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A Phenomenological Study of Six Helping Professionals and Their Experiences with a Persistent Adolescent Suicide Cluster

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Concordia University–Portland
College of Education
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A NEW PERSPECTIVE:
A PHENOMENOLOGICAL STUDY OF SIX HELPING PROFESSIONALS AND THEIR EXPERIENCES WITH A PERSISTENT ADOLESCENT SUICIDE CLUSTER.

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Dissertation submitted to the faculty of the College of Education in partial fulfillment of the requirements for the degree of Doctor of Education in Transformational Leadership

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Concordia University Portland
2017
ABSTRACT

This phenomenological study examined the lived experiences of six helping professionals, or gatekeepers, who serve the same community and in their professional roles have been professionally exposed to an adolescent suicide cluster. The purpose was to explore a fresh perspective, to uncover similarities between the participants’ experiences, and to better understand the effects that teen suicide has on helping professionals. The three-part interview design did achieve data saturation, and the multi-phase analysis stimulated the emergence of five distinct themes: adverse childhood experiences (ACEs) as a root cause, a description of the at-risk teen population, short-term crisis response, long-term stabilization, and helping professionals’ means of coping with adverse gatekeeper experiences (AGEs). The results of this study are significant and demonstrate: (a) how a group of gatekeepers, from a variety of service industries, perceive the cluster phenomenon, affected teen group, and prevention efforts; (b) how this study’s participants have been similarly impacted by adolescent suicide; and (c) how they have remained dedicated to protecting and developing healthy youth.

Keywords: Suicide, adolescent suicide, teen, at-risk, susceptible, suicide cluster, victim, survivor, aftermath, crisis response, coping, gatekeeper, helping professional, phenomenology, lived experiences, adverse gatekeeper experience.
DEDICATION

This dissertation is dedicated to my beautiful boys, Crew and Frederick. Thank you for your sweet hugs and kisses, and for loving me unconditionally. I had major mom guilt every time I left you to research and write. I hope my academic achievements will inspire you to dream big.

To my husband, Matt: You are my favorite person. During my eleven years of higher education you have been my supporter, motivator, and provider. You picked up so much of my slack, you called me out every time I started to procrastinate, and you comforted me when I was physically, emotionally, and psychologically exhausted. I promise you, I am done collecting degrees. Thank you. I love you.
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Chapter 1: Introduction

As I walk down the long and sterile concrete corridor, I smile and wave at the security cameras and the omniscient voice coming from the intercom system politely welcomes me back. In an instant, the steel gate 20 paces in front of me begins to slide open. The persistent click-click-clicking is followed by a loud boom, which serves as an auditory reminder that I’ve willingly re-entered captivity. As a crisis responder, I am frequently asked to meet with suicidal youth, and juvenile detention is one of the many outreach locations I have visited. When I walk through the institution’s gauntlet of metal detectors and locked doors to evaluate an adolescent inmate, I find myself paying close attention to the physical surroundings. The isolation and emptiness of juvenile detention is intended to under-stimulate and defend against oppositional outbursts, but it also acts as a metaphor for its at-risk residents.

The Cluster Phenomenon

Within the past three decades adolescent suicide has increased markedly and is now the second leading cause of death among U.S. teens (Ayyash-Abdo, 2002; Gould et al., 1990; & Gould & Kramer, 2001). This is a global issue that has researchers from all corners of the world working collaboratively to pinpoint the root causes, so that youth at risk of suicide can be sooner identified and protected. However, implementation of empirically supported intervention programs is a challenging task for practitioners due to the continually changing social influences, which have become strong enough to obstruct crisis response efforts and conniving enough to reinforce the suicidality of entire teen groups.
My postgraduate work as a mental health professional and interventionist is what introduced me to the issue of clustering, and acquainted me with a variety of helping professionals who work unceasingly to protect their community’s suicide susceptible adolescent populations. For more than five years, the teens of Drumfire (a pseudonym) have been repeatedly exposed to peer suicide. As a result, the predisposed youth have become less receptive to intervention strategies and prone to self-injurious behavior. I believe this to be an issue worth investigating, which is why I designed and executed this phenomenological study. I wanted to explore the lived experiences of Drumfire’s helping professionals, or gatekeepers, who are allied by their service, and whose futile efforts to reverse the effects of the adolescent suicide cluster have been met with resistance in the form of successive teenage death.

Suicide researchers have attended to the topic of adolescent clustering for more than 40 years, but have focused largely on the predictors, precipitants, and mechanisms that influence cluster formation, as well as the effectiveness of preparedness trainings and intervention programs. Based on my review of the literature, helping professionals are occasionally involved as research informants, but rarely are they identified as the target population, nor has the cluster phenomenon’s impact on gatekeepers been thoroughly investigated. It is a unique perspective and one that is central to this study. I wanted to give the gatekeepers the opportunity to deeply reconstruct their lived experiences and to describe how the Drumfire cluster has influenced their perception of their work, their community, and their selves.
Terms & Definitions

For the purpose of this study, the following terms have been defined as follows:

- **Gatekeeper**: an individual who, due to his/her helping profession, comes in regular contact with suicidal teens and exposed peers (Ghoncheh et al., 2014). Gatekeepers are trained to recognize warning signs and assist in preventing adolescent suicide. According to Gould and Kramer, 2001, “gatekeepers are often among the first to detect signs of suicidality and offer assistance to adolescents in need (p. 14).”

- **Adolescent**: a youth between 13-18 years old. Similar term is *teen*.

- **Suicide cluster**: two or more completed suicides that occur within the same space (e.g., community or institution) and time (e.g., days, weeks, months, or years) and that occur at a rate greater than would normally be expected (CDC, 1988; Gould et al., 1989; Gould et al., 1990; Joiner, 1999; Rezaeian, 2012; & Weiss, 1989). Similar terms include, *suicide outbreak* and *suicide epidemic*.

- **Index suicide**: a completed suicide that activates a cluster. Similar term is *victim zero*.

- **Cluster event**: a completed suicide that perpetuates or reactivates a cluster.

- **Cluster victim**: an individual whose completed suicide has been linked to a suicide cluster. Similar term is *cluster member*.

- **Cluster survivor**: an individual (e.g., relatives, peers, community members, and helping professionals) who are exposed to and impacted by the completed suicide(s) of a local youth.

- **Risk factors**: aspects of a person’s life that exacerbate his or her feelings of hopelessness, and increase their suicide susceptibility. Similar terms include, *warning signs* and *red flags*.
• Protective factors: aspects of a person’s life that combat feelings of hopelessness, reduce suicide susceptibility, and reinforce help-seeking behaviors.

• Precipitant factors: a traumatic or upsetting incident that triggers suicidality and inspires suicide planning and attempt.

• Mechanisms: explanation for the formation and spread or adolescent suicide clusters (Blasco-Fontecilla, 2012).

• Contagion: “the contagious transmission of suicidality from one victim to another, (Joiner, 1999).”

• Suicide prevention: intervention programs designed to increase suicide knowledge so that community members and helping professionals are able to detect warning signs, promote help-seeking behavior, and prevent index events.

• Suicide postvention: intervention plans that are implemented after a suicide has occurred to increase cluster awareness, so that community members and helping professionals can screen exposed teen populations for individuals who are at greatest risk of contagion and imitation.

• Lived experience: “taken-for-granted human situations and events that are known in everyday life but are typically unnoticed and unquestioned” (Finlay, 2011, p. 15).

• Reconstruction: to deeply and fully describe an everyday experience. Reconstruction aids phenomenologist researchers in grasping the complexities of their participants’ lived world (Finlay, 2011).

• Implicit meanings: hidden meanings that are not obvious or but are detectable through the exploration of everyday experiences (Finlay, 2009).
By exploring the gatekeeper perspective, I hoped to expand upon existing research and better understand the cluster phenomenon. Thus, the research questions that facilitated this study were:

1. What are the lived experiences of gatekeepers who have been exposed to a persistent adolescent suicide cluster and continue to defend their community’s youth against the deadly phenomenon?
2. To what extent do helping professionals assume responsibility for the occurrence or continuance of an adolescent suicide cluster?
3. How does an adolescent suicide cluster affect gatekeepers’ perceptions of their work, their community, and their selves?

The city of Drumfire is a small rural community located approximately 30 miles from the nearest major city. Agriculture was Drumfire’s primary industry, but during the past 20 years, the infrastructure and population has more than doubled, transforming the city into a suburban commuter town. The rapid development has literally put Drumfire on the map, but it has also resulted in considerable growing pains, including undesirable changes to the community’s youth, who have been intensely exposed to peer suicide and for many years have been fixated on death and dying.

Drumfire’s adolescent suicide cluster significantly influenced my topic selection, but it was the existing research and literature that informed my study’s conceptual framework and design. In Chapter 2 I will present my review of the literature, and identify the key concepts that support this study, including, (1) the common risk factors and precipitant events that have been linked with adolescent suicide, (2) the theories that address the root causes, or why the cluster phenomenon exists, (3) the intervention
programs and practices, (4) the impact on cluster survivors, and (5) the philosophy and methodology of interpretive phenomenology. These very important elements were used as scaffolding to construct this study - a study that explored a fresh perspective and yielded findings that have the potential to influence future research and practice.

**Expectations & Limitations**

Gatekeepers come from a variety of service backgrounds, and the cluster phenomenon brings them together to create a unified group, with the shared objective of preventing further adolescent suicides. During the design, proposal, and preparation phases of this project, I expected that this research study would strengthen professional alliances, highlight the gatekeepers’ passion for their work, encourage routine evaluation of existing prevention strategies, and increase support services offered to gatekeepers at an organizational level. Moreover, I predicted that this study would impact multiple specialties, advance best practices, and inspire future researchers to consider the gatekeeper population when investigating community wide trauma. These influences were of course dependent upon participants openly and accurately reconstructing their lived experiences, and engaging in every aspect of this study. Certain tasks (e.g., journaling & auditing) were optional, and I assumed that volunteering gatekeepers would recognize the value in making a complete contribution. I also assumed participants would model healthy coping and advocacy skills, and would seek help if the study began to cause them unexpected emotional or psychological distress.

The foreseeable limitations of this study were low recruitment and high withdrawal rates. During the two months that preceded this study, Drumfire lost two teens to suicide, and multiple others had attempted suicide and survived. Therefore, I
expected that the Gatekeepers would be involved in the postvention efforts, and would not have the time or the energy to engage in a qualitative study. Thus, I vowed to: (1) support the gatekeepers who declined to participate; (2) routinely check-in with participants to prevent re-traumatization; (3) encourage participants to remove themselves from the study if they appeared to be emotionally or psychologically destabilizing; and (4) constantly acknowledge the participants’ invaluable contribution to the research.

**Chapter Summary**

When I first began reviewing the literature, constructing this study, and writing my research questions, I was concentrated on resolving the problem and ridding the world of adolescent suicide clusters. It took some time to adjust my thinking and to realize that my doctoral research serves a much different purpose than my work as a mental health professional. Investigating a phenomenon is not about achieving remission of a compromising condition, or solving a problem, it is about inquiry, exploration, and discovery. Thus, the purpose of this study was to look through the gatekeeper lens and explore the impact that teen suicide has on helping professionals, and to hopefully make a significant contribution to the existing research.
Chapter 2: Literature Review

Suicide and suicide outbreaks are historical phenomena that have been occurring globally for centuries, but only within the past few decades has the destructive force begun to consume the lives of our youth. As a result, familial and social supports, as well as public organizations and researchers, have started working collaboratively to protect teens that are tortured by hopelessness and are at risk of self-directed violence. Prior to the 1970s, self-inflicted injury, or suicide, were thought to only affect tormented adults. Families and communities concealed the truth about members who had attempted or completed suicide to avoid embarrassment and a tarnished reputation. Although this suicide stigma still lingers, the sudden and intense inception of youth suicidality has gained considerable attention and has inspired a surge in intervention and investigation. The joint efforts of researchers, crisis responders, educators, and health care providers, and so on, are what link the numerous helping professions, and what create the cooperative “gatekeeper” role. As a collective, the gatekeepers’ goals are to increase the world’s understanding of the adolescent suicide phenomena, to develop more effective intervention strategies, and, ultimately, to prevent unnecessary deaths or clusters (Davidson et al., 1989).

During the late twentieth century, there was a significant increase in interest and suicide researchers worked to uncover the truth about adolescent suicide and the cluster phenomenon. They began asking, Why is this happening? And, How do we stop it? During my intense review of the research and literature, I was able to extract and synthesize several interrelated concepts, including the formation, devastation, and containment of adolescent suicide clusters. In addition to providing a foundational
understanding, the literature led me to a new area of investigation and grounded my phenomenological study of cluster gatekeepers.

I used Concordia University’s electronic library to search and collect relevant publications (Appendix A: Literature Search Terms). Databases that provided full-text articles related to the adolescent suicide cluster phenomenon included Psych Articles/ProQuest, Psych Articles/EBSCO host, ProQuest Central, Biology Journals/ProQuest, Science Direct, High Wire Press, & Wiley Online Library. Of the 35 articles that could not be obtained from the above-mentioned databases, Concordia’s library staff assisted in locating 29 full-text versions using interlibrary sharing. The list of references from each of the collected articles was read to help identify seminal authors and to locate publications that had not resulted during the preliminary search. Full-text publications were read in their entirety and were thoroughly screened for topic attributes.

More than 70 publications were reviewed. These included editorials, textbooks, literature reviews, and research articles that reported the results of both qualitative and quantitative investigations. Publications from other countries were considered. However, texts originally published in non-English languages that had been translated were excluded to avoid misinterpretation and imprecise synthesis. The included literature was dominated by U.S. publications as well as quantitative investigations. I did consult my faculty chair and committee about limiting publication dates to the previous 20 years. After much consideration, I chose to incorporate mid-twentieth century literature to include sources that supported my study’s phenomenological grounding, and also because the 1980s and early 1990s were rich with cluster research. As such, the body of knowledge being reviewed was published between 1960 and 2015.
A number of quality articles were considered but ultimately eliminated for various reasons, including author focus on adult suicides/clusters, or the inclusion of adolescent suicidal ideation (e.g., feelings, gestures, and failed attempts). I wanted to know about completed teen suicides and subsequent outbreaks. Therefore, the publications were expected to investigate or address my study’s phenomenological framework, or at least one of the following features of my study’s conceptual framework: (1) the risk factors and precipitants of adolescent suicide; (2) the mechanisms commonly used to explain the formation and continuation of an adolescent suicide clusters; (3) cluster containment strategies; and (4) the impact of an adolescent suicide on survivors. Throughout this chapter, I will synthesize each of these attributes, but I will begin by reviewing the literature that closely relates to this study’s philosophical framework.

**Phenomenology**

Phenomenology is a complex twentieth century philosophy that originated in Germany, and within the past 100 years has yielded a qualitative research methodology that is distinctive in its interpretive style. The phenomenological movement is focused on the unique descriptions, perceptions, and meanings assigned to a social issue by the individuals who have lived it. According to authors Wojnar and Swanson (2007), “phenomenology sheds light on intense and previously avoided phenomena, and reformulates our deep seeded questions about life and its significance” (p. 173). It is a holistic approach and a favorite among educators and healthcare professionals, who view their service recipients (e.g., students, patients, and clients) as complex individuals with unique qualities, capabilities, and needs.
Like many philosophies and methodologies, phenomenology has evolved to include multiple adaptations that are similar in practice and purpose, but vary slightly in theoretical understanding (Priest, 2003). Descriptive and interpretive are the most popular and frequently referenced phenomenologies (Byrne, 2001; Connelly, 2010; Finley, 2011; Wojnar & Swanson, 2007). Descriptive and interpretive are discernable by their titles, but also by the founders’ differing views on researcher immersion and the inclusion of social context. Edmund Husserl (descriptive), the father of phenomenology, “formulated a cutting edge methodology to assist researchers in their investigations of human experience and meaning-making” (Wertz, 2005, p. 167).

Edmund Husserl was a German philosopher from the mid-twentieth century, who spent the majority of his life forging this new science. Husserl’s descriptive phenomenology is highly regarded for its effectiveness at “shedding light on taken-for-granted situations, through the examination of individual’s rich and thick experiences” (Finley, 2011, p. 17). Husserl’s protégé, Martin Heidegger (interpretive) modified the philosophical approach from its original form to consider worldly contexts and to give phenomenologists the opportunity to bring their human selves to the research. Heidegger steered phenomenology away from the study of human consciousness and emphasized human beings’ embeddedness in the world.

Husserl and Heidegger were both interested in the role and influence of the investigator. They agreed that the presence of researcher bias, and the importance of managing said biases, but there is considerable difference in their recommendations for achieving neutrality. Husserl suggested that researchers learn to “bracket,” or put aside their previous assumptions and judgments about a phenomenon (Byrne, 2001; Connelly,
to prevent investigation error, and “to see the topic with fresh eyes” (Finley, 2011, p. 23). Husserl believed that worldly experiences should be purely studied (Bryne, 2001; Wojnar & Swanson 2007, p. 173), and recommended that investigators unchain themselves from their intellectual baggage, push beyond findings and outcomes, and discover what it means to be human (Finley, 2011).

The bracketing process, according to Husserl, involves more than simply purifying oneself of previous understandings. More accurately, descriptive phenomenologists consciously alter how they see the world, “so that they can comprehend the generated data in more complex, layered, and expansive ways” (Finley, 2011, p. 49). For instance, Husserlian phenomenologists would likely recommend that I bracket everything I know about adolescent suicide clusters because my experiences as a mental health professional and interventionist could cloud my vantage point, making it difficult for me to recognize alternative perspectives. In contrast, Heidegger suggested that a person’s biases are a permanent fixture and should be viewed as “valuable guides to inquiry” (Flood, 2012, p. 10). Based on my review of the literature, present-day phenomenologist researchers are in agreement with this latter notion, and are no longer attempting to isolate every opinion, expectation, or emotional tie to their research topics or phenomena. As an alternative to bracketing, Heideggerians suggest that researchers practice authentic reflection, so that they can be forthcoming and transparent with their preconceived ideas, and consider the multiple ways in which their biases could potentially influence their research (Connelly, 2010; Flood, 2010). Interpretative phenomenology is grounded in the belief that the researcher and the participants come to the investigation with their own unique ideas, realities, and backgrounds, and “through
in-person and in-depth interactions they are able to co-create a blended understanding of the phenomenon” (Wojnar & Swanson, 2007, p. 175). McConnelly et al. (2011) places importance on the fact that “researchers situate themselves in the research” (p. 29) because their experiences, knowledge, and ideas are an important piece of the phenomenological puzzle.

Another key distinction between the descriptive and interpretive phenomenologies is Husserl’s interest in shared consciousness versus Heidegger’s attention to shared circumstance. Husserl encouraged his fellow philosophers to explore human experience, so that they might reveal the true essence of a phenomenon, (Wojnar and Swanson, 2007). Heidegger agreed with his predecessor that a person’s meaning-making and actions are largely influenced by their daily experiences. However, he advanced the theory to include ties between lived experience and participants’ backgrounds (e.g., societal, cultural, historical, and so on).

Descriptive phenomenologists are only minimally concerned with these social contexts, whereas Heideggerians believe that a person’s “way of being in the world,” (Wojnar & Swanson, 2007, p.174) is of great importance. Heidegger claimed, and I agree, that it is not possible to understand individuals’ experiences and meanings without also considering their reality, or the time and space in which they live. Thus, there is no one correct interpretation, no one truth (McConnelly et al. 2005, p. 29). The remainder of Chapter 2 is a review of the core elements of this phenomenological study, which are contextually significant and address cluster victims’, survivors’, and the gatekeepers’ ways of being in the world.
Risk Factors

Adolescent suicide victims generally endure social, psychiatric, and environmental disturbances, which have been carefully studied and are often referred to in the literature as risk factors, precursors, or predictors of suicide. Researchers have determined that the assortment of risk factors for adolescent cluster suicides do not differ greatly from those associated with individual suicides (Beautrais, 2000; Haw, 2013), but there is still some debate regarding which factors are most lethal or more likely to give rise to an attempt.

Disruptive and dangerous behaviors, including self-directed violence, are significant risk factors for adolescent suicide (Brent et al, 1989; Bridge et al, 2006; Callahan, 1996; & Davidson et al, 1989). Even preadolescent suicide victims tend to already have a history of self-injurious behaviors, or they were outwardly aggressive and sustained legal charges that most often include theft, assault, or drug possession. Disruptive and oppositional youth are regularly referred to as juvenile delinquents or are labeled conduct disordered, which keeps the focus on their behaviors and neglects to recognize the possible underlying issues, including social and environmental stressors, mental instability, and, in some cases, chemical dependency.

Physical autopsies of adolescent cluster victims do occasionally rule out intoxication at time of death. However, psychological autopsies, involving informant interviews, have confirmed habitual drug abuse and dependence among victims (Ayyash-Abdo, 2002; Barber & Bean, 2009; Beautrais, 2002; Brent et al., 1989; Bridge et al., 2006; Callahan, 1996; Davidson et al., 1989; Gould & Kramer, 2001). Teens often take drugs or drink alcohol to create or strengthen peer connectedness, but what they intend
can have serious and sometimes grave consequences. Substance misuse impairs teen judgment, inhibits their problem-solving abilities, and severely alters their moods (Ayyash-Abdo, 2002). When you combine these effects with co-occurring risk factors, including undetected or untreated mental illness, a youth’s vulnerability to suicide will increase.

Mood disorders (e.g., depression, anxiety, and post-traumatic stress) are age-appropriate mental health diagnoses for adolescents, and are recognized by researchers as powerful predictors of youth suicide (Barber & Bean, 2009; Beautrais, 2002; Bridge et al., 2006; Callahan, 1996; Crepeau-Hobson & Leech, 2014). The authors carefully and clearly specify this category of psychopathology because more severe mental illnesses, including personality disorders, schizotypal disorders, and psychotic disorders, do not generally onset until early adult years. Ayyash-Abdo (2002) agrees that psychopathology is a predictor of suicide, but argues that adolescent mood disorders are secondary factors that depend on other precursors to significantly increase a teen’s risk of suicide. He supports this claim when he writes, “there are many teens that struggle with depression who are not suicidal, just as there are teens that are suicidal but who are not depressed, for this reason there has to be more going on in a teen’s life to inspire an attempt” (Ayyash-Abdo, 2002, p. 461).

Family factors, including an unsteady home environment, conflict and relationship fracture, abuse and neglect, legal, financial, and health issues, and family history of psychopathology and suicidal tendencies, are believed to increase a teen’s vulnerability to suicide (Ayyash-Abdo 2002; Beautrais 2000; Bridge, 2006; Callahan, 1996; Crepeau-Hobson & Leech, 2014; Davidson et al., 1989; Gould & Kramer, 2001).
According to Brent, Perper, Liotus et al. (1994), family factors “are among the most potent predictors of adolescent suicide” (p. 52). This group of seminal authors hypothesized, and their research results indicated, that adolescent suicide victims are more likely than living control subjects to have experienced familial conflict and instability within the 12 months that precede their death.

Ayyash-Abdo (2002) wrote, “it is beyond a doubt that family dysfunction can have a negative effect on a child’s personality and their developing social skills” (p. 463), including how to effectively communicate, problem solve, and self-advocate (Gould & Kramer, 2001, p. 9). Teens who lack trusted and stable relationships are often deprived the opportunity to develop themselves. As a result, they are more prone to struggle with low self-esteem and a lack of self-worth, and, “any minor setback, like a breakup with a boyfriend or girlfriend, or drop in school performance, can become a self-fulfilling prophecy and increase their risk of suicide attempt” (Ayyash-Abdo, 2002, p. 465).

Additionally, stressful peer relations are factors to be considered when assessing a youth’s risk of suicide. During adolescence, youth depend less on their parents and turn to their friends for support, validation, and guidance. Consequently, when peer connectedness wanes, and teens are separated from their social circle or rejected by their peers, they are likely to struggle with feelings of confusion, loneliness, and hopelessness.

Stunted psychosocial development and identity confusion are issues that do not discriminate and can affect any adolescent population that lacks the appropriate supports and safeguards. For instance, during the 2014–2015 school year a cluster of four adolescent suicides occurred in California’s affluent Palo Alto School District. Palo Alto is home to Stanford University, and recent reports (“Palo Alto’s High Pressure Schools,”
2015; Rosin, 2015) alleged that the cluster was the result of unrealistic performance expectations and a competitive environment, which is promoted and propagated by the families, schools, and community. Instead of encouraging them to do their best, Palo Alto’s youth are expected to be the best. The destructive message is that love and acceptance are contingent upon academic, extra-curricular, and collegiate successes, which seems to have caused an erosion in systemic trust and resulted in an adolescent population that is desperate for an escape. From an outsider’s perspective, it might appear that performance pressure is an isolated factor; therefore Palo Alto teens would be less likely to experience feelings of hopelessness. But, perhaps teens that come from wealthy, elite, and high performing communities are simply better at concealing their co-occurring risk factors and are less likely to seek help because they perceive a community-wide image to protect.

**Precipitant Factors**

I was recently referred to evaluate a female patient after she had ingested an entire bottle of prescription sleeping pills. This young woman was diagnosed with a depressive disorder and was being treated by a team of mental health professionals, including a cognitive-behavioral therapist and psychiatrist. Despite having a great deal of professional support, the young woman’s environmental stressors were preventing her from achieving emotional and psychological stabilization. The compounding stressors included the death of a loved one, pregnancy and first-time parenting, and discovering that her fiancé was chronically unfaithful. The teenage patient’s stressors were exacerbating her mental illness and subsequently increasing her risk of self-harm, and it was an argument between the young couple that precipitated, or triggered, her overdose.
According to Beautrais (2000), “one adverse life event can make an indirect causal contribution by increasing psychiatric symptoms that can in turn lead to an increase in the adolescent’s suicidal tendency” (p. 427).

The co-occurrence of social and environmental stressors with emotional and mental instability can cause adolescents to become more susceptible to suicide, and sometimes only requires one single traumatic or unmanageable event to give way to an attempt. Researchers have identified multiple events that commonly precipitate suicidal behavior among teens, including: (1) unexpected changes in family; (2) unexpected changes in residence or school; (3) relationship fractures; (4) being alienated, bullied, or discriminated against; (5) disciplinary crises; (6) health crises; and (7) the death of a relative or peer (Callahan, 1996; Goul & Kramer, 2001; Marttunen et al., 1993).

While the entire list of precipitant factors is noteworthy, exposure to a peer’s suicide is recognized by seminal authors as a perquisite for adolescent clustering (Brent et al., 1989; Cerel et al., 2005; Crepeau-Hobson & Leech, 2014; Haw et al., 2013; & Marttunen et al., 1993), and is identified as both a predictor and a precipitant. Suicide researchers tend to measure exposure by its degree of intensity and intimacy. They rely on informant questionnaires and interviews to establish how close cluster members are to the “index” victims and the suicide events (Davidson, Rosenberg, Mercy, Franklin, & Simons, 1989; Cerel et al., 2005; Feigelman & Gorman, 2008; Watkins & Guitierrez, 2003). Intimacy is categorized by direct and indirect exposure, and has to do with the exposed teens’ closeness to the index victims. For instance, were they good friends, classmates, or simply acquaintances? In some cases, the youths are linked only by their likenesses, including their similar characteristics, experiences, hobbies, diagnoses, and so
on. Intensity, on the other hand, has more to do with the exposed teens’ closeness to the actual event. The literature provides multiple examples of involvement to illustrate the levels of intensity, including being witness to the event, discovering the body, knowing about the victim’s suicide plans ahead of time, attending the funeral or memorial service, and learning about the completed suicide by word of mouth or from a news source.

According to Ashton (1994), adolescent suicide is the result of an unbalanced world, and cluster events are precipitated by community-wide instability. The author suggests that affected communities are broken to begin with, but others (Baber & Bean, 2009; Bean & Baber, 2011; Boyce, 2011; Gould & Kramer, 2001) have argued that even the most socially integrated and resourceful communities can become fractured following an index death and a cluster outbreak. In a case-control study, Davidson, Rosenberg, Mercy et al. (1989) researched two adolescent suicide clusters that took place in Texas over an 18-month span of time, and involved a total of 14 teenage victims. Oddly, the two affected communities were unrelated and had no previous history of teen suicide outbreaks. The authors found that all of the victims had two or more co-occurring risk factors that predated their exposure to a peer’s suicide, including history of violence, self-harm, psychiatric treatment, arrest, and family conflict. The authors investigated the case subjects’ and the control subjects’ closeness to the index victims and both groups were only moderately acquainted. As a result, investigators determined that cluster members had been indirectly exposed through word of mouth or media coverage.

Suicide researchers frequently cite news media as “a driver of suicide clusters” (Mesoudi, 2009, p. 2). Although the correlation between suicide-related newscasts and subsequent adolescent deaths is weak (Joiner, 1999), media accounts can unintentionally
sensationalize cluster events and reinforce suicide as desirable, thus compounding the risk of already susceptible teens (Rezaeian, 2012).

According to Gould and Kramer (2001), “the reporting of teens’ deaths by suicide is believed to contribute to the increase in suicidal behavior among survivors, and tends to be proportionate with the amount of publicity given to the index stories” (p. 11). Researchers seem to recognize exposure as a key ingredient in imitative suicide, but prefer to focus on cluster victims’ preexisting risk factors, including psychiatric conditions, social impairments, and environmental disruptions (Brent, Kerr, Goldstein, et al., 1989), as well as victims’ lack of protective factors (Crepeau-Hobson & Leech, 2014) when determining which precursors are primary.

The combinations of possible risk factors and precipitants are incalculable, making suicide research very complicated and intervention efforts only partially effective. Therefore, the goal should be to isolate as many factors as possible in order to protect adolescents from unnecessary death. The literature focuses heavily on the factors that increase an individual’s level of risk or vulnerability, as well as the mechanisms involved in the activation of an adolescent cluster. Gaining a better understanding about how and why suicides cluster “could have important implications for the development of effective intervention strategies” (Brent, Perper, Moritz, Liotus et al., 1994, p. 56).

**Cluster Formation**

Suicide researchers have conceptualized and studied multiple *mechanisms*, or the psychosocial factors, that stimulate and reinforce the development of a cluster. The two most popular mechanisms are *contagion* and *predisposition*, which I have reviewed and will present along with the *similarities* and *publicity* theories. Contagion is the notion that
a completed suicide can spark a chain reaction of suicidal events among exposed peer survivors (Brent et al., 1989; CDC, 1988; Davidson et al., 1989; Pearson-Gibson & Range, 1991). *Contagion* is not to be confused with *cluster*. Although the terms are often used interchangeably, they are not synonymous. The word *cluster* simply describes mass casualties, whereas contagion is a concept that “considers the reasons behind the accumulation of cases” (Blasco-Fontecilla, 2012, p. 490). Joiner (1999) provides a clear distinction when he writes, “the term cluster implies nothing about why the deaths came to be, while contagion addresses why or how a cluster is formed” (p. 89). The predisposition notion is most often presented in the literature as the opposing argument to the contagion hypothesis, and it emphasizes cluster members’ susceptibilities, including co-occurring suicide risk factors.

No matter which school of thought, researchers agree that adolescent suicides do occasionally cluster. These scholars seek to answer not only the phenomenological question *Why is this happening?*, but also, *How is this happening?*—and contagion is a popular answer. The concept is derived from an infectious diseases model (Balsco-Fontecilla, 2012; CDC, 1988; Haw, 2013), and is best described as “the social and interpersonal transmission of suicidality from one victim to another” (Joiner, 1999, p. 90), giving rise to an outbreak. While Joiner’s definition is clear and precise, the author is a contagion skeptic, who argues that the origin of any disease and its methods of infection are generally identifiable, unlike the elusive nature of suicide.

“Intense and intimate exposure to a peer’s suicide does increase adolescent survivors’ risk of imitative behavior” (Crepeau-Hobson & Leech, 2014, p. 59), but the question remains, *Is teen suicide contagious?* The Center for Disease Control (CDC,
1988) does not overtly support or oppose the contagion theory. Instead, the government agency focuses on the anecdotal evidence, which strongly links index suicides to subsequent cluster events. A decade later, Joiner (1999) rebuts that the theory of contagion “is still not been well developed or supported as the sole explanation for suicide clusters” (p. 89). Scholars, including contagion researchers, share Joiner’s opinion and reject the notion that contagion is able to work in isolation. The consensus is that exposure alone cannot compel an otherwise stable and non-violent adolescent to kill him or herself. What contagion supporters are defending is that clusters have a distinct set of features that cause the phenomenon to look like a transmittable disease, but they acknowledge that imitative suicidal behavior is more accurately the result of an adolescent’s compounding risk factors including exposure and a suicidal predisposition (Beautrais, 2000).

Researchers have not ruled out contagion as a mechanism for the formation of adolescent clusters, but suicide outbreaks are more easily explained by a victim’s likeliness to manifest suicidality (Weiss, 1989). Exposure to a peer suicide can be the traumatic event that gives suicide susceptible teens the nudge they need to consider various methods or follow through with predated plans. They had the desire and capability, but lacked the opportunity that perhaps only exposure could provide. Haw (2013) explains, “at the time of the index suicides, subsequent cluster victims are in a high state of vulnerability and need very little incentive to end their own lives” (p. 103). Therefore, exposure amplifies pre-existing disturbances and “accelerates cluster suicides that would have likely occurred over a longer time period” (Davidson et al., 1989, p. 2691).
Psychological, social, and environmental disturbances are the risk factors that cause teens to be more susceptible to imitative suicide behavior (Crepeau-Hobson & Leech, 2014, p. 59; Haw, 2013). Brent, Kerr, Goldstein et al. (1989) explain that exposure to a peer’s suicide tends to reveal survivors’ susceptibility and pre-existing disturbances. The authors researched an adolescent cluster that began with two completed suicides within the same school week, and whose deaths precipitated 30 cases of manifested suicidality, including attempts, among surviving high school students (p. 920). Within one month of the outbreak, researchers had responded and invited all suicidal students to participate in their study. They screened 110 teenagers with varying degrees of exposure to the cluster who were all endorsing active suicidal ideation. From a series of written inventories, the authors determined that the majority of case subjects were predisposed to become suicidal due to their recurring clinical depression and a history of self-injurious behavior. Only 16 (14%) of the student participants reported that a desire to die had onset after the clustering began. This rare onset following exposure is likely the result of intense similarities between the deceased and the surviving peers.

Adolescent cluster victims often share similar interests, diagnoses, relationships, stressors, and living situations, and are more likely to choose suicide if they identify with the characteristics attributable to the index victims (Davidson et al., 1989; Crepeau-Hobson & Leech, 2014). To take it a step further, teenagers who are alike and share the same suicide precursors have been known to develop interpersonal relationships with each other and create suicide susceptible cliques before any attempts or completions occur, making clustering a considerable possibility (Haw et al., 2013). Joiner (1999) was one of the first to write about assortative susceptibility and relating. He explains that
because teens associate with others of a similar kind, adolescent cluster deaths would be more accurately classified as individual suicides occurring within high-risk groups.

The literature does present alternative views that do not necessarily oppose Joiner’s assortative mechanism, but challenge its black-and-white slant and remind readers that there is a lot of grey area when it comes to adolescent suicide. One of the concerns with the similarities theory is that there have been documented clusters in which victims were considerably dissimilar, and still they choose to imitate the lethal behaviors of their unacquainted peers. Haw (2013) asserts that this is due to an attention-seeking mechanism. She writes, “when index suicides are glamourized it increases the tendency of surviving teens to develop a connection with their deceased peer, and to judge suicide as an appropriate solution to their problems” (p.102). Seminal researchers, Davidson et al. (1989), address this social learning mechanism and warn that excessive memorializing and reporting “can foster the perception of suicide as a powerful and attractive act” (p. 2692), which consequently introduces a reverse stigma and unhealthy norms (Callahan, 1996).

When teens begin to view suicide as something that is acceptable or “normal,” (Ashton, 1994; Beautrais, 2000; Haw, 2013; Mercy et al., 2001), it is likely that multiple psychological mechanisms, including contagion, predisposition, similarities, and publicity are involved, and “it becomes very difficult to determine which mechanism is most dominant” (Haw, 2013, p. 105). Researchers and interventionists can only speculate how a cluster is formed, and must rely on the observable evidence to create well-matched postvention plans.
Containment Strategies

There are two major intervention categories identified in the literature, prevention and postvention. These may seem easily distinguishable, yet there is a great deal of overlap and interchange. Prevention programs are continuous and are designed to ensure that communities remain suicide free. Postvention, on the other hand, is a response plan that is prepared in advance but implemented after an adolescent suicide, or an outbreak of suicides, has occurred. To avoid getting bogged down by the types of intervention, it is helpful to remember that there is one fundamental and universal goal when dealing with a cluster—to reduce the rate and number of adolescent suicides (Callahan, 1996). The literature features strategies for suicide prevention and cluster containment, including: (1) increasing awareness; (2) reducing exposure; and (3) identifying, protecting, and supporting at risk youth.

**Awareness & preparedness.** Youth programs are most often used in schools and by community groups. *Curriculum programs* are either full lessons or abbreviated lectures. Student trainees are familiarized with up-to-date suicide statistics, are educated on the risk factors and warning signs, and are provided local resource information. The purpose of these youth programs is to enable teens to identify the red flags within themselves or their peers and to seek help accordingly. Curriculum programs strongly discourage teens from attempting to defuse any life threatening situations on their own. Instead, teens are advised to immediately report risk of suicide to a trusted adult.

Curriculum programs were popular in the 1980s (Gould & Kramer, 2001), and despite mixed evaluation results, are still common practice. Teen trainees have reported that talking about suicide in the classroom simply brings it to the forefront of their minds.
and does not empower them to act. In light of these limitations and the risk associated with teen awareness programs, more schools are transitioning to *skill development programs*. Suicide prevention remains the primary objective, but the focus of these youth programs is on the improvement of adolescents’ coping, communication, problem solving, and advocacy skills (Gould & Kramer, 2001). The hope is that adolescents who successfully complete skills programs are better prepared to manage life stressors, model healthy interactions, and voluntarily expand their support systems.

Gibson-Pearson and Range (1991) asserted that suicidal behaviors can infect entire adolescent populations and result in subsequent deaths, but claim that the same is true for help-seeking behaviors. They argue that youth who are directly and intensely exposed to a peer’s positive coping skills (as an alternative to self-harm) are likely to fall victim to a help-seeking cluster. The authors’ quantitative study was designed to test the hypothesis that the contagion effect exists for various types of adolescent behaviors. They randomly selected 128 high school student participants to read a variety of fictitious stories about adolescents’ exposure to peer suicide, with stories resulting in either suicide imitation or seeking help. The researchers hypothesized that “publicity of seeking help may lead teens to react positively and imitate seeking help behaviors rather than perpetuate a suicide cluster” (p. 1520). Questionnaires revealed that students who were read the seeking help scenarios were more likely to select a seeking help outcome. Gibson-Pearson and Range (1991) concluded that adolescents are easily persuaded by their peers, and a teen’s exposure to help-seeking can be just as contagious as their exposure to self-harming behaviors.
Community-based intervention programs, or gatekeeper programs, are designed to: (1) increase helping professionals’ awareness of the twenty-first century increase in teen suicide as well as the existence of the cluster phenomenon; (2) educate them on the warning signs and risk factors; and (3) prepare them to intervene strategically (Ayyash-Abdo, 2002; Baber & Bean, 2009; Bean & Baber, 2011; Gould & Kramer, 2001).

Connect and Frameworks are two examples of community-based programs that recruit and educate gatekeepers, and aim to create a shared sense of responsibility within entire communities. Bean and Baber (2009, 2011) evaluated both programs and confirmed that gatekeeper trainees gain a better understanding of the topic and are committed to the creation of a community-wide support system for at risk youth.

**Postvention strategies.** Awareness and preparedness programs do effectively train and educate entire populations, but suicide cannot always be prevented, which is why every community or youth organization, including school districts, should have a predesigned postvention plan. When an index suicide does occur, interventionists must respond quickly and move beyond education and skill development. The major objectives of postvention programs are to prepare survivors for ensuing grief and to identify and refer individuals at greatest risk of contagion (Gould & Kram, 2001). But managing a community-wide crisis while simultaneously working to prevent an epidemic is extremely challenging and requires the assistance of every concerned community sector. The CDC (1988) recommends that gatekeepers (e.g., law enforcement, clergy, government officials, media, healthcare providers, and so on) be involved in crisis postvention to wrap-around exposed youth and provide both immediate and long-term support. The government agency presented several postvention strategies in its 1988
containment report, but the authors clarified that the report is not a step-by-step instructional manual, rather “a framework to be adapted to the particular needs, resources, and characteristics of each unique community” (CDC, 1988, p. 3).

The Center for Disease Control (1988) recommends the pre-selection of a suicide task force, made up of trained and experienced gatekeepers from various helping professions, to assemble when an adolescent suicide has occurred and to oversee the implementation of the community-based postvention plan. The task force recruits and organizes local gatekeepers who may not all be familiar with the cluster phenomenon or the postvention plan (Callahan, 1996), but who are reliable and capable of providing wrap-around support. Helping professionals are invited to attend emergency meetings to review the anticipated reactions from peer survivors so that they can swiftly, uniformly, and effectively respond (Callahan, 1996; CDC, 1988). The task force then constructs a statement within 24 hours of the suicide or cluster event to be shared with gatekeepers, schools, churches, teen organizations, and news sources in order to control what is reported and to advertise public forums and emergent resources. Callahan (1996) suggests that it is less traumatic to learn about the suicide of a friend or peer in a safe space with support services readily available. Additionally, the task force should frequently reconvene while the cluster remains active to discuss any new developments and to review the postvention plans effectiveness (Callahan, 1996). According to the CDC (1988), postvention programs must be routinely evaluated and updated “to reflect new knowledge” (p. 4), and to avoid “contributing to the contagious quality of a cluster” (Callahan, 1996, p. 114).
Whether or not a community has a suicide task force, interventionists (e.g., emergency psychiatric services) should be enlisted to screen exposed teens for compounding risk factors including major depression, frequent use of drugs or alcohol, and past suicidal ideation. The result of these screenings is a list of cluster survivors who are at greatest risk of imitation and who may be in need of temporary wrap-around services. Brent et al. (1989) suggest that screenings take place within the schools, and that they be conducted by trained professionals who have access to inpatient and outpatient referral sources. However, the authors suggest that the identification and referral of at-risk youth happen quickly because “prolonged presence of interventionists can become an alternative form of exposure and unintentionally stimulate imitative behavior” (p. 923). Gould and Kramer (2001) point out that the success of postvention screenings is dependent on follow through. If at-risk youth and their families choose not to engage support services or to adhere to a safety plan, the containment strategy is rendered useless and the cluster aftermath is dangerously prolonged.

**Chapter Summary**

Cluster survivors are psychologically impacted by the completed suicide of a relative, peer, or community member. The aftermath often includes symptoms of bereavement, exacerbation of psychological conditions, and the onset of suicidality. (Brent, Perper, Moritz, Allman et al., 1993; Brent, Perper, Mortiz, Friend et al., 1993; Gould & Kramer, 2001). Cluster impact is an important attribute of this study’s conceptual framework and has been thoroughly examined by seminal researchers and authors. However, the existing body of knowledge is primarily focused on how the cluster phenomenon affects family and friends, and does not thoroughly address its
impact on the helping professionals who not only struggle with the loss of their service recipients, but with the pressure to protect cluster survivors from contagion.

During the summer of 2015, while Drumfire schools were on break, my colleagues and I evaluated more than a dozen adolescent patients who had been emotionally and psychologically impacted by a series of adolescent suicides, and who were subsequently endorsing suicidal ideation. For 9 months, there was a lull in Drumfire’s cluster activity, though teens were continuing to self-harm, and there were events within the county. Then, in the spring of 2016, two Drumfire youth completed suicide. Once again, teens were flooding the emergency departments with thoughts and plans to end their lives.

I empathized with the grieving teens, but my professional experiences have also drawn my attention towards the cluster protectors. Drumfire’s helping professionals dedicate so much of their time and energy to the containment cause, and are repeatedly forced to return to the drawing board and re-examine their modes of intervention. All eyes are on the gatekeepers to come up with an immediate and strategic plan that will protect the community’s youth from yet another cluster flare-up. For this reason, I designed a phenomenological study that would give the Drumfire gatekeepers the opportunity to reconstruct their lived experiences and to talk about how the phenomenon has impacted them because I believe “if just one young life can be saved as a result of this research, my efforts will have been worthwhile” (Watkins & Gutierrez, 2003, p. 30).
Chapter 3: Methodology

My phenomenological study was inspired by the helping professionals, or “gatekeepers,” of Drumfire who have been working diligently and futilely for many years to stabilize their community’s unusually high rate of teen suicide. The gatekeepers’ dedication sparked my interest and my desire to investigate the impact that a containment resistant adolescent suicide cluster has on its community’s leaders and helping professionals.

The existing research has thoroughly examined the risk and precipitant factors that are most often associated with adolescent suicide, the mechanisms affecting cluster formation, the interventions used to stabilize infected teen groups, and the impact on relative and peer survivors. While these attributes are essential, and comprise a great deal of my study’s conceptual framework, I am additionally interested in the gatekeepers’ perspectives and the transformative effects that an adolescent cluster can have on helping professionals. I believe this to be a significant gap in the existing body of knowledge.

By exploring the gatekeeper perspective, I hoped to excite a new area of investigation, and possibly expand the world’s view of the adolescent cluster phenomenon. This methodology section of my paper explains exactly how I investigated the topic. I specify my study’s phenomenological design and the methods employed in my search for new knowledge. I also address the limitations of my research design and the safeguards I included to protect the study against ethical issues and threats to trustworthiness.
Research Questions

I wanted to understand as fully as possible how Drumfire gatekeepers experienced the community’s adolescent suicide cluster, and to illuminate the implications of these experiences. Thus, my research question(s) were as follows:

1. What are the lived experiences of gatekeepers who have been exposed to a persistent adolescent suicide cluster and continue to defend their community’s youth against the deadly phenomenon?
2. To what extent do helping professionals assume responsibility for the occurrence or continuance of an adolescent suicide cluster?
3. How does an adolescent suicide clusters affect gatekeepers’ perceptions of their work, their community, and their selves?

A Phenomenological Research Design

Better understanding how gatekeepers experience an adolescent suicide cluster and how they assign meaning to their experiences could teach suicide researchers a great deal about the phenomenon. With this distinctively qualitative orientation, I found a phenomenological investigation to be the most logical and fitting approach. More specifically, this study was inspired by and is aligned with Martin Heidegger’s interpretive phenomenology, which is less concerned with human consciousness and shared meaning, and instead emphasizes participants’ ways of being-in-the-world (Haggman-Laitila, 1999).

The thread that connects phenomenology’s seminal philosophers, theorists, and authors (e.g., Husserl, Heidegger, Gadamer, Giorgi, Moustakas, and so on) is the attention given to the lived experience “in all its density, poignancy, richness, and
paradox” (Finlay, 2011, p. 17), and the hidden meanings that individuals assign to said experience. What is unique to Heidegger’s phenomenological philosophy is his belief that lived experiences are socially constructed, and that our knowledge of a topic is rooted in our individual interactions with the world. I concur that a research participant’s lifestyle, background, and social roles should be considered when exploring their first-hand experiences and uncovering their implicit meanings, especially when investigating an issue as sensitive as suicide.

Population and Recruitment Methods

The preparation and design stages of a phenomenological investigation are as rigorous as the actual research and analysis. Prior to enlisting participants, investigators are encouraged to identify a concentrated research population and create specific criteria for inclusion. Wertz (2005) stresses, “recruits should have a close relationship with the subject matter. . . their experiences should correspond with what the researcher is intending to explore” (p. 171). Hence, I carefully identified and recruited participants that had professionally encountered the Drumfire cluster, and who were well-balanced and able to articulate their experiences. Gatekeepers are trained and have a particular skill sets that qualify them to serve and protect adolescent populations. The gatekeepers that I considered for recruitment and participation included:

- School counselors and/or school psychologists
- School personnel and/or policy makers (administrators, faculty, and staff)
- Elected officials
- Suicide task force members
- Media correspondents
- Emergency and crisis responders
I expected that not every gatekeeper group listed above would be represented, but I did hope to recruit a diverse group of participants that varied in age, gender, race, education, and profession. Participant demographics were collected using the Participant Information Questionnaire (Appendix B) to give the context to the sample group. I had planned to insert participants’ demographics into a Research Sample Description Table (Appendix C), but the information was identifiable. As an alternative, pie charts were created and included in Chapter 4 of this dissertation.

There are more than 1,000 gatekeepers serving the Drumfire community. As a phenomenological researcher, it was imperative that I develop strict criteria for participation to ensure that research subjects were professional survivors, and that they did not fall into any other survivor category. First and foremost, to be considered for recruitment, a gatekeeper had to have professionally experienced the Drumfire cluster. Although there have been multiple adolescent suicides within the past year, I wanted to ensure that participants had first-hand experience versus second-hand knowledge. Therefore, each participant must have had a total of three or more years serving the Drumfire community. Years of service did not have to be continuous and could have occurred any time between 2005 and 2016. Priority was given to participants who were actively serving the Drumfire community. Finally, to be selected to participate in this study, a gatekeeper’s relationship with the phenomenon had to be strictly professional, excluding anyone with personal ties to any of the cluster victims. For instance, being a Drumfire resident was not an exclusionary feature, but being related to a cluster victim could force an individual into multiple survivor categories.
**Sample size.** The sample size of a phenomenological study is generally very small, ranging between three and twelve participants. A sample within this recommended range increases a study’s level of trustworthiness and ensures its manageability. Connelly (2010) explains, “fewer people are studied, but more in depth than would be possible in nearly any other method of research . . . with the intent to produce rich and thick descriptions and inferences, to become deeply involved in the data, and to bridge the knowledge gap” (p. 127). I agree that “the number of participants cannot be mechanically determined by any formula” (Wertz, 2005, p. 171). However, as a novice researcher, I wanted my study to be semi-structured and well detailed. Therefore, it was my goal to enlist between 6 and 10 gatekeeper participants (See Target Enrollment Table (Appendix D)). This is on the larger side, but for good reason. Adolescent suicide is a sensitive topic, and I wanted to give participants the option of removing themselves from the study if they were unable to tolerate the enormity and intensity of the research. To account for the risk of dropout, I believed it was necessary to begin with a larger than usual number of participants to safeguard the study and maintain a number greater than three. I was also prepared to achieve my enlistment goal \((n = 10)\) and complete the study with a zero percent dropout rate. This would have been a manageable sample size. Had I achieved saturation with fewer than 10 participants, my plan was to consult my faculty chair and committee members to discuss the possibility of excusing participants who had not yet been interviewed.

**Sampling methods.** Now that I have provided a sketch of the ideal participant and the target sample size, I will address how I planned to locate and engage gatekeepers that met the study’s inclusionary criteria. During the preparation stages of my research, I
began compiling a list of gatekeepers to be contacted following IRB and committee approval. These individuals had been recommended to me by mutual professional acquaintances, or they were gatekeepers that I had encountered in the field. The working list included a classroom teacher, an administrative assistant from the district office, a police lieutenant, an ex-mayor, a journalist, the director of the after school program for teens, and the director of the county’s suicide response team. I did not expect that all of the identified gatekeepers would meet inclusionary criteria or be available to participate. Thus, it was my plan to implement peer-nominated and snowball sampling as needed, and ask the contacted individuals for recommendations of professionals that fell within the study’s parameters.

Before engaging the gatekeepers identified above, I planned to meet with organization leaders (i.e., school superintendent and administrators, police chief, newspaper editor, and so on) to introduce my study and ask for their support. I provided each leader with an info-graphic brochure describing the purpose and design of the study, and I invited them to distribute copies of the handout to their organization’s gatekeepers. Additionally, the document included my contact information so that prospective participants could ask questions and self-refer to the study. Those who volunteered were screened for inclusion. Screening interviews were done in person or by phone, and included five questions:

1. Are you 18+ years old?

2. What line of work are you in?

3. Have you worked for a total of 3+ years in Drumfire, WA?

4. Have you encountered Drumfire’s teen suicide cluster?
5. Were you personally connected to any of the suicide victims? If so, how?

After screening potential participants for inclusionary criteria, I reminded them of the study’s design and time requirements to confirm that it was compatible with their availability, and I supplied them with a copy of the informed consent document and the participant data questionnaire. At this point in the sampling process, I assigned each potential participant a pseudonym (e.g., a Drumfire street name) to be used on all research documents (e.g., consent forms, questionnaires, journals, transcriptions, field notes, and so on) in order to reduce identifying features down to handwriting and signatures. Additionally, I kept all electronic documents and data on a secure laptop computer and hard copies in a locked briefcase. Any direct quotations used in the body of my dissertation are confidential and are referenced by pseudonyms. Documents with participant identifiers were redacted, and documents not included in the dissertation were destroyed after the project was successfully defended. Because I am a student researcher, Concordia University was required to retain copies of participants’ consent documents for a minimum of three years.

Instrumentation

Informed consent. The statement of informed consent (Appendix E) was constructed by the researcher and reviewed by the dissertation committee. It was also included in my Institutional Review Board application, and revisions were made to accommodate committee and IRB recommendations prior to receiving approval. The form includes this researcher’s background and contact information, a description of the study’s purpose and design, and the participants’ rights and role in the study. Included in the “participant’s rights” section were the limitations of confidentiality and my obligation
as a mandatory reporter to inform authorities of any suspected abuse or neglect of a vulnerable person.

After participants supplied me with a signed copy of the consent form, I followed-up with them by phone and email to officially welcome them to the study, and I let them know when the first round of interviews was expected to begin. Participants were shown a copy of their signed consent form at the beginning of each interview. The document was reviewed and signed prior to the start of questioning, and participants were offered a copy after each signing.

**Participant information questionnaire.** The Participant Information Questionnaire (PIQ) is a tool designed to assist the researcher in collecting and organize participants’ demographic and contact information (e.g., age, gender, ethnicity, education, profession, years of experience, and so on). Its purpose is to provide social context and to describe the sample group. I attached the questionnaire to the consent form, but it does not necessitate a signature and could be completed before or during the initial interview. The backside of the PIQ included a notes page intended for the researcher’s use, to keep track of the dates and times of communication.

**Semi-Structured Interviews.**

It was impossible to predict exactly how many interviews would be needed to achieve data saturation and uncover the implicit meanings and themes. Therefore, I deferred to a three-interview design, which is recommended and commonly practiced by phenomenological researchers. McConnelly, Chapman, and Francis (2011) oppose this traditional method, and urge Heideggerian researchers to get everything they need in one round of interviews. The authors warn that multiple meetings are likely to generate
discrepancies or cause participants to unconsciously overemphasize reoccurring ideas or topics. Although this atypical argument is sensible, the one-shot interview approach is not heavily corroborated, and according to Seidman (2013), any study that includes less than three interviews “is treading on thin contextual ice” (p. 20). After considering both sides of the multi-interview argument, I chose to remain loyal to the three-interview structure for two reasons: (1) I am a novice researcher who requires multiple opportunities to thoroughly explore the participants’ experiences, understand them contextually, and reflect their meaning; and (2) I wanted to allow time for follow up to ensure that participants were not left feeling vulnerable, isolated, or emotionally unhinged (Clarke & Iphofen, 2006).

**Interview Protocols**

**Place and time.** After the recruitment and selection process was complete and consent forms had been collected, I contacted each participant to arrange a meeting place and time for the initial interview. Interviews took place at a location of the participants’ choosing. However, it was important to ensure the interview space was comfortable and safe for both the participant and the researcher, that it be private in order to protect the participant’s identity, and that it not compromise the integrity of the study. Thus, I provided participants with three options for meeting places: 1) their place of work, 2) the public library, or 3) a local counseling office on loan for the purpose of the research study. During each interview, the door to the meeting space was closed, but remained unlocked so that all persons involved were comfortable and nobody felt coerced or forced to participate. Interviews were limited to 90 minutes, which was in an effort to provide enough time to dig deep and return safely to the present. Although it is not common
practice for the researcher to set a time limit, I felt that focusing on a sensitive topic for
more than 90 minutes could exhaust the participants and cause them to second-guess their
involvement.

**Frequency.** I contacted participants the day before their scheduled interviews to
confirm time and place. If a participant was unable to attend, I suggested that we meet
within 72 hours of the originally scheduled interview. If they were unavailable for an
extended number of days or weeks, I consulted my committee and decided whether to
release the participant from the study or to conduct two interviews within a shorter time
frame. Ideally, interviews were spaced two to three weeks apart, in order to keep
participants engaged and to give them plenty of time to reflect on previous meetings.

**Technology.** Interviews were audio-recorded to capture participants’ narratives
verbatim. This most accurate and complete form of data was transcribed into written text
so that the researcher and the participant could review the spoken words for accuracy and
identify areas requiring clarification or further exploration. I had used recoding devices
during my clinical trainings and my work as a mental health professional, and I had not
witnessed any noteworthy changes to my clients’ demeanors, responses, or readiness to
collaborate. I ran tests to familiarize myself with the selected technologies prior to the
start of my research, and immediately before each interview, to confirm the dependability
and to reduce the threat of technical difficulty or disruption. Audio recordings were
transcribed within one week of the interview to reduce lag time between the data
collection and analysis stages of the study. I used a computer program (i.e. Dragon
Speak) to transcribe every interview, and compared the recordings alongside the
transcriptions to confirm their correctness.
I brought a printed copy of the most recent transcript to interviews two and three, and gave participants the option of reviewing the documents for accuracy and to reflect in their diaries about what it was like to read their spoke descriptions. Participants were encouraged, not required, to review the transcripts for two reasons: (1) the transcripts were more than 20 pages in length and participants may not have the time to read through them; and (2) reading one’s own thoughts and words can be an unsettling activity, and I worried this could cause participants to question their involvement with the study. I explained to the participants that the benefit of reviewing and reflecting upon their interview narratives greatly exceeded the risk. For instance, if they choose to read the transcriptions, it not only provided them the opportunity to resolve inaccuracies (member-checking), but it likely stimulated their written accounts (triangulation).

Interview Techniques

**Asking questions.** Phenomenological interviews are frequently referred to as *semi-structured* or *in-depth* interviews, and were my study’s primary method of data collection. Although phenomenologists value free and spontaneous exploration, they also recognize the complexities of qualitative research and interviewing and recommend adequate preparation. For instance, interview guides are often constructed during the pre-research phase and are used to get participants thinking about their lived experiences, to maintain interview flow, and to keep conversations on topic. My interview guide (Appendix G) consisted of an opening and closing statement and a list of potential open-ended interview questions and probes. The guide was reviewed for clarity and relevance, and was revised to accommodate committee and IRB recommendations. To remain consistent with the underpinnings of Heidegger’s interpretive phenomenology, I relied on
my guide to propel and concentrate the interview. However, I did expect to detour away from the preselected questions when sharing occurred naturally and participants were demonstrating a willingness to lead the conversation. I did this because rigidly following a set of questions is less effective than instinctively building upon participants’ descriptions because it controls and binds the interview, making it difficult for participants to fully reveal their experiences or the social contexts (Seidman, 2013). Luckily, qualitative researchers are not slaves to their methodologies (Finlay, 2011). Instead, investigators are encouraged to remain flexible and participant-centered in their exploration of the research topic and in their pursuit of meaning. More specifically, phenomenologists recognize participants as being-one-with-the-world and experts of their lives, therefore they give them the opportunity to intuitively reconstruct and divulge their lived experiences. When I felt that something significant had been shared and required clarification or context, I relied on probes and reflections to draw out the details, and I returned to my list of questions only when there was a lull in the narrative or when the dialogue strayed too far off topic.

Redirecting. I invited my participants to describe their professional involvement with the cluster phenomenon and to demonstrate their unique perspectives with reconstructed situations. I did expect some amount of deflection, as it is certainly easier and more comfortable to share insights, opinions, or general information, than it is to wade through the details of one’s own experiences (Wertz, 2005). When a participant was hesitant to focus inwardly, I actively listened and validated their sharing and the depth of their knowledge before redirecting the conversation back to his or her experiences. According to Wertz (2005) “a participant’s intimate description is the
highest priority . . . it transcends what they think or know about the phenomenon” (p. 171), and is the most direct path to new understandings.

**Active listening.** According to Heidegger (1962), “to learn is to listen to other peoples’ accounts” (p. 157). Active listening is a highly regarded interviewing technique because it makes participants feel witnessed, builds trust and a healthy rapport, and results in rich and thick narratives. According to psychotherapist and phenomenologist researcher Linda Finlay (2011), active listening is “where curiosity, contemplation, and compassion run free” (p. 209). It may seem obvious that an interviewer should listen to their interviewees, but the technique requires more than simply asking questions and recording responses. A researcher that is proficient in active listening is fully present, and is able to attend to the participant while safely and creatively drawing out sought-after information.

**Sitting in the silence.** Arguably one of the greatest phenomenological interview skills, secondary only to active listening, is the researcher’s ability to sit in silence. Sitting in the silence encourages deeper reflection, and similar to active listening, yields rich and thick narrative. As a competent and respectful investigator I waited patiently and gave my participants the space and time they needed to organize their thoughts, consider each question, and carefully select their responses. I avoided filling the silence with stacked questions, or worse, my own descriptions or presuppositions.

**Summarizing.** When there was a lull in the interview, and both participants were seemingly stuck, I summarized what they had shared before returning to the interview guide to ensure that I heard and understood him or her accurately. This gave participants the opportunity to correct any errors and to add details to their descriptions. Summaries
and reflections are very useful when the researcher needs clarification. However, the researcher must carefully construct their reflections as their words can influence or even manipulate the conversation. The same is true for the manner and order in which researchers ask questions.

**Reorienting participants to the present.** McConnelly et al., (2011) suggest phenomenologists begin and end their research interviews with general and easy-going questions to safely engage and disengage their participants. Introducing emotion-filled questions too quickly can cause participants to feel uncomfortable and consequently become guarded. The authors refer to this process of beginning simply, gradually digging deep, and methodically returning to the safe zone as “the hourglass approach to semi-structured interviewing” (p. 35). I expected it to take approximately 10-15 minutes to return to the “safe zone.” Therefore, when I had a detailed and contextual assortment of the gatekeeper’s lived experiences and perceptions, I safely and discreetly reoriented them back to the present. During wrap-up, I gave participants the opportunity to ask questions before I presented the closing statement. This statement was written to encourage participants to continue writing in the provided journals, to remind them of the counseling resource that had been made available to them, to let them know what to expect next, and to thank them for their continued participation.

**Supplemental Data Source**

In-depth interviews are phenomenologists’ primary method of inquiry. However, I chose to include a supplemental data source (i.e. participant journals), to support and amplify the depth and breadth of the gatekeepers’ reconstructions, as well as to triangulate the data. I took detailed notes during and immediately following each
interview to document anything that could not be picked up by the audio recorder, including a description of the interview environment, the participant’s outward presentation (e.g., mood, behavior, non-verbals, motor activity, eye contact, and speech), and things said before and after taping. Field notes create a complete record of the research event, and “provide a decision trail that helps to establish rigor” (Clark & Iphofen, 2006, p. 72). If my note taking became a distraction during an interview, I explained the reasons and importance of the field notes, including the long-term advantage of making reliable interpretations.

Much like note taking, participant journals are effective at turning good phenomenological studies into rigorous investigations because they “capture emergent and uncensored reflections in real time” (Clarke & Iphofen, 2006, p. 66). I supplied my participants with journals during the initial interview, and encouraged them to practice daily written reflections during the duration of the study. Participants were welcome to free write or reflect on the interview conversations, and entries could be any length. However, the journals did come with at least a dozen topic prompts (e.g., quotes, newspaper articles, pictures, and so on) to inspire writing (Appendix I).

Because journaling is a private activity that turns intangible thoughts and feelings into something visible and examinable, it can cause people to feel anxious about sharing. Thus, participants were not required, but strongly encouraged, to take part in the written portion of the study. Participants submitted their journals during our final meeting. However, they were given the option, directly following the final interview, to write a concluding entry. Participants were free to change their minds about sharing their journal entries, and could remove any or all pages prior to submission.
Analysis Procedures

My study’s data collection and analysis phases extended over a six-month period (Projected Timeline: Appendix J). Thematic analysis did not begin until the research had concluded and the data set was complete. I immediately engaged the raw data in the order collected to better understand each participant’s complex issue-experience-meaning accounts. I did this by converting interviews, journal entries, and field notes into word documents, followed by careful reading, highlighting, and annotating of the typed expressions.

During this period of initial analysis, I considered every word to have equal value, and the typing, reading, rereading, and annotating was conducted with a naiveté and open-mindedness (Flood, 2010), so that the data could speak for itself (Moustakas, 1994). After engaging, clarifying, and thoroughly familiarizing myself with the data set, I:

1. Reread each item again to verify, expand, or edit my original comments.
2. Focused on significant statements that were experiential, relevant to the research questions, and described the phenomenon.
3. Initiated my use of qualitative data analysis software to organize the data, notes, and significant statements, which assisted me in extracting hidden meanings and assigning names to developing codes (Moustakas, 1994; Priest, 2003; Seidman, 2013; Wojnar & Swanson, 2015).

Coding is a popular method of qualitative analysis, and is believed to be the most effective means of reducing relevant material, identifying patterns, and making thematic connections (Seidman, 2013; Wertz, 2005). Creswell (2013) suggests that researchers reduce codes down to 30 or less, and further reduce the list of codes down to 6 or fewer
themes. Flood (2010) cautions that themes do not spontaneously emerge, but are deeply embedded in the data and require painstaking repetition on the part of the researcher. This iterative process of analysis continues even after core themes have been uncovered. For instance, after assembling a list of core codes and central themes, I returned to the data to confirm that my ideas and constructs were detectable within each participant’s expressions before developing an interpretative narrative that was reflective of their shared lived experiences. This narrative included excerpts from the interviews to help the reader grasp the findings and verify that the interpretations presented were reasonable.

I expected that my qualitative research study would produce lengthy and complex information, and that the analysis phase would extend over many months. Although I had created an analysis blueprint, I considered the uniqueness of the data and made adjustments to the analysis procedures as needed (Haggman-Laitila, 1999). Creswell (2013) encourages flexible and malleable methods of analysis, and suggests that qualitative researchers can only “interpret, learn, and discover by doing” (p. 182).

Limitations of the Research

I assumed three things to be true about this study’s gatekeepers: (1) they would report the facts, and not exaggerate or minimize their cluster experiences; (2) they would chose to participate in the written portion of the study and would submit multiple journal entries, despite the exercise being optional; and (3) they would model healthy coping strategies and seek help for research-induced stress.

The boundaries that I assigned to this study included: (1) location; (2) recruitment criteria; and (3) the classification of adolescent suicide clustering. Investigators often include suicidal urges and gestures in their cluster definitions and inquiries, but I was
specifically interested in how the gatekeepers experienced a cluster of completed adolescent suicides. I believe that a phenomenon is something that is rare and perplexing. Teenagers’ depressed thoughts, their desire to escape uncomfortable situations, and their self-destructive behaviors are relatively common and developmentally appropriate. When youths are exposed to a peer’s suicide, and subsequently facilitate their own deaths, therein lies the phenomenon.

In addition to binding the study’s topic issue, I also established a set of recruitment criterion, excluding helping professionals whose years of service predate the cluster outbreak, as well as rookie gatekeepers. Professionals with only one or two years of services have briefly encountered the cluster and witnessed its impact. However, their descriptions could potentially lack depth or meaning, and be less likely to answer the study’s sub-questions pertaining to containment resistance and their altered perceptions.

Finally, I delimited the location of my study to a small rural town of only 20,000 residents because I believe Drumfire to be the epicenter of wide-spreading adolescent suicide cluster. According to the county’s most recent public health report (Appendix K), there were approximately 20 adolescent suicides between 2011 and 2013, and at least 30% (n>6) of the victims were Drumfire youth. This is quite an imbalance, as only 4.5% of the county’s residents live in Drumfire. Additionally, I chose to bind this study’s location because the small-town culture could produce a unique perspective and broadly expand suicide researchers’ understanding of the cluster phenomenon.

Despite the decade-long containment battle, the Drumfire cluster remains active. Adolescents continue to threaten and attempt suicide at an unusually high rate, and after nearly nine-months of being suicide-free the community’s panic was reignited in March
of 2016 when a 17-year-old female used a firearm to end her life. Gatekeepers had hoped that the Drumfire school district would finish an entire academic year without any student deaths by suicide, a goal that, at this study’s publication, had not been attained in more than 10 years.

The research phase of my study was scheduled to take place between the summer and fall of 2016. Although data collection occurred within close temporal proximity to the most recent cluster event, and gatekeepers’ lived experiences were freshly acquired, it is not likely to have compromised the findings. Gatekeepers are trained professionals. If anything, Drumfire’s recent loss enabled participants to more clearly and wholly reconstruct their first-hand experiences. The forecasted limitation was that the helping professionals were busy responding to the recent cluster event, and would not be as readily available to participate in the study. Consequently, this could have made it more difficult than was previously expected to recruit a sample of Drumfire gatekeepers.

**Trustworthiness**

**Pilot exercise.** Suicide research has been around for centuries, but the cluster phenomenon and the gatekeeper population are uncharted territories. As exciting as it was to be studying a novel issue from a new angle, I was unable to rely on past research to light my path. Thus, to better anticipate the potential twists and turns that frequently accompany qualitative investigations, I decided to conduct a pilot interview to hopefully alert me to the elements of my research design and my techniques that support and distract from my study’s objectives (Seidman, 2013). I shared my interview guide with a professional acquaintance, who is familiar with the Drumfire cluster, but who lacks first-hand experience, making her less likely to be emotionally or psychologically affected by
the pilot exercise. I asked the pilot interviewee for feedback, including: (1) the strengths and weaknesses of the interview guide; (2) moments that were awkward or uncomfortable; and (3) things about this researcher’s approach that could be attuned. I reviewed the outcome of the pilot exercise with my committee before making any revisions to the interview protocols.

**Triangulation.** The in-depth interviews were the cornerstone of my phenomenological study, and I was certain that my preparation and proficiency would yield candid and reliable data. However, I needed to confirm that the interview descriptions were trustworthy. Thus, I chose to supplement the study with journal entries and field notes, which triangulated the data, reinforced the themes, and validated the findings.

**Audit trail.** Journaling was not required, but I emphasized its value and strongly encouraged written reflection. Similarly, participants were encouraged to review interview transcriptions for accuracy. To further forge my audit trail, I made arrangements for an external auditor to review the emergent patterns and themes. The auditor was a colleague of this researcher, who was disassociated from the study, and who did not receive monetary compensation for her time. She had the necessary credentials and expertise to “accurately examine the research processes and products” (Creswell, 2013, p. 250), which helped increase the study’s level of trustworthiness and reinforce the credibility of the findings (Byrne, 2001). In an effort to protect the participant’s identities, the auditor was not granted accesses to the entire data set. She did not read the interview transcripts but reviewed the reduction process, beginning with the significant statements and ending with the emergent themes.
**Reflexivity.** Phenomenologist researchers are encouraged to reflect on their previous experiences, as well as their responses to participants’ reconstruction, to prevent their personal biases or prejudgments from influencing their findings. The father of phenomenology, Edmund Husserl, endorsed self-awareness exercises and recognized mindfulness as a methodological trait. But Husserl expected researchers to do more than just reflect; he advised that they strive for objectivity by setting aside their preconceived ideas (Moustakas, 1994). Husserl referred to this concept of detaching from one’s own knowledge as *Epocbe*, and to the real-time practice as *bracketing*.

I wanted to examine the phenomenon with fresh eyes, but I could not bracket or suspend my previous knowledge or assumptions about the topic because my subjective self and my preconceptions are affixed and indispensible. If I were to set aside my unique ideas or biases, I would become a distant and passive researcher, and new knowledge would be less likely to emerge. Instead, I reined in and deeply reflected upon my personal experiences and presuppositions throughout each stage of the investigative process (McConnelly et al., 2011, p. 32). I kept a researcher journal, which included my own topic narratives, self-reflections, and personalized responses to the interview guide questions and diary prompts.

As a mental health professional, I am familiar with reflective practice, and rely on it to avoid counter-transferring my own beliefs and emotions onto my clients. Although this may seem akin to Husserl’s bracketing, I absolutely do not disconnect from myself (e.g., my knowledge, opinions, biases, prejudgments, and so on) when I am providing treatment. On the contrary, I embrace my humanness and keep close tabs on my biases, so I can safely include myself in the therapy process. For this reason, I subscribe to
Heidegger’s approach, which encourages researchers to remain conscious and focused on their biases as they bring their reflective selves into the investigatory process. Accordingly, I developed a set of questions (Appendix I) that I repeatedly asked myself and wrote about in my own journal, which supported my reflexivity objective, and was evidence of my commitment to conducting trustworthy research.

**Ethical Considerations**

**Therapist as researcher.** Therapists and phenomenologist researchers have very similar arsenals (e.g., characteristics, skills, and attitudes) that include motivational interviewing, inferential thinking, and a capacity for openness and empathy (Finlay, 2011, p. 7), but therapy and research are very different. What sets the two apart is a researcher’s dedication to remaining in the safe zone, while therapists are trained to challenge their clients’ irrational thoughts and destructive ways of behaving.

Role confusion is the most obvious disadvantage for a therapist-researcher. The possibility of intuitively leading participants to make disclosures or declarations that are outside the scope of study is an ethical consideration. To avoid turning my researcher interviews into therapy sessions, I interrupted the interviews, checked-in with the participants, and suggested a break when the participants’ body language suggested that they were becoming emotionally and psychologically fatigued.

**Dual relationships.** For the sake of transparency and ethical practice, I believe it is important to acknowledge that I myself am a gatekeeper, and that I am acquainted with many helping professionals who could have potentially been invited to participate in this study. Although dual relationships between researchers and their participants are presumed to distort the investigation process, I believe that my professional networking
could decrease the natural power differential, increase trust, and boost researcher-participant mutuality and collaboration. I am hopeful that the participants with whom I am already familiar experienced the interviews as casual conversations between two helping professionals who have uniquely encountered the same phenomenon. I believe that an acquaintanceship does not prevent, but rather encourages, participants to share their deepest experiences without reservation (Clarke & Iphofen, 2006).

**Protecting non-vulnerable participants.** I initially wanted to recruit cluster victims’ family and friends, but after much consideration, decided that the enlistment of bereaved persons should be reserved for veteran phenomenologists who work on teams and have more resources to offer vulnerable participants. Fortunately, this decision fortuitously redirected my attention toward the overlooked gatekeeper population. I suspect that suicide researchers have avoided studying the gatekeeper perspective because they have mistaken helping professionals as being impervious or detached from community trauma. Gatekeepers may not be bereaved by suicide, and they may not be vulnerable persons, but they are emotional beings trying to make sense of a complex and ambiguous world. Thus, I wanted to give interested gatekeepers the opportunity to uncover the implicit meanings that they assigned to their professional experiences with the Drumfire cluster. Although my participants were non-vulnerable and skillfully trained, the topic remained sensitive and required extra precautions. As a therapist-researcher I have sworn to do no harm, and safeguarded my study to protect participants from unnecessary distress. Gatekeepers are intellectually and emotionally capable, but they are not immune to the potential effects of qualitative research, and their
“phenomenological narratives could prove even more stirring than their original experiences” (Finlay, 2009, p25).

The benefits, risks, and safety measures were outlined in the informed consent document, and were reviewed with participants during every meeting. The nature of this study was made clear to participants. For the sake of transparency, and to reduce any power imbalance, participants were be encouraged to ask questions about the purpose and design of the study, and about how the data was to be used. It was important that the gatekeepers were familiar with the study, including their rights as voluntary participants.

To avoid feeling obligated or coerced, participants were be given the option to continue or discontinue research during each meeting. They were reminded of their right to rescind any or all information shared, and to withdrawal from the study at any time. I expected that the primary reason for participant withdrawal would likely be the time commitment. I did not expect that the research would by emotionally or psychologically distressing.

Nevertheless, I included the names and contact information of two mental health counselors who agreed meet with participants as needed, to ensure that they were properly supported and not left to cope with research related turbulence on their own.

**Expected Findings**

My greatest expectation was that the unique gatekeeper perspective would expand upon the existing cluster research and increase investigators’ and scholars’ understanding of the phenomenon. Practical advancements I hoped may result from this study included cluster containment reform and attention to gatekeeper preparedness and wellness.

Educators, administrators, healthcare providers, elected officials, and first responders work in partnership to develop and defend the lives of community members.
They are compassionate, dedicated, and dependable, and the nature of their professions often requires that they put other peoples’ health and wellness before their own. “The process of exploring the human experience can throw up unexpected riches that go beyond findings and outcomes” (Finlay, 2011, p. 24). My hope was that completing this study would perhaps inspire future gatekeeper research, specifically, how helping professionals experience, and are impacted by, community-wide trauma.

**Chapter Summary**

Adolescent suicide is trending. Young people are beginning to accept self-directed violence as a normal and plausible option, and their apathetic attitude and outlook towards life is making it increasingly difficult for helping professionals to offer service, guidance, and protection. Adolescent suicide is a phenomenon among phenomena, and the research has only just begun, which I believe makes the issue a high investigative priority. The purpose of my study was not to solve this worldwide issue, but to explore the complexities of the cluster phenomenon and build upon the existing body of knowledge. I did this by focusing on the phenomenon’s challengers, the gatekeepers.
Chapter 4: Data Analysis and Findings

During the summer of 2016, a phenomenological research study was conducted. The study’s purpose was to explore the lived experiences of gatekeepers who had professionally encountered an adolescent suicide cluster. Six helping professionals volunteered. They were interviewed three times each and provided a detailed and complete reconstruction of their lived experiences. This chapter will describe my recruitment procedures, the sample, an overview of the research methodology and processes, and an introduction to the findings. The data and emergent themes will be presented in a narrative format and will be reinforced using the participants’ own words. The tremendous impact that Drumfire’s adolescent suicide activity had on the community’s gatekeepers was well articulated by the research participants, and their unique perspectives will be reported throughout the remainder of this dissertation.

Recruiting Participants

For an entire year, while I was developing my project proposal and preparing to conduct this study, I was also paying close attention to the suicide activity in Drumfire. I collected and reviewed public archives (e.g., articles, blogs, new reports, social media, press releases, initiatives, strategic plans, websites, and so on) that not only addressed the Drumfire suicides, but the community’s intervention efforts, as well. The purpose for this was twofold: (1) I wanted to familiarize myself with the cluster activity and timeline, as well as the public’s responses; and (2) many of the archives contained the names of gatekeepers who had been exposed to the epidemic, which assisted me in creating a list of more than a dozen potential participants to be contacted during the recruitment phase of my project.
After successfully defending my project proposal on Friday, April 22, 2016, I began making phone calls, sending emails, and scheduling meetings with the professionals on my list. During the initial communications with gatekeepers, I introduced myself, described the proposed research, and screened potential participants for inclusion. I created a password protected correspondence spreadsheet, which included gatekeepers’ names, job titles, contact information, and a column for logging each of my communications by type and date.

One of my first phone calls was on April 25, 2016, to a mental health counselor who works as a private practitioner and has co-led awareness and preparedness trainings in Drumfire. Although the counselor had been quoted in multiple news articles that reported on the Drumfire suicides, during our conversation he explained that his exposure to the cluster was limited, as his service is primarily to a neighboring community, and that he had never actually worked in Drumfire. After determining that the counselor did not meet participation criteria, he suggested I attend a gatekeeper meeting that was being hosted by a local nonprofit, scheduled for April 28, 2016. According to the counselor, the turnout was expected to be high due to the recent suicide activity in Drumfire. I contacted the nonprofit’s leadership to confirm the date and location of the meeting, and he also encouraged my attendance.

I consulted my dissertation committee to discuss my role at the gatekeeper meeting. Would I be a participant observer and keep record of what was discussed, or would I be there as a fellow gatekeeper and use it as an opportunity to network and meet potential participants? It was decided that my presence as a researcher could potentially dissuade or influence gatekeepers’ sharing, or worse, interfere with the community’s
postvention efforts. I notified IRB of the gatekeeper meeting and explained that my intent was not to collect data, but to network and recruit. I was advised by IRB to make all meeting attendees aware of my presence, and give them the opportunity to express any concerns or ask me to leave. I created a group consent document (Appendix F) that briefly introduced myself, the proposed research, and my purpose for attending the meeting. The consent form concluded with an explanation of my willingness to wait outside and talk with any interested persons after the meeting. The document was emailed one day in advance to the non-profit leader, who was scheduled to facilitate the meeting.

On Thursday, April 28th, 2016, I arrived at the meeting location 30 minutes early to formally introduce myself to the non-profit leader, and to supply him with a hard copy of the group consent document. The non-profit leader was very welcoming and suggested that he and I talk more about my research study after the meeting. I took my seat and for one half hour made small talk with the mental health professional to my left and the two spiritual leaders sitting directly across from me.

There were approximately 50 gatekeepers and 5 Drumfire youth in attendance, and it seemed that most of the helping sectors were represented, including education, government, non-profit, emergency response, physical and mental health, spiritual care, small business sectors, and so on. After welcoming the gatekeepers and reviewing the meeting’s agenda, the non-profit leader did alert the entire group to my presence. He summarized my consent document and asked if anyone preferred that I not participate. When nobody objected to my being in the room, the non-profit leader signed the consent document and moved on to the next item on the agenda.
The meeting was approximately two hours in length. When it concluded, I distributed 30–40 research flyers, placing small piles at each table, and I made myself available to answer any questions about the research project. I spoke to approximately a dozen helping professionals, including school personnel, spiritual leaders, and mental health counselors. I noticed that the gatekeepers tended to minimize the importance of their work and appeared surprised when I suggested we schedule a screening interview. In contrast, they were comfortable providing me with the names and contact information of their colleagues whom they felt more closely fit my gatekeeper description and the study’s recruitment criteria.

I conducted follow-up phone calls the following Monday, and successfully scheduled two screening interviews. I also received multiple requests for additional information. In response, I sent emails containing attachments of the primary consent document and the research flyer. I managed to schedule an additional screening interview, however, the majority of gatekeepers replied within a week and declined to participate. Reasons for refusal included: (1) availability; (2) proximity to the phenomenon; (3) readiness to share; and (4) not having the proper endorsements from their organizations’ leadership. In an attempt to resolve the latter of the four barriers, I contacted the offices of organizational leaders and requested in-person meetings so that I could inform them of the research and hopefully gain their support.

Within three weeks I had screened and recruited three participants, including an elected official, an academic consultant, and a non-profit leader. I had also managed to meet with the Drumfire police chief, who was very supportive and provided me with a copy of the department’s own suicide log. The spreadsheet did not contain victim
identifiers, but did include ages, methods, and the suspected social factors and precipitating events. The chief agreed to share my study’s participation criteria with his veteran officers and to encourage their involvement. During week four of the recruitment phase, I was contacted by, met with, and had recruited a law officer with more than 20 years experience.

Despite these successes, I was yet to connect with any medical or mental health professionals who were willing, able, and eligible to participate. I was also struggling to get in touch with administrators at the Drumfire school district office. After about a dozen calls and emails, a meeting was scheduled with the school district’s director of social-emotional leaning, however he/she was not available to meet with me until mid-June, when the school year had concluded. I consulted my committee chairman to discuss whether or not to begin interviewing my four existing participants, or to delay the research until the sample was complete. I did also consider discontinuing my recruitment efforts and proceeding with a final sample size of four, but for the sake of diversity, I decided to postpone the first round of interviews for another four weeks.

On June 15th, 2016, I attended a meeting at the Drumfire School District office. Meeting attendees included myself and three school district officials. The district’s leadership talked about how much they value research and inquiry, but expressed significant concern with the sensitive nature of my research topic. They asked that I supply them with the names of my four existing participants, but I denied their request and explained that the participants’ identities were protected, and that without written consent, I could not disclose or discuss their involvement.
The school district officials spoke intensely about the impact that adolescent suicide has had on their school personnel, and they were concerned that participating in this study could further traumatize the helping professionals. This is a point that was made numerous times throughout the meeting. In an attempt to address their uneasiness, I spoke to the school district officials about the study’s safeguards including thorough screenings and the participants’ right to withdraw. I also talked about my responsibility and commitment to do no harm.

After approximately two hours, the school district officials declined to endorse my research. However, they were sympathetic, and agreed to send an email to a short list of school staff that they believed met the study’s inclusionary criteria, and who were emotionally and psychologically capable. Despite this gesture, the district officials were not optimistic that any school personnel would follow up or volunteer. One of the administrators stated, “it’s just really bad timing,” and suggested that I should have chosen a simpler topic, to which I replied, “you are probably right, but this is my work, this is what I do, and I believe that this topic deserves deeper investigation.” Two weeks later, through snowball sampling, a Drumfire educator and a member of the suicide response team were referred and screened for inclusion. Both gatekeepers volunteered, completing the sample, and concluding the recruitment phase of my project.

While I was piloting my interview guide and preparing for the first round of interviews, school district officials made contact with at least two of my participants. The participants attended meetings at the district office, and both chose to confirm their involvement in this study. I do believe that my participants were supported in their decision to volunteer, but they were also reportedly encouraged to be mindful in their
sharing. One of the participants displayed no change in his enthusiasm and willingness to detail his lived experiences, while the other seemed more guarded, which was a significant change from her screening interview. She also came to the first interview with handouts that included results from the school district’s social-emotional health survey. It is unknown whether or not the documents were planted, or if the participants were coached. I chose not to ask. I was confident that the phenomenological interviews would yield authentic responses. Preserving the trust between the participants and myself seemed more important than exposing any political interferences.

**Description of the Sample**

The gatekeepers seemed to appreciate the multiple steps taken to protect their identities, however, five of the participants were indifferent about being found out and they admitted to speaking openly about their involvement within their social circles. The one remaining participant was committed to preserving his/her anonymity. He/she was much more cautious than the others and did not want his/her colleagues or employer to learn about his/her involvement. All six participants were frequently reminded of their right to remove themselves from the study at any time. They were also encouraged to redact any of their sharing that could potentially compromise their anonymity. Although it is common practice among qualitative researchers, I chose not to include participant profiles or narratives, and have provided a very basic description of the sample.
Figure 1. Sample Demographics and Experience
The sample was comprised of an elected official, academic consultant, educator, peace officer, crisis responder, and non-profit leader. Participants were assigned pseudonyms in order to protect their identities, however, the altered names are gender specific. For this reason, only the first initial of the pseudonym appears in this write-up. Of the six participants, two are male and four are female. They are all married or widowed and have adult-aged children. The average age of the sample was 58.5, ranging from 47 to 77 years old. All six participants are white.

**Research Methodology and Analysis**

Participants were interviewed in person three times each in accordance with recommended phenomenological interview protocols (Chesnay, 2015; Seidman, 2013). While they were free to withdraw at any time and for any reason, all six participants were committed to the project and made significant contributions from start to finish. The 18 interviews were conducted during the summer of 2016 (June–August), and were 60–90 minutes in length. Only two interviews were cancelled, and both were rescheduled and conducted within two weeks of the original date. Meeting locations included participant work or home offices and the Drumfire public library. Participants were encouraged to choose a meeting location that was comfortable and would inspire sharing. When interviews were held at the library, I arrived at least 30 minutes early to occupy a study room and prepare for the interview. This included setting up my computer, which acted as an audio recording device, laying out a legal pad and pen for note taking, and reviewing the participant’s file so I could begin the interview with a summary of their previous sharing. When interviews took place at the participant’s office, I was kindly provided five minutes of preparation time.
All electronic documents and audio recordings were stored on my password protected laptop computer, and participant files were secured in a locked briefcase. Each physical file included a copy of the interview guide. This was in order to keep track of questions that had already been sufficiently answered. The interview guide was a map used to navigate the lived experiences and chart our explorations. There was flexibility in the structure of each interview to ensure that the conversations remained participant-focused, however, if we began to drift too far from the topic, the interview guide kept the participants and myself on course. After each interview, I spent 10–15 minutes writing in my field journal. Entries included my reactions to the interview and interviewee, as well as responses to the Researcher’s Reflexivity Questions (Appendix I). The purpose for the journal was to maintain awareness of my biases and to accept the participant’s unique perspective and experiences, even when it dissimilar from my own.

In addition to the interview guide and my interview notes, the participant files also included the master consent form and questionnaire. At the beginning of each interview, I re-introduced the study’s purpose and reviewed the consent document. Participants signed the consent document a total of four times: once during the screening interview, and again during each research interview. Participants were provided copies of their consent forms after every signing. Transcripts, journal entries, and member checking documents were progressively added to participant files. Participants were discouraged from printing or signing their full names on any of the research forms other than the consent document, as their pseudonyms were included in the footers.

During the data collection phase of my study, I sequentially transcribed the audio-recordings within three weeks of each interview in order to better familiarize myself with
the participants’ lived experiences and to adequately prepare for member-checking. I made a concerted effort to blackout any and all identifying information from the transcripts. I chose to refrain from coding or categorizing any data until all interviews had concluded and every participant had the opportunity to review their reconstructions.

**Member-checking.** When the third and final set of interviews had concluded, I put together a member-checking packet for each participant. Included in the packets were:

- A copy of the transcripts from all three interviews
- A copy of the completed consent documented for the participant’s own records
- A copy of the transcript review form (Appendix J), and
- A self-addressed envelope.

Participants were instructed to read through the transcripts, make note of any edits, fill out the transcript review form, and mail it back to the principal researcher using the self-addressed envelope. After receiving a participant’s transcript review form, I followed up with him/her by phone and email, and offered to meet to discuss any edits or redactions. Of the six participants, only two requested that previous statements be edited, not for the sake of accuracy, but because they were concerned that some of their responses included identifiable elements, and therefore would compromise their anonymity or the anonymity of the community.

The transcript review form required two initials. The first confirmed that he/she received a copy of the transcript, and the second confirmed that he/she had been encouraged to review the transcripts accuracy and make any necessary edits or
redactions. Also included on the transcript review form were three yes/no questions that were designed to gauge the participant’s interest in remaining involved in the project. The participants were asked to specify if they wanted to meet in the winter to hear about the research findings, to meet again in the spring to view my final presentation, and/or to be updated when the project was complete.

**Analysis.** After I received all six transcript review forms and member-checking was complete, I moved on to the analysis phase of my project. I performed a three-phase approach, and I chose to analyze the data categorically, that is, I started with one participant and completely coded his/her interview transcripts and journal entries before moving on to the next data sub-set. Other researchers may have chosen to analyze chronologically, in the same sequence that the data was collected and transcribed, but it is my opinion that the three interviews are like three acts in one play, and everything shared by the participant is his/her complete story, therefore it should be analyzed in its entirety in order to fully understand their stories and make meaning from their lived experiences. I analyzed the data sub-sets in the same order during each coding cycle.

Three (50%) of the participants elected to write in their reflective journals. Those who turned in empty journals reported that they did not have the time to partake in the written portion of the study. During the final round of interviews, when the journals were collected, five of the participants explained that journaling was not something they did regularly, therefore it felt more like a chore rather than an opportunity for further reflection. The journals were intended to supplement the participants’ in-person sharing, but the gatekeepers were very comfortable talking about their lived experiences.
Consequently, the interviews generated rich and detailed descriptions, and saturation was achieved without the written reflections.

The multi-step analysis process resulted in the reorganizing, renaming, consolidating, and eliminating of codes. I agree with Saldaña’s (2009) explanation of coding cycles, which is as follows: “rarely is the first cycle of coding data perfectly attempted . . . it is the act of recoding that further manages, filters, highlights, and focuses the salient features for generating themes and making meaning” (p. 8). My first round of analysis consisted of reading, highlighting, annotating, rereading, and descriptive coding. Twenty-one documents, including 18 transcripts and 3 journals, were imported into MAXQDA, a qualitative analysis program that allowed me to assign codes to over 1,000 participant quotes. After I finished coding all 21 documents, I moved on to the second round of analysis.

Before eliminating, recoding, or categorizing the data, I created a duplicate of the MAXQDA project. I did this between each phase of analysis so that I could keep track of reduction and have three separate versions to refer back to, like an analysis roadmap. During the second coding cycle, I went back to the beginning and I reread every significant statement to determine if the corresponding codes were appropriate. Many of the participants’ quotes had been assigned multiple codes. Therefore, during the second round of analysis, I evaluated the overlap to determine best fit. After reviewing the significant statement, I redirected my attention toward the list of descriptive codes and began rearranging the codes by likeness, which resulted in the emergence of 17 distinct categories.
## Table 1

### Results of Data Analysis

#### Cycle 1: Codes

<table>
<thead>
<tr>
<th>Root Causes Exposure</th>
<th>Attention Seeking</th>
<th>Self Worth &amp; Resiliency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>Cognitive Distortions</td>
<td>Belonging</td>
</tr>
<tr>
<td>Access to Lethal Means</td>
<td>Resistance</td>
<td>Gatekeeper Experiences</td>
</tr>
<tr>
<td>Legal History</td>
<td>Intervention</td>
<td>Called to Serve</td>
</tr>
<tr>
<td>Mental Illness</td>
<td>Prevention</td>
<td>Impact on Gatekeepers</td>
</tr>
<tr>
<td>Peer-Peer Relating</td>
<td>Postvention</td>
<td>Witnessing the Aftermath</td>
</tr>
<tr>
<td>Cultural Divide</td>
<td>Best Practices</td>
<td>Searching for a Solution</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>Suicide Cluster</td>
<td>Coping &amp; Self Care</td>
</tr>
<tr>
<td>Home Life</td>
<td>Awareness &amp; Preparedness</td>
<td>Shielding</td>
</tr>
<tr>
<td>Pressure</td>
<td>Crisis Response</td>
<td>Assigning Blame</td>
</tr>
<tr>
<td>Grief &amp; Loss</td>
<td>Safety Planning</td>
<td>Unwanted Attention</td>
</tr>
<tr>
<td>Trauma</td>
<td>Resources &amp; Referrals</td>
<td>Community’s Reputation</td>
</tr>
<tr>
<td>Mixed Messages</td>
<td>School Based Intervention</td>
<td>Gatekeeper Role</td>
</tr>
<tr>
<td>Taboo</td>
<td>Promote Help Seeking</td>
<td>Competence</td>
</tr>
<tr>
<td>Cluster Uniqueness</td>
<td>Restricting Access</td>
<td>Attitude &amp; Perceptions</td>
</tr>
<tr>
<td>Shame &amp; Self Loathing</td>
<td>Teen-Adult Relating</td>
<td>Positive Changes</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Breaking Barriers</td>
<td>Sustainability</td>
</tr>
<tr>
<td>Overcoming Setbacks</td>
<td>Connecting</td>
<td>Helper-Helper Relating</td>
</tr>
<tr>
<td>Perception of Death</td>
<td>Modeling</td>
<td>Helpers Advising Helpers</td>
</tr>
<tr>
<td>Isolation</td>
<td>Listening</td>
<td>Helpers Critiquing Helpers</td>
</tr>
<tr>
<td>Identity Confusion</td>
<td>Breaking Barriers</td>
<td></td>
</tr>
</tbody>
</table>

#### Cycle 2: Categories

<table>
<thead>
<tr>
<th>Predisposition</th>
<th>Characteristics</th>
<th>Gatekeeper Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precipitant Factors</td>
<td>Thought Processes</td>
<td>Impact on Gatekeepers</td>
</tr>
<tr>
<td>ACEs</td>
<td>Preparedness &amp; Awareness</td>
<td>Witnessing the Aftermath</td>
</tr>
<tr>
<td>Home Life</td>
<td>Crisis Response</td>
<td>Searching for a Solution</td>
</tr>
<tr>
<td>Social Life</td>
<td>Connection</td>
<td>Coping &amp; Self Care</td>
</tr>
<tr>
<td>Expectations</td>
<td>Social &amp; Emotional Health</td>
<td></td>
</tr>
</tbody>
</table>

#### Cycle 3: Themes

| 1. The Origin of Disruption | 3. Protecting Suicide             | 4. Repainting the Portrait: A |
|------------------------------|-----------------------------------| Long-Term Plan                |
| 2. A Portrait of Suicide     | Susceptible Teens:                | 5. Adverse Gatekeeper         |
| Susceptible Teens            | A Short-Term Plan                 | Experiences (AGEs)            |
During the third and final phase of analysis, I reviewed the entire data set with the research question in mind. This helped me to detect and eliminate codes and categories that were outside of my study’s conceptual framework. For example, my participants talked about the guarded nature of Drumfire’s community members and their reluctance to talk about the suicides with outsiders. I initially coded and categorized statements addressing this community-wide defensiveness. However, during the final phase of analysis, I realized that although the reflections were interesting, they did not pertain to the research question. After eliminating and consolidating multiple categories, I was left with five major themes that I believe accurately reflected my participants lived experiences, and the meaning they’ve assigned to the cluster phenomenon.

Summary of the Findings

The overall impression is that Drumfire gatekeepers have been greatly affected by the suicide activity targeting their community’s youth. The six participants’ descriptions were both unique and similar. After the first round of interviews, it became obvious that Drumfire’s gatekeepers were committed to reducing the suicide rate, and were working collaboratively to devise and implement short-term and long-term prevention plans. The participants casually mentioned more than a dozen suspected factors (e.g., addiction, fractured relationships, mental illness, legal trouble, and so on) that they believed were contributing to, or were precipitating, teen suicide. However, they were focused on one root cause in particular: trauma-induced distrust and disconnection. The helping professionals, regardless of the role or proximity to at-risk youth, are working together to create a more connected community, so that all of the children in Drumfire can develop a sense of belonging, purpose, and self-worth. Like their service recipients, my research
participants are cluster survivors. They courageously and wholly reconstructed their adverse gatekeeper experiences in order to illustrate the pain.

Theme 1: The Origin of Disruption

Why? seems to be the most frequently asked question following an adolescent’s suicide, but it is a question that has no obvious or definitive answer. Drumfire gatekeepers ask themselves why? while they ponder an even more complex question: Why so many? A member of the community’s crisis response team volunteered to participate in this study and explained, “many of our teens have committed suicide, and for so many different reasons. There are so many factors to be considered.” The gatekeepers have spent a lot of time reflecting on and examining the multiple factors that have contributed to the victims’ decision to commit suicide. As a result, their reflections and their subsequent ideas about the phenomenon have become an important aspect of their lived experiences.

During the research interviews, participants spoke about the crises that precipitated the victims’ suicides, as well as the vulnerabilities, or red flags, that they have observed among the at-risk population. During the second round of interviews, one of the participants, who works as an educator, talked about retrospectively recognizing the victims’ warnings signs. He/she stated,

When I think about the students who have committed suicide, I'm never like “clearly it was this or that.” One of the recent suicide victims was a former student of mine. Looking back there were definitely things about him, he lost his mother at an early age and he was kind of a grumpy kid. Sometimes you start to notice those things after the fact. One of the girls who recently attempted suicide
was also a student in my class. She is happy and bubbly, but she is also very insecure.

It may seem like the gatekeepers are preoccupied with the causes, or that they are torturing themselves with the details. In truth, they are seeking a common denominator, or as the peace officer described it, “the thread that ties it all together.”

After years of exploration and reflection, the Drumfire gatekeepers have determined that the suicides are actually a symptom of a much larger issue. That is, trauma-induced disconnection and self-doubt. All six participants talked about the adverse childhood experiences (ACEs) theory, and about the ACEs trainings they've attended. The theory posits that childhood trauma is a predictor of future distress, and that adversity during childhood can increase a youth’s susceptibility to violence, addiction, suicide, and so on. One of the participants explained, “Certain teenage interactions, mindsets, and behaviors, like attempting suicide, are indicative of childhood trauma. The trauma might not be overt but it puts kids on a collision course, and that is what we are trying to interrupt.” The research participants never blamed any one person, system, or organization for the traumatization of Drumfire teens. Nevertheless, when I asked about the suicide victims’ ACEs, the gatekeepers talked about co-occurring trauma factors and concentrated on the teens’ unstable home and social lives.

The crisis responder explained that ACEs are not limited to abuse, neglect, or poverty. He/she stated, “At-risk youth don't always come from ‘broken homes,’ some come from stable and affluent homes that don’t have a strong enough foundation to be a safe haven for teenagers to discuss their feelings or their problems.” One of the gatekeepers talked about his/her decision to reach out to one of the families of a suicide
attempter, a family that is not impoverished or abusive, but is chaotic and disconnected. He/she stated,

I was there for hours because the family doesn’t have anyone else to talk to. The [parent] is a rose-colored-glasses kind of person, with an ‘it’s-all-good attitude.’ If that were my child, I would take a really close look at what I was doing and what needed to change.

Another participant talked about shared hopelessness, which he/she believes exists in the suicidal teens’ private and social lives. He/she stated,

I think the vast majority of our suicidal teens feel really hopeless, like ‘what’s the point?’ And some of them have parents or peers who are also feeling hopeless, who don't have purpose and who aren’t doing anything that they feel is meaningful.

The participants talked about the strong influence that teens have over one another. They were careful not to use the word contagion, as it is not their opinion that suicide is transmittable. All six participants have encountered the ebb and flow of suicidal activity among Drumfire youth and they talked about the surges in ideation, gestures, and attempts that tend to follow a completed suicide. It has been their collective experience that one suicide can undo months of intervention and stabilization.

Several years ago, Drumfire experienced a succession of middle school attempts and completed suicides, and it was at that point that clustering became a significant concern. All six participants talked about the middle school suicides in their interviews, and one gatekeeper described that period of time as being “the eye opener.” The educator stated, “Something happened, something changed when the eighth graders started
committing suicide. That was really weird, and since then I’ve worried about the kids who were around during that time and I keep a closer eye on them.” The administrator described her involvement with the community’s postvention procedures. She stated,

During the middle school suicides, the school staff met before and after school. We had people patrolling the halls and checking on the classrooms. Counselors were given the victims’ class schedules so that they could check on the kids who had daily contact with the victims.

The participants have observed surviving teens becoming fixated on the suicide events and on the victims, and they worry that members of the exposed teen group are more likely to engage in imitative behaviors. One participant stated,

I’ve seen how the kids influence each other. When one starts cutting, sooner or later they all start cutting. So I don't spend too much time thinking about the suicide victims. I focus on the kids who are still alive . . . . Whether or not they actually knew the victim, they begin to regard them as their best friend.

The non-profit leader also mentioned this peculiar reaction and the peer survivors’ need to establish closeness with the victims: “All of a sudden everybody is the [suicide victim’s] best friend.” Another participant reconstructed a conversation that he/she had with an attempter, and recalled, “She was bothered by the fact that kids from school were sending her messages and were writing things about her on social media. She knew they were only doing it because she’d tried to kill herself.”

How adolescents influence each other and how they relate to one another are completely separate phenomena. Drumfire’s gatekeepers have witnessed and have sought to understand the unique customs and interactions between today’s youth. For instance,
this study’s participants talked about the evolution of bullying, and reported that Drumfire school district has been accused of ignoring student conflict and intolerance. During the first set of interviews, I asked my participants if they had witnessed the alleged bullying and if it qualifies as an adverse childhood experience. Two of the participants had only heard about the tension and hostility between adolescent subgroups, while the other four participants were able to speak to the issue and reconstruct their observations and experiences.

The administrator was involved in the efforts to alleviate the bullying issue. It was his/her experience that “bullying is a catch-all,” and is used to rationalize nearly every conflict involving children. He/she stated,

The word bullying is used whenever a kid feels uncomfortable or conflicted. Even when it was not the intention of the so-called ‘bully,’ the only thing that matters is how the ‘target’ perceived it. I’m not saying that kids aren’t being bullied, but it’s not the only factor we should be considering when we address the suicide issue.

The three participants who are currently working in close proximity with Drumfire teens had a different perspective. They described the bullying as a cultural divide, one that has existed for decades. They identified a traditionalist group that has deep roots in Drumfire and that struggles to coexist with residents living a more secular lifestyle. It is a social conflict that gatekeepers are beginning to witness among the community’s youth. The three gatekeepers, one of whom is a member of the traditionalist group, did identify this conflict as an adverse childhood experience. The participants reported that at least two cluster victims were engaged in the social conflict, and bullying is believed to have precipitated their suicides. The educator shared,
The [traditionalist] kids can be really mean. They are bullies. It’s a problem. We’ve tried to address it without much success. They don't really socialize with anyone outside of their group. There is a lot of negativity . . . . The [traditionalist] kids are very judgmental. It is a very closed off group but they are the majority.

Another participant stated, “If you hang out at the high school you can see the way the [traditionalist] kids disengage. They become so firmly set in their beliefs and develop an attitude of we are right and you are wrong.” The other participant working in close proximity to Drumfire’s adolescent population recalled, “One of the [suicide victims] was a member of the [traditionalist] community and she was dating a boy who was not. She was getting bullied as a result.” The research participants acknowledged that bullying is not a new issue and that it is not unique to Drumfire, but they do categorize bullying as an ACE. Therefore, they would like to bridge the cultural divide and increase acceptance among the adolescent sub-populations.

Acceptance is valued highly during adolescence, and today’s teens seem to be working hard to be accepted by their peers and by their elders. The research participants talked about the extraordinary pressure on teens to perform, excel, and compete, and acceptance is often dependent on a youth’s accomplishments. Additionally, today’s teens and young adults (i.e. millennials) are stereotyped and accused of being selfish and lazy, despite their individual strengths and successes. They have to work very hard to neutralize the media and to prove themselves to members of the older generations. In her 2014 publication, *Generation Me: Why Today’s Young Americans Are More Confident, Assertive, Entitled, and More Miserable Than Ever Before*, Jean Twenge addresses the
inadvertent setting-up of teens and young adults for disappointment and failure. The author writes,

Their growing tendency to put the self first leads to an unparalleled freedom, but it also creates enormous pressure to stand-alone. Generation Me is pushed to excel at the very time when college admissions, good jobs, and homes are increasingly difficult to obtain. All too often, the result is crippling anxiety and crushing depression (p. 148).

Drumfire gatekeepers seem to agree that unreasonable expectations and unrealistic goals are another stressor or trauma factor that is impacting today’s adolescents. It is part of the participants’ lived experiences that the enormous pressure placed on Drumfire teens to excel socially and academically is negatively impacting their outlook and ambition, and in some cases is influencing their decision to attempt suicide. One participant recalled a recent suicide event and identified high expectations and conditional acceptance, as the teen’s primary ACE. He/she stated,

The victim was a high achiever with plans to apply to Stanford. He got caught cheating, and then he committed suicide. I just hope that wasn't the only reason—There is a lot of pressure. I didn't have that same kind of pressure growing up. The high performance expectations combined with today’s helicopter parents, constantly in their business all of the time, it is just another thing adding to their stress. People expect them to decide what they want to be by the time they are juniors. It’s so competitive.

A more experienced gatekeeper, with over 20 years of experience, shared,

I worry that we are no longer encouraging kids to explore their interests, that we
are making them physically ill with academic stress and performance anxiety. I’m concerned when I hear very bright kids say things like, ‘If I don't pass the test I won’t graduate.’ I realize that we are supposed to make them job ready, but destroying their confidence is not helpful.

Another participant, who has witnessed Drumfire youths’ struggle to persevere in the face of this social adversity, stated, “When kids make plans for their lives based on all these expectations and something derails them, they feel like they’ve let everyone down and have nothing else to live for.”

**Theme 2: A Portrait of Suicide Susceptible Teens**

**Fragile.** A great deal of time was spent talking about Drumfire teens’ lack of resiliency and their tendency to crumble whenever they deem an event unmanageable or insurmountable. The participants described Drumfire teens as fragile, and expressed concern that the adolescent population did not know how to cope or recover from minor setbacks. Three of the participants clarified that this is not an isolated issue, but one that is affecting teens and young adults throughout the country, perhaps worldwide. The participants also acknowledged that it is not unusual for adolescents to dramatize their struggles. What concerns the gatekeepers is Drumfire teens’ tendency to impulsively choose suicide because they are too fragile to deal with the obstacles of ordinary life. One participant stated,

They don't know how to cope. They don't have the resiliency to survive a crisis. For example, when the kid who wants to be a doctor learns that he can’t stomach being around blood, total mental collapse. They feel ashamed when they are unable to achieve their goals and they fall apart when they have to choose a new
Another participant explained, “They don’t have life experiences and lessons to learn from. They can’t think back to a time when they felt similarly and were able to work through it. They are so focused on the here-and-now.” The administrator concurred, “they have a hard time seeing that they can get beyond this, whatever ‘this’ is.”

**Disconnected.** The helping professionals of Drumfire are interconnected and are dedicated to working collaboratively with each other to reduce the town’s adolescent suicide rate, which is ironic because they are chiefly concerned about the disconnection, or lack of belonging, that exists among the teen population. Five of the six participants talked about the new-age way Drumfire teens engage with one another, such as relying heavily on technology to document their daily experiences and to share their feelings and affections. The participants talked about the adolescents’ lack of purpose and belonging, which they believe goes beyond typical identity confusion and is a symptom of an individualistic society. One participant stated, “They’ve never known true belonging. They can’t say ‘I’m lonely and hurting,’ because isolation and loneliness is all they’ve ever known.” During the same interview, he/she explained, “The suicides are a symptom of their disconnection and their lack of understood value. Our kids are in constant communication with one another, but they are disconnected and isolated, and they don’t know that they matter intrinsically.” Another participant recalled feeling shocked by the suicide of a teen that “seemed happy and had a lot of friends.” He/she stated, “Something was going on in that young man’s life and nobody knew about it. Not a single person.”

**Faulty thinking.** When under stress, adolescents are likely to put more stock in their irrational and distorted thoughts. If they don’t have anyone in their lives to act as a
sounding board, to challenge their cognitive distortions, teens are likely to misconstrue their thoughts as facts. According to clinical psychologist Shiela Josephs (2017), “teens lack the perspective gained through experience and tend to view minor setbacks as disastrous” (p. 44). The author refers to this kind of thought process as *faulty*, and argues that teens get stuck in their extreme thinking and expect that things will end badly. Josephs writes, “with their self-esteem and identities in flux, each problem they encounter feels like too much to handle and they magnify it to mean something terrible for their future” (p. 46).

The research participants had plenty to say about the cognitive distortions observed among Drumfire teens. The gatekeeper who reconstructed a conversation with an attempter recalled, “She thinks that people who commit suicide are brave, that it's the bravest things someone can do. That part disturbed me. She describes the victims as courageous.” The peace officer also reported feeling confused by the notion that suicide is something to be admired. He/she stated, “If I could talk to the victims I would ask them to explain to me how [suicide] is brave. I don’t understand that thinking . . . I don't know how we help them understand that [suicide] is pointless.” The non-profit leader talked about encountering Drumfire youths’ distorted thinking. He/she stated,

> When teens kill themselves it is because they can’t see any other way out. They convince themselves that the world would be a better place without them . . . . They think that their lives don't matter, that their lives don't have any value, that they have no purpose, and that the best solution is to kill themselves.

“Magical thinking” was another adolescent thought process discussed during this study’s interviews. All six gatekeepers reportedly encountered teens that were fixated on
death and dying, and simultaneously talked about their future plans, as if suicide was something they could come back from. The at-risk youth also reportedly talked about what would happen after they committed suicide, as if they would be around to witness or partake in the aftermath. Manor, Vincent, and Tyano (2004) argue that wishing for death and fantasizing about suicide are two different conditions that can both occur during adolescence. The authors explain that suicide is often seen as reversible during this phase of life. George H. Colt, author of *The Suicide Enigma* (1991), agrees that teens struggle to comprehend the permanence of suicide, and “they describe it as an escape, a long sleep, or a vacation . . . they do not understand that it is an adventure from which they can not return” (p. 47). During his third interview, the peace officer shared, “they don't understand that suicide is a permanent solution to their temporary problems,” while another participant talked about the attention given to the suicide events and victims, and the interest it elicits from the peer survivors. He/she stated,

> They fantasize about that kind of attention. When they talk about imitating the victims, I say to them, ‘wait a minute, we can help you,’ and I talk to them about [suicide] being a done deal and about death’s permanence, because they talk about it like it's a game.

**Theme 3: Protecting Suicide Susceptible Teens: A Short-Term Plan**

**Awareness & preparedness.** Drumfire gatekeepers have spent years educating themselves and developing an arsenal of intervention skills and strategies. All six of my research participants had attended preparedness trainings, including a course on youth mental health first aid. Additionally, one of the participants is a certified trainer and one is required to attend at least two suicide intervention trainings per year in order to
maintain his/her gatekeeper position.

The research participants talked about the importance of awareness and preparedness, and articulated their confidence in the community’s ability to respond to a teen’s suicidal threats, gestures, attempts, and/or death. Although their focus was shifting toward more long-term prevention, the gatekeepers remain dedicated to educating and training all community members, not just helping professionals, so that no warning sign goes unnoticed. During his/her third interview, the peace officer talked about awareness:

I used to be pretty casual about suicide, a person ends their life, okay, that's their choice, move on. But, when the kids started killing themselves . . . that's when I started to feel differently. I felt like something was happening and we weren’t catching it. It’s made me more aware. It made me pay closer attention.

The elected official also talked about the suicides grabbing gatekeepers’ attention, and their commitment to preparedness. He/she stated, “it is so important that people know what to look for and that they know when and how to respond.” The crisis responder agreed and stressed the importance of being proactive. He/she stated, “I love the trainings. I hope I never have to use it, but when bad things do happen, at least I’m prepared. I know that I’m not going to make matters worse because I know what I am doing.” During another interview, he/she suggested that all Drumfire residents attend the trainings, “so that they are comfortable talking about suicide, and know what to say to someone who is suicidal.”

Crisis response. Crisis response is a noteworthy element of the participants’ lived experiences. Although a few of them have witnessed some shocking scenes, their reconstructions were more focused on the conversations between themselves and the
at-risk teens, either directly following a cluster event or when the gatekeepers began to recognize the warning signs. In the following interview, quotes from the participants emphasize the importance of keeping an open mind and a genuine interest during their exchanges with suicide susceptible youth.

Four of the participants have been around long enough to recall a time when the community had little to no response plan and helping professionals were reluctant to postvene because they lacked the necessary education, training and confidence. At the time, helpers and community members worried that talking about suicide might encourage copycatting and perpetuate the cluster activity. This fear still exists, but the gatekeepers have determined that the benefits outweigh the risk. One participant explained, “We’ve chosen to talk about it because we want the kids to know that [suicide] is not the answer . . . They are so sad and angry. They need to talk and they need us to listen.” Another participant shared a similar experience: “They’re just so sad and confused and helpless. The hope is that we sit with them and maybe they won’t feel so bad.”

Five of the six participants have been involved in activating the community’s postvention plan following a suicide event. This includes talking with surviving peers in the schools’ ‘safe rooms’ and helping the community recover from the loss. One participant shared,

The kids in the safe room want to talk and they want someone to listen. They want to figure out how to manage their pain and they want someone to be real with them . . . So I tell them, ‘[the victim] is dead and they are never coming back,’ and, ‘I wish they had talked to someone because I believe they made a
horrible mistake.
The same participant described the safe rooms, and how she approaches peer survivors and initiates conversation. She shared,

I look for a table that doesn’t already have a [crisis response team] member. If nobody is talking, I just start talking. But I don't drill them . . . If they need me to listen, I’ll listen. If they need me to talk, I’ll do that, too.

All six participants talked about taking their cues from the teenagers, knowing when to talk and when to listen. They stressed the importance of transparency, sincerity, and a non-judgmental attitude. The crisis responder, whose primary role is postvention, stated, “I just want to help. If kids are feeling hopeless and alone, and they are contemplating suicide, they might just need one person to listen or to tell them that their life is worth fighting for.”

Theme 4: Repainting the Portrait: A Long-Term Plan

Connection contagion. There is a great deal of research and literature (Blanco-Fonteciall, 2012; Brent et al., 1989; Davidson et al., 1989; Haw, 2013; Joiner, 1999) that addresses the contagion theory, which posits that adolescent suicide fits within the CDCs definition of a contagious disease. Pro-contagion scholars argue that exposure to suicide can trigger a predisposed teen, and cause him or her to contemplate suicide, regardless of their protective factors. Based on this study’s interviews, Drumfire gatekeepers are neither pro nor anti-contagion theory. Instead, the helping professionals have chosen to focus on an alternative theory.

Much like Gibson and Rang’s (1991) research on the contagion of seeking help, my participants are focused on the contagion of healthy relating. That is, they believe
connection is contagious, and they are working to expose not only Drumfire’s teen population, but all of the community’s youth. The six participants are familiar with this connection contagion theory, and five are actively involved in the long-term plan to infect Drumfire’s youth with reliable, trustworthy, and genuine relationships. The initial phase of their plan includes identifying and connecting with predisposed or at-risk youth. The gatekeepers do not expect to connect with every suicide susceptible youth. They argue that connecting with one child can influence his or her entire social network, thus infecting their “circle of influence.” This initiative is part of the gatekeepers’ lived experience, and seems to be the thing that preserves their motivation and optimistic outlook.

One of the participants is also the organizer and facilitator of gatekeeper meetings, and he/she tends to be solution oriented. When the gatekeepers get together, they don't fixate on the problem. Instead, they spend their time talking about Drumfire’s strengths and growth areas, their short-term plans to achieve stabilization, and their long-term goal of creating a connected, healthy, and thriving community. During his/her first interview, this participant briefly described the problem, and thoroughly reflected on the gatekeepers’ action plan and the theory that supports it.

The problem is that a lot of our kids lack real connection. They don’t have a single caring adult in their lives . . . We are driven by our basic needs and by our significance in the world, and we find our significance in our relationships . . . We have given a lot of attention to childhood trauma and are recognizing that when we reinforce positive behaviors, it gives kids a sense of ownership, and when it happens in relational contexts, they feel safe and connected with adults
and their peers. Those are the building blocks that produce healthy adolescents and young adults.

* The way we have decided to address the [suicide] issue is to create a connected community that grows connected kids . . . We have our work cut out for us, but I think it is totally doable. I think we will survive the pendulum swing . . . I am not expecting anyone to change the world. I am only suggesting that we be more intentional and genuine when relating to children.

* There needs to be a shared sense of urgency, receptivity, and the right content. There is a readiness. We need to begin providing all [Drumfire gatekeepers] with a common language so that they can start putting this stuff to work. I just have to assure them that it will work, that it will make their jobs easier, and that they will see results.

The participants are committed to the connection initiative. During the research interviews, they reflected on their years of intense community examination and described their joint plan of action. One participant stated, “we want to introduce at-risk kids to caring adults who can make them feel significant and who can provide them with a sense of belonging,” another explained, “we are creating opportunities for kids to interact with adults in positive ways,” and the administrator stated, “We need to know them if we are going to reach them . . . We are not trying to save them, we are simply trying to connect with them.”

I asked the gatekeepers if they’d encountered any resistance, or if they were
prepared for at-risk teens to reject their relationship invitations. One participant explained, “Healthy relating can be subtle and brief, it doesn’t have to be prearranged or deep . . . we aren’t trying to control them or tame them. That would only reinforce disconnection.” The peace officer described how he solicits adolescents’ buy-in: “Kids today want you to be real with them. If they think you are being fake, they will immediately write you off. I use their words to show them that I am listening and that I am trying to understand their perspective.” The non-profit leader suggested a similar approach:

If you want to connect and have real relationships with kids, the silver bullet is curiosity. If you can convey that you are genuinely interested, not that you want to fix them, but that you actually care and want to know them, they will receive it. Finally, the crisis responder reconstructed a conversation with a peer survivor in the safe room, which started out with resistance and ended with connection:

I told her, ‘I’m not judging you. You are a person with a heart and a soul. Let’s talk,’ and she was so surprised that I wanted to talk to her and that I wasn’t judging her. I told her, ‘I don't care what size, shape, color, nationality, or lifestyle you lead, you have a heart and soul, and you matter.

This exchange occurred in one of the safe rooms, which is a designated space that tends to yield healthy and meaningful interactions between helping professionals and teens. One participant suggested that safe rooms be available every day, not only following crisis events. She stated,

We need to pretend that suicide is happening every day and have a safe room that includes real relationships. We need to provide kids with one hour each day to be
around adults and peers they can trust. It would help them function. It would help
them succeed.

Based on the participants sharing, it seems that Drumfire gatekeepers are always
brainstorming new ways to achieve their collective goals. For the past decade, they have
created, evaluated, and made continuous changes to their short-term and long-term
prevention plans, all while developing their professional selves. They are building and
flying the prevention plane all at the same time. During the research interviews, all six
participants talked about the cluster’s unique qualities, and about not having any other
community’s containment plans or success stories to mimic or replicate. One participant
stated,

There is no blueprint to follow, so we choose to believe that the formula for
change is belonging and significance for every person . . . If we build stronger
relationships with children and help them develop important skills and qualities,
like resiliency, then suicide could become a nonissue.

The Drumfire gatekeepers have chosen to integrate their connection project in the
schools, and the Drumfire school district has reportedly been open to piloting empirically
supported programs that promote healthy child-adult relationships, as well as to stimulate
meaningful peer-peer interaction. Four of the participants talked about their involvement
with school-based prevention programs, and their efforts to create a connected school
district.

Three of the six participants have worked for Drumfire school district. The
elected official is a former educator and is very interested in the connection initiative.
During his/her first interview he/she stated,
Somebody in the school has got to know each student individually, whether that is a counselor or a teacher. There are thousands of students and we have to know them all, not just the star athletes or the honor role students, all of them. . . . It's not easy, but every student deserves to connect with at least one reliable and trustworthy adult on a daily basis.

The educator was able to give a very detailed description of the disconnect that exists among the students and with helping professionals, as well as his/her lived experience connecting with students. He/she shared, “It actually gives me energy to make sure that no kids leave my class without real interaction . . . . If I don't have a relationship with them I can’t expect to teach them anything.” In a later interview he/she stated, “I try to pay attention to my students . . . . Right now I am preparing my lesson plans for this school year, and we are not going to do any schoolwork for at least the first week. I want to get to know them, and I want them to get to know each other.”

The administrator has decades of experience, and many of her professional years were spent serving the Drumfire school district. He/she recalled,

I encouraged the school counselors to develop relationships with each of their students, so that every kid on their caseload would feel comfortable confiding in them. If a student doesn't have a relationship with their school counselor, they are not likely to seek help.

Finally, the non-profit leader had a lot to say about the creation of a connected school district. During his/her first interview the nonprofit leader stated,

It’s a virus. An adult just smiling and walking around the school until one day they connect with a kid and that kid’s entire social circle becomes indirectly
affected. It’s a ripple effect . . . Of course, you can’t just walk on campus and explain to security that you are there because you like kids and want to spend time with kids. But if we do it right, we could fill the campus with adults who care about kids . . . . It could seriously reduce disconnection.

Historically, the gatekeepers have been focused on protecting the at-risk adolescents, which is still an aspect of their short-term plan, however they have widened their target population and are beginning to attend to elementary aged children who are trauma affected and “are on a trajectory for self-destruction.” The non-profit leader further explained, “We have the capacity to change that trajectory. If we can intervene while they are in kindergarten, 1st grade, 2nd grade, 3rd grade. We can influence good behavior and positive relating.” He/she added,

As interventionists, we tend to wait until teenagers become part of the problem and then we try to do this reverse engineering thing. In those cases, the teen has few protective factors. We need to identify at-risk kids earlier and introduce them to opposing realities. We need to offset the adversity in their lives.

Program development and implementation is the non-profit leader’s primary role. He/she has trained hundreds of Drumfire helpers and is actively involved in the promotion and contagion of healthy relationships. He/she might be Drumfire youths’ biggest fan and advocate. During his/her second interview the non-profit leader was asked to describe his/her experiences with program implementation in the schools, and he/she stated,

We’re still in the beginning stages. The goal is to help the students achieve a sense of belonging and significance, and the plan is to provide school staff and volunteers with a set of techniques designed to help them relate to children, to
help grow them up into healthy adults. It’s really powerful stuff.

**Cultivating social and emotional health.** Phase one of the community’s long-term plan is to connect with at-risk teens and to teach youth of all ages to value and seek healthy relationships. After the connection contagion has infected the population, the Drumfire helping professionals are anticipating changes to the adolescent portrait. My participants talked about multiple skills and characteristics that they expect will become the norm among teens, including resiliency, acceptance, confidence, hope, generosity, determination, ambition, cooperation, and kindness.

One of the participants talked about the wide range of ACEs that are influencing today’s adolescents, and the importance of not letting hardship damage of define them. He/ she stated,

> We worry about everything these days and it has a tremendous effect on the kids. Even when you take abuse, or poverty, or drugs out of the equation, families still have plenty to worry about: health, politics, terrorism. Kids are perceptive. We need to be teaching them how to problem solve and overcome modern day adversities.

All six of the participants talked about developing Drumfire teens’ resiliency. So I asked them, “What is resiliency?” and, “What does it look like?” The administrator explained,

> To be resilient is to be able to hit a bump in the road and to get beyond it, to know that it is not going to be the end all of all your dreams. A very simple example is breaking up with a boyfriend or girlfriend and feeling like, ‘Oh my God! It's the end of the world.’ Resiliency is the ability to grieve and morn, but also heal and persevere.
The participants were asked to describe their involvement in resiliency building. The educator stated, “I try to stay positive and help my students focus on their meaning and their purpose.” He/she did acknowledge the enormity and difficulty of this task, and admitted, “I am guilty of saying, ‘oh, you’re going to be ok,’ instead of letting them experience their emotions. It’s hard to acknowledge their feelings.” Instead of developing their emotional intelligence, the elected official encourages teens to identify and focus on their strengths. He/she explained, “I ask them, ‘how do you think you could be the most help to somebody else?’ It forces them to look outside of themselves, while simultaneously considering all that they have to offer.” To finish, it was the non-profit leader who stated,

It is easy to be lazy and self-centered. It is harder to propagate the positive behaviors. It requires constant thought, and introspection, and social interaction, and encouragement, and discipline. Kids might rail against it but they are more likely to own it if they see it, encounter it, and are benefitting from it. We can’t expect them to spontaneously develop character.

Theme 5: Adverse Gatekeeper Experiences (AGEs)

This study’s participants spent a great deal of time describing the teen population and the disconnect within that population that they have witnessed, which they believe is a symptom of adverse childhood experiences (ACEs). All six participants talked about the ACEs theory, the trainings they’ve attended, and their plans for community-wide reconnection. During the final interview, I asked the gatekeepers to focus on the aftermath and impact that cluster events have on survivors, including themselves. Based on my multi-phase analysis, it would appear that the teen suicides can be categorized as
adverse gatekeeper experiences (AGEs), and the impact on the helping professionals is a significant theme of the phenomenological research. AGEs are perhaps less obvious because the helping professionals have relationships and social supports that are stable and reliable. They also have their social and emotional skill sets to help them process their adverse gatekeeper experiences. The following quotes are included to illustrate how deeply the Drumfire suicides have affected all six participants, despite their differing professions and their proximity to the suicide victims.

After years of intervention work, the helping professionals are still perplexed by self-inflicted death. They have a strong grasp on the causes and triggers, but the act of suicide and the decision to take one’s own life is still very much “a mystery.” During his/her third interview, the elected official stated, “Suicide is such a strange phenomenon. I try to have compassion and I try to have patience, but I don't think I will ever understand suicide.” The crisis responder explained, “[Suicide] confuses people. We all want to understand: Why?.”

When I asked participants to recall their immediate reactions or thoughts after receiving word that another teen had either attempted or completed suicide, most of the gatekeepers emphasized the list of rhetorical questions that occupy their thoughts. The non-profit leader shared, “My heart, and soul, and brain are so concerned with: ‘Why is this happening?’ and, ‘What can we do?’ and, ‘Where do we direct our attention and our energy?’” The peace officer reported a similar reaction. He/she stated, “The first thoughts are usually, ‘Why?’ and, ‘Was it preventable?’ and, ‘Is there something that could have been done to save them?’.” During his final interview, the officer continued to reflect on his immediate reactions, and shared, “I used to think, ‘What? A teen suicide?’ Now, I
think, ‘What? Another teen suicide?’ . . . [Suicide] is becoming part of our routine. It’s becoming more of a usual occurrence these days.”

The participants addressed the frequency of teen suicidality, including the adolescents’ suicidal talk, ideas, threats, gestures, attempts, and deaths. The educator shared, “I see or hear about it every day . . . I think that means a lot of people in [Drumfire] have lost their purpose.” The administrator reported,

There is not a day and definitely not a week that goes by that the suicide topic doesn't come up . . . The [postvention] plan gets tweaked every time there is a suicide, and for a while it felt we were constantly refining the plan because there were so many suicides.

One participant stated, “People don't like the word epidemic, but it is an epidemic. When you have so many kids killing themselves, or talking about killing themselves, I don't know what else you’d call it.”

I asked the participants to describe the support they have received from community members, or non-gatekeepers. Not so surprisingly, Drumfire residents are equally concerned and saddened by the suicide epidemic. However, their involvement fluctuates. Based on their sharing, it seems the gatekeepers defend and even encourage community members to withdraw from the battle against teenage hopelessness when they start to feel rundown. One participant stated, “I think people are overwhelmed. We talk about becoming a community where belonging and significance is elevated, and they are like, ‘How in the hell do we do that? Where do we even start?’.” The peace officer shared,

It is such an uncomfortable topic, and one that is so emotionally charged. People
don't want to spend a lot of time thinking about [teen suicide], it hurts too bad . . .

The amount of harm the suicides are causing, it’s devastating. I believe that things are bound to get better, but that doesn't mean the pain ever goes away. It's the type of pain that lasts forever. It has impacted so many lives and has become a part of our history.

Each time a participant referenced the pain that the phenomenon has caused the community, I would ask them to detail how the suicides have affected them. Only two participants were able to recall their physiological reactions to the suicides. One described the knots in his/her stomach, while the other talked about developing a bleeding ulcer. In contrast, all six participants were able to reconstruct their immediate emotional reactions and their feelings toward the phenomenon. They identified a wide range of emotions, which seem to overlap and include sadness, defeat, helplessness, guilt, anger, and frustration. The educator shared, “The suicides break my heart and it just keeps happening . . . We had an awesome start to the school year. Everyone was hyper. It was great. Then we had another suicide. It can only be good for so long.” Another participant sympathized with this feeling of defeat and recalled, “When there are only a few weeks between suicides, we don't have enough time to recover. That is really hard. That is when people become really emotional.”

The back-to-back suicides are not the only events causing gatekeepers to feel defeated and helpless. The non-profit leader talked about at-risk youth choosing suicide despite complex intervention and gatekeepers’ attempts to persuade them to choose life. He/she shared,

Even when you intervene and you do everything you can think of to protect a
teenage from killing themself, sometimes they do it anyway. That actually happened. We were doing all of the things we knew to do and the [suicide victim] still decided to kill himself. He didn't fall through the cracks, he wasn't disconnected or isolated, he was just broken and we couldn't fix it.

The educator described the moment when he/she gets a phone call or text message notifying him/her that a Drumfire teen has attempted or completed suicide. He/she talked about immediately feeling concerned for the surviving peers, and feelings helpless when he/she is unable to postvene.

The one that happened two months ago, I was traveling when I got the call and I remember feeling bad that I wasn't there. I wasn't apart of the response. I was gone and getting the text was stressful. The one that happened last month, I was at the beach with my family. It seems like I’m always off doing something. I feel really helpless when I’m far away.

The educator is not the only participant who talked about balancing work and relaxation, and feeling guilty for taking brief breaks from gatekeeping to attend to their own needs.

One participant described the them-or-me struggle:

I’m still wrestling with what my role is supposed to be with the [suicide attempter’s] family. I know that I could walk over there and say, ‘hey, let’s talk,’ and they would let me into their life. So, there is a part of me that thinks I need to do that, and then there is another part of me that knows I don't have the bandwidth to deal with that right now. I feel like such an ass to even be struggling with the decision. It’s my own personal wrestling match.

Mixed and dichotomous emotions are an important element of the gatekeepers
lived experiences. Although they are not personally connected to victims, the gatekeepers likened their reactions to the emotions commonly associated with grief. The crisis responder shared, “Sometimes I feel pissed off and other times there is an overwhelming feeling of sadness, like when the middle schoolers were killing themselves.” The peace officer concurred, “I feel sad and I feel angry. The teenagers are killing themselves to escape their own pain, but they leave behind a greater pain, one that affects so many people.” Another participant stated, “Sometimes I cry about it, but mostly I get mad. It is such a waste. It is frustrating when there is nothing we can do to stop it.”

After briefly talking about themselves and their feelings, the participants tended to shift the conversation and double back to talking about the victims and the surviving community members. I could not tell if the gatekeepers were deflecting because they felt like their lived experiences were insignificant, or if it has been ingrained in them to avoid self-disclosure, to compartmentalize, and to remain neutral. The following quotes are examples of how the gatekeepers avoided talking about their own hurt and instead centered their sharing on the cluster aftermath, including the survivors’ tendency to get stuck in their complex grief. The peace officer shared, “The people I feel bad for are the people who are left behind, who love them, and who suffer forever . . . [Teen suicide] changes people, it stays with people.” The officer detailed his observations of the survivors’ long-term reactions:

Some people hit the bottle or turn to drugs. Some people quit and move away, they leave everything. They walk away from their jobs, walk away from their marriage, and walk away from loved ones. They isolate or they start over . . . Some people band together, some turn to their religion to get the support that they
need. It seems that those people fare better in the long wrong. People who internalize their pain don't seem to come back from it.

*Losing a loved one to suicide has got to be one of the hardest things to survive. I’m not sure if what I feel is sadness, or sympathy, or compassion. I’m usually like, “Crap! This isn’t good for anyone.” It’s not good for the peers, the families, and definitely not good for the victims. It impacts so many people.*

Another participant talked about survivors’ decisions to move away from Drumfire. He/she shared, “Everywhere the family and friends turn is a constant reminder. I can understand why [survivors] would want to leave.” The educator reported that Drumfire students are choosing to leave the school district, and stated, “we are trying to keep them, but their parents just want them to move onto something different, which I can understand.”

**Steadfast commitment to stabilization.** Although the gatekeepers talked about feeling helpless and overwhelmed at times, they keep fighting. This study’s participants detailed the short-term and the long-term prevention plans, and the consensus is that stabilization is not something that can be achieved overnight. In the meantime, they do their jobs, they connect with suicide susceptible youth, and they lead by example. During his/her first interview, the non-profit leader shared,

I believe that we can influence positive changes. We can create a healthier community that is more likely to produce kids who recognize their value and don’t self-destruct. We can’t eradicate [suicide], but we can make a huge difference. So much progress has been made in the past three years, but the needle
is just starting to twitch.

* 

We don’t have any examples of other communities that have experienced a teen suicide cluster quite like ours, that have fully recovered from it and have returned to a utopia. Who can tell us how to do that? So, we have to generate the faith in ourselves.

* 

People want to see immediate results. That's just not going to happen. There have been a lot of improvements, but not statistically, not yet. There is a lot we can celebrate. The stuff that needs to get done to solve the problem is being done . . . We are doing the work.

The participants are grateful for their hard working co-gatekeepers. One of the participants stated,

We are working really hard to address the suicide problem. We really want something good to come from this horrible situation . . . We are doing so much to protect and strengthen our community. We are better invested than most places.

It's bound to pay off.

The elected official agreed and reported, “I’m happy that I am not alone, that I am not the only one who wants to make things better. There are a lot of people who share my passion and concern and who want to protect the kids.” To finish, it was the administrator who expressed his/her faith in the community and stated, “I don't think [Drumfire] will ever stop fighting.”
Chapter Summary

Chapter 4 began with a detailed account of the eight weeks that it took to recruit research participants. The sample group is introduced, before I thoroughly described my phenomenological approach to data collection, including the interview and member checking procedures, which were designed and executed to ensure accuracy of the data and trustworthiness of the results. My multi-stage analysis consisted of a three coding cycles and assisted me in uncovering five themes from more than 200 pages of transcripts and journal entries. The latter half of Chapter 4 introduced each of the five themes, which were reinforced using direct quotes from the participants’ own reconstructions. This chapter chronicled the lived experiences of six gatekeepers who professionally encountered the Drumfire suicides. I presented the participants’ rich and thick descriptions, including their perception of Drumfire’s teen population, their shared explanation of phenomenon, and their plans for change. Additionally, I prompted the participants to recall their emotional, psychological, and physiological reactions to the cluster, and I found that the teen suicides are an adverse gatekeeper experience that strongly, and often times inconspicuously, has affected the participants’ perceptions of their work, their community, and their selves. In Chapter 5, I will discuss why the themes from this study are both reliable and relevant, and how the findings can be expected to inspire future research and practice.
Chapter 5: Discussion, Implications, and Recommendations

This phenomenological study examined the lived experiences of six helping professionals, or *gatekeepers*, who have been impacted by their professional exposure to an adolescent suicide cluster. Five distinct themes emerged from the data including:

1. Adverse Childhood Experiences (AGEs) as a root cause.
2. Characterization of suicide susceptible youth
3. Preparing, strategizing, and responding to teen suicide
4. Creating change through connectedness, and
5. Feeling the effects of serving a traumatized community. Despite their occupational diversity and proximity to the suicides, the helping professionals all experienced complex and self-contradictory reactions and feelings towards their work, community, and society.

Chapter 5 concludes this dissertation, and consists of three very important discussions: (1) the study’s findings, as they relate to the existing literature; (2) the limitations and subsequent recommendations for future research; and (3) how the significance of this study has the potential to inform professional practices.

Before beginning these discussions, however, I would like to call attention to my presence in this study, and the decision not to bracket myself out of the research. Bracketing is a traditional concept that Heiddegerian phenomenologists do not often endorse (Flood, 2012), nor one that I believe is achievable. I agree with Clemans (2004) that “researchers cannot pretend to be unbiased or point of viewless” (p. 150). Nevertheless, I did keep a reflexive journal during the research and analysis phases of this project to reflect on my reactions to participants’ sharing, and to remain mindful of
my biases. Multiple journal entries have been integrated throughout this chapter to illustrate the researcher-participant intersections.

**A Call to Arms**

Drumfire gatekeepers have worked very hard to influence positive change. They have attended trainings, applied for grants, worked outside of the job descriptions, and implemented empirically supported programs that they believe will complement their short and long-term prevention plans. One participant recalled a conversation with Drumfire’s former mayor, which ultimately inspired his/her full time involvement in the prevention efforts;

She began speaking to me about the suicides, and asked me to involve the local faith community. So, I did. I invited the church leaders together and 76 people attended that first meeting. The school board and city council were there as well, and we had this historic, unprecedented, collaborative, and productive meeting. It was during this first gatekeeper meeting that Drumfire’s helping professionals began comparing their cluster experiences, brainstorming causes, and developing a multilayered action plan. The non-profit leader recalled,

We identified several things, including suicide and a general apathy, as being symptoms of disconnection and a lack of understood value. We agreed that kids are isolated and don't know that they matter intrinsically. So, we decided to address the issue by creating a connected community that grows connected kids. Drumfire’s gatekeepers are not naïve. They know that creating change and repainting the adolescent portrait is an enormous undertaking, and that their journey toward connectedness has only just begun. They want to reduce the adolescent suicide rate but
transformation takes time, which is why they remain alert and ready to respond. When there is lull in suicide activity, Drumfire gatekeepers train, they plan, and they attend to their own physical, emotional, and psychological needs. Crepeau-Hobson and Kanan (2004) encourage this level of preparation, as gatekeepers’ reactions and perceptions are influenced by reoccurring crises and proximity to the events.

**Proximity.** I expected that the gatekeepers who shared space with, and who had routine contact with, the suicide victims would be more intensely affected. However, proximity to the victim was not the only impact factor. I would argue that proximity to the suicide event is also traumatic. The peace officer who participated in this study shared, “we see some pretty horrific scenes. It is something you can never forget . . . It is imprinted on your brain forever.” Based on this study’s findings, it would appear that any degree of contact with a suicidal youth, or response to a suicide event does qualify as an adverse gatekeeper experience.

Organizational leaders, politicians, and journalists are examples of helping professionals who visit the trenches but gate-keep from a distance. These “office gatekeepers” are involved in prevention planning but have little to no contact with the victims, nor do they participate in post-suicide outreach. Despite their distance, this study’s findings would suggest that office gatekeepers are not immune to AGEs. They too are saddened by teen suicide, and are hugely impacted by the aftermath of cluster events. The research participants talked about the panic that tends to accompany cluster activity, which includes the community members’ need to assign blame. According to the gatekeepers, community members have suspected bullying, contagion, and lack of resources as contributing factors. Office gatekeepers are expected to ease traumatized
peoples’ fears, find solutions for social issues and crises, and fall on the phenomenological sword when there is no quick fix. According to one gatekeeper, “witnessing the grief, being blamed for the suicides, and not knowing exactly how to respond was a very uncomfortable thing.”

**Gatekeepers’ Complex Reactions**

Regardless of their closeness to the suicide victims or events, Drumfire’s helping professionals have witnessed and been impacted by cluster-induced chaos. They have postvened, they have scapegoated themselves, and they have spent years trying to understand, *Why?* As a result, they have experienced a wide range of psycho-emotional reactions to the phenomenon. During this study, the gatekeepers presented an emotional dichotomy. They were optimistic about creating change, but they admitted to feeling defeated and helpless following each suicide event. One participant stated, “It’s really frustrating when another teen commits suicide because so much effort has been put into preserving life.”

Although few studies have examined adolescent suicide from the gatekeeper perspective, investigators have shown interest in the impact that social crises (sexual assault, child welfare, critical injury, terminal illness, natural disaster, military combat, school violence, and so on) have on helping professionals (Adams, Figley, & Bocarino, 2008; Berceli & Napoli, 2006; Clemans, 2004; Crepeau-Hobson & Kanan, 2014; Hernandez-Wolfe, Killian, Engstrom, & Gangsei, 2015; Newell, Nelson-Gardell, & MacNeil, 2016;). Previous research has uncovered this same emotional dichotomy. For instance, Clemans (2004) studied the impact on counselors who help rape victims process and recover from sexual trauma, and asserts,
Working with traumatized populations is challenging, rewarding, and influential. It impacts the professionals’ personal lives and causes them to experience a mix of emotions, including fear, anger, and hope. These contradictory feelings are necessary elements of the helping process (p. 157).

Hernandez-Wolfe, Killian, Engstrom, and Gangsei, (2015) make a similar point, “trauma work can be a source of both stress and hope” (p. 163).

After listening to the gatekeepers describe their complex reactions to their work and to the phenomenon, I answered the pre-designed reflexive questions (Appendix L) to consider my own experiences and to ensure that I was hearing and understanding participants’ reconstructions. The following statements came from this researcher’s reflexive journal and were included to illustrate researcher-participant intersections on the matter of complex gatekeeper reactions.

After so many years of trauma and tragedy the helping professionals continue to fight. I don't expect that they will ever abandon their prevention plans, no matter how powerless they feel or how bleak the future might seem. For many of Drumfire’s at-risk youth, the gatekeepers are their role models. If the helping professionals lost their motivation and stopped intervening they would be sending a very dangerous message, *We expect you to combat your feelings of defeat and helplessness, while we withdraw and redirect our attention and energy toward issues that are more solvable.* I have spent hours listening to Drumfire gatekeepers talk about their lived experiences, and I do not envision this happening. They might have bouts of frustration and helplessness, but their hope and optimism remains intact. (Woodford Reflexive Journal, 08/2016)
Like my research participants, I, too, have experienced a wide range of emotions in my gatekeeping work, emotions that are often contradictory. I feel sad, perplexed, frustrated, worried, challenged, sympathetic, calm, confident, stressed, and hopeful. When a patient chooses suicide I am impacted. I feel disappointed and upset and it takes a few days for my stomach to settle, but I reject self-doubt and I embrace the calm and the hope. I focus on the individuals who are still alive, who are choosing to fight, and who are asking for my help. They are my concern. They are my responsibility. (Woodford Reflexive Journal, 07/2016)

**Feeling responsible.** The Drumfire gatekeepers who volunteered to participate in this study talked about the call to serve, and how they couldn't imagine working in an industry or for an organization that wasn't service oriented. People who devote their lives to serving others tend to be empathetic, compassionate, and altruistic. Consequently, when their service recipients are in crisis and there are no obvious solutions, the gatekeepers are impacted, and they sometimes assume responsibility. This study’s sample group is made up of experienced gatekeepers who are in the latter half of the careers. Two of the participants retired years ago but continue to serve Drumfire as volunteers. I mention the sample’s veteran status because self-care was addressed during the research interviews, and the participants talked about novice gatekeepers’ tendency to take responsibility for the actions of their service recipients. I asked the participants how they would advise a novice gatekeeper, and they all talked about relinquishing responsibility. One participant stated,

After eight hours of suicide intervention training some people think they
should be able to work miracles. Unfortunately there are countless stories that suggest otherwise. I taught two classes after two of the most recent suicides. It was really fresh. So, I spent a lot of time addressing our responsibility to others and our limitations when it comes to intervention. Being responsible doesn't mean we make sure that nothing bad ever happens.

The educator who participated in the study has lost multiple students to suicide and recalled his/her immediate reaction to one event in particular, “I knew that I was not responsible, but I remember feeling like I’d let her down.” He/she ended the reconstruction with, “We can’t always stop bad things from happening. The brokenness of the world is far bigger than any one of us is able to fix.” The member of the suicide response team recalled a conversation that he/she had with a young counselor:

He was going through hell because [the victim] had recently met with him. He was feeling responsible. I talked to him for a long time. He was so focused on what he should have done differently. There probably were things he could have done or questions he could have asked, but that does not make him responsible.

In addition to answering the pre-designed reflexive questions (Appendix L), I also answered the interview guide questions and reflected on the participants’ writing prompts. This is a recommended practice (Flood, 2010) intended to assist researchers in identifying their biases and their preconceived ideas about a topic. A few of my reflections addressed this tendency to want to take responsibility, and I’ve included the entry that seemed most relevant and transparent.

When the gatekeepers encounter a suicidal teen they have a window of opportunity to intervene. If the teen chooses suicide, it is nobody else’s fault.
After years of feeling responsible, the participants have stopped criticizing themselves and scrutinizing their unsuccessful gate-keeping. Instead they try to learn something from each of the suicides. I can relate to this method of emotion management and turning tragedy into a teachable moment. I frequently ask myself, *Did I do my best?* And, *What have I learned?* If the survivors need someone to blame, someone other than the victim, I am willing to be that person for them, but when I go home at night I know that I am not responsible. (Woodford Reflexive Journal, 07/2016)

**Feeling guilty.** Gatekeeper guilt is different from gatekeepers taking responsibility for “the world’s brokenness.” Gatekeeper guilt is the point when helping professionals leave work and return to their private lives - which are presumably more comfortable, functional, and stable - and feel bad that their student, client, or patient is still in crisis. It is a matter of knowing that people are suffering while you rest comfortably. One participant talked about taking breaks and tending to his/her own health and wellness while remaining fully aware that his/her service recipients are in pain and could benefit from his/her help. He/she described the guilt as a “personal wrestling match.”

Being a social servant is messy, emotional, and taxing, but it is also fascinating, relational, and satisfying. In order to preserve their enthusiasm, sincerity and motivation, helping professionals should keep their professional and personal lives separate. If we remain in helper mode and allow our work to filter through to our private lives we burnout and render ourselves useless. Do I sometimes feel guilty about the privileges, blessings, and opportunities in my life? Yes. I meet
people every day who are born into chaos and never find peace. I practice self-talk and daily affirmations to turn my gatekeeper guilty into gratitude. This work keeps me grounded. It keeps me grateful. I’m glad that I am not naïve to the world’s sorrows. It’s real life for a lot of people. (Woodford Reflexive Journal, 08/2017)

**Coping with Adverse Gatekeeper Experiences**

Perhaps AGEs go unrecognized because helping professionals are able to manage their complex reactions and are able to cope with trauma and tragedy. Despite their reluctance talk about themselves, and to thoroughly describe the effects that the suicides have had on them, this study’s participants are able to recognize the importance of processing their professional experiences and taking care of themselves. When the participants were asked about advising novice gatekeepers they talked about the development of coping skills and preserving one’s dedication to self-care. The elected official stated,

The best advice I could give is, remember to take care of yourself. You can have all of the compassion, all of the empathy, all of the caring in the world, but if you internalize it, if you never address the pain that you witness and that you experience, you won’t last. You have to take care of yourself . . . It is so important that [gatekeepers] take care of themselves.

The participants were asked to detail how they choose to take care of themselves, and all six talked about not letting their crisis work flow over into their personal lives. The crisis responder stated, “We encounter so many things in this line of work that is in conflict with our personal beliefs, values, or philosophies. We have to know how to separate
ourselves.” Another participant shared,

It is not healthy to take work home. We do it to some degree, but if you take it home, and you live it all of the time, you could end up suicidal yourself. It’s a mental process of putting it out of your mind and moving on to better things.

Berceli and Napoli (2006), Crepeau-Hobson and Kanan (2014), and Clemans (2004), all address the importance of self-care and discuss multiple coping strategies for professionals engaged in crisis work, including sleep, fitness, nutrition, setting professional boundaries, and so on. Crepeau-Hobson and Kanan (2014) wrote, “in the aftermath of a crisis, the professionals must be able to distinguish between what they can control and what they can not. They have to know their limits” (p. 37). The administrator, who retired a few years ago and returned to Drumfire as a consultant, recalled, “I really tried to keep a healthy distance. I tried to find a balance. Obviously, I didn't do a very good job. The suicides were one of the reasons I ended up taking a break. I just couldn't do it anymore.”

According to Barrington and Shakespeare-Finch (2014), “adopting a broad repertoire of coping strategies is not only advantageous for the service providers but ultimately for the people they seek to assist” (p. 1686). A few of the participants were able to talk more specifically about their coping repertoires. One of the gatekeepers likened teen suicide to a sneaker wave, and shared,

You can’t fight it, you just have to believe that the wave that is burying you will pass and you will resurface. You just go, OK, here we go, hold your breath, it’s going to be OK. When it feels like I’ve been under the wave forever, I deal with it in a lot of different ways. I surround myself with positive people. I also focus on
my health; nutrition and exercise, being in harmony with my wife, and appreciating the little things, like fresh air, getting enough sleep, relaxing in the hot tub, petting my dogs, watching a good TV show. There is a lot that goes into it. It’s very holistic.

Making time for goodness and attending to one’s social health is important, and spending time with family and friends is a common coping strategy. Crepeau-Hobson and Kanan (2014) suggest gatekeepers consider variety of social outlets, including religion, advocacy, hobbies, and so on. One participant detailed, “I surround myself with great people. I journal, I pray, I just try to stay grounded . . . . I like to have fun, which keeps the bad stuff in check.”

**Gatekeepers’ Complex Perceptions**

Reoccurring tragedy can severely weaken a community and can alter the climate and culture of service organizations. A chain of traumatic events, like Drumfire’s adolescent suicides, tends to immobilize entire systems and makes it difficult for individuals and groups to return to a pre-crisis level of functioning (Crepeau-Hobson & Kanan, 2014). Kicking frontline gatekeepers’ when they are down tends to influence their perceptions of themselves, their work, their service recipients, their relationships, and society as a whole (Barrington & Shakespeare-Finch, 2014; & Clemans, 2004; Newell, et al., 2016; Hernandez-Wolfe, et al., 2015,).

The Drumfire cluster has undoubtedly influenced the gatekeeper’s complex perceptions. This study’s participants spoke at length about what they perceive to be the cause (ACEs), how they view suicide susceptible youth, and what they consider to be promising prevention work, which are three valuable themes that emerged from the data.
When I asked the participants to share their perceptions of the phenomenon and of Drumfire, a community where they all work and most have chosen to live, four of the five participants identified the teen suicides as a disastrous phase, but one that Drumfire is capable of overcoming. The one remaining participant perceives the phenomenon as being a chapter in Drumfire’s tragic story. He/she described the community as being chronically ill, and talked about Drumfire’s cycle of destruction and devastation. He/she explained that the community is capable of long stretches of peace and wellness, but asserts that suffering is foreseeable because “the town was born from conflict, it has a long history of conflict, and it even has a name that memorializes that conflict.” The literature addresses the effect that trauma work can have on a person’s worldview. Responding to reoccurring crises, like adolescent suicide, has caused Drumfire’s helping professionals to question “the overall goodness of society,” (Clemans, 2004, p. 146), and the controllability of the world (Barrington & Shakespeare-Finch, 2014). Nevertheless, their “encouragement and observation of human growth has also strengthen their appreciation for the resilience of the human spirit,” (Hernandez-Wolfe, 2016, p. 159)

The gatekeepers have complex emotions and perceptions toward the cluster, the victims, and the work, however all six perceive themselves in a positive light. Through their gatekeeping, the helpers have learned to recognize their personal strengths and accomplishments, which is consistent with the literature. Researchers who have studied the impact of trauma work on helping professionals have noted similar perceptions of self, including gains in empathy, compassion, and patience; improved interpersonal relationships; a greater appreciation for life; and the desire to live more meaningfully (Barrington & Shakespeare-Finch, 2014; Hernandez-Wolfe, Killian,
Engstrom, and Gangsei, 2015; & Newell, Nelson-Gardell, and MacNeil, 2016). All six gatekeepers gave credit to their service-oriented work for deepening their positive sense of self, their appreciation of friends and family, and their strong belief systems.

How the gatekeepers react to the phenomenon and how they perceive themselves and their work is fluid. Whether or not their prevention strategies prove successful, it can be expected that the gatekeepers’ feelings and perceptions will continue to evolve over time, which is why researchers should continue examining the effects of adolescent suicide clusters on helping professionals. The remainder of Chapter 5 will address the limitations of this study, and the implications for future research and practice.

**Limitations**

Six helping professionals volunteered to share their unique gatekeeper perspective. They thoroughly reconstructed their encounters with the adolescent suicide cluster that has traumatized the Drumfire community. The research findings are based on the participants’ lived experiences and are not representative of all Drumfire gatekeepers, nor are the findings generalizable to other gatekeeper populations, however the concept of AGEs is potentially transferrable to helping professionals who encounter and respond to traumatic incidences, and who are “involved in the push to return to normalcy” (Crepeau-Hobson & Kanan, 2014). The purpose of this study was to better explore the unique helper perspective, to uncover the meaning that a sample of Drumfire gatekeepers has assigned to the cluster phenomenon, and to consider the impact that adolescent suicide has on them.

**Bad timing.** The study was conducted during the summer months and multiple gatekeepers declined to participate because they couldn't fit five or more hours of
interviews into their schedules. Also, there was a surge in suicide activity during the months leading up to the research, and gatekeepers were either busy postvening, or they were still processing the loss and were not ready to tell their stories.

**Participation criteria.** I did not expect that participation criteria would become a limitation. Gatekeepers were required to directly serve the Drumfire community and have at least two years of experience. These basic requirements were included to ensure participants’ prolonged exposure to the adolescent suicide activity. During the recruitment phase of this project, I learned that Drumfire’s preparedness trainings and postvention included gatekeepers from neighboring towns. Additionally, I learned that at-risk youth were commuting to their mental health appointments due to Drumfire’s limited outpatient treatment options. Thus, many of the gatekeepers who were recognized in the archives for their involvement in crisis response and their treatment of cluster victims turned out to be ineligible for participation.

**Participant-focused interviews.** The interview guide and participant sharing was not bound by time or circumstance. That is, the gatekeepers were provided the freedom to talk about any of their cluster encounters regardless of how or when the suicides occurred. Without prompting, the participants tended to focus on the most recent suicide activity. However, there were a few reconstructions that involved suicides from years past. Fortunately, significant themes did emerge from the data, but narrowing the participants’ experiences and only drawing on their most recent encounters may have generated different results.

**Gatekeepers not represented.** An objective of the research was to recruit a diverse group of helping professionals. I wanted to investigate the phenomenon’s range
of impact and determine whether or not there were strong similarities between the
gatekeepers’ lived experiences, regardless of their professional roles or the nature of their
exposure. It was happenstance that each gatekeeper came from a completely different
profession. Had more people volunteered, there would likely have been more
occupational overlap. Nevertheless, there are three fields not represented in the study:
journalism, healthcare (mental and medical), and spiritual care. This was not for lack of
trying. I spoke with chaplains, ministers, and counselors but they tended to serve the
county and only assisted Drumfire during times of crisis. I played phone tag with a
medical doctor who did meet participation criteria and was interested in the topic, but her
strenuous work schedule prevented her volunteering. Finally, I left multiple voice
messages for a print journalist who works and lives in Drumfire, and who had reported on
the cluster activity, but I never received a call back.

This study’s sample was professionally diverse. Conversely, race and age did not vary. All six participants were white, which is reflective of the community, and their ages ranged from 47 to 77. The gatekeepers have collectively served Drumfire for over 60 years, which is a testament to their dedication and wealth of experience. During the interviews, they were confident and comfortable discussing the topic of teenage suicide and their complex reactions and perceptions. After decades of serving vulnerable and at-risk populations, the helping professionals have learned to balance their work and personal lives. They set healthy boundaries. They make self-care a priority. The way the mature gatekeepers talked about and perceived adolescent suicide may or may not be representative of less experienced gatekeepers, but their insights inspired this study’s recommendations for future research and practice.
Implications for Future Research

This study’s participants not only encountered the community’s adolescent suicide cluster, they are also involved in the initiative to increase community-wide connectedness, which they believe will subsequently reduce the youths’ susceptibility and the suicide rates. The gatekeepers seem realistic about the change timeline, and acknowledge that they are in the beginning phases of their connection project. However, they fully expect that Drumfire will be a healthier, happier, and more stable community in five to ten years. It is my opinion that a longitudinal study would make a notable contribution to the existing research. Interviewing gatekeepers over time would help determine if their perceptions of the phenomenon are fluid. Additionally, a longitudinal study of a cluster-affected community would allow researchers to explore the effects of AGEs over time, and track service organizations’ trauma-based behaviors and recovery (Berceli & Napoli, 2006).

Adverse Gatekeeper Experiences (AGEs) was an important theme that emerged from the research data. Investigators might consider studying AGEs that are unrelated to adolescent suicide, to reveal other social issues that are having a negative effect on helping professionals. It would also be interesting to replicate this qualitative study with a sample of novice helping professionals. A younger, less experienced sample of gatekeepers would have their own set of adverse experiences and reactions, and I suspect their means of processing adolescent suicide clustering and coping with the psychological, emotional, and physical effects would be dissimilar. However, novice gatekeepers may not be as self-aware or emotionally steady, therefore I would recommend that investigators include a mandatory debrief following each interview.
Implications for Future Practice

Working to stabilize an entire population or community consumes helpers and can cause them to neglect their own physical, emotional, and psychological health. According to this study’s sample, customizing a set of coping techniques can offset professional exposure to human suffering and can reduce incidences of burnout. The participants are an example of how much a gatekeeper can endure if they make self-care and coping a priority. The most frequently reported coping strategies were relaxation, exercise, healthy diet, spending time with loved ones, balancing work and play, and personal introspection. Researchers who have studied the effects of high-stress work have recognized and reported similar coping strategies (Adams, Figley, and Boscarino, 2008; Barrington & Shakespeare-Finch, 2014).

Although Drumfire’s veteran gatekeepers are committed to proactive and self-directed coping, their skill sets were developed over time and the participants reported having to learn the hard way to make self-care a priority. They recalled times when they neglected to care for themselves and were vulnerable to burnout. According to Barrington and Shakespeare-Finch (2014), “coping strategies help minimize distress and maximize well-being” (p. 1686), and should be practiced at an individual and organizational level. The peace officer that volunteered to participate in this study is also an organizational leader. During his/her interviews he/she talked about wanting to spare novice officers from gatekeeper burnout, and reported that the police department provides opportunities for self-care practices. He/she stated,

Any time there is a critical incident, all of the officers involved are required to talk to a doctor . . . Some times they try to convince me that they don't need it, and
I tell them, ‘I don't care, you are going.’ I am more mindful of the impact on the officers than I ever was before. They have witnessed some pretty gruesome scenes . . . We don't want them carrying it around with them.

Advocating for professional support is a desirable quality in a gatekeeper and should not be criticized or punished. Instead, leadership should encourage self-care and offer structured support services to address the impact of crisis work (Clemans, 2004; Crepeau-Hobson and Kanan, 2014) and “foster a sense of reasonable hope,” (Hernandez-Wolfe et al., 2015, p. 166). Systemic coping forces helpers to reflect on their reactions to their high-stress work and discourages them from isolating and concealing their complex reactions. Organizational leaders play an important role in community recovery from tragedy and should always consider the needs of the helping professionals. Crepeau-Hobson and Kanan (2014) emphasize the importance of having enough gatekeepers to carry out the crisis plan effectively, and suggest that leadership routinely monitor helpers for signs of burnout. The authors also recommend that leadership host inter-organizational gatherings, where gatekeepers are validated, cared for, and encouraged to share their reactions to trauma work. The purpose for these gatherings is to prevent gatekeepers from “putting their own needs on the back burner while they tend to the needs of others” (p. 36).

This study’s participants have decades of experience and would make great mentors. When asked about advising novice gatekeepers, the participants had wonderful ideas and insights, including how to balance professional and private lives, not taking responsibility for service recipients’ actions, and making self-care a priority. Based on this study’s findings, it is recommended that service-oriented organizations pair up their
new hires with experienced helpers. The purpose would be for the two gatekeepers to check-in with each other following traumatic incidences, in order to discuss and processes their adverse gatekeeper experiences (AGEs) and to reduce rates of compassion fatigue or professional breakdown. At the very least, leadership should create and maintain a work environment that promotes personal growth and healing, and does not exacerbate the helpers’ negative reactions to work-related trauma.

**Conclusion**

Adolescent suicide and the cluster phenomenon are well investigated, but existing studies tend to focus on the causes or the impact on victims and survivors. The purpose of this study was to better understand the impact that adolescent suicide clustering has on community gatekeepers, and how gatekeepers choose to cope and make sense of reoccurring tragedy. The investigation was comprised of 18 gatekeeper interviews, which clocked more than twenty research hours and produced a rich and thick data set. The multi-phase analysis assisted this researcher in uncovering five unique themes, including: (1) adverse childhood experiences (ACEs) as a predictor of teen suicidality; (2) the gatekeepers’ perceptions of Drumfire’s at-risk teens; (3) their dedication to short and long-term prevention, connection, and social-emotional sculpting; and (4) their means of coping with adverse gatekeeper experiences (AGEs). The gatekeeper perspective is invaluable. It deserves more attention and deeper investigation. Thus, it is my hope that this study will stimulate gatekeeper research, will make people aware of the effects of gatekeeping, and will inspire communities and organizations to examine how they have chosen to support and care for their helping professionals.


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APPENDICES
APPENDIX A: Literature Search Terms

Search terminology was as follows (*indicates truncation): suicid*, death, cluster, contagio*, epidemic, outbreak, copycat, imitat*, behavior, ideation, attempt, complet*, lethal*, victim*, young people, youth, adolenscen*, teen, peer, witness*, gatekeeper, school, family, community, culture, grief, loss, bereave*, bereaved by suicide, attitude, perception, view, understand*, react*, aftermath, affected, impact*, prevent*, interven*, postven*, training, education, strategies, plan, program, effective*, ineffective, effects, assess*, review, study, ecological, epidemiolog*, ethnograph*, phenomenon*, psychological autopsy, evidence, school-based, risk, protective factors, precursor, definition, characteristic, contain*, media, methods, surviv*, coping, and existential*. 

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## Participant Questionnaire

Note: Reading through the list of questions before answering may help you organize your responses. You are free to skip any items on the questionnaire that you feel are too personal.

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What are your professional credentials (e.g., completed degrees, certifications, trainings...)?

Describe your work history/experience.
What is your current job title? Please describe the position.

Describe your current work environment (e.g., space, relationships, daily routine...).

How much of your professional time is spent serving teenagers? In what capacity?

What prepared you most for your work with suicide susceptible teens?

If you choose to participate in this research study, you do so voluntarily, free from coercion or compensation. I encourage you to present questions or concerns as they arise. If you want to speak with someone other than the researcher, you may contact CU faculty advisor, Dr Jerry McGuire, at 503-493-6596/ jmcmguire@cu-portland.edu, or CU humans subjects advocate, Dr Oralee Branch, at 503-493-6390/ obranch@cu-portland.edu. Thank you.
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### APPENDIX C
Research Sample Description Table

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The Research Sample Description Table (RSDT) is intended to illustrate the sample’s diversity, and will be included in the dissertation appendixes. The RSDT is also likely to be referenced during the researcher’s defense presentation. For the sake of uniformity and confidentiality, the researcher will not include participants’ exact ages or job titles, and instead will use ranges and generalized descriptions. For example,

**Age**
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- 76-85

**Working Setting**
- DFPS Middle School
- DFPS High School
- School District’s Admin Office
- Community Mental Health Agency
- DF Police/Fire Department
### APPENDIX D
Target Enrollment Table

<table>
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<th>POPULATION</th>
<th>Drumfire Population N=18,000</th>
<th>Gatekeeper Population N=1600</th>
<th>Eligible Gatekeepers N=100</th>
<th>Expected Gatekeeper Enrollment N=10</th>
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<td>White</td>
<td>87% 1400</td>
<td>87</td>
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<tr>
<td>Hispanic</td>
<td>6% 95</td>
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<tr>
<td>Asian</td>
<td>2% 30</td>
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<td></td>
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<tr>
<td>Black</td>
<td>1% 15</td>
<td>1</td>
<td></td>
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<tr>
<td>Other</td>
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<tr>
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</tr>
<tr>
<td>Male</td>
<td>49% 785</td>
<td>49</td>
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<tr>
<td>Female</td>
<td>51% 815</td>
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<tr>
<td>0-9 years</td>
<td>19% 0</td>
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</tr>
<tr>
<td>10-19 years</td>
<td>16% 0</td>
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<tr>
<td>20-64 years</td>
<td>56% 1450</td>
<td>90</td>
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<td>65+ years</td>
<td>9% 150</td>
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<td>OCCUPATION</td>
<td>DF’s Working Population N=7,500 65% of the total population</td>
<td>DF’s Helping Professionals N=1600 21% of the working population</td>
<td>Note: The average commute for a working DF resident is 30 minutes. Therefore, helping professionals that reside in DF do not necessarily serve the DF community.</td>
<td></td>
</tr>
</tbody>
</table>

Bobbi Woodford, MA LMHCA  
EDD Doctoral Candidate  
Lead Investigator  
[Researcher’s email redacted]  
[Researcher’s phone redacted]
CONCORDIA UNIVERSITY
PORTLAND, OREGON
College of Education

APPENDIX E

Research Consent Form

Title of the Study: A new perspective: A phenomenological study of helping professionals and their experiences with a persistent adolescent suicide cluster.

Principle Investigator: I, Bobbi Jo Woodford, am a doctoral candidate at Concordia University, pursuing an E.D.D., with a specialization in Transformational Leadership. I currently hold a MA degree in Counseling Psychology, and I work as an emergency psychiatric evaluator in SW Washington.

I would like to invite you to participate in a qualitative research study that is designed to investigate the experiences of helping professionals who have been exposed to an outbreak of teen suicides. Those who volunteer will be asked to participate in three, in-person, interviews (< 90 minutes each). During the phenomenological interviews participants will be asked to recall, describe, and reconstruct their experiences, so that the researcher can understand as fully as possible what it is like to serve an adolescent population that is susceptible to suicide. Interviews will be audio-recorded, and the recordings will be converted into verbatim transcriptions to be analyzed. Participants will be offered copies of the interview transcriptions, and are encouraged to audit the documents for accuracy. Participants will also be provided research journals to create written reflections of their professional experiences. Entries will include detailed accounts of suicide events, or responses to the research interviews. The journals will come with a variety of prompts to inspire reflection. Although the written portion of this research study is not required, participants’ journal entries are considered a valuable source of supplemental data, and daily reflection is strongly encouraged. Journals will be collected during the final interview.

This research study will include as many as ten participants. Preserving confidentiality and protecting participants’ identities is of the utmost importance. Therefore, I will assign each participant a pseudonym to be used on every research document, and I will keep said documents on a secure laptop computer or inside a locking-box. Moreover, the corresponding dissertation will be written in such a way that participants will not be identifiable. Please be advised that Concordia University is required to keep copies of consent documents for a minimum of three years, and that I, Bobbi-Jo Woodford, am a mandatory reporter, who is required by law to report any suspected abuse or neglect of a vulnerable individual.

Research participants have the right to, 1) end an interview at any time, 2) redact journal entries prior to submission, 3) to review research documents for accuracy, and 4) to remove themselves from the study at any time. If you choose to participate in this research study, you do so voluntarily, free from coercion or compensation. If the sensitive nature of the research topic causes you discomfort or distress, I urge you to contact Licensed Mental Health Counselor, Julie Russell, at (503) 451-6250, or Licensed Mental Health Counselor Associate, Nita Yuros, at (360) 953-3559, and schedule a meeting to safely explore your emotional and psychological response.

If you have any questions or are interested in participating in the study, you may contact me, Bobbi Woodford, at [Researcher's email and phone redacted]. Additionally, I do ask that participants present any questions or concerns as they arise. If you would like to speak with someone other than the researcher, you may contact CU faculty advisor, Dr Jerry McGuire, at 503-493-6596 jmcguire@cu-portland.edu, or CU humans subjects advocate, Dr Oralee Branch, at 503-493-6390 obranch@cu-portland.edu. Thank you.

<table>
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<th>(Participant’s pre-study signature)</th>
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<th>(Participant’s interview #1 signature)</th>
<th>(Date)</th>
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<tbody>
<tr>
<td>(Participant’s interview #2 signature)</td>
<td>(Date)</td>
<td>(Participant’s interview #3 signature)</td>
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APPENDIX F

Group Consent Form

“Hello, my name is Bobbi Jo Woodford. I am [Researcher’s information redacted] and a mental health professional. I currently work in the emergency department at [Researcher’s information redacted] as a psychiatric evaluator. In addition to my work, I am a doctoral candidate at Concordia University, and I was recently granted committee approval to begin a qualitative research study that is designed to investigate Drumfire’s adolescent suicide cluster from the perspective of helping professionals like your selves. I would like to participate in today’s meeting to ensure that I have a strong baseline understanding of the adolescent suicide phenomenon that has targeted our community. Although I will not be taking notes or recording anything that is shared or discussed, I do not want my presence to interfere with your collaborative efforts, therefore if anyone here is uncomfortable with my attending this meeting I will wait outside and I will make myself available afterwards to meet with those of you who are interested in hearing more about my research. Is there anyone here who would rather I not participate in this meeting?”

I __________________________ did witness and do verify that Candidate B. Woodford read the above statement, and that meeting attendees unanimously consented to her participation during today's community meeting.

_________________________________________    ____________
Meeting Facilitator’s Signature              Date
Opening Statement

The purpose of this interview is to understand as fully as possible your professional experiences with the suicide epidemic that has targeted Drumfire teens. I have prepared an assortment of questions that are intended to keep our conversation close to the research. However, I want the interview to remain casual, open, and flexible. Therefore, we do have the freedom to deviate from the interview guide and naturally explore your involvement with the topic. Due to the sensitive subject matter, I would encourage you to pass on questions that are too unsettling or difficult to answer. If I sense that you are becoming uncomfortable with the line of questioning I will check-in with you and give you the option of taking a break. Your safety and wellbeing is my highest priority.

Potential Questions

**Interview #1 (Focus: Lived Experiences; Descriptions and Reconstructions)**
1. I want to thank you for your participation and commitment to this study. I am curious, what made you decide to volunteer?
2. There are certain events that remain vivid in our long-term memories. For instance, if you were to randomly stop a 30+ year old American walking down the street, and you asked him/her to share their 9/11 experience, he/she would likely be able to reconstruct the historical day in great detail. Similarly, I want you to take a minute and think about a time when you professionally experienced Drumfire’s adolescent suicide cluster. When you are ready, you may begin sharing your detailed description of the event.
3. Teen suicide is devastating. How have you experienced or witnessed the impact of the adolescent suicide cluster on the Drumfire community?
4. Victor Frankl was a holocaust survivor and philosopher who believed that individuals assign their own meaning to their lived experiences. What does Drumfire’s adolescent suicide cluster mean to you?
**Interview #2** (Focus: Responses; Immediate and Calculated)
The second interview will begin with the same opening statement, as a review of the study's purpose and design, and to remind participants of their rights. The researcher will then read a summary of interview #1 and give the participant a chance to confirm or clarify what they had shared. This activity will likely inspire conversation, and the researcher will introduce the proceeding questions when they are relevant to the participant’s sharing, or when there is a lull in the dialogue.

5. To what degree have you been involved in the community's efforts to reduce the rate of adolescent suicide? Please describe the community's intervention efforts (e.g., how the suicide of a teenage community member is handled).

6. What are your first thoughts when you learn that another Drumfire teen has completed suicide?
   a. How do you explain your first thoughts?
   b. When your attention is drawn back to the issue of adolescent suicide, which thoughts do you return to most often?

7. What is your immediate emotional response when you learn that another Drumfire teen has completed suicide? How do you manage your emotions?

8. What is your immediate physiological response when you learn that another Drumfire teen has completed suicide?

9. What would you say to someone considering a career as a helping professional, or to a colleague that has never experienced teen suicide?

**Interview #3** (Focus: Implications)
The third interview will begin with the same opening statement, as a review of the study’s purpose and design, and to remind participants of their rights. The researcher will then read the summary statement of interview #2 and give the participant a chance to confirm or clarify what they had shared. This activity will likely inspire conversation, and the researcher will introduce the proceeding questions when they are relevant to the participant’s sharing, or when there is a lull in the dialogue.

10. What motivated you to become a helping professional?

11. How have the Drumfire suicides affected your attitude towards your work?

12. How have the Drumfire suicides affected your interest or commitment to your work?

13. How have the Drumfire suicides changed your perception of your community/ work/ self?

14. In what way is Drumfire’s adolescent suicide cluster significant to you?

**Interview Probes**
Tell me more about that.
What was that like for you?
Why was that important to you?
What else was going on?
Can you give me an example?
Can you explain what you mean by...?
It has been suggested that..., what do you think?
## Project Timeline

### Data Collection, Analysis, & Write Up

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**Bobbi Woodford, MA LMHCA**
EDD Doctoral Candidate
[Researcher’s email redacted]
[Researcher’s phone redacted]
APPENDIX I

Researcher’s Reflexivity Questions

1. What am I feeling emotionally? What am I feeling physiological?
   a. What is causing these feelings?
   b. How should I address or manage these feelings?

2. Am I struggling to understand the participants’ descriptions?
   a. Why or Why not?

3. Am I unconsciously soliciting responses (collection stage) or looking for patterns (analysis stage) that parallel my own experiences and ideas?

4. Am I accepting of the participants’ descriptions, even when they contradict my own views?

5. Am I accurately hearing the participants’ experiences, values, and ideas?

6. Am I respectfully interacting with the participants and the data?
APPENDIX J

Transcript Review

I was provided a copy and encouraged to review the interview transcripts for accuracy.

I was given the opportunity to clarify and/or redact any of the statements that I made during the data collection phase of this research study.

-----------------------------------

Invitation For Further Involvement

I am interested in meeting with lead investigator, Bobbi Woodford, during the analysis phase of this research study, to hear about and discuss the emergent themes. (Winter 2016)

I am interested in meeting with lead investigator, Bobbi Woodford, to hear about and discuss the research findings. (Spring 2017)

I would like to be notified when the dissertation is complete and the research study has been successfully defended. (Summer 2018)
APPENDIX K

Statement of Original Work

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University - Portland Academic Integrity Policy during the development and writing of this dissertation.

2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly referenced and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the Publication Manual of The American Psychological Association.

Bobbi-Jo Woodford

(Digital Signature)

Bobbi-Jo Woodford

(Candidate’s Printed Name)

April 26\textsuperscript{th}, 2017

(Date)