

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

Foster Youth and Suicide Prevention:
Care Provider's Attitudes, Awareness and Prevention Education

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Social Work

By

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in collaboration with

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May 2016

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Table of Contents

Signature page	ii
List of Figures	iv
Abstract	v
Introduction/ Lit Review	1
Methods	7
Data Analysis	10
Results	12
Discussion	18
References	20
Appendix A: Research Survey	22
Appendix B: Email to Agencies	24
Appendix C: Joint Project Form	26

List of Figures

Figure 1.1- Demographics	12
Figure 2.1- Risk Data	13
Figure 3.1- Foster Youth Risk	14
Figure 4.1- Education/ Warning Signs	15
Figure 5.1- Comfort with Suicide Discussion	16
Figure 6.1- Knowledge/ Ability to Aid Foster Youth	17

Abstract

Foster Youth and Suicide Prevention: Care Provider's Attitudes, Awareness and Prevention Education

By John Henke

Master of Social Work

The purpose of this study is to explore foster caregivers' awareness of suicide preventive measures with foster youth under their care, as well as their attitudes and education around suicidality. Foster caregivers were defined as social workers, group home staff, foster youth parents, and other primary caregivers. Quantitative data was collected from an electronic ten-question survey distributed to anonymous participants via email. All respondents were social workers, and the majorities were Caucasian females. The results indicated that these foster youth caregivers are well versed in suicidality recognition, knowledgeable about how to attend to youth with suicide ideation, and feel comfortable addressing the topic of suicide with foster youth. These findings demonstrate a need for future research to be conducted on foster youth caregivers, with particular emphasis on diversity and with the inclusion of foster parents, kinship parents, and other primary caregivers.

Introduction/ Lit Review

Suicide within the foster youth population is a serious issue on a multitude of social, political, and humanitarian levels. This issue can be seen as a tightly woven fabric of systematic layers that persist in disproportionate numbers. Even as the “super power” of the western world, America, with an abundance of preventive resources, is still not able to unweave the mass of oppressive fibers that flame the fires of oppression and suicidality within the foster youth population.

Foster youth suicide is a phenomenon and public health issue too often disregarded except by those who have been impacted by this devastating experience. Foster youth suicide is a serious but often under-reported and under-treated public health crisis that effects and affects entire communities around the world. It could be concluded that foster youth suicide risk is considerably under-reported and that current statistics miscalculate the true magnitude of this public health issue.

In society, foster youth are often “invisible”, having a severely limited voice and means to advocate for positive change. Self-esteem and self-image can be hindered when surrounded by such walls of profound stigma. Foster youth are more likely to express feelings of cultural and societal oppression, alienation, academic barriers, and continuous experiences of trauma and re-traumatization. Thus, it has become imperative that thorough responsiveness must be implemented in order to meet the needs of foster care youth and their communities.

Systematic institutional bias on the basis of gender and race contribute to these often disenfranchised individuals being particularly vulnerable to feelings of hopelessness and despair. Without appropriate prevention measures and medical intervention, this

marginalized population is pulled further down into oppression. Navigating a society with race and gender disparity becomes even more difficult when also struggling with the barriers of being in the foster care industrial complex. In terms of intersectionality, knowing the majority of foster youth are not part of the dominant racial construct highlights possible difficulty engaging in systems that have an oppressive history. Disequilibrium of power and privilege amplifies this wide disparity for foster care youth.

The purpose of this capstone study is to explore and examine foster caregivers' attitudes around suicidality, as well as knowledge of preventative measures with foster youth under their care. Student researchers will use quantitative data collected from anonymous surveys distributed to various types of foster caregivers. The study population aims to include individuals who are foster youth care providers. There are different classifications of caregivers in the foster system; this study will focus on three types. The first is Foster Care Family where a child is placed in a foster home with a certified foster parent and is meant to serve as a more permanent and stable family model living environment. The second is Kinship Care or Non-Relative Care where full-time primary care of foster children is granted to relatives, godparents, stepparents, or any adult who has a significant prior bond with a child and can provide a safe living environment. Lastly, are Group Homes that are run by various staff persons who provide 24-hour care, which are intended to be temporary until a permanent living arrangement can be made by the youth's social worker. The qualification for inclusion in this study is that participants are required to be classified as one of the aforementioned.

As the numbers of the foster care population continue to grow, predictions of ongoing problems will further impact not only the foster youth population but society as a

whole. Foster children remain in poverty continuously, face housing instability, and suffer traumatic life events. Like homeless children, foster children also have much higher rates of behavioral, emotional, and self-regulation problems (Herbers, Cutuli, Monn, Narayan, & Masten 2014). The Alliance for Children's Rights website notes the following stats on foster youth:

“28,000 children are currently in foster care in Los Angeles County. 1,400 foster children are awaiting adoptive families. More than one quarter (28.5%) of California's poor children live in Los Angeles County. Abused and neglected children who are identified as victims in the past are 42% more likely to be abused and neglected again. The youngest children (from birth through age three) are most likely to experience a recurrence of maltreatment. Nearly one half of foster care children have learning disabilities or developmental delays. Less than 50% of foster youth graduate from high school and only 3% graduate from college. 50% of youth who have aged out of foster care end up homeless or incarcerated. Nearly 2,000 youth are enrolled in extended foster care in Los Angeles County (foster care after age 18). Teen girls in foster care are 2.5 times more likely to become pregnant by age 19 than those not in foster care. 50% of 21-year-old men aging out of foster care reported they had gotten someone pregnant, compared to 19% of their peers who were not in foster care. 3/4 young women in foster care report being pregnant at age 21 as compared to only 1/3 of those in the general population. By grade 11, only 1 in 5 foster youth is proficient in English, and 1 in 20 is proficient in math. 43% of foster children in L.A. County live with a relative and more than half are not eligible for federal foster care funding”.

This data contributes to an overall lack of advancement and growth educationally, employment barriers, inequity and inequality for financial and upward mobility for foster youth. Between 1996 and 2006, the largest increase in health care cost was for mental disorders and trauma-related disorders. Mental disorders climbed from \$35.2 billion in 1996 to \$57.5 billion in 2006. Trauma-related disorders increased from \$46.2 billion in 1996 to \$68.1 billion in 2006 (Soni 2009).

In 2013, there were approximately 402,000 children in the foster care system (USDHHS, 2014). Those youths often face difficult challenges such as abuse or neglect prior to their placement in the foster system as well as the trauma endured when experiencing a removal from their home, all of which may jeopardize the child's development and mental health (Kortenkamp & Ehrle, 2002; Kerker & Dore, 2006). Of grave concern is that youth who are placed in foster homes are at greater risk of developing depressive symptoms, which may increase their likelihood of experiencing suicidal ideation (Anderson, 2011). Because they often lack a person in their life who feels responsible for their well-being, they are especially vulnerable to not receiving mental health care (Kerker & Dore). Considering the mental health needs that can potentially go undiagnosed or unaddressed by the caregiver, the researchers believe this is a critical area that needs further investigation and attention among individuals that work with or provide care for foster youth.

The Chronicle for Social Change article, *Suicide and the Foster Child* notes that around two thirds of suicide attempts can be linked to adverse childhood experiences such as trauma, and that childhood trauma can have a direct long-term effect on potential future suicide attempts. Also, according to Youth.Gov, there is a higher prevalence of suicide

risk among children in the child welfare system and links to emotional instability and disorders are that can have a greater impact on a youth's potential to have a desire to commit suicide. Based on these findings, we the student researchers conclude that while there currently is data on suicide risk, preventative measures are seriously lacking and likely not readily accessible to foster care providers. To ensure that further research and educational tools are provider to foster youth caregivers and group home staff persons, we the researchers seek to establish data that will support the need for expanding this area of mental health care among foster youth care providers.

It is significant to note that negligible studies were found, however a review of relevant literature supports the idea that suicidality among foster youth warrants significant concern and immediate consideration by those involved, and/or responsible for their primary care and safety. In one study, adolescents who had been in foster care were nearly two and a half times more likely to seriously consider suicide than other youth, and adolescents lives who are complicated by foster care were about four times more likely to have attempted suicide, in comparison to adolescents never placed in the foster system (Pilowsky & Wu, 2006). A second and more recent piece of literature by Taussig, H., et. al (2014) established that out of 515 preadolescent foster youth 26.4% had an incident or history that involved suicidality, with 41% of those youth found to have an imminent danger of suicidal risk. These findings justify the need to further expand upon research that focuses on the suicidality risk specific to youth populations that are removed from their homes and deemed wards of the government. The student researchers believe that foster youth that are placed in facilities and homes, with caregivers other than their biological kin

need addition support, resources, protective factors, outlets, screenings tools, reflective feedback and nurturing providers.

Identifying the risk of suicidality among foster youth leads researchers to the question of availability. Are there resources, tools, educational programs in the community and professionals that are easily available to aid a caregiver in addressing this blatant issue? This study has the potential to contribute essential information about foster care providers' attitudes around suicide and suicidality in others. Additionally, valuable information regarding caregivers' awareness level of suicidality of youth under their care will also be determined. This understanding paves the way to better addressing suicidality of foster youth and will inform what appropriate preventative measures may be employed by foster care providers. This has the potential to improve the quality of life of foster youth who are experiencing suicidal symptoms, and most importantly, save lives.

Based on the facts presented in this paper suicidality among the foster youth population is a social and public health issue of catastrophic proportion. As the numbers of this population continue to grow, predictions of on-going problems will further impact not only the foster youth population but society as a whole. Further action must be taken to close the gap of inequality among this disenfranchised community. The proper implementation of social policies and a programs as well as a spirit of profound hope is needed to fight this never-ending social issue.

Methods

Suicide within the foster youth population continues to be a serious factor on a multitude of societal, governmental, and humanitarian levels. This issue can be seen as a tightly woven construction of systematic intersections that persist in disproportionate figures. Foster youth suicide is a phenomenon and public health issue too often marginalized except by those who have been impacted by this overwhelming experience. Thus, it has become imperative that exhaustive responsiveness must be instigated in order to meet the needs of foster care youth and their communities.

The intention of this research is to discover and explore foster caregivers' attitudes around suicidality, as well as caregivers' knowledge of preventative measures with foster youth under their care. Quantitative data was collected from surveys (see Addendum A for more information on survey) distributed to various types of foster caregivers. Identifying the risk of suicidality among foster youth leads researchers to the question of subject availability, number of resources, amount of community educational programs, and professionals that are available to aid caregivers in addressing this public health issue. It is important to highlight that negligible studies were found, however a review of available literature confirms the idea that suicidality among foster youth merits substantial concern and immediate consideration by those involved, and/or responsible for their primary care and safety. In one study, adolescents who had been in foster care were nearly two and a half times more likely to seriously consider suicide than other youth, and adolescents lives who are complicated by foster care were about four times more likely to have attempted suicide, in comparison to adolescents never placed in the foster system (Pilowsky & Wu, 2006). A second and more recent piece of literature by Taussig, H., et.

al (2014) established that out of 515 preadolescent foster youth 26.4% had a incident or history that involved suicidality, with 41% of those youth found to have an imminent danger of suicidal risk.

The researchers merely seek to ask the following questions: what are foster youth care givers' attitudes around suicidality, their experiences and their access to prevention tools and best practices? There are different classifications of caregivers in the foster system; this study will focus on Foster Care Family, Kinship Care or Non-Relative Care, Group Home Staff, and Child Welfare Social Worker. The qualification for inclusion in this study was that participants are required to be classified as one of the aforementioned.

The researchers utilized a survey data collection analysis to gather quantitative sampling from individual sub-populations that work with foster youth as caregivers and/or professionals. The study design used by researchers is quantitative simple random sampling; specifically stratified sampling, which will focus on sub-populations, was utilized to discover and capture information within the realms of those who work in the foster care system.

The researcher's relationship to this topic includes their work with foster youth as well as those who provide aid, homes, and health care access to foster youth. The researchers also have more general experiences with suicide prevention training and education. The researchers have intersections of unique personal experiences with suicide such as encountered familial exposure around suicide attempts and disclosure of suicidal ideation from loved ones. One of the researchers is also a former foster youth who has several first hand past experiences with peers who attempted suicide and were hospitalized, as well as more internally personal struggles with suicidal concerns. Said researcher has

also worked with a peer leader college-edifying program, The Blues Project, developing and presenting programs on Mental Health Awareness and Suicide Prevention. From first hand experiences, the student researchers involved have perceived that foster youth are at a greater risk for mental health issue due to their specific trauma histories. This research may contribute to further assessing the need for preventative suicide education in our foster youth communities, agencies and homes.

The research sampling strategy included a convenience survey which was electronically submitted to all prospective participants (see Addendum B for more information on electronic prompt). Each participant remained completely anonymous and all data was collected through a Qualtrics web link. Confidentiality was maintained through the anonymity afforded those who participate in the survey. All data was collected anonymously. There was no identifying information asked of respondents, thereby ensuring their confidentiality.

Completed surveys were stored in the researchers' homes and locked in a filing cabinet on their personal computers, which was password protected. Qualtrics access was available via password and user name knowledge only. A personal email account shared by researchers was also protected by a secure password different from the Qualtrics password. Please note all student personal computers had individualized computer passwords. Upon completion of capstone all research data was destroyed and obliterated. The Qualtrics account was deleted. Researchers' personal email account for Qualtrics data was also be deleted.

Data Analysis

The data collection was per the Qualtrics responses to web link survey request. All data was integrated into that system which provided all counts and tallies of data collection, including graphs and charts for a more visual display. No participants had access to the actual Qualtrics outcome; however, researchers were willing to provide all final outcomes to agencies and individuals that participated. All initial emails to agencies prompting them to engage their staff or foster care providers (See Addendum B) were sent from an anonymous Gmail account set up by researchers.

No face-to-face or interpersonal actions occurred. Participants were notified that their participation neither confirmed nor denied access to any services provided by the agency and their voluntary participation was qualified once they clicked on the link to begin addressing the prompts in the survey. Qualtrics collected all data and student researchers had no contact with anyone involved in completing the survey. The participants were also provided resource links to suicide prevention websites and hotlines (See Addendum B), as the researchers felt it was important to understand the sensitivity of this research and engage in providing aid to any individuals who wanted or needed to seek help with issues around suicide. The researcher's prompts were thoroughly screened for their provocative qualities and any potential to cause any harm to participants.

The data analytic strategy included looking at demographic data collected and comparing/contrasting that information. The specific demographic information collected includes: foster youth caregiver in home setting, foster youth social worker, foster youth parent/ guardian/ primary caregiver, Male, Female, Other Gender, Age 18-30, Age 31-50, Age 50 and up, and lastly Ethnicity and/or Race.

Of the ten question prompts (See Addendum A), there was one open-ended question regarding the Ethnicity and/or Race of participants. All other closed ended questions were either dichotomous in nature or polytomous survey prompts. The survey questions included the option to: Strongly Disagree, Disagree, No Opinion, Agree, or Strongly Agree with the participant having only one option to select from.

The research findings included that forty-two participants opened the survey prompt and of those thirty-four completed the entire survey. The first question was in regards to demographics (see Figure 1.1) and the researchers found that eighty percent identified themselves as social workers working with foster youth. Most participants were either over fifty or between eighteen and thirty years of age. Eighty-five identified as female. The participants identified as primarily White/ Caucasian, followed by Latina, African American and one participant identified as Polynesian.

Of the thirty-four respondents fifty-seven percent strongly agreed and twenty-four percent agreed that the risk of suicide applies to anyone (See Figure 2.1). On the fifth survey prompt eighty percent either agreed or strongly agreed that foster youth have a higher risk of suicide (See Figure 3.1). Of those prompted eighty-five percent agreed or strongly agreed that they are knowledgeable about the warning signs of suicide (See Figure 4.1). Of those surveyed eighty percent agreed they are comfortable discussing concerns around suicide with the foster youth who are under their care (See Figure 5.1). Eighty-four percent of the survey participants agreed or strongly agreed that they are knowledgeable about what steps to take in order to aid foster youth at risk of suicide (See Figure 6.1).

Results

Figure 1.1

Demographics

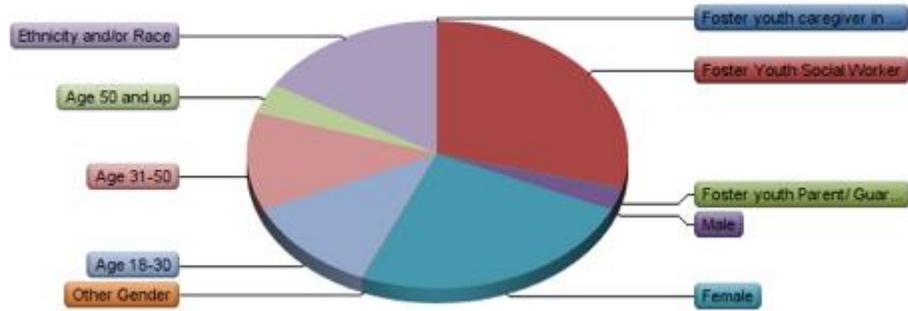


Figure 2.1

The risk of suicide applies to anyone.

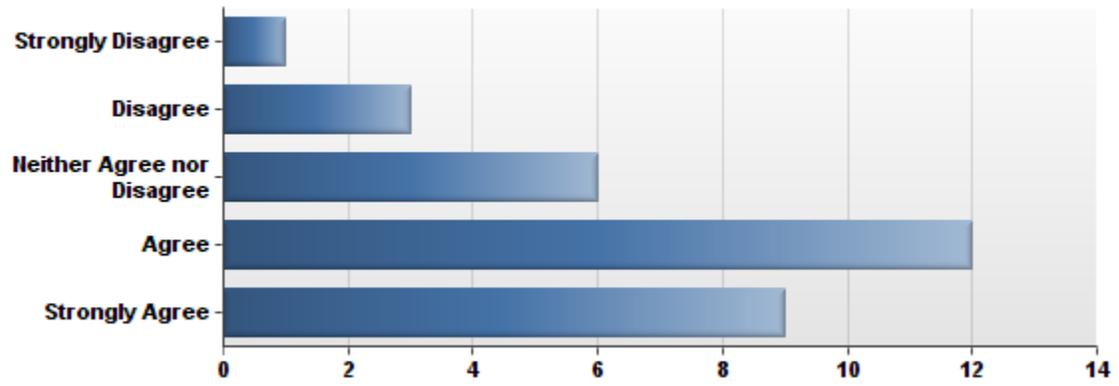


Figure 3.1

I believe foster youth have a higher risk of suicide, as compared to non-foster youth.

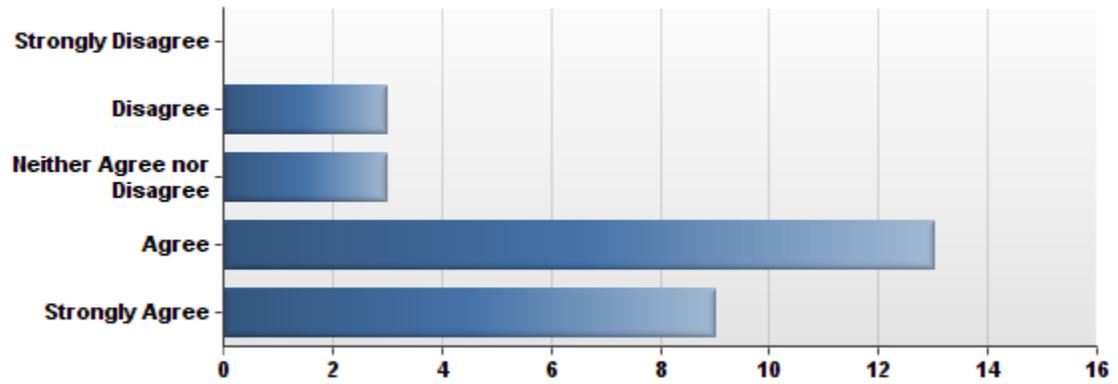


Figure 4.1

I am knowledgeable about the warning signs of suicide.

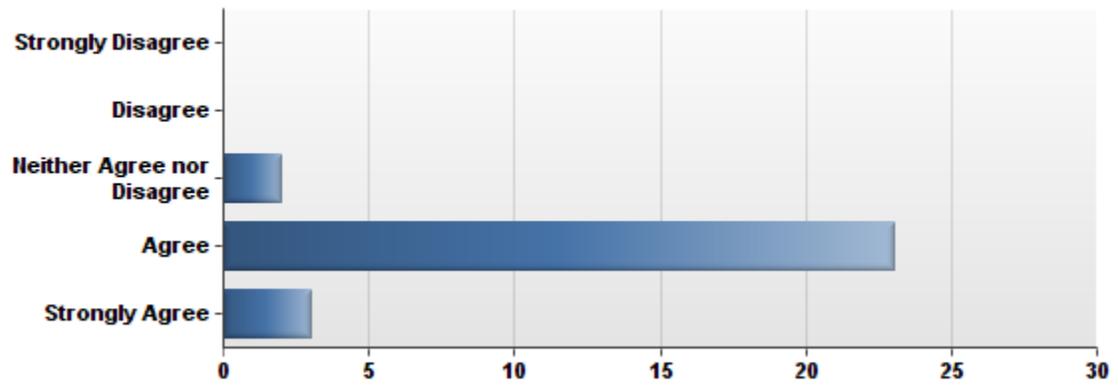


Figure 5.1

I am comfortable discussing suicide concerns with foster youth who are under my care.

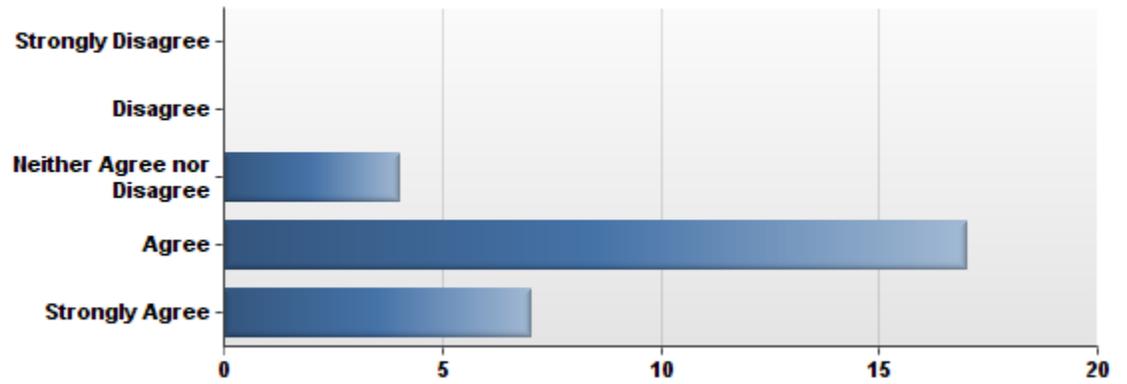
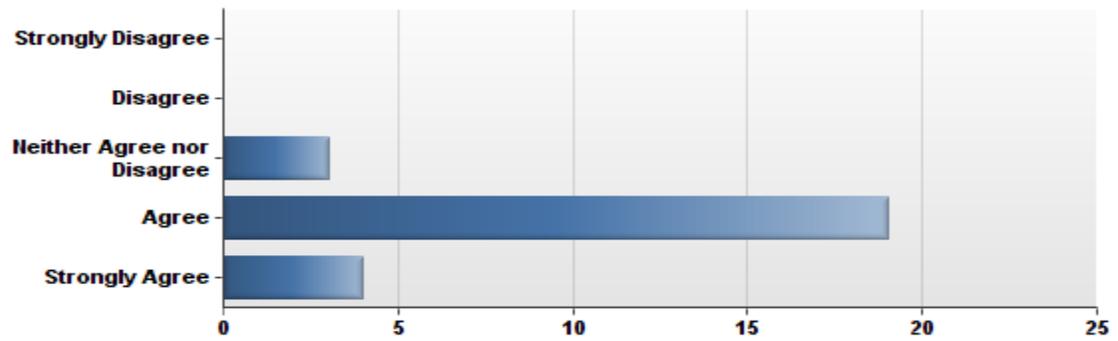


Figure 6.1

I am knowledgeable of what steps to take to aid foster youth at risk of suicide.



Discussion

The researchers believed this study data collection had the potential to contribute essential information about foster care providers' attitudes around suicide and suicidality in others. Additionally, valuable information regarding caregivers' awareness level of suicidality of youth under their care was also determined. This understanding paves the way to better addressing suicidality of foster youth and may inform what appropriate preventative measures might be employed by foster care providers. Research of this nature has the potential to improve the quality of life of foster youth who are experiencing suicidal symptoms, and most importantly, save lives.

As the numbers of foster youth continue to grow, predictions of on-going problems will further impact not only the intersections of the foster youth population but also society as a whole. Further research and social justice action must be taken to close the gap of inequality and inequity among this disenfranchised community, as well as a spirit of profound hope to fight this vital social issue.

One limitation the researchers discovered was that all participant identified as social workers and none identified as foster parents or staff persons within a foster care setting. The researchers felt the perspective and opinions of those who are closets to foster youth and interact with them on a daily basis might offer a unique perspective. Another limitation the researchers identified was that there was a lack of diversity in respondents considering that participant were primarily White/ Caucasian and female.

The researchers also encountered difficulty in regards to agency participation and discovered that agency policy and lack of resources, specifically to elder populations caring for foster youth was limited. The researchers made several attempts to engage kinship

providers who participate in services provided by a nonprofit agency, and were unable to do so for several reasons. The agency itself felt that the researchers needed clearance and access to meeting places where kinship foster care providers met. The researchers were unable to do so, so as they were only cleared to work with participants via electronic survey. The agency noted that most kinship foster care providers involved with their agency services were likely to have little or no access to computers, and therefore would need hard copies of surveys and human interactions in order to understand the purpose of the researchers' efforts.

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Appendix A

Research Survey

1. Demographic Info (check all that apply)

- Foster youth caregiver in Group Home setting (all staff persons)
- Foster Youth Social Worker
- Foster youth Parent/ Guardian/ Primary Caregiver (in residential home)
- Male
- Female
- Other Gender
- Age 18-30
- Age 31-50
- Age 50 and up
- Ethnicity and/or Race

2. The risk of suicide applies to anyone.

- | | Strongly
Disagree | Disagree | No Opinion | Agree | Strongly
Agree |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Pick One Answer | <input type="radio"/> |

3. Persons thinking about suicide are serious about completing act.

- | | Strongly
Disagree | Disagree | No Opinion | Agree | Strongly
Agree |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Pick One Answer | <input type="radio"/> |

4. You can stop someone from completing suicide.

- | | Strongly
Disagree | Disagree | No Opinion | Agree | Strongly
Agree |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Pick One Answer | <input type="radio"/> |

5. I believe foster youth have a higher risk of suicide, as compared to non-foster youth.

- | | Strongly
Disagree | Disagree | No Opinion | Agree | Strongly
Agree |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Pick One Answer | <input type="radio"/> |

6. My experience around suicide prevention

	Mental health training	Working with foster youth	Working with others that care for foster youth	Community education programs
Pick all that apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>			

7. I am knowledgeable about the warning signs of suicide.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Pick One Answer	<input type="radio"/>				

8. Someone experiencing suicidal thoughts may deny having them.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Disagree
Pick One Answer	<input type="radio"/>				

9. I am comfortable discussing suicide with foster youth under my care.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Pick One Answer	<input type="radio"/>				

10. I know what steps to take to help someone at risk of suicide.

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
Pick One Answer	<input type="radio"/>				

Appendix B

Email to Agencies

To Whom It May Concern,

We are MSW students at California State University Northridge conducting a research study to identify pathways of addressing suicidality among foster youth. This will identify potential preventative measures and/or education needed for those who work with foster youth.

We are seeking to survey the following:

- Foster Youth Social Workers at CPS agencies
- Parents/Guardians/Caregivers/Teachers/Counselors/Staff Persons (in foster homes or group homes),
- Anyone who works with foster youth or former foster youth.

We have created a brief survey and are inquiring about your willingness to participate in our study. Collected data and analysis will be accessible for review by agencies who participate.

All participation will remain completely anonymous.

By clicking this link (or copy and paste into your browser) you are agreeing to ANONYMOUSLY PARTICIPATE in this research and that you are 18 or older:

Your Anonymous Survey Link:

XXXXXXXXXX

Please feel free to forward this to anyone that might have useful feedback.

We thank you for your consideration. We look forward to your response and participation.

Sincerely,

Carley C. Rehard
John Henke
Laleh Soomekh

MSW Candidates, California State University Northridge

Class of 2016
jlcresearch16@gmail.com

**If you or anyone you know is currently struggling with any issues around suicidality or suicide prevention please contact The National Suicide Prevention Lifeline:*

1-800-273-TALK (8255) (24 hours/7 days per week)

Website:
<http://www.suicidepreventionlifeline.org/gethelp.aspx>

Didi Hirsch Mental Health Care Services
Suicide Prevention Crisis Line:

1- 877-727-4747 (24 hours/7 days per week)

Website:
<http://www.didihirsch.org/spc>
To: Foster Youth Social Workers at CPS agencies, and/or
Parents/Guardians/Caregivers/Staff Persons (in foster homes or group homes),

Appendix C

Joint Project Form

The research project, titled Foster Youth and Suicide Prevention: Care Provider's Attitudes, Awareness and Prevention Education, was a joint graduate project between

Carley C. Rehard, Laleh Soomekh, and John Henke.

This document will explain the division of responsibilities between the two parties. Any additional information can be included in a separate document attached to this Addendum page.

Carley C. Rehard was responsible for all the following tasks/document sections:

- Human Subjects Processing- MSW Human Subject Approvals granted in Fall 2015
- Gathering and analyzing survey data from agency- Ventura County Children and Family Services
- Constructing anonymous survey on Qualtrics website,
- Setting up anonymous email
- Graduate Project Final paper completion

Laleh Soomekh was responsible for all the following tasks/document sections:

- Human Subjects Processing- MSW Human Subject Approvals granted in Fall 2015
- Attempted to gather survey data from agency- Grandparents As parents
- Monitoring survey on Qualtrics website
- Deleting Qualtrics survey information upon completion of research
- Graduate Project Final paper completion

John Henke was responsible for all the following tasks/document sections:

- Human Subjects Processing- MSW Human Subject Approvals granted in Fall 2015
- Gathering survey data- analyzing data from survey
- Monitoring anonymous survey on Qualtrics website
- Deleting anonymous email information upon completion of research
- Graduate Project Final paper completion

All parties shared responsibilities for the following tasks/document sections:

- Human Subjects Processing- MSW Human Subject Approvals granted in Fall 2015
- Gathering anonymous survey data
- Analyzing anonymous Survey data
- Graduate Project Final paper completion- paper was composed and edited as a group throughout the Fall 2-015 and Spring 2016 semesters

Carley C. Rehard

Date

Laleh Soomekh Date

Student ID

Student ID

John Henke

Date

Student ID

Dr. Amy Levin

Date

Dr. Jodi Brown

Date

Dr. James Decker, Chair

Date