

The steadily increasing adolescent suicide rate requires purposeful, strategic responses.

School Safety

UPDATE

Teen suicide: developing a plan for prevention

Teen suicide is a subject often avoided. Through non-mention, it is endowed with an amorphous mystique, relegated to the status of a shameful, taboo topic. Suicide is the third leading cause of death among teenagers; accidents (including a large percentage of alcohol-related crashes) are first, and second is homicide. Many mental health professionals believe that accident statistics successfully conceal hidden suicide statistics.

The suicide rate for adolescents aged 15 to 19 has tripled since 1950. Some suicides are preventable, had school personnel and administrators the knowledge and training needed to confront

and deal with the signs. Since teachers and other staff are with students approximately six hours per day, they have an excellent opportunity to identify those who are at risk. Gauged against normal teenage behavior, variations in the behavior of one particular teenager are noticeable.

The skills needed to detect or deal with a potential suicide crisis are those already used by many effective, caring teachers and parents. Active listening is a necessary tool. Response to depressed or suicidal teenagers requires an immediate reaction to their seemingly offhand comments, that are,

in reality, anything but random or casual. There is general agreement among helping professionals that most suicidal people truly want to continue living, however, they are frequently overwhelmed, unable to find alternative solutions to the problems troubling them.

In effective schools, the entire staff understands proper steps in suicide prevention. No staff member carries the complete burden of prevention; all are part of a support network. After observing unusual behavior and recognizing warning signs, complying with an established policy is imperative. Parents should be notified and the student referred for treatment. Many suicidal students will try to extract a promise that their parents not be informed of their intentions, but mental health professionals do not generally recommend such a course of action. Seventy percent of teen suicides occur

in the victims' homes; guns are the method used in 65 percent of male teen suicide and 47 percent of female teen suicides. Restricting accessibility of weapons at home is a preventive step that parents can take.

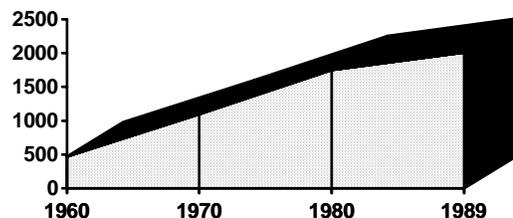
Above all, the student should be supported, both during and after treatment. The school's responsibility, however, does not require that all personnel become expert therapists; a mental health professional fulfills that role.

To function preventively, consider the following

steps:

- *Establish policies and procedures.* Safety of the students is of primary importance. Therefore, guidelines should specify the necessary steps to take upon learning of potential danger. Responsibility requires action.
- *Provide training for all staff regarding suicide warning signs and school procedures.* This training can take place during scheduled in-service meetings. Included information can cover suicide statistics; an explanation of the need for training; suicide myths; appropriate and inappropriate staff

Suicide rates among U.S. teens ages 15-19



Source: National Institute of Mental Health, most recent statistics available

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conduct; school board policy regarding suicidal behavior; and confidentiality. Several written copies of symptoms and procedures for reference and rapid access should be provided to each participant.

- *Designate the persons who act upon suicide referrals.*

Additional training will be necessary for those who receive the reports of at-risk students. Each school will have different plans, but will include some aspects of the following: confidentiality (the student's safety is always the first priority); interviewing techniques for dealing with the at-risk student; dealing with the parents alone and the parents and student together; presenting professional assistance plans to parents and students; and offering school support to the whole family.

- *Contact treatment agencies.* In crisis situations, a previously prepared list of resources is invaluable. Knowing what services are provided, costs, insurance requirements, admission policies and waiting periods will enable the school staff to save time. Since some suicides are related to drugs and alcohol, resources that deal with adolescent substance abuse should also be provided, if possible.

- *Develop a support program for threats and attempts.* The student will remain at risk for some time after an attempt. The first three to six months is the most critical period, although some remain at heightened risk of suicide for at least two years. Often a completed suicide occurs just when the family and community feel that "things are beginning to return to normal." Programs that ease the return to school and regularly monitor the student, without causing embarrassment, will enhance the student's chances of receiving further help if needed.

- *Identify contributory sources of student pain in the school environment.* Honest assessment of the school environment may reveal areas or policies that cause inordinate amounts of stress to many students. Adjustments rather than lack of action are indicated.

Suicide rarely "just happens"—many times it follows a period of depression. However, it should be noted that although depression is considered a "major breeding ground" for suicide, not all who suffer from depression are necessarily suicidal. Nor will all teens who are suicidal exhibit signs of depression; each individual case has its own set of unique characteristics.

Depression is an emotional attitude involving deep feelings of inadequacy and hopelessness which persist for an extended period of time, accompanied by reduced mental and physical activity.

Even very young children may experience depression, including infants. It is somewhat difficult to diagnose, however, since children do not, on a regular basis, discuss their feelings. Instead, they exhibit changes in patterns of behav-

ior, social response, sleeping and eating.

Many suicidal people give warning of their intentions. Being aware of the signs of impending suicide includes paying significant attention to any of the following:

- *Threats of suicide.* The myth that people who talk about suicide do not really commit it is still in circulation. Unfortunately, that belief is not true. People often directly state their intentions. Laughing off the comments as attention-getters, acting shocked or ignoring such statements may cause many to miss the opportunity to save a life. Suicide threats are an obvious sign of danger.
- *Less direct statements.* Other types of comments regarding suicide may be less obvious. Some suicidal people may make remarks about their desire to die, how they might as well be dead, or how their family might be better off without them. These statements should be treated as seriously as overt suicide threats.
- *Depression.* A sense of hopelessness, an obvious loss of appetite, sleeplessness or unusual bouts of crying, in combination or separately, may indicate a life in severe distress.
- *Behavior changes.* Abrupt shifts in normal behavior may be a clue. Sudden withdrawal on the part of an extroverted person, boisterous troublemaking from a usually compliant personality, or apathetic disinterest for no apparent reason might signal thoughts of suicide.
- *Prior attempts.* At greater risk are those who have already tried to kill themselves, even if the attempt did not seem "serious." Unless those persons receive help, they may try again. Of those who do succeed in committing suicide, 80 percent have made at least one other attempt.
- *"Final" arrangements.* Those considering suicide may give away their personal possessions. The disposition of special treasures, including items of both sentimental and monetary value, and letters to family and friends will, at times, signal the intentions of the suicidal.
- *Preoccupation with death.* Although the theme of death is a legitimate subject for creativity, attention needs to be paid to those teens whose art, personal reading, and writings consistently and continuously focus upon death as the sole subject matter.

At times, despite good effort, or at other times, with hideous suddenness, a student does commit suicide. Schools need to be prepared to deal with the tragedy.

When confirmed information is available, it is necessary to be honest with students and staff. The news should not be announced on the public address system, but in classes by fully informed teachers. Discussions will ensue; suicide as a solution to problems should not be glorified.

Many students will be understandably upset. If they wish to go home, a caretaker should be notified to come to school

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to escort the student. School should not be dismissed, nor the schedule changed.

The staff needs to be aware of the potential for suicide clusters — groups of deaths involving at least three completed suicides which are closely related in time and geographic area. Imitation and contagion have been proposed as two causes for these clusters, but formal research regarding “copycat” suicides is extremely difficult to conduct.

Support for those close to the deceased, both staff and student body, will be needed. The survivors of suicide frequently feel guilt and anger as well as grief. Recriminations of “if only I had called” or “why wasn’t I trusted” are normal. Feelings must be expressed and counseling will help the survivors’ understanding.

Some students and staff will want to attend the memorial

service and this should be allowed. A memorial service at school is not recommended, since it places the deceased student in the position of role model. In addition, a service at school removes the students from the reality that death is final, a reality that would be more strongly reinforced at a funeral home.

The emotional well-being of students contributes to the general school atmosphere. In suicide prevention classes, students can learn to monitor their own stress levels and to identify depression in themselves and their friends. They can be taught coping styles, effective communication techniques, and problem-solving skills. A professionally designed prevention curriculum neither glorifies nor encourages suicide; it enables students to grasp an alternative.

Constructive communication with the media is essential

After a student commits suicide, a mutually respectful relationship with the media is critical. The reporter needs a story and the school needs to deal with pain and return to normal; both goals must be accomplished as soon as possible. The Committee on Sudden Adolescent Death offers guidelines for dealing with journalists.

- *Deal up-front with reporters.* Honesty earns respect. In times of crisis, providing factual information lessens the likelihood that the news will be sensationalized.
- *Do not try to “stonewall.”* Remember that information has many origins. Hold a press briefing or issue a statement, but do not violate confidentiality. Make it clear that students may not be disrupted by reporters on school grounds. Explain the school’s and district’s position. Expressions of sympathy are appropriate, as is an explanation of the school’s plan for dealing with the aftermath of a student suicide.
- *Identify an information source.* One person should be selected to deal with all media relations. In this way, consistency does not become an issue. The selected person needs good interpersonal relationship skills, must feel comfortable talking with the media and should remain accessible. He or she needs to be aware of all the facts, formulate appropriate statements and return all media calls promptly. Release the spokesperson’s name, title and telephone number to the media.
- *Advise all school personnel.* The faculty and staff also need to know the contact person’s name and telephone number. Then, if any are asked for official statements, they may refer the media to the proper person. Personal statements are a matter of good judgment. A positive

comment about the deceased student is entirely in order. Care must be taken, however, to avoid any comment regarding the student’s emotional state, for such information is confidential.

- *Advise all students.* The school or district information policy should be explained to students as well. They need to understand that they are not required to speak with reporters if they do not wish to do so; those who want to talk to the media are free to talk to whomever they choose, off school grounds.
- *Consult with the deceased’s family.* Explain the established information policy and assure the family that confidential records are protected; temporarily removing the records to a more secure place might be helpful. Offer to assist the family in dealing with the media. Some may be so overwhelmed that they welcome the opportunity to issue a statement through the school.
- *Consider the future.* After the crisis is past, remember that the media may again make contact for follow-up information. Be prepared with updated material, including a report covering the school’s response. Any new prevention and/or counseling programs demonstrate positive steps taken to deal with teen suicide.

Publicity after a suicide is inevitable. How it is handled makes a great deal of difference. Dealing with the anguish of family and friends requires compassion, preparation and planning, with the added necessity of “de-romanticizing” what has occurred. A well thought-out, organized set of procedures will enable school staff to address the trauma of a student suicide, both personally and professionally.

A variety of safety issues confronts schools

Anti-gang curriculum teaches reality

Sheriff's deputies in Rancho Cucamonga, California, have developed a 17-week anti-gang curriculum to help students experience firsthand the downside of the gang world. Students get a chance to act out lessons on gang violence, see what it is like to get arrested, visit the county jail and learn to work out problems.

The curriculum, called "Choices," is designed to help students learn to make positive choices, rather than just providing them with conceptual information about gangs. Students act out grim scenarios, role playing such situations as being shot, losing limbs to gunfire or spending Christmas in jail.

Students whose grades, attendance and backgrounds show they stand a good chance of getting involved in gangs are targeted. Most have family members already associated with gangs.

Personal alarms tested

Teachers at Public School 214 in Brooklyn, New York, have been issued small personal alarms in an attempt to enhance the safety factor for both faculty and students. These hand-held appliances are operated by pulling a pin, which activates a loud, attention-getting shriek. Because of their similarity to military style hand grenades, they have been nicknamed "grenade alarms." The devices were purchased and distributed by the United Federation of Teachers at a cost of approximately \$10 per alarm.

Problems may go untreated

According to *The Brown University Child and Adolescent Behavior Newsletter*, a study reported in the *Journal of the American Academy of Child and Adolescent Psychiatry* has found that "parents are more likely to consult with teachers than mental health professionals concerning their child-rem's emotional or behavioral problems." Additionally, physicians often did not refer troubled adolescents to mental health specialists. Research in this longitudinal survey found that "42 percent of adolescents diagnosed with a severe psychi-

atric disorder had received no outside help whatsoever for their problems within the past year."

National hotlines available

The Bureau of Alcohol, Tobacco and Firearms has established a national toll-free hotline. Citizens may report probable gun violations and gang and drug activity. Information is routed to appropriate law enforcement officials in the caller's district. The caller may choose to remain anonymous. The number is 1-800/ATF-GUNS.

Another toll-free hotline is available for adolescent runaways and suicide intervention. National Runaway Switchboard is maintained 24 hours a day, providing a confidential referral service. Call 1-800/621-4000.

Suicide and guns related

Statistics from the Center to Prevent Handgun Violence in Washington, D.C. include the following information about teen suicide:

- Guns are the most lethal method — 92 percent of suicides attempted with guns are completed.
- Teenagers who have been drinking alcohol are five times more likely to use guns than any other suicide method.
- Every six hours, a youth aged 10-19 commits suicide with a gun, nearly 1,400 in 1989.
- The odds that potentially suicidal adolescents will kill themselves go up 75-fold when a gun is kept in the home.

Athletic field violence: A correction

The September 1992 issue of *School Safety Update* reported on violence at school athletic events. The article included a media report about a shooting incident that occurred during a Lincoln-Franklin game at Roosevelt High School in Los Angeles on October 4, 1991. Assistant principal George Carone of Franklin High called NSSC to emphasize that the shooting incident took place across the street from the school and was not school-related. The noise from the gunfire caused the commotion, which resulted in the termination of the game by school officials.

Thorough record screening required

Fairfax County, Virginia, school officials have instituted more controlled procedures for checking the criminal records of substitute teachers after discovering that an escaped convict had been working in that district for nearly two months.

A fingerprint check of the convicted killer disclosed that he had been serving a 45-year sentence for robbery and murder at the time of his escape. Federal Bureau of Investigation agents apprehended the substitute teacher in a science class after ascertaining his criminal record.

Supportive response may help deter potential suicide

By Scott Poland

I will never forget some of the things that my father said to me 2 days before he shot himself. My father made a special trip to visit my brother in one state and myself in another. He said that he did not want to live to be an old man and feared that he might have to be taken care of. He also told me what personal possessions he wanted to leave me. I was worried about him, but did not grasp that he was contemplating suicide. Like most people, I was not comfortable with the topic and did not respond in a direct, caring manner. My father said his farewell to me, went home, and shot himself the day after his 53rd birthday.

As this description indicates, my father's words and actions gave very definite clues that he was planning to commit suicide, but I did not detect these. I had not received any formal training in suicide prevention, despite the fact that I was a graduate student in psychology. This is the case for most of our population, despite the fact that suicide is the seventh leading cause of death across all age groups.

Suicide is not someone's destiny. Young people are often ambivalent about suicide, wavering between wanting to live and wanting to die. The young person who talks and writes about suicide may be at risk; he or she cannot be ignored.

What can you do? Teachers and staff can help in a number of ways, and the first is to *listen and hear*. In an emotional crisis, it is of vital importance that someone is available. Assurances that "everything will be all right" are false and inappropriate as well as demeaning. Don't be judgmental and don't moralize.

Suicide is difficult to discuss, but we must face it. Inquire directly, openly and honestly about suicidal thoughts and be sensitive to those thoughts and feelings. Your reaction indicates that you care. No response may be interpreted as not caring. If any self-destructive plans are mentioned, *take them seriously*.

Do not let other people persuade you to ignore what you believe to be signs of suicide. *Trust your judgment*.

Take action. Share your suspicions with the school counselor or psychologist. This is not a matter of breaking a confi-

dence; it is a matter of saving a life. No one should keep a secret about suicidal behavior. If you think the danger is immediate, stay with the suicidal person and do not leave him or her alone until help arrives.

A student who has already made one attempt at suicide is at high risk to try again. *If you are aware of any previous attempts*, notify the school counselor or psychologist.

Researchers have identified as many as 28 different causes of suicide. There is no one type of young person that is more at risk than any other, but the following factors are involved in many youth suicides: depression; drug and alcohol usage; angry and rebellious behavior; gun availability; and impulsive and reckless behavior.

Specialized school employees such as counselors and psychologists do need further training to determine the severity of risk level for a suicidal student. Gaining a written promise from the student not to follow through on his or her suicidal plans has proven very helpful to me. Emphasizing alternatives to suicide reassures the student that there are solutions to even overwhelming difficulties.

The parents of the suicidal student must be notified. School districts and their employees have been sued for failing to notify parents, inadequately supervising suicidal students and failing to obtain psychological help for them. It may be necessary to document in writing that parents were notified and encouraged to get assistance in the community through crisis hotline centers, hospitals or private practitioners.

You need to encourage parents to reach out to their child through increased supervision and communication. Parents often do not understand how serious suicidal threats are; professional help must be sought whether or not the child's behavior is manipulative. Whatever the parental reaction, school personnel should continue to monitor and assist the student.

There are many people alive today who were suicidal at one point in time. Communicate your concern for troubled students through your presence and your actions. Be supportive, and be ready to listen.

Scott Poland, Ed.D., is director of psychological services for Cypress-Fairbanks (Texas) Independent School District, author of Suicide Intervention in the Schools, excerpted here with permission © 1989, The Guilford Press.

Scott Poland

Suicide prevention and response addressed by law

States address suicide prevention

Several state statutes have special significance for educators dealing with suicide issues. School officials may want to check state and local laws to determine their responsibilities and potential liabilities.

Minnesota law includes suicide in its category of high-risk behaviors related to chemical abuse. The state directs the multidisciplinary chemical abuse prevention team of the Department of Public Safety to conduct activities that address suicide prevention.

Wisconsin exempts from civil liability schools and their agents who make a good faith attempt to prevent a student from committing suicide. Arizona budgets funds for youth suicide prevention projects designed, in part, to increase students' ability to recognize signs of suicidal tendencies.

In 1991, the Arkansas General Assembly declared that the increasing frequency of suicides constituted an emergency and that educators should be allowed to provide assistance without fear of being sued.

Youth suicide prevention is a prescribed course of study for Connecticut students. Local and regional boards of education are required to adopt written policies and procedures for dealing with the problem.

Illinois requires educators to be trained to identify the signs of suicidal behavior. Florida considers the ability to recognize signs of severe emotional distress in students a "minimum competency" required for initial professional certification. Additionally, state-certified educators are required to be able to apply crisis intervention techniques, with emphasis on suicide prevention and positive emotional development.

The Maine Bureau of Mental Health is mandated to develop a prevention strategy and model program to be used in the state's secondary schools.

A program established by the New Jersey commissioner of the Department of Human Services is administered by community mental health services providers in consultation with local boards of education. The

objectives of the program include classroom instruction for students and training programs for teachers. Other objectives include community-based programs, such as a 24-hour hotline staffed by trained professional counselors, crisis intervention and post-intervention services, parent education and programs for the families of suicide victims.

Maryland rules suicide foreseeable

The Maryland Court of Appeals has held that school counselors who did not inform a parent about suicidal statements made by his child to fellow students breached a common law duty to intervene to prevent the suicide.

The father of one of two 13-year-old girls brought the negligence action against the school board and two counselors after the girls completed an apparent murder-suicide pact. He argued that the counselors had a duty to notify him after they learned of the girls' suicidal talk.

The parent argued that had he been warned, he, not the school, could have exercised custody and control. The court stated that the suicide was foreseeable because evidence of her intentions was allegedly given directly to the counselors. The court additionally stated that the common law duty of reasonable care to prevent suicide, upon evidence of suicidal intent, is a "small burden, given the high risk associated with teen suicide." *Eisel v. Board of Educ. of Montgomery County*, 324 Md. 376, 597 A.2d447 (1991).

Judges enlighten students

"Meet the Courts and Law Enforcement," a day-long program offered in Cabarrus County, North Carolina, increases young people's knowledge and builds positive attitudes and awareness about the law and the judicial system.

This preventive program provides teens who are not yet licensed to drive with a close look at how the judicial and local law enforcement systems operate. The program allows participants to see the actual arrest, trial and sentencing of alcohol-impaired drivers and other law violators. It also educates them about the consequences of alcohol-impaired driving and other offenses that will cause them to lose the coveted driver's license.

The faculty of Meet the Courts and Law Enforcement is composed of local judges, the district attorney, members of the bar, state and local law enforcement officers and featured speakers of state-wide prominence. It is a partnership of county and city schools, chambers of commerce, the county bar association, local industry and law enforcement.

Judges from other jurisdictions have inquired about the possibility of beginning the same or similar programs in their areas. For further information, contact Adam C. Grant Jr., Chief District Court Judge, 145 Union Street, North, Concord,

Camp Fire, Inc. empowers youth to assist peers

Many worthwhile organizations are working to reduce the incidence of teen suicide. Camp Fire, Inc. sponsors the Teens in Action program, which for the past four years has addressed the issue of adolescent suicide on both a community and nationwide level.

The "Self Acceptance Is Life" (SAIL) suicide awareness program was developed by Sharon Culver and K Holland of the Oklahoma Green Country Council of Camp Fire in collaboration with the Tulsa Mental Health Association. It received a "Point of Light" award from President Bush.

The tragic loss of a twelve-year-old former member to suicide originally focused this council's attention upon the issue. A lack of readily available information prompted the creation of the program. Research revealed that a large percentage of teen suicide attempts could be prevented by a trained peer who was capable of listening and willing to seek help.

Emphasis in training is upon active listening, and the first rule is to be honest with oneself. Feeling miserable or depressed occasionally is part of the human experience. Remembering those personal feelings enables a listener to offer understanding and support.

Second is the necessity to recognize that problems affect people differently. What causes immense difficulty for one person might very easily be shrugged off by another.

Next is the need to impress upon the hurting person that he or she is a worthy individual and that the listener cares. Making the person feel guilty for or minimizing his or her bad feelings is to be avoided.

Above all, the teens are taught not to be afraid to talk. They are told that it doesn't take an expert to prevent suicide, it takes a heart, ears and a voice.

Throughout the United States, more than 60 Teens in Action campaigns have promoted greater awareness of teen suicide. Planning for all of the different activities was accomplished by committees of youth in partnership with adult advisors. A variety of methods and activities were used: conferences, seminars and workshops; hotlines; video production; support groups; information packet design and

distribution; and school presentations.

One notable effort was the legislative lobbying by an Oklahoma team of 24 youths. After these young people presented information and personally spoke to individual state legislators, suicide prevention education was mandated in the public schools.

The objectives of the SAIL program are:

- To help teenagers identify their personal feelings and emotions;
- To assist students in the realization that such feelings and emotions are a normal part of growing up;
- To equip students with the ability to examine difficult situations and find alternatives for action;
- To help teenagers develop coping strategies for dealing with unexpected events, good and bad;
- To encourage communication with family, school personnel and friends concerning acceptable alternatives for meeting a personal crisis;
- To help students recognize the signs of a potential suicide and know how to help oneself or a friend; and
- To encourage teenagers to choose life, understanding that suicide is not a solution but an end.

For further information write SAIL, Camp Fire, Inc., 5155 East 51st Street, Suite 100, Tulsa, OK, 74135.

Suicide Information Agencies

American Association of Suicidology
2459 South Ash
Denver, CO 80222
303/692-0985

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
703/684-7722

U.S. Department of Health and Human Services
National Institute of Mental Health
Public Inquiries Section, Room 15C05
5600 Fishers Lane
Rockville, MD 20857
301/443-4515

Youth Suicide National Center
445 Virginia Avenue
San Mateo, CA 94402
415/342-5755

Recent testimony offers solutions to tough issues

Ronald D. Stephens, executive director of NSSC, testified before the Senate Judiciary Committee on October 1, 1992, regarding weapons in schools and the need to implement appropriate prevention and intervention strategies to ensure the safety and well-being of all America's schoolchildren.

Citing regional media reports and statistical studies, he linked the presence of weapons on school campuses to several causes: the fear of violence, the escalation of violence within society as a whole, accessibility of weapons in the home, and the presence of both gangs and drugs within the community.

Suggested community and legislative responses incorporated the following recommendations:

- Enact a comprehensive and systematic federal safe schools initiative;
- Strengthen laws to keep guns out of criminals' hands;
- Modify the Gun-Free School Zone Law to the Weapon-Free School Zone Law;
- Encourage schools to adopt model weapons intervention and prevention programs;
- Develop school safety plans;

- Mandate school crime reporting;
- Redesign teacher training to include adequate preparation for dealing with violence;
- Emphasize multicultural training;
- Implement conflict resolution training and nonviolence curricula for students;
- Intensify supervision and extracurricular programs;
- Encourage both parent participation and parent education programs;
- Establish regional and statewide school safety centers;
- Provide gang/drug prevention and gang intervention training;
- Focus on crisis prevention and management; and
- Mobilize communities for safer schools.

Safe schools are everyone's business. The problem of weapons in schools will not be solved without people who are willing to address the issue and explore potential solutions. The full text of Dr. Stephens' testimony is available from NSSC by calling 805/373-9977.

Two resources containing information dealing with the topic of suicide are available from NSSC, *School Safety Check Book* and *Child Safety Curriculum Standards*.

The "Guns and Sons" episode of "The Commish" televised on ABC has stimulated great interest in the issue of weapons in schools. Producers of "The Commish" consulted with NSSC regarding the script. NSSC offers a free packet to schools and individuals needing more information.

If your organization has a successful program to share, NSSC encourages its submission in the form of feature article, manuscript, handbook, photograph or artwork. The editorial board will consider all items for publication.

Pepperdine University's
National School Safety Center
4165 Thousand Oaks Blvd., Suite 290
Westlake Village, California 91362

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The *School Safety Update* is published by the National School Safety Center to communicate current trends and effective programs in school safety. As a component of the NSSC **School Safety News Service**, the newsletter is published six times each school year; the newsjournal is published three times a year in the fall, winter and spring. Annual subscription to **NSSC School Safety News Service**: \$59.00. Correspondence should be addressed to: NSSC, 4165 Thousand Oaks Blvd., Suite 290, Westlake Village, CA 91362, telephone 805/373-9977, FAX 805/373-9277.

Prepared under Grant No. 85-MU-CX-0003 and funded in the amount of \$1.25 million by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, and the U.S. Department of Education in partnership with Pepperdine University. Points of view or opinions in this document do not necessarily represent the official position or policies of the U.S.

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