

RESEARCH BRIEF

The Sustained Reduction of Youth Suicidal Behavior in an Urban, Multicultural School District

Frank J. Zenere
Miami-Dade County Public Schools

Philip J. Lazarus
Florida International University

Abstract. An 18-year longitudinal case study of the suicide rates of students attending a large, urban, multicultural school district between 1989 and 2006 is described. The high rate of suicide (5.5 per 100,000 students ages 5–19) in the district during the period 1980–1988 led to the development and implementation of a district-wide Youth Suicide Prevention and Intervention Program. The program is based on a three-tier suicide prevention model incorporating universal, selected, and indicated prevention/intervention strategies. Suicide and suicide attempt data were collected from crisis hotline reports. Since implementation of the program, a significant decrease in the suicide rate (1.4 per 100,000) was observed from 1989 to 2006. There also was a steady decline in the suicide attempt rate during this same period. This study is among the first to provide longitudinal evidence that youth suicidal behavior can be reduced potentially through school-based suicide prevention programs.

Youth suicidal behavior, particularly its most extreme forms (i.e., suicide attempts; suicide), is a continuing national problem (Miller & Eckert, 2009). The issue of youth suicidal behavior is a critical one for our nation's schools and has led to increased calls for school-based suicide prevention (e.g., Kalafat, 2003; Lazarus & Kalafat, 2001; Mazza, 1997; Mazza & Reynolds, 2008; Miller & DuPaul,

1996) and intervention (e.g., Lieberman & Davis, 2002; Lieberman, Poland, & Cassel, 2008; Sandoval & Zadeh, 2008) efforts. In response to the growing need for suicide prevention programs in the schools, the Miami-Dade County Public Schools in Miami, Florida, developed a comprehensive, multitier suicide prevention and intervention program after 18 students took their own lives in 1988.

Correspondence regarding this article should be addressed to Philip J. Lazarus, School Psychology Training Program, Florida International University, University Park, ZEB 238A, Miami, FL 33199; E-mail: philaz1@aol.com

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In this case study, the components of the program and its effect on youth suicide and suicide attempts over an 18-year span are described. This study is significant for being among the first to demonstrate the potential utility of comprehensive school-based prevention programs for reducing youth suicidal behavior over sustained periods.

Although other studies examining the effectiveness of school-based suicide prevention programs have been evaluated, to date these have largely focused on measuring changes in students' knowledge and attitudes regarding suicide rather than suicidal behavior (Berman, Jobes, & Silverman, 2006). In contrast, Zenere and Lazarus (1997) conducted a study in which they examined program effects on various aspects of suicidal behavior, including suicidal ideation, suicide attempts, and suicide. Further, this suicide prevention program deviated significantly from others reported in the professional literature, in that a district-wide program was developed, implemented, and evaluated over a 5-year period. Although no significant reductions were observed in suicidal ideation, both the number of student suicide attempts and suicides decreased substantially following program implementation. This case study provided one of the first clear documentations that school-based suicide prevention programs can potentially reduce suicidal behavior, including its most severe forms (i.e., suicide and suicide attempts). The study was also notable for being the only 1 among 13 school-based suicide prevention programs to be classified as exhibiting promising evidence for educational/clinical significance (Miller, Eckert, & Mazza, 2009) according to the Task Force on Evidence-Based Interventions in School Psychology Procedural and Coding Manual (Kratochwill & Stoiber, 2002). The present study was designed as a longitudinal extension of this earlier work.

Method

Miami-Dade County Public Schools is the nation's fourth largest school district, serving over 350,000 students in 392 school sites.

The district provides educational services to a multilingual and culturally diverse student community. The student population is 61.3% Hispanic, 26.8 African American, 9.4% Caucasian, and 2.5% nonspecified. Because of an alarming increase in youth suicidal behavior in the Miami-Dade County Public Schools, the Youth Suicide Prevention and Intervention Program was created by the Division of Student Services and the Guidance Counselor Coordinator in 1989. The program is managed by the Administrative Director of the Division of Student Services and is staffed by members of the Student Services Crisis Team, which is presently composed of a school psychologist and school social worker, and has ranged in size from two to four professionals.

The Youth Suicide Prevention and Intervention Program was implemented in all existing school sites. Additional schools have received services from the Youth Suicide Prevention and Intervention Program as they opened. The program is consistent with recommended best practices in the professional literature. According to many researchers (e.g., Kalafat, 2003; King, 2001; Mazza & Reynolds, 2008), universal prevention programs should (a) focus on developing a district-wide school policy concerning suicide; (b) educate school professionals about suicide warning signs and risk factors; (c) encourage collaboration among teachers, nurses, and counselors; (d) include suicide prevention education in the classroom curriculum; (e) develop peer assistance programs; and (f) implement activities aimed at increasing school connectedness. Programs should also support school and family partnerships and establish a school crisis team. In addition, an effective school-based suicide prevention program should incorporate prevention, intervention, and postintervention procedures (Mazza, 1997, 2006; Miller & DuPaul, 1996).

Universal Interventions

To Reach Ultimate Success Together. Universal strategies are implemented through the To Reach Ultimate Success Together curriculum (Miami-Dade County Public

Schools, 1985) in a series of skill development lessons. The curriculum (<http://studentservices.dadeschools.net/trust/curriculum.asp>) is focused on the delivery of prevention education and intervention strategies across grade levels. Lessons emphasize skill building in the areas of self-awareness, communication, problem solving, coping, decision making, relationship building, stress management, and knowledge of health issues and resources. The program attempts to mitigate student risk factors and promote protective factors. It was in place at the inception of the Youth Suicide Prevention and Intervention Program, and was initially created as a part of a substance abuse prevention and intervention initiative. The program is currently providing prevention education and intervention services in all middle and senior high schools and six elementary schools.

Life Management Skills curriculum. Historically, suicide prevention in Miami-Dade County Public Schools was formally addressed in 10th grade through the state-mandated Life Management Skills curriculum (Miami-Dade County Public Schools, 1979). Within this curriculum (<http://www.dadeschools.net/students/cbc/famconsume.asp>), a unit of study is devoted to teaching students the possible warning signs of suicidal behavior and the development of help-seeking behaviors. Students are taught to identify signs and behaviors associated with potential suicide risks in themselves and others and to take appropriate action in gaining adult assistance.

Training school staff. Training school administrators, faculty, and support staff to recognize risk factors and warning signs related to potential youth suicidal behavior is a critical component of universal prevention efforts. All Miami-Dade County Public Schools staff members receive training on the recognition of risk factors and warning signs associated with potential suicidal behavior and are given information regarding the supervision and referral of at-risk students. The training emphasizes to staff that students who commit suicide most often have predisposing mental health problems (e.g., depression, bipolar dis-

order), a finding that has been well documented in the literature (Fleischmann, Bertolote, Belfer, & Beautrais, 2005). School mental health professionals receive additional training in suicide risk assessment, parental notification, referral to community-based mental health resources, and postintervention practices. This training has been delivered via a variety of methods over the years, including staff presentations, video inservice, and written materials. On-site training is approximately 1 hr in length and is provided by members of the Student Services Crisis Team annually by school-based mental health professionals, as well as upon request. Informed and vigilant staff members have successfully intervened with suicidal youth with considerable success. Since the inception of the Youth Suicide Prevention and Intervention Program in 1989, the authors can identify only two occasions when a Miami-Dade County Public Schools student, previously identified by staff as a potential risk for suicidal behavior, has eventually taken his or her life. In contrast to these two tragic losses, thousands of additional potentially suicidal students identified by staff have been directed to helping resources where they have received needed intervention and support.

The Good Samaritan Communities of Caring Program. The Good Samaritan Communities of Caring Program (Miami-Dade County Public Schools, 2004) was created to address student knowledge of plans to self-harm or harm other students. Because research has demonstrated that students are more likely to express their suicidal thoughts and plans to peers than to adults in their environment (Kalafat & Lazarus, 2002; Mazza, 2006), it seems logical to equip youth with the ability to recognize risk situations in their peers and to seek immediate adult assistance. Specifically, students are taught by student services counseling professionals and instructed in the classroom setting to recognize warning signs associated with suicidal behavior and to make immediate contact with an adult on campus or to call a confidential hot-

line. The program is reinforced by numerous on-campus posters.

Selected Interventions

The Student Intervention Profile.

The Student Intervention Profile is a means of identifying students who may potentially represent a suicide risk. At the end of each grading period, counselors receive a printout on each student that reviews seven major areas of concern, including academic performance, effort, conduct, attendance, negative report card comments, Code of Student Conduct violations, and involvement with school police. Classroom teachers and other school professionals are responsible for rating student performance in the aforementioned areas. Students demonstrating difficulty in three or more of these areas are referred to a school counselor. A counselor then meets with the student to assess specific needs and works with other school staff to help the student succeed in school and cope more effectively with particular emotional and/or behavioral difficulties, including possible suicidal behavior.

Student Support Team. Once a student has been identified as potentially being at risk, a Student Support Team meeting may be held to determine the best course of action to assist the student. Miami-Dade County Public Schools mental health professionals offer a wide array of individual and group counseling services to support students. Possible issues addressed in counseling sessions include alcoholism in the family; bereavement; self-esteem enhancement; gay, lesbian, bisexual, and transgender youth issues; anger management; conflict resolution; social skills development; and dropout prevention.

Health Connect in Our Schools. The introduction of the Health Connect in Our Schools initiative (Miami-Dade County Public Schools, Children's Trust of Miami-Dade County, and Miami-Dade County Health Department, 2006) provides an opportunity to address the health needs of school-age children by uniting fragmented prevention and intervention services from around the county.

The goal of this initiative is to improve health outcomes of children and adolescents through health promotion, education, and care. This collaborative effort has created school-based health teams consisting of one nurse, two health aides, and a clinical social worker. Each team is assigned to cover two school sites. The initiative is now in place in 165 schools and is projected to be fully implemented in all Miami-Dade County Public Schools by 2011, pending district budget approval.

On-site mental health services.

When a student's needs exceed the capacity of Miami-Dade County Public Schools staff to resolve a problem effectively, it is imperative that timely connections to community-based services are provided. In some cases, agencies have been given clearance to offer mental health services on campus as part of full-service school (Dryfoos, 1994) initiatives. These supplemental mental health services provide students with expert assistance they would otherwise be unable to typically access.

Indicated Interventions

Assess imminent risk. Indicated intervention services are initiated when a member of a school's staff learns of a student who presents as possible or imminent risk for suicide, based on communications and/or behavior. Once identified, the student is escorted by a staff member to the office of a school mental health professional (e.g., school psychologist or counselor). The school mental health professional interviews the student to assess the level of suicidal risk and then contacts the parent or guardian. In situations in which risk for suicide is considered moderate or high, parents are requested to retrieve their child and are given recommendations for seeking community-based mental health services. The parent is asked to sign a release of information form allowing the school mental health professional the opportunity to collaborate with the student's community-based therapist or agency contacts (if present), thereby enhancing the continuity of care. In the event a student presents as an imminent risk for suicidal behavior and is judged to be a threat to his or

her own safety, school police are also notified. The student remains under the constant supervision of professional staff until the parent or guardian or a community-based authority (e.g., police, child protection agency) retrieves the student. In such cases, a law enforcement professional may transport the student to a local hospital or crisis stabilization unit for additional assessment.

Crisis Hotline. Miami-Dade County Public School's policy stipulates that the school mental health professional responding to a student's suicidal behavior call the district's Crisis Hotline to report the event to a member of the Student Services Crisis Team. This procedure is designed to gather pertinent student information, along with a description of the incident and actions undertaken to address suicidal risk. This approach affords the caller an opportunity to review cases with highly trained district colleagues who are experienced in suicide risk assessment and intervention. The reporting of the event also provides valuable data that can be used in determining the prevalence of suicidal behavior and trends that may affect the delivery of prevention and intervention services.

Returning to school after treatment. After a student returns to school following hospitalization or receiving community-based mental health services, a Miami-Dade County Public Schools mental health professional meets with the student and his or her parents to provide support services. Such support may include an adjustment in the student's class schedule, length of school day, or quantity of homework required. It always includes the assignment of a key staff person to serve as an immediate support resource.

Postintervention

Following a student suicide, it is paramount that schools implement crisis postintervention plans (Brock, 2002). At this stage, an emphasis is placed on addressing feelings of loss, preventing possible contagion effects, and expanding prevention efforts by maintaining a safe, secure, and positive school climate.

The reestablishment of coping and the removal and/or lessening of stigmatization for help seeking are two of the major goals of the postintervention period (Brock, 2002). In the aftermath of a student suicide, the Miami-Dade County Public Schools Student Services Crisis Team assists school administrators, faculty, mental health professionals, and parents/guardians in responding to student and staff needs. Consultation, student advocacy, psychoeducation, psychological first aid, and suicide prevention training may be provided as part of this response.

Data Collection

According to available records, Miami-Dade County Public Schools did not institute any formal suicide prevention programming prior to the Youth Suicide Prevention and Intervention Program initiative; however, the district did compile student suicide data from 1980 to 1988. Student data, used to determine postintervention change, were retrieved from Crisis Hotline reports maintained by the Student Services Crisis Team. The reports provide a detailed account of student suicidal behaviors, including suicide attempts and suicides. The reports also provide additional information, including student demographic data, description of the behavior or incident, and response interventions. All student deaths presumably resulting from suicide are cross-checked and confirmed through the Miami-Dade County Office of the Medical Examiner. National and Florida youth suicidal behavior data used in the study were obtained from the Centers for Disease Control and Prevention (CDC, 1990–2005). Miami-Dade County Public Schools student population reports provided information for statistical comparison.

Results

Student suicide data have been gathered since 1980 by Miami-Dade County Public Schools. An analysis of the data from 1980 to 1988 (preintervention period) shows a district average suicide rate of 5.5 per 100,000 for students aged 5–19 years. Since the implementation of the Youth Suicide Prevention

and Intervention Program in 1989, the student suicide rates demonstrated a downward trend through the last data collection period in 2006 (see Figure 1), with the average student suicide rate declining to 1.4 per 100,000 for students aged 5–19 years (1989–2006). The student suicide rate reduction is further magnified by organizing the data into 6-year intervals beginning with the program's inception. This grouping of data yields the following student suicide rates: 1989–1994, 1.97 per 100,000; 1995–2000, 1.45 per 100,000; and 2001–2006, 0.73 per 100,000 (see Figure 1). An analysis of variance was conducted to evaluate the relationship between pre- and postintervention suicide rates. The analysis of variance was significant, $F(3, 23) = 14.01, p < .0001$. Post hoc tests were conducted to evaluate pairwise differences among the suicide rates. There were statistically significant mean differences between the preintervention period and all three postintervention periods (Tukey's honestly significant difference [HSD], $p < .001$ for periods 1989–1994, 1995–2000, 2001–2006). No statistically significant mean differences were found between the postintervention periods (Tukey's HSD, $p = 1.00$ for periods 1989–1994 and 1995–2000; Tukey's HSD, $p = .74$ for 1989–1994 and 2001–2006; Tukey's HSD, $p = .69$ for 1995–2006 and 2001–2006).

Student suicide attempt data also revealed a pattern of general reduction throughout the implementation period (see Figure 2). Suicide attempt data were not collected prior to 1989 when the program began. During the first year of program implementation, the number of suicide attempts was 88 per 100,000. This was reduced to 52 per 100,000 in the second year, and 39 per 100,000 in the third year. Again, suicide attempt data are grouped by 6-year intervals beginning with the program's inception. For the first 6-year interval (1989–1994), the number of suicide attempts was 45.5 per 100,000 and for the second 6-year interval (1995–2000) the rate was 17.2. For the latest 6-year period from 2001 to 2006, the number of suicide at-

tempts declined to 9.0 per 100,000 (Figure 2).

To further compare the Miami-Dade County Public Schools data with state and national suicide rates, a comparison was made beginning with data collected in 1990 and ending in 2005. During this period, the suicide rate of Miami-Dade County Public Schools students' ages 5–19 years was 1.3 per 100,000 students. This rate is lower than age-equivalent groups from Florida (3.0 per 100,000; Centers for Disease Control and Prevention, 1990–2005) and the United States (3.5 per 100,000; Centers for Disease Control and Prevention, 1990–2005; see Figure 3). A more dramatic difference is observed when contrasting the suicide rates of Miami-Dade County Public Schools students ages 15–19 years (2.5 per 100,000) with other age-equivalent groups from Florida (6.7 per 100,000), and the United States (7.7 per 100,000; Centers for Disease Control and Prevention, 2001–2005; see Figure 3).

Discussion

This case study is among the first to suggest that comprehensive school-based suicide prevention programs can reduce youth suicidal behavior and sustain this reduction over time. A frequent criticism of many school-based suicide prevention programs is that most of them to date have been largely focused on changing knowledge and attitudes about suicide rather than actual rates of suicide and suicide attempts (Berman et al., 2006; Mazza, 1997; Mazza & Reynolds, 2008; Miller & DuPaul, 1996). A longitudinal extension of an earlier demonstration (Zenere & Lazarus, 1997), this comprehensive prevention program resulted in sustained reductions in both suicide and suicide attempts among students in the district. The study is also unique for being the only one of which the authors are aware that has collected longitudinal data on a district-wide suicide prevention program over an extended (i.e., 18-year) period. There are several limitations of this case study, however, which are described in the next section.

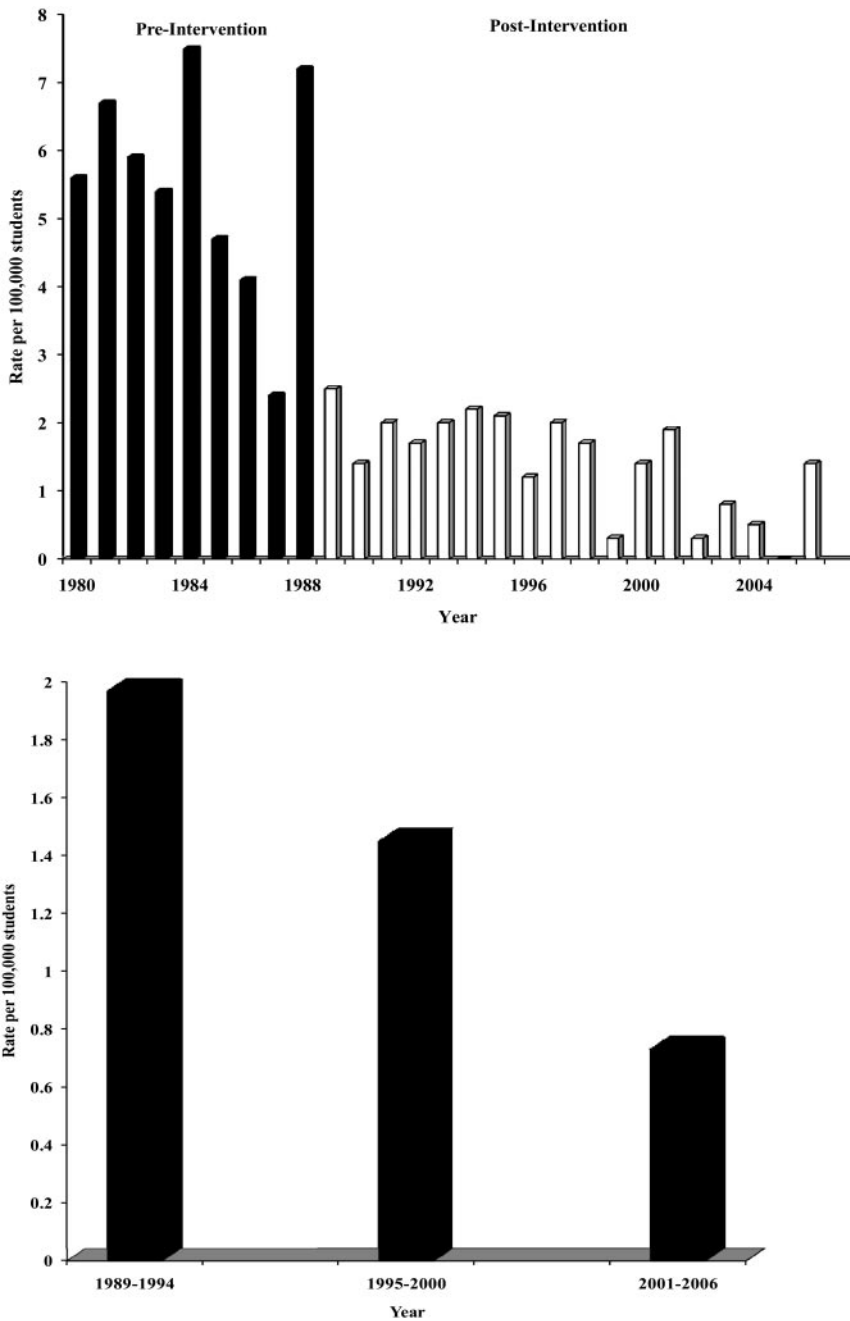


Figure 1. Top panel: Miami-Dade County Public Schools student suicide rate per 100,000 students, ages 5–19 years, 1980–2006. Bottom panel: Miami-Dade County Public Schools postintervention suicide rate per 100,000 students, ages 5–19 years, 1989–1994, 1995–2000, 2001–2006.

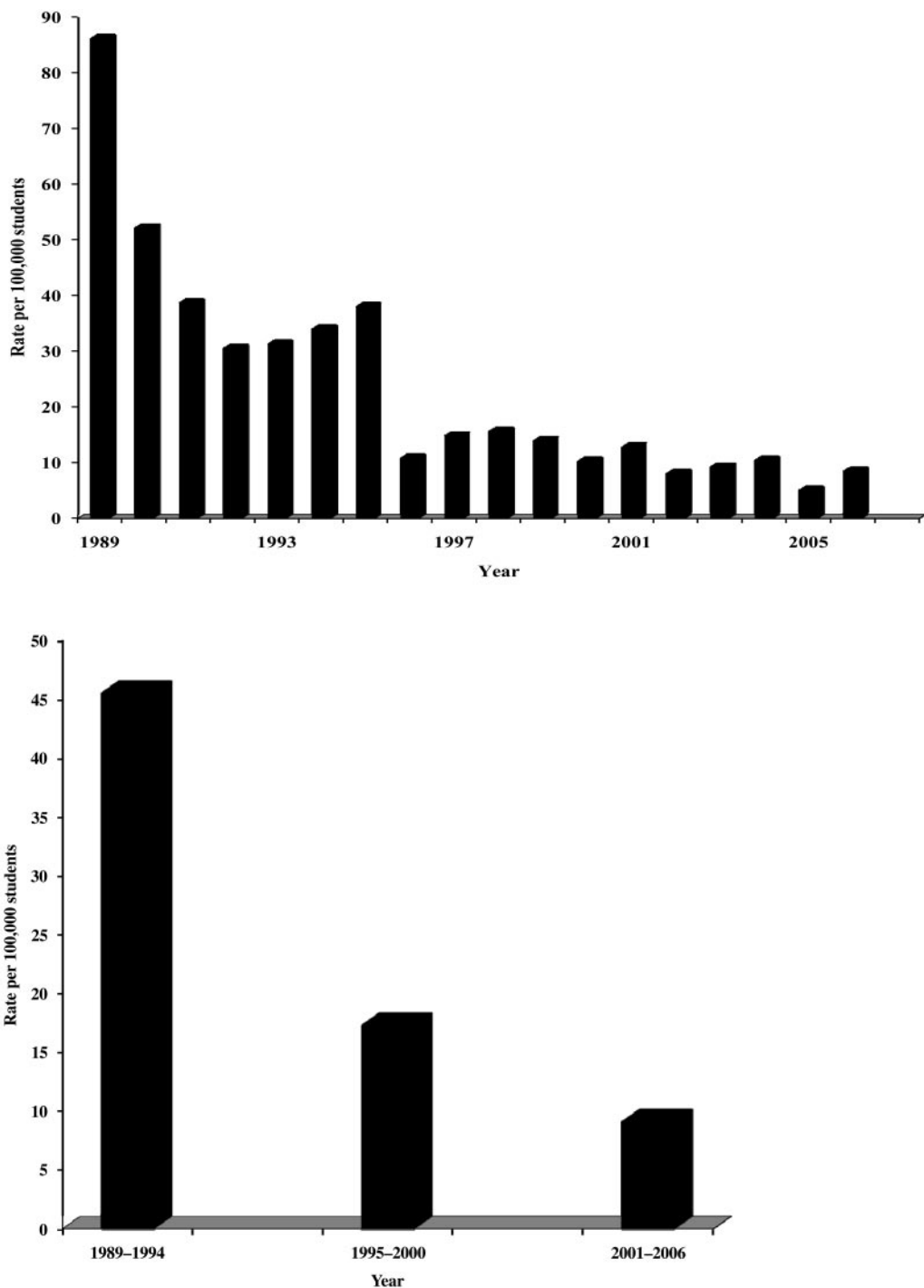


Figure 2. Top panel: Miami-Dade County Public Schools student suicide attempt rate per 100,000 students, ages 5–19 years, 1989–2006. Bottom panel: Miami-Dade County Public Schools student suicide attempt rate per 100,000 students, ages 5–19 years, 1989–1994, 1995–2000, 2001–2006.

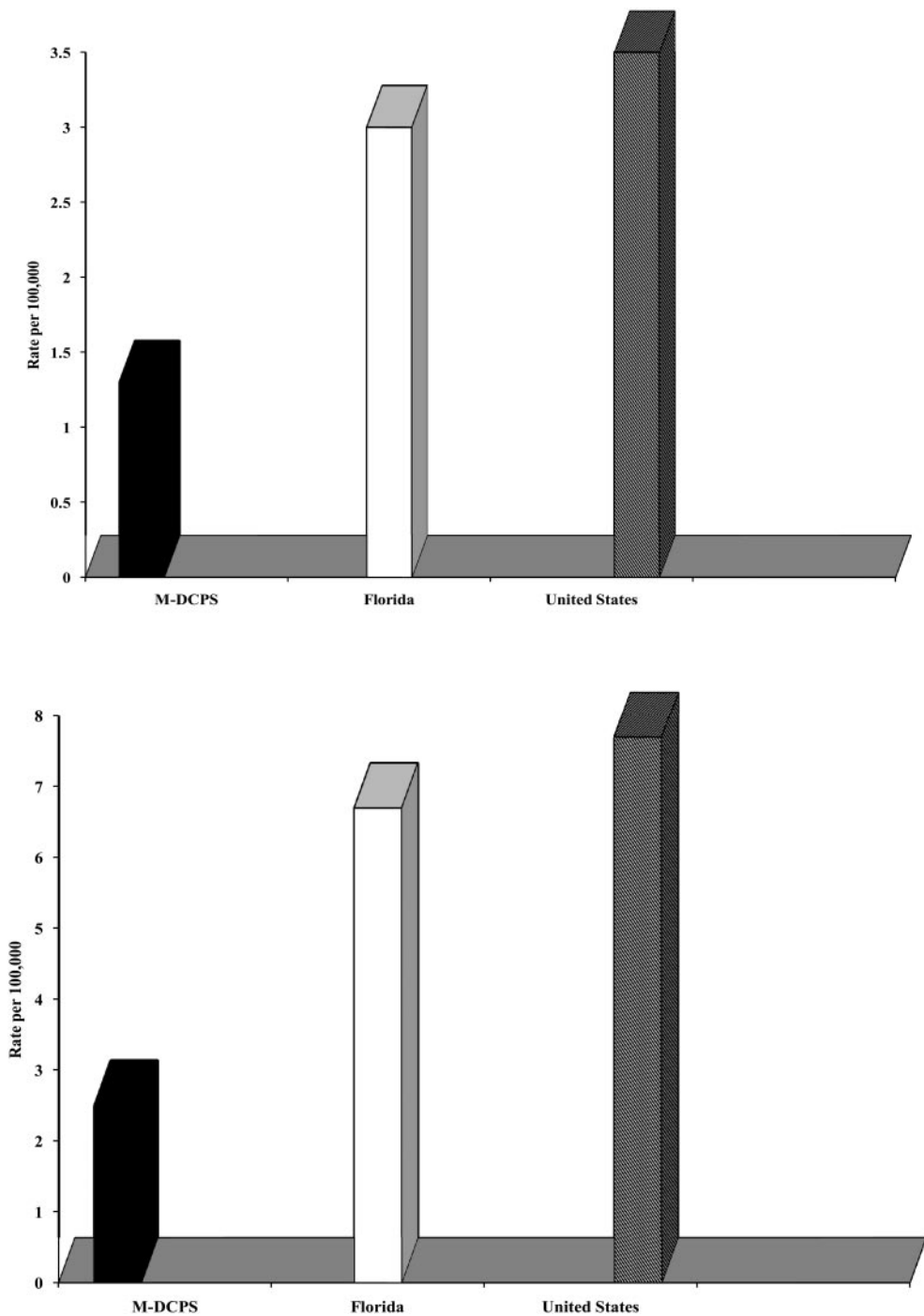


Figure 3. Top panel: Comparative youth suicide rate per 100,000 students, ages 5–19 years, in Miami-Dade County Public Schools (M-DCPS), Florida, United States, 1990–2005. Bottom panel: Comparative youth suicide rate per 100,000 students, ages 15–19 years, in Miami-Dade County Public Schools (M-DCPS), Florida, United States, 2001–2005.

Limitations of the Study

Although great effort has been directed at gathering student suicidal behavior data, youth suicidal behavior is not always reported to the district office. As such, district data likely reflects an underestimation of actual incidents, although the extent to which this occurs is unknown. There is high confidence in the validity of student suicide data, however, as it is confirmed through officials at the Miami-Dade County Office of the Medical Examiner. Nevertheless, potential suicide deaths are possibly classified as accidents because of a lack of available evidence. In addition, state and national comparison data related to suicide attempts and suicide were obtained differently than data obtained by Miami-Dade County Public Schools. For instance, the Youth Risk Behavior Surveillance System (2007) administered by the Centers for Disease Control often obtains state and national rates of suicidal ideation and attempts via self-report surveys of large representative samples of youth in schools; this random form of sampling yields anonymous/confidential reports of suicidality that are likely to result in a larger estimate (rate) of suicidality than would be obtained only from youth whose suicide attempts are detected by others or self-reported (i.e., the method used to track rates of suicidality within Miami-Dade County Public Schools). Thus, methods of obtaining rates were not equivalent.

It should therefore be understood that comparative findings referenced in this study may approximate but not reflect actual levels of *nonfatal* suicidal behavior. Parents and caregivers frequently are unaware of their child's suicidal behavior, including suicide attempts (Kashani, Goddard, & Reid, 1989; Mazza, 2006). If suicide attempts go unreported by parents or peers (e.g., because of a lack of knowledge or a reluctance to report this behavior to the school system), then it would be expected that the number of suicide attempts would be higher, but by precisely how much cannot be determined.

Further, it is difficult to determine the degree of student exposure to suicide preven-

tion curricula and services, because students enter and exit Miami-Dade County Public Schools at different stages and because some components were introduced later than others. Moreover, the suicide prevention program reviewed in this article has not been subjected to a rigorous evaluation, including treatment integrity checks, and the relative effect of each component cannot be determined. Finally, although it appears that this district-wide program may be an effective approach to school-based suicide prevention, given the lack of controlled experimental or quasi-experimental research evaluating this program, its effectiveness still needs to be demonstrated (Miller et al., 2009). Nevertheless, like case study demonstrations of reductions of student antisocial behavior using school-wide positive behavior support procedures (McCurdy, Mannella, & Eldridge, 2003), the results of this case study are promising and can form the basis for more comprehensive attempts at school-based suicide prevention program evaluation.

Despite these and other limitations (e.g., overall youth suicide rates in the United States generally declined during parts of the period in this study), the data suggest that the program has effectively reduced the rate of youth suicide over a long-term (18-year) period. As such, it appears there is now increasing evidence that school-based suicide prevention programs can potentially reduce youth suicidal behavior, and that school psychologists and other school personnel can play a prominent role in this process.

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Frank Zenere, EdS, is the school psychologist for the Miami-Dade County Public Schools Student Services Crisis Team. He is a past Chairperson of the National Association of School Psychologists' (NASP) National Emergency Assistance Team (NEAT) and provides crisis intervention services nationally and internationally. His research interest is suicide prevention and intervention.

Philip J. Lazarus, PhD, is an Associate Professor and Director of the School Psychology Training Program at Florida International University. He is a recent recipient of the Florida Association of School Psychologists Willard Nelson Lifetime Achievement Award (2008) and the NASP Government and Professional Relations Committee Certificate of Appreciation (2009). He is a past chair of the NASP NEAT and coeditor of *Best Practices in School Crisis Prevention and Intervention*.