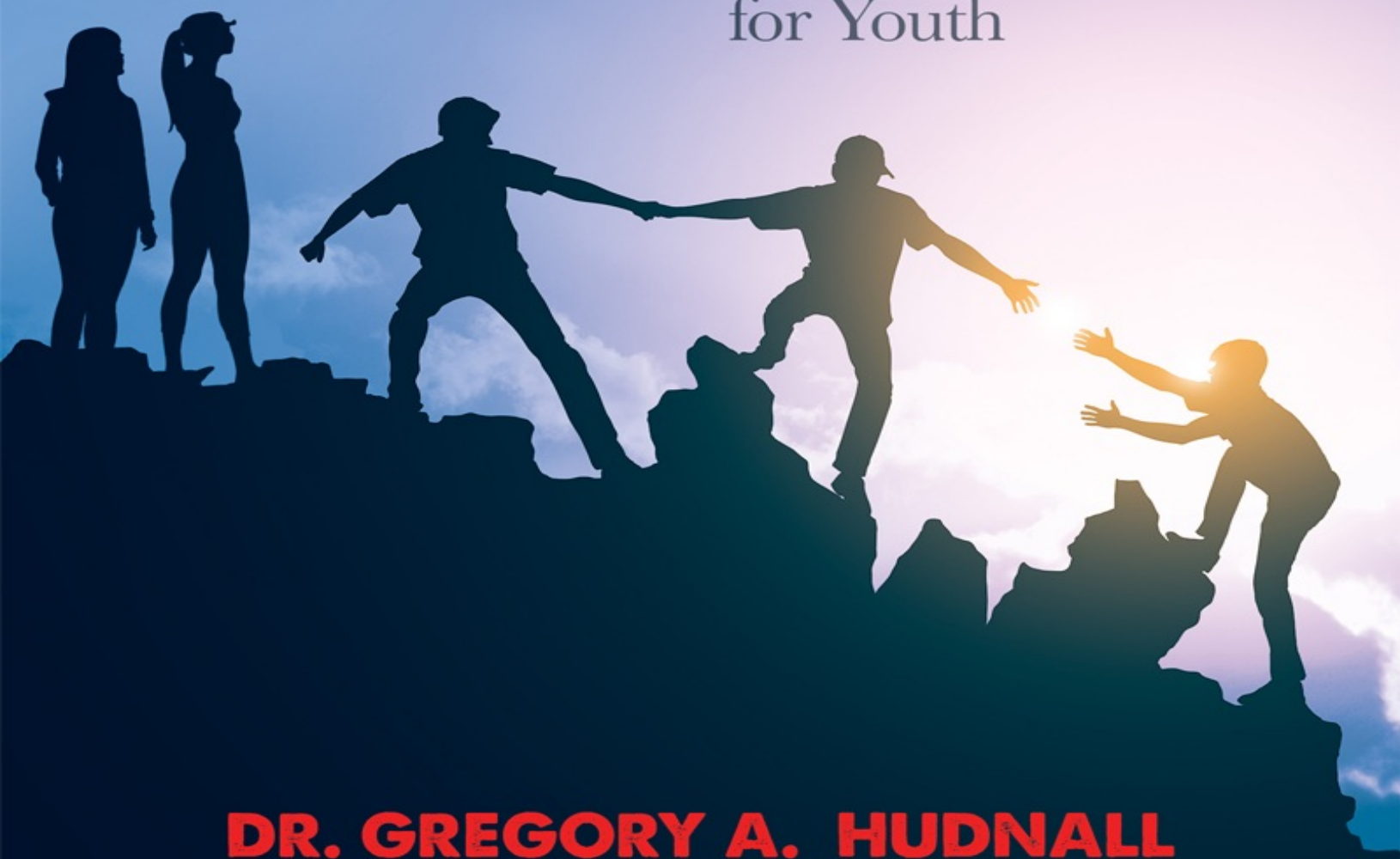


# HOPE SQUAD

The Successful  
Suicide Prevention Program  
for Youth



**DR. GREGORY A. HUDNALL**

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**DR. GREGORY A. HUDNALL**



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Springville, Utah

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# INTRODUCTION

## Success Is Not an Isolated Journey

**T**o the parents and families of suicide victims, I am so sorry for your loss. I have never lost a child or a family member to suicide. There is no blame in the world of suicide. It's a complex, individualized challenge. My goal is not to shame or blame but to share a story that I hope will help prevent suicides.

Not all suicides can be prevented. However, of all deaths, suicide is the one that is most preventable.[\[1\]](#)

When Cedar Fort Publishing called and asked if I were willing to share the Hope Squad story, I was not sure I could. Who would want to hear my story? And did I really want to share it? I have shed so many tears over the years that I was afraid to open up the many wounds I've tried to put out of my mind. These wonderful families that I talk about have each lost a child. The pain for them is real.

This story is a journey over thirty years. I could not share it without including experiences and stories as a son, father, husband, principal, school district employee, friend, and city council member. Suicide prevention became my passion and my life. I do this because I want to save lives.

The cast of characters includes family members, educators, peers, mental health experts, families who have lost children, and, of course, the children who attempted or died by suicide. I'm sure my words

cannot even come close to explaining the lifelong pain felt from the loss of a child. My story does not do enough to honor these folks.

A few years ago, I was visiting with the mother and father of a former student who had taken his life by suicide. After a while, the mother looked at me and said through tears, “Dr. Hudnall, I attended your training the other night. I wish I knew then what I know now. Maybe, just maybe, it might have saved my son’s life!”

So why did I write this book? I want to start talking about suicide. I want people to understand that of all deaths, suicide is the most preventable. I want everyday people, people like you and me, to understand that they are not the only ones who may struggle with some sort of mental illness, such as depression, anxiety, ADHD, and many others. I want people to be no more ashamed of mental illness than of a broken arm or a sprained ankle.

I also want families of lost loved ones to understand that of the fifty-four youth suicides I have been involved with as either a first responder or a consultant, in almost all cases the kids hid it from their families. They did not want anyone, except maybe a best friend or other confidant, to know that they were struggling.

In most of those cases, the suicide attempt occurred within twenty-four to forty-eight hours of an incident that pushed them to the edge. This might have been a romantic breakup, a disciplinary action, a bully’s actions, or a failure at something. And in many of those cases, they had been struggling with some sort of depression or other mental illness.

This story tells how an entire community came together to rally the forces to try to save children’s lives. It is not the story of one individual as a hero. It is the story of a community made up of many people. All are equal in recognition.

*We all must join this fight together.*

## NOTE

1. "Teen Suicide Is Preventable," American Psychological Association, accessed January 19, 2018, <http://www.apa.org/research/action/suicide.aspx>.  
[\[return\]](#)





**T**hroughout the book, I have listed “Lifesavers” that are important for us to know and become comfortable with. The purpose of these Lifesavers is to make us more aware of things that will help us aid someone who is struggling. They are the “next step” to helping us better understand and intervene with suicide prevention.

I have included key ingredients for helping us know what we can do to help students, family members, or others who are struggling. Some of the items are lists from mental health experts. While I have added opinions and thoughts from my many experiences, the main content is from the experts.

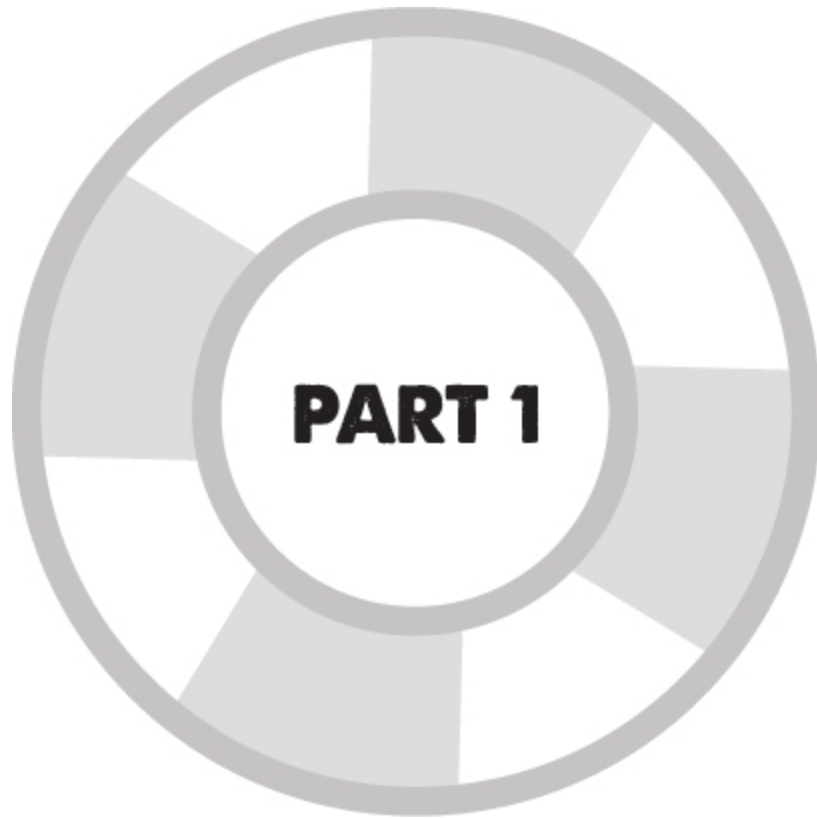
I have listed them here to serve as a quick reference for readers. Please take the time to review the Lifesavers. The more we understand the protective factors, risk factors, warning signs, and other important topics, the more we are able to prevent suicide.

- ⊗ Talking about Suicide
- ⊗ Warning Signs
- ⊗ Protective Factors and Resiliency
- ⊗ Risk Factors
- ⊗ Coping and Problem-Solving Skills
- ⊗ Common Misconceptions about Suicide
- ⊗ The Stigma with Mental Illness
- ⊗ What to Say and What Not to Say
- ⊗ Crisis Line
- ⊗ Impulsive Behavior, ADHD, and Suicide

- ⊗ Train for Suicide Prevention
- ⊗ Social Media and the Internet
- ⊗ Dos and Don'ts of Reporting Suicide
- ⊗ Suicide and Bullying
- ⊗ Making a Community Impact
- ⊗ Reduce Access to Lethal Means
- ⊗ Youth Stressors and Academic Performance Anxiety
- ⊗ Suicide Risk of LGBTQ Students
- ⊗ Trauma
- ⊗ Getting Help for Mental Illnesses and Depression
- ⊗ Permission Granted

“While it takes an entire village to raise a child, we believe it takes an entire community to save one.”

**-DR. GREGORY A. HUDNALL**



## The School: Life Can Be Painful



## CHAPTER 1

# A Young Principal Aged by Student Suicides

**T**he state of Utah and most of the Northwestern states have been in the top ten states for suicide for over twenty years. Further, seven of those top ten states are in the Intermountain West.<sup>[1]</sup> In 2017, Utah was ranked fifth for suicide. It is the first leading cause of death for ages ten to twelve in Utah.<sup>[2]</sup>

One western city that has struggled with high suicide rates is Provo, Utah. Provo is a college town that was settled early on by the Mormons (members of The Church of Jesus Christ of Latter-day Saints). At the beginning of this story, in 1987, the city had about ninety-three thousand residents. About twenty-five thousand were students at Brigham Young University, a private school for The Church of Jesus Christ of Latter-day Saints. Many of the students and much of the city's population are Mormon. Mormons are often characterized as being happy, and this area of Utah is often referred to as "Happy Valley."

If at any time over the past thirty years you were to tell someone that Provo had a problem with kids taking their lives, no one would have believed you.

But my community had been struggling with youth suicide for many years. Unfortunately, we were losing one to two kids a year. We even lost a fourth grader who took his life on campus. The youngest we had

attempt suicide was a five-year-old in preschool. While it took its toll, we, the Provo City School District, as an educational system of fourteen thousand students grades K through twelve, became desensitized. We focused on the classroom and felt that the community was responsible for everything else.

Everyone from law enforcement to mental health workers accepted the losses due to suicide. As a community and as a state, we seemed fated to always be in the top ten for suicide across the country. Sometimes I would even hear people brag about it. The press did a nice job of keeping it out of the newspaper.

My story begins when I was the principal of Independence High School. Independence is an alternative high school, or an educational setting for students who struggle in traditional schools. The school consists of about 350 students from two mainstream high schools in the district. For many years, we had been losing kids through the cracks of poor attendance, failing classes, and getting lost in the shuffle of secondary school.

For a while, the community was not supportive of the school. Community members seemed uncomfortable with having so many struggling and nontraditional students. Over time, however, the community became supportive of the school and the kids. It gave us the flexibility to focus on their emotional needs first and their academic abilities second. They were all good kids. Many were just lost and needed individual attention with smaller classrooms.

Interestingly enough, we lost as many students to suicide from the two mainstream high schools and middle schools as we did from Independence High School.

From the beginning, I loved being a principal. I could not wait to get out of bed to be with my kids. Every morning, I would be in front of the school greeting students and waving to parents. My love for the students is what both pushed me to help them and made each suicide hurt more.

One of the first suicides I was involved with was the loss of a young lady who had been struggling with depression. She was pretty new and

from out of our district. She had all the earmarks of someone who struggled. She was angry with everyone, including her parents, peers, and most of the teachers. I could not get close to her, and neither could anyone else.

One day, she had come to school in her usual down mood. I remember a teacher told me later that he noticed she had opened up a little in his class and had shared that she was “going to a better place” to some of the other kids. He thought she meant going on a trip or something like that.

Later in the afternoon, when school was out, I received a call from the police department. They sent over an officer and he told me that she had taken her life by suicide after arriving home from school.

I was in shock. While I did not really understand what was happening, I realized that I needed to do something—but I had no idea what to do. I found my custodian and asked her to clean out the girl’s belongings from the locker so her locker mate would not be impacted by it. We put it all in a cardboard box.

I then talked to my psychologist and asked what he thought we should do, but he wasn’t sure either. This was 1991. At the time, everyone thought it was best to “do nothing, say nothing” and hope it went by without anyone noticing. I did not even meet with the student’s parents, and they did not meet with me. I had always felt like they hated the public school system because it had not gone well academically with their daughter in previous years.

I remember sitting in my office feeling sad but having no idea of what to do or how to react.

I could not believe it. Why was it acceptable that she would want to take her life? Why would someone choose suicide? Was it possible to be in so much misery that you saw no other option than to kill yourself? Something was wrong here.

Was there something we as a school system could have done differently? Was there something that I as the principal should have done? I would never know the answers from the student, but I would

later learn that there are many things we as a bureaucratic educational system could and should do better.

That night, I pulled her file from the counselor's office and read the notes about her life in our public school system. In elementary school, her teachers loved her, and she was very successful. One teacher even called her a "shining star" in his fifth-grade class. Her attendance was excellent, her grades were superb, and the feedback was positive from everyone. She even won some awards in the sixth grade. Her record for the sixth grade was promising.

Then, in the seventh grade, I noticed comments from her teachers. One had written, "This student is lacking in her abilities to stay focused in my class." Another teacher said she was falling behind and not turning in her work. I wondered, *What happened in her life?*

The notes for the rest of junior high were the same. Her grades started to fall and then her attendance. There was a note about her mom angrily leaving a parent-teacher conference when a teacher blamed the mom for the problems. What was going on? What could we as a public education system have done better to help?

As I was finishing up and closing the folder, two papers fell out. One was a note from the junior high counselor reporting that she had been bullied at lunch and was found crying in the restroom by a staff member on the second day of school. The counselor met with her and was concerned about her. I did not see a follow-up with any other notes from that incident.

The other paper was a written statement from the high school hall monitor. The student had been asked to write a statement from an incident that had happened in the band room after a practice. In the note, she stated how two other girls had done a prank on her in front of the other students in the class and how the teacher had just laughed with everyone else.

Was the bullying the tip of the iceberg, or was there more? What happened from elementary to high school, and why was it so horrible for her?



How could I have helped?

I would ask myself that same question numerous times, over and over. I felt like we as a system had failed her and her family. It was sad, so sad.

## LEARNING TO BE A PRINCIPAL

I was a young high school principal, and in those days, I even looked it. On Fridays, I would wear a school shirt and Levi's. One Friday, a mother who was upset about her son being suspended came to the front desk and demanded to see the principal immediately. The secretary pointed to a bench and said, "He's over there with those students."

She came to the bench and asked, "Where is the principal?" When I said I was the principal, she stormed back to the secretary and demanded to see the "real person in charge." The secretary smiled and said, "That's him."

I have been blessed to spend my career in the public school system. I believe it is one of the best equalizers for children and families. I am honored to be considered an educator and a "guardian of the children." I love kids.

During my career, I have been lucky to work with caring educators who loved children. They went the extra mile to help young people who were struggling. I was amazed at their compassion. I wish I could name them all. They taught me so much and, most importantly, they worked hard to save kids. Our school was a safe, nonthreatening environment for children because of the amazing staff.

The experienced ones taught me how to be a good educator. One such experienced educator was Virginia Swenson, who was my personal secretary. She was much older, as I was then a young principal and she had been a secretary for over forty years.

One day I caught some students breaking major school rules. I brought them into my office and chewed them out. I may have even yelled a little bit. When I was finished with them, I suspended them and

told them to go call their parents. I may also have raised my voice as I showed them out of my office.

About two minutes later, Virginia stepped in while I was working at my desk. She cleared her throat to get my attention.

When I looked up, she pointed her finger at me and said, “Principals don’t yell. They teach!”

I was not sure what she meant and asked for clarification. She informed me that I should not have yelled at those three kids. I disagreed and tried to defend myself. She replied again that not only should I not have yelled, but I also needed to apologize to the students.

I told her I would consider it next time. She smiled, opened the door, shuffled three repentant students back into my office, and said, “I think now is a good time to start.” Then she closed the door. It was a good lesson, and it set the tone for me to be a better leader and a better listener.

She also taught me the concept of “quiet dignity,” or the ability to act calm even during a heated situation. Too many times I would burst out with my frustrations at how unwise the kids could be. They would do the dumbest things and then act surprised when they got caught. To top that off, the parents would come in angry with me for their child’s poor behavior. She taught me to use quiet dignity in those situations, and I was able to apply it to many similar situations during my career.

At the start of my career, I was young and inexperienced as an administrator. I was to grow old fast from dealing with suicides.

## TALKING ABOUT SUICIDE

While I worked as a high school principal, I had numerous experiences with the loss of students. I spoke at funerals, comforted parents and students, and became numb to the loss of kids. It was the norm, and every year I expected to lose at least one. This, of course, did not even come close to all the attempted suicides.

I can remember one school year (181 days, 990 hours, 5.5 hours a day, 36 weeks a year) when our school district had at least one attempted suicide every week! It was hard on the families of the students and it could be difficult on the school. Most who attempted suicide did little harm to themselves. They either threw up the pills or passed out from the alcohol before they hurt themselves permanently.

Unfortunately, others hurt themselves physically and, even worse, emotionally. I learned early on that these young people did not want to die. They wanted the pain of whatever they were experiencing to go away. The suicide attempt became the mechanical arm to deal with it. Many of these attempts happened shortly after a breakup or a disciplinary action.

While I was an administrator, I learned that many young people who attempt suicide are dealing with some sort of depression. In fact, depression, alcohol or drug abuse, behavior problems, anxiety, and other mental health problems are found in about 90 percent of youth who are lost to suicide.<sup>[3]</sup> However, though many young people experience depression and other mental health issues, few will get to the point of attempting suicide because of it.

At first, it was not unusual to have a Provo police officer stop by to meet with me concerning a student who had been involved in a theft or robbery or who was having family issues. But it was becoming more common for them to stop by and visit about a student or family member who had either attempted suicide or taken his or her life by suicide.

One day, I had a visit concerning a beautiful young lady who came from the wealthy side of Provo. When I first met her mom and dad, I was impressed with their care and concern for their daughter. She was a pretty girl who had messed up at the high school and had been referred to us. When we finished meeting, the mother asked if she and I could talk privately.

I felt a little awkward as her husband went to sit outside with their daughter. The mother nervously shared that their daughter had been

struggling with depression and had gotten into alcohol and serious drug problems.

She also shared that her husband was a doctor and that he had struggled with depression since medical school. She related that they were concerned about their daughter and that she had threatened to take her life numerous times. They did not know what to do. Talking with me had been their last resort.

This was becoming too common of a theme for me as a principal. Our community was full of families hurting but not wanting to admit it or even talk about it. I would experience this type of situation on a weekly basis.

One experience that showed how not talking about suicide can hurt rather than help involved a fifteen-year-old student. I was in an emergency room with her, as she had attempted to take her life. It was not a pretty situation. Her parents were scared, and she was in emotional and physical pain. The mother pulled me aside to share her fears and frustrations. She knew her daughter was struggling, but she did not know what to do.

The dad was angry and unwilling to talk about it. He just wanted to go home. I think he was hurting for his daughter, but he looked more embarrassed by the situation and frustrated with all the hospital forms and red tape. He kept asking if it would be covered by their insurance.

When I finished visiting and was ready to go, this beautiful young lady turned to me and said, "Dr. Hudnall, *I believe that my generation will be known as the generation of suicide.*" I think she was right.

Having so many experiences with students who threatened, attempted, and unfortunately died by suicide over the years, I came to understand that we as a society are afraid to talk about suicide. The subject is taboo, and we believe the myth that talking about suicide increases the risk for it.

I have come to learn that young ones who are struggling have already thought of taking their lives. In reality, however, they do not want to die.

They just want the pain to go away, but they do not know how to make it go away, so they see suicide as an option.

We need to start talking about suicide, and we need to do it now, more than ever.

## ○ LIFESAVER ○

### TALKING ABOUT SUICIDE

We are afraid to talk about suicide. It is difficult for many people to talk about it. There is an innate fear that if we talk about it, we will give someone the idea to kill themselves.

Please do not be afraid to talk to your children. It will not put the idea of suicide in their head. There is no research to show a correlation between talking about suicide and causing a suicide. In fact, research indicates that “talking openly and responsibly about suicide lets a potentially suicidal person know they do not have to be alone.... Most people are relieved to finally be able to talk honestly about their feelings, and this alone can reduce the risk of an attempt.”<sup>[4]</sup> In most cases, someone who is very depressed may have already thought about it. Asking will not give someone the idea.

I have found that it is helpful to talk about suicide one-on-one when you and your child are both in a good mood. Do not do it when either of you is angry or upset; it will not work. Find a time when you can meet alone with your child.

While bringing up and discussing the subject, I suggest using the “I” message as much as possible. The “I” message is a method of sharing your feelings without shaming or blaming the other person. Its use is “a way to express your own needs, expectations, problems, feelings or concerns to your children in a respectful way that does not attack them.”<sup>[5]</sup>

For example, you could say, “I noticed tonight at the dinner table that you were curt with your sister. This seemed different from how you usually interact with her. Are you okay?” Then it is important to listen to

what your child says. Try your best not to interrupt or give judgment. It's important for your child to know that you are really listening and not just trying to fix or judge him or her.

A few years ago, I was interviewed on KSL, Utah's statewide television station.<sup>[6]</sup> The story was about suicide in Utah and the challenges we are facing. Dave McCann, the reporter, asked difficult questions about the challenges our youth are facing in our homes, communities, churches, and schools.

At the end of the interview, he asked, "Dr. Hudnall, what do you want parents to take away from this interview?"

I replied, "I hope parents will be willing to talk to their children about their concerns with their behaviors, reactions that are not normal, and especially their fears about the child thinking of suicide."

The very next day, I received a phone call from a gentleman who asked to meet with me. At that meeting, he told me his story.

Dr. Hudnall, I want to share with you what happened with our family after watching the special on KSL television last night. My wife and I were in bed watching television when your interview came on. When you finished, my wife and I looked at each other and she said, "I think we need to talk to our son."

My son is a very talented football player, and he was injured in the state playoffs. We have been very worried about him. We know that it has affected him and will probably affect his ability to play college ball. So my wife asked me to go meet with our son right away.

I knocked on my son's door and he let me in. I walked over and sat on his bed and we visited for a little while. My son then said, "Dad, what do you want? You never come in here like this unless you want something. What's up?"

I then shared with him the interview you had on KSL, and then I said to my son, "Your mom and I are worried about you, ever since you hurt yourself. We are afraid that it has been so painful,

physically and even more emotionally, that maybe you have thought about hurting yourself.

“So, son, I’m a little nervous asking you this, but Dr. Hudnall told us we need to have the courage to ask, so have you thought of hurting yourself? Have you thought of suicide?”

My son then replied, “Dad, there’s no doubt that this stupid injury has been very painful. And, yes, I am afraid of not being able to play again. But, while I’ve been and am currently depressed, I’m not suicidal.”

We hugged and then my son said, “But, Dad, I’m worried about two of my teammates. I think they are so depressed that they’re thinking of killing themselves, and I’m not sure what to do.”

The father went on to tell me that they talked for over an hour, and he mentioned it was one of the best discussions he and his son had had in a long time. He then informed me that he was able to reach out to the parents of the two friends, and they promised to get help for their sons.

The father then said, “Dr. Hudnall, I want to thank you for not only educating my wife and me about the challenges our kids are facing with depression but also for giving us permission to talk to our kids about suicide. It was exactly what we needed to hear. Thank you!”

## CALL TO ACTION

If you have any concerns about your child or a young person you are working with, do not be afraid to ask if they have been “thinking of hurting themselves.” It’s also okay to ask, “Are you thinking about taking your life by suicide?”

If you are uncomfortable talking with your child, find someone else who can, maybe a grandparent, friend, clergy member, or a professional. But please, if you have any concern whatsoever, reach out and get help, and do it now!

# NOTES

1. The Utah Suicide Prevention Coalition, “Data,” *Utah Suicide Prevention Plan 2017–2021*, 6, accessed January 9, 2018, [http://www.sprc.org/sites/default/files/UT\\_State%20Suicide%20Prevention%20Plan\\_2021.pdf](http://www.sprc.org/sites/default/files/UT_State%20Suicide%20Prevention%20Plan_2021.pdf).  
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2. “Suicide: Utah 2017 Facts & Figures,” American Foundation for Suicide Prevention, accessed January 9, 2018, <https://afsp.org/about-suicide/state-fact-sheet/#Utah>.  
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3. “Teen Suicide Statistics,” American Academy of Pediatrics, updated October 18, 2016, <https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/Teen-Suicide-Statistics.aspx>.  
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4. “FAQs about Suicide,” Crisis Centre, accessed January 9, 2018, <https://crisiscentre.bc.ca/frequently-asked-questions-about-suicide>.  
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5. “The Skill of I-Messages—What to Say When We Are Upset,” The Center for Parenting Education, accessed January 6, 2018, <https://centerforparentingeducation.org/library-of-articles/healthy-communication/the-skill-of-i-messages-what-to-say-when-we-are-upset>.  
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6. The interview can be found at <https://www.ksl.com/?nid=960&sid=24939059&title=how-to-talk-about-suicide-with-your-youth>.  
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