C. (2010). *Difference in scores between teacher certification program students with and without paraprofessional experiences* (Unpublished master's thesis). Brigham Young University, Provo, UT.
- Etscheidt, S. (2005). Paraprofessional services for students with disabilities: A legal analysis of issues. *Research and Practice for Persons with Severe Disabilities, 30*, 60-80.
- Fisher, M., & Pleasants, S. L. (2012). Roles, responsibilities, and concerns of paraeducators: Findings from a statewide survey. *Remedial and Special Education, 33*, 287-297.

- Freedenthal, S., & Breslin, L. (2010). High school teachers' experiences with suicidal students: A descriptive study. *Journal of Loss and Trauma, 15*, 83-92.
- French, N. K. (2001). Supervising paraprofessionals: A survey of teacher practices. *Journal of Special Education, 35*, 41-53.
- French, N. K., & Pickett, A. L. (1997). Paraprofessionals in special education: Issues for teacher educators. *Teacher Education and Special Education, 20*, 61-73.
- Friend, M., & Cook, L. (2009). *Interactions: Collaboration skills for school professionals* (6th ed.). Upper Saddle River, NJ: Prentice Hall.
- Giangreco, M. F., Broer, S. M., & Edelman, S.W. (2001). Paraprofessional support of students with disabilities: Literature from the past decade. *Exceptional Children, 68*, 45-63.
- Giangreco, M. F., & Broer, S. M. (2005). Questionable utilization of paraprofessionals in inclusive schools: Are we addressing symptoms or causes? *Focus on Autism and Other Developmental Disabilities, 20*, 10-26.
- Giangreco, M. F., Broer, S. M., & Doyle M. B. (2005). Perspectives of students with intellectual disabilities about their experiences with paraprofessional support. *Council for Exceptional Children, 71*, 415-430.
- Hauge, J. M., & Babkie, A. M. (2006). Develop collaborative special educator paraprofessional teams: One para's view. *Intervention in School and Clinic, 42*, 51-53.
- Heath, M. A., & Ashbaker, B. (2001). [Paraprofessionals' training for and experience with school-based crisis intervention]. Unpublished raw data.
- Heath, M. A., & Young, E. L. (2005). Preparing non-instructional personnel and bus drivers to assist with crisis prevention and intervention. In M.A. Heath & D. Sheen (Eds.), *School*

- based crisis intervention: Preparing all personnel to assist* (pp.142-149). New York, NY: Guilford Press.
- Hipsky, S. (2007). The paraprofessional perspective (paper available online). Retrieved from <http://www.eric.ed.gov/PDFS/ED495285.pdf>
- Holbrook, M. (2011). Paraeducators in secondary transitional settings: Their knowledge, responsibilities, and training needs. Unpublished manuscript, Department of Counseling Psychology and Special Education, Brigham Young University, Provo, UT.
- Hsu, S. (2007). Legislation, litigation, regulation, and implementation of paraprofessional supervision in the school settings (Master's thesis). Available from Brigham Young University Electronic Theses & Dissertations database.
- Institute of Educational Sciences. (2007). *Description and employment criteria of instructional paraprofessionals*. Retrieved from <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2007008>
- Joe, S., & Bryant, H. (2007). Evidence-based suicide prevention screening in schools. *Children and Schools*, 29, 219-227.
- Kerry, T. (2005). Towards a typology for conceptualizing the roles of teaching assistants. *Educational Review*, 57, 373-384.
- Kerry, C. A., & Kerry, T. (2003). Government policy and the effective employment and deployment of support staff in UK schools. Democratic progress or knee-jerk reaction to the teacher shortage? A dilemma for school leaders. *International Studies in Educational Administration*, 31 (1), 65-81.

- King, K. A., Price, J. H., Telljohann, S. K., & Wahl, J. (1999). High school health teachers' perceived self-efficacy in identifying students at risk for suicide. *Journal of School Health, 69*, 202-207.
- King, K.A., Price, J.H., Telljohann, S.K., & Wahl, J. (1999). How confident do high school counselors feel in recognizing students at risk for suicide? *American Journal of Health Behavior, 23*, 457-467.
- Manz, P. H., Power, T. J., Ginsburg-Block, M., & Dowrick, P.W. (2010). Community paraeducators: A partnership-directed approach for preparing and sustaining the involvement of community members in inner-city schools. *The School Community Journal, 20*, 55-80.
- Morgan, J., & Ashbaker, B. Y. (2001). *A teacher's guide to working with paraeducators and other classroom aides*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Morgan, J., & Ashbaker, B. Y. (2001). Work more effectively with your paraeducator. *Intervention in School and Clinic, 36*, 230-231.
- Morgan, J., & Ashbaker, B. Y. (2012). Discretionary behavior and performance in educational organizations: The missing link in educational leadership and management. *Advances in Educational Administration, 13*, 249-274.
- Moskos, M. S., Halbern, S. R., Alder, S., Kim, H., & Gray, D. (2007). Utah youth suicide study: Evidenced-based suicide prevention for juvenile defenders. *Journal of Law & Family Studies, 10*, 127-145.

National Center for Educational Statistics. (2007). *Table 79: Staff employed in public elementary and secondary school systems, by type of assignment and state or jurisdiction: Fall 2003.*

Retrieved from http://nces.ed.gov/programs/digest/d06/tables/dt06_079.asp

No Child Left Behind Act of 2002, 20 U.S.C. §6319(g)(3)(A) (2002). Retrieved from

www2.ed.gov/legislation/esea02/107-110.pdf

O'Reilly, D. (2001, December 21). Czech Mates. *TES Newspaper*. Retrieved from

<http://www.tes.co.uk/article.aspx?storycode=357395>

Pickett, A. L. (1996). *Paraprofessionals in the education workforce*. Washington, DC: National Education Association.

Rueda, R., & Monzo, L. D. (2002). Apprenticeship for teaching: Professional development issues surrounding the collaborative relationship between teachers and paraeducators.

Teaching and Teacher Education, 18, 503-521.

Schepp, K.G., & Biocca, L. (1991). Adolescent suicide: Views of adolescents, parents, and school personnel. *Archives of Psychiatric Nursing, 5*, 57-63.

Scouller, K. M., & Smith, D. I. (2002). Prevention of youth suicide: How well informed are the potential gatekeepers of adolescents in distress? *Suicide and Life-Threatening Behavior, 32*, 67-79.

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Suicide Prevention Resource Center. (2012). *Suicide prevention basics*. Retrieved from

<http://www.sprc.org/basics/about-suicide>

- Tompkins, T.L., Witt, J. & Abraibesh, N. (2010). Does a gatekeeper suicide prevention program work in a school setting? Evaluating training outcome and moderators of effectiveness. *Suicide and Life-Threatening Behavior, 40*, 506-515.
- U.S. Department of Labor. (2004). *Occupational outlook handbook*. Retrieved from <http://www.careermvp.com/oco/ocos153.shtml>
- Utah State Office of Education. (2010) Retrieved from [website masked to maintain district confidentiality].
- Warger, C. (2002). *Supporting paraeducators: A summary of current practices*. Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education.
- Westefeld, J.S., Kettmann, J.D.J., Lovmo, C., & Hey, C. (2007). High school suicide: Knowledge and opinions of teachers. *Journal of Loss and Trauma, 12*, 31-42.
- Whalen, L. G., Grunbaum, J., Kinchen, S., McManus, T., Shanklin, S. L., & Kann, L. (2003). *Middle school youth risk behavior survey*. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/middleschool2003/pdf/fullreport.pdf>
- Youth Risk Behavior Survey. (2011). *Youth Risk Behavior Surveillance System (YRBSS), Adolescent and school health*. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Appendix B Instrument

Tell us about you:

1. Are you male or female? _____
2. What is your age? _____
3. What is your ethnic background? _____
4. Do you speak another language? _____

If yes, please name which one(s) _____

5. How long have you worked as a paraeducator (including this year)? _____
6. What is the age of the students you work with?

Elementary _____ Junior High/ Middle _____ High School _____

7. Which group of students do you work with? (Check all that apply)

<input type="checkbox"/> Special Education-Severe	<input type="checkbox"/> Special Education – Moderate	<input type="checkbox"/> 504
<input type="checkbox"/> Bus/Transportation	<input type="checkbox"/> Lunch/Recess	<input type="checkbox"/> Title 1
<input type="checkbox"/> Language Immersion	<input type="checkbox"/> Behavior Team	<input type="checkbox"/> Note Sure

What have you done or would you do if a student told you they wanted to hurt or kill him/herself?

What support would you most likely provide to a student at risk? Please rank which one you would most likely do with a “1” down to least likely to do with a “6”

- ___ I'd counsel the student to not attempt suicide
- ___ I'd refer the student to their teacher
- ___ I'd talk to the administration at my school
- ___ I'd directly talk to the student's teacher and see what could be done
- ___ I'd call the parents/guardians of the student
- ___ I'd talk to mental health professionals at my school (ex. social worker, school psychologist, counselor).

Yes/No/Not Sure

	Yes	No	Not Sure
Does your school have a crisis intervention team to handle suicide attempts?			
Does your school's curriculum include teaching about suicide?			
If yes, do you have access to copy of the curriculum?			
Has a student(s) from your school attempted suicide since you have worked there?			
Has a student ever expressed suicidal thoughts to you?			
If yes, approximately how many students?			
If a student approached you with thoughts of suicide and asked you not to tell anyone, would you keep it a secret?			
Do you believe it is part of the role of a paraeducator to report a student at risk for suicide?			
Has your school offered any professional development training on adolescent suicide?			
If yes, were paraeducators included in the training?			
Was it offered in the last 5 years?			

Please circle one of the following that you feel relates best to you. “1” will represent that you **Strongly Disagree**, “2” **Disagree**, “3” **Agree** and “4” will represent that you **Strongly Agree** with the following given situations.

	Strongly Disagree	Disagree	Agree	Strongly Agree
	1	2	3	4
I believe I can recognize a student at risk of attempting suicide.	1	2	3	4
I believe I would talk with other paraeducators at my school to help determine whether or not a student is at risk of attempting suicide.	1	2	3	4
I believe I would talk with other professionals and staff at my school to help determine whether or not a student is at risk of attempting suicide.	1	2	3	4
I believe I would talk with a parent(s) of a student to help determine whether or not the student is at risk of attempting suicide.	1	2	3	4
I believe I would ask a student at risk of attempting suicide if he/she is suicidal.	1	2	3	4
I believe I would refer a student at risk for attempting suicide to a school counselor, social worker, or school psychologist.	1	2	3	4
I believe I can effectively offer support to a student at risk of attempting suicide.	1	2	3	4

**Appendix C
Other Study Materials**

Research Request- School District

TITLE: Paraeducators: Gatekeepers to Youth Suicide Prevention

BRIEF DESCRIPTION:

The Center for Disease Control and Prevention (CDC, 2009) states that suicide affects even young people and is a serious problem. For youth between the ages of 10 and 24, suicide is the third leading cause of death. Suicide is an issue that school-aged youth are struggling with. Because much of youth's time is spent in a school setting, it is important that all school staff are aware of suicidal signs, know what their role is in such a crisis situation, and receive the appropriate training.

Paraeducators have become a large and integrated part of the American school system (Ashbaker & Morgan, 2006). The U.S. Department of Labor (2004), stated that paraeducators held almost 1.3 million jobs in 2002 and 9% of the public schools reported employing at least one paraeducator (IES, 2007). Yet, despite the vital role paraeducators are playing in lives of school-aged youth, there is nothing in the literature pertaining to their involvement with students and suicide ideation. This study proposes to identify whether or not paraeducators are approached by students with suicide ideation, identify how paraeducators respond to students who approach them with suicide, and to ultimately support the development and implementation of training in the areas of suicide prevention, intervention, and postvention.

INSTITUTIONAL REVIEW BOARD:

Have you been in touch with the Institutional Review Board for your University regarding your Project? YES

Has the IRB given you tentative approval for your project? YES

LOCATION(s):

Location will be various. The survey will be sent to paraeducators through their district employee e-mail and may be completed through a school or personal computer. Specific school setting or locations will not be used.

If location is at a specific school have you contact the principal? YES NO

If yes, list with whom you spoke & the response you received:

N/A, although contact has been made through Greg Hudnall at the district.

What are the potential benefits to XXXXX City School District as a result of your study?

The benefits to XXXX City School District will be training and resources in the area of suicide prevention, intervention, and postvention. We plan to add paraeducator training to training/resources already available for teachers, students, and administrators within the district.

YOUR NAME: Danielle Cannon

EMAIL ADDRESS: XXXXXXXXX@gmail.com

PHONE: (XXX) XXX-XXXX

SIGNED: ___ Danielle A. Cannon _____

DATE: ___ 10/22/2012 _____

Appendix D Consent Form

Implied Consent

You are being invited to participate in this research study of Paraeducators: Gatekeepers to Suicide Prevention. I am a graduate student at Brigham Young University and I am conducting this research under the supervision of Professor Ashbaker, from the Department of Counseling Psychology and Special Education. I am interested in finding out about identify whether or not paraeducators are approached by students who with suicide ideation and how paraeducators are currently responding to students who approach them with thoughts of suicide.

Your participation in this study will require the completion of the attached survey. This should take approximately 10 minutes of your time. Your participation will be anonymous and you will not be contacted again in the future. You will not be paid for being in this study. This survey involves minimal risk to you. The benefits, however, may impact society by helping increase knowledge about suicide prevention.

You do not have to be in this study if you do not want to be. You do not have to answer any question that you do not want to answer for any reason. We will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem you may contact me, Danielle Cannon at drasmus3@gmail.com or my advisor, Betty Ashbaker, at betty_ashbaker@byu.edu or (801) 422-8361.

If you have any questions about your rights as a research participant you may contact the IRB Administrator at A-285 ASB, Brigham Young University, Provo, UT 84602; irb@byu.edu; (801) 422-1461. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

The completion of this survey implies your consent to participate.

Thank you!

	Institutional Review Board	
	8-Nov-12 Approved	7-Nov-13 Expires

Paraeducator Recruitment Letter

You are being invited to participate in this research study of Paraeducators: Gatekeepers to Suicide Prevention. We are interested in finding out about identify whether or not paraeducators are approached by students with suicide ideation and how paraeducators are currently responding to students who approach them with thoughts of suicide.

Your participation in this study will require the completion of the attached survey. This should take approximately 10 minutes of your time. Your participation will be anonymous and you will not be contacted again in the future. You will not be paid for being in this study. This survey involves minimal risk to you. The benefits, however, may impact society by helping increase knowledge about suicide prevention training.

Thank you!

https://byu.qualtrics.com/SE/?SID=SV_eJ1sJGt351nztj7