
Suicide and Violence Prevention Newsletters

2017

2017 August Newsletter

Nova Southeastern University

Office of Suicide & Violence Prevention

Nova Southeastern University

August 2017

Quarterly Newsletter

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Interview with Sue Klebold

Drs. Scott Poland and Douglas Flemons had the opportunity to interview Sue Klebold, author of *A Mother’s Reckoning*, via telephone in July, 2017. Sue Klebold is the mother of Dylan Klebold, one of two high-school students who killed 13 people (and wounded 21 others) at Columbine High School in April, 1999. After shooting the others, the two perpetrators took their own lives, using their guns to die by suicide. Since the tragedy, Sue Klebold been active in the suicide-prevention community and has worked tirelessly to educate others about the warning signs and risk factors of suicide. She also promotes mental health treatment to ensure that other families do not have to suffer similar tragedies. She is donating 100% of the profits from her book to research and charitable foundations devoted to treating mental health issues.

Douglas Flemons [DF]: *Good morning, Sue. Thank you so much for doing this.*

Sue Klebold: Oh, it’s my pleasure.

Dr. Scott Poland [SP]: *And on behalf of both of us, we are very sorry for the loss of your son and all the complications and everything about the entire tragedy.*

Thank you! I appreciate that.

DF: *I was particularly struck by your metaphor of origami, the way that you use that so effectively, to talk about, really, the process that you went through in trying to make sense of the complexity and the horror of everything.*

Yes.

DF: *It seemed like such a perfect way of characterizing what you went through in the writing of this book.*

**IS PATH
WARM?**

An easy way to remember the warning signs of suicide

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- I Ideation
- S Substance Abuse
- P Purposelessness
- A Anxiety
- T Trapped
- H Hopelessness
- W Withdrawal
- A Anger
- R Recklessness
- M Mood Change

[Click here.](#)

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Well, I guess what I was thinking—of course it was a reference to Dylan himself quite literally because he loved origami and that was something that he was just so into when he was a little boy. It was so fun. But I think also of this process of recovery, or, rather, integration—I think the way we integrate a life experience as difficult as that was is a lot like an origami process. You undergo one step and it changes where you were and another fold occurs and it changes your perspective and your life view. It was very similar to the way an origami object evolves and passes through phases. Sometimes it's one thing on the way to becoming something else. That's very much what time allows us to do after a loss, an extreme and a severe loss: We see it differently as time progresses. It's all part of this integration process. Another way I think of it is like a Rubik's cube. We twist it and turn it and look at it from all sides until we kind of become what that thing is, and we know it inside and out and it becomes part of us.

DF: *You took a foray into understanding Dylan in one way, and then you came back to the flat piece of paper and then folded it all into another shape, another understanding. I was really heartened by the fact that you didn't avoid going into very, very difficult places. You strode into them.*

I felt that I had to do that. Of course, you know, each one of us will process our losses differently, according to who we are and what feels right to us. And, I don't know, for me that was the only choice I had because I love Dylan, and I wanted to know everything about him. I wanted to know what his internal journey was that took him to the place where he ended his life so horribly and hurt and killed so many other people. And I just felt that even if it was difficult, I had to connect with the entire experience. Once you get to that place and the experience is so painful, you can revisit that experience and it becomes, over time, less painful. You're kind of desensitized to all of the things that hurt so much. And I think that's what I was doing for myself. It was a process of trying to desensitize to things that were just so painful, I couldn't live with them.

SP: *I would like to thank you for all your service with suicide prevention organizations—the American Association of Suicidology, the American Foundation for Suicide Prevention, and, more locally for you, the Suicide Prevention Coalition of Colorado. As you know, much of suicide prevention is driven by survivors. I lost my father to suicide and Douglas lost three friends growing up.*

Oh, I'm sorry. But, yes, I think those are the things that drive us to understand. And the more we understand, I think the more passionate we feel about the cause of suicide prevention, recognizing that suicide is preventable and wanting others to learn this so people don't lose any more loved ones than we already have. The survivor movement, it's a wonderful thing. I think it's driving so much of the good work that's happened.

DF: *You, of course, made a significant step from volunteering to help out to being an outspoken spokesperson. In your book you quote a letter by Tom Mauser, the father of Daniel, one of the victims. And you don't actually comment on the letter but it sure rings through the following pages as a very critical, a very pointed request for you to be a spokesperson. I was wondering the degree to which that letter became a motivator for you to find your voice.*

Actually, the letter did not affect me in that way because I was already doing all those things by the time I received the letter. The letter was something I received fairly recently. It was not early on in the process. But what I had done, you know I had sort of laid low. I had not been a public person. I had done all these things, and people knew me in the suicide loss community, but I did not, you know, make that known to anyone else. So in the eyes of the community and all the victims of the tragedy, they had no idea where I was or what I was doing. They—and Mr. Mauser's letter made this clear—they were

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certainly, and rightfully so, wondering why I hadn't done anything. But I had been doing things all along; I just hadn't made it known.

SP: *Sue, you're such a great example of resilience, but what has been the key for you getting the support that you needed?*

Well, just like everything, I don't think there's one key. I think it's just a combination of many things. First of all, I'm somewhat extroverted. I like people. I like having people around me. I value tremendously the value and support of friends and family. But I also knew from the beginning that if I was going to survive, I needed expert care. And so probably the one thing that stands out as being the most significant for me was that I worked very hard to find a good therapist—a highly qualified therapist who had a grief specialty. I saw this therapist for years. I went back again and again over time. And I will give her the credit for holding me together through all of this. I won't give her *all* the credit because of course family and friends helped tremendously, but I think having, finding someone who really understood what I needed was critical. I tell people who have had complicated losses that when someone you love does something horrible—like hurts other people—the work you have to do is to focus on your love for that person and what your loss is. Otherwise, you can get derailed by thinking about the manner of their death and forget who the human being was. For me, the important recovery work was allowing myself to love Dylan with all of my heart and to connect to that love. That helped me sort everything else out.

DF: *You described having to start grief over after seeing "The Basement Tapes" [video recordings made by Eric Harris and Dylan prior to their Columbine attack; the tapes starkly revealed their mindset, their focus, and the extent of their premeditation and planning]. As you said, "I think I was grieving for somebody I didn't know." How many times do you think you went, because you talk about all these identity shifts also that you went through in your process. Do you have a sense of how many times your grieving had to kind of go back to zero? Back to square one?*

Seeing the Basement Tapes and really learning that Dylan was there because of his—I'm going to use air quotes—"choice" (because to what extent does one have choice when one's thought processes are deteriorating?—I don't know). But, I had believed up until that point that Dylan's involvement was somehow accidental, that it was not something that he had *chosen* to do. I was still holding the model of him as the innocent victim who somehow got sucked into something. And I had to back up and say, "No, somehow *he* was *there*." He made plans. He thought about this ahead of time. He chose to be there. He had guns. He killed and hurt people. I had to really rethink that whole piece. But, this rebuilding of my understanding of him (back to the origami image again) happened hundreds of times—every time I would hear something that someone had observed at the scene, or something that Dylan had said in a classroom that stuck with them. I was rediscovering who Dylan was again and again and again. And it still happens today, 18 years later, when someone will say, "I wanted you to know that..." this particular incident happened, or "I got a pizza and he helped me on the phone and he said this," or "I

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Resources for College Students

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Active Minds. [Click here.](#)

Suicide Prevention Resource Center: The Role of College Students in Preventing Suicide. [Click here.](#)

Go Ask Alice! [Click Here.](#)

Samaritans. [Click Here.](#)

ULifeline. [Click here.](#)

Center or Online Education. [Click here.](#)

American College Health Association. [Click Here.](#)

Affordable Colleges Online. [Click here.](#)

ran out of gas and he drove and got me a can of gas.” And I think every time I hear something I didn’t know about him before, I have the opportunity to rebuild his wholeness from that and to know some other aspect of him that I didn’t know. And that allows me to reset the image I have, so it’s never static.

SP: *You talk a lot about mental illness in the book and obviously you’re very focused on suicide prevention. What do you think are the biggest messages you’re trying to get out there about promoting prevention and mental health?*

Well, for one, I believe that Columbine didn’t have to happen, that others didn’t have to die, and that Dylan didn’t have to die. This level of deterioration, this sort of stage-four mental condition, is a progression, and if we are able to stop this progression, we can save people.

I try to explain to people what I saw, what I didn’t see, how I responded, and how I might have responded differently—how I might have listened better, how I might have been more mindful. And I encourage people not to make the same mistakes I did. One of my mistakes was that I held a wrong assumption. I always assumed that my son was okay because I loved him, and I believed that my love was protective. I think a lot of people tend to believe that. But when someone’s thoughts are deteriorating, when they are struggling, when they are in pain and suffering, we have to understand the extent to which they are not the person that we knew. They are morphing—they have become someone else. And just because we tell someone we love them and we hug them and we support them, it doesn’t mean that that’s what their inner experience is. I think I believed that because I hugged Dylan and told him I loved him, then he knew I was there for him.

Our loved ones’ internal experience may be very different from what we perceive it to be, and somehow we have to open up and allow their internal experience to be shared so that they feel safe enough doing that. We have a responsibility to listen, to share, to not be intimidated by or horrified by what someone’s thoughts are, because sometimes people have horrifying thoughts. Allowing them to express those thoughts might save lives.

DF: *In our suicide prevention efforts, we see a lot of family members, but also administrators in school systems and so on, thinking that they’re going to make things better if they basically reassure a suicidal person that there’s no need for them to think about themselves the way they are at the moment, and that they’re basically wrong for doing so. They give the message that the suicidal person should just adopt the parents’ or the administrators’ position and then it will all be fine. They espouse that all the suicidal person has to do is to get through it. But in response to such encouragement, the suicidal person ends up feeling less understood.*

SP: *I think I’m remembering that when Dylan was released from the diversion counseling that you questioned that and were actually even asking if he didn’t need more treatment.*

Actually, I asked that question in the beginning when he had gotten into the diversion program because he had never stolen anything before. And, you know, this was so out of character for him, so I didn’t know what to make of that. And now I tell people, if you see a dramatic change in behavior—someone has gotten into trouble either at school or with the law—that’s a risk factor for suicide. It tells you that something may be wrong. I remember asking a neighbor who was an attorney as well as the diversion counselor, “I don’t know what this means. Do you think he needs counseling?” The counselor asked him, “Dylan, do you think you need counseling?” And that’s when he dug in, “No, I don’t. You know, this was an impulsive thing. I don’t need counseling. I’ll prove to you I’m fine.” That’s what he did the last year of his life. He worked very hard to demonstrate to everybody that he was fine. He would say, “I’m fine.” However, what was happening internally was anything but that. It was a devastating struggle for him. He was not fine. But when he was released early from the diversion program, they said that rarely happened. It only happened in cases where kids were doing exceptionally well. So I was on

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top of the world at that point. That was huge. I was thinking, “He is great! He got through this! He is fine after all. He didn’t need any counseling. Everything is wonderful. And he’s going to college. He’s going to go to prom.” I saw all of these things as indicators that he was just fine.

DF: *And you didn’t see, of course, that he was riding the coattails of Eric [Harris], who had managed to manipulate the counselor into thinking that everything was fine.*

No. I had no idea. That would take me years to really understand all that.

DF: *In your book, you stress that for teenagers, their peers are much more important than family. You now recognize that Dylan was turning to Eric, not to you and your husband, when he was troubled. And that Eric was supplying him a vital way of feeling better about himself.*

Right. What’s complicated especially about Dylan’s case is that Eric wasn’t Dylan’s only friend. He had other friends. The kid that I always thought was his best friend—Nate—knew that Dylan had purchased a gun. Dylan showed it to him and then told Nate not to tell Eric that he, Dylan, had done so.

This is one of the important things we can do to keep our youth safer—offer peer coaching to help kids understand that if someone shows you that they have a gun or tells you that something bad is going to happen, then you have to take that terrible risk to tell someone—an adult—and to get help. I talked with Nate for years about this. He said that he said to Dylan, “Get rid of the gun. Don’t do this. I’m telling your family.” But he said he had no idea that Dylan would ever use it or that he felt suicidal. He said that Dylan wasn’t talking about suicide. It wasn’t even on Nate’s radar screen that this was a life-and-death situation. He didn’t understand that.

DF: *People have criticized you, saying, with incredulity, “How could you not have seen your son’s hatred?” In your book, you suggest that Dylan was doing a very good job of hiding this hatred from you, and you don’t think that you could have seen through his dissembling. However, you realize now that there were subtle signs of depression that, with the proper training, you might have been able to recognize and attend to it.*

Right. And, you know, I think that’s one of the things I try to emphasize, especially when I speak to school counselors or school nurses. Dylan showed signs of something going on. Fourteen months before his death, he was arrested; he got in trouble at school for scratching a locker; and, in the last weeks of his life, he wrote a dark paper at school. There were just these little sort of blips, and nobody put all of these pieces together. I think we have to be hypervigilant. If we see *one* thing, we need to pay attention, even if it’s not in the presence of other things, because those other things *may* exist beyond our field of vision. We have to look beyond what we see and try to put a big picture together.

I believe Dylan was experiencing depression. I remember him sitting on a couch at the end of his life and just staring into space. He had that thousand-yard stare. I said, “Dylan, are you okay? What’s...you’re so quiet. Is something the matter?” And he stood up and said, “Oh, I just have a lot to do. I’ve got a lot of homework. I’m going to go to my room and do my homework and go to bed early.”

So, what do I do as a mom? I say, “Oh, that’s a great idea!” I look back at that and I wonder, in that moment, what might have I done differently? What would have made it possible for me to say, “What’s going on? You know, I’m not leaving until you tell me. I’m here to listen. I’m not going to judge you.” I have had that conversation in my head a thousand times. Just what might have helped me get a bigger picture that I just wasn’t seeing?

Summary of Research: *Why the creators of “13 Reasons Why” should pay attention to the spike in suicide-related Google Searches*

Original article by: Jon-Patrick Allem

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According to research conducted by Allem and his colleagues, Google searches related to suicide increased by 19% subsequent to the release of the Netflix original show *13 Reasons Why*. The author points out that while the intentions of producer Selena Gomez were to promote suicide awareness, there has been significant fear among professionals with regard to the aftermath of the show. Additionally, the author notes that educators in Florida have reported increased incidences of “risky behavior” including self-mutilation and suicidal ideation (Allem, 2017). Furthermore, the article notes that a man in Peru recently died by suicide in a similar manner to the protagonist of the series. Allem and his colleagues conducted a review of internet searches and found that there was a substantial increase in search terms related to suicide, such as “teen suicide,” “suicidal thoughts” and “how to kill yourself.” These findings are alarming, and it is crucial for schools and other institutions to be aware of the warning signs as well of the local and national resources. For more information, go to [The Conversation](#).

Upcoming Fall Events

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National Suicide Prevention Week: September 10-16, 2017 #stopsuicide

Broward County Out of the Darkness Walk: November 12, 2017

Fundraising event to support understanding and prevention of suicide through research, education and advocacy through The American Foundation for Suicide Prevention (AFSP).

Walk Location: Nova Southeastern University - Fort Lauderdale, FL

Check-in/Registration Time: 11/12/2017 at 8:00 am / Walk 9am-12pm

For more information, please contact: Michelle Manley (mmichell@nova.edu)



International Survivors of Suicide Loss Day: November 18, 2017

SVP Spotlights

Dr. Douglas Flemons and Dr. Scott Poland are leading contributors to the area of suicide and violence awareness and prevention. Here are some recent updates of SVP's recent work.

- In April, Dr. Hillary Becker conducted two suicide awareness and prevention trainings to staff at Lotus House.
- In April, Dr. Hillary Becker provided a suicide awareness and prevention for security personnel at Baptist Health.
- In May, Dr. Hillary Becker conducted a two-hour presentation on test preparation and anxiety management for students in the physical therapy department at NSU.
- In June, Dr. Douglas Flemons offered a four-hour suicide assessment training to 80 NSU graduate psychology students.
- Dr. Scott Poland was the keynote speaker on suicide and bullying prevention at the NSU Alumni Event in Tampa on June 1.
- Dr. Scott Poland was invited to present on school crisis intervention at the Montana Behavioral Institute in Bozeman, MT on June 21.
- Dr. Scott Poland presented two sessions on crisis and suicide prevention at the American Association of International Educators Conference hosted by NSU on June 28.
- Dr. Scott Poland conducted three webinars this summer in response to Netflix's program *13 Reasons Why* for the International School Counselor Association, Keenan Associated in California and PSI in Ohio.

SVP Team Members:



Dr. Scott Poland
Co-Director of SVP
Professor, College of Psychology



Dr. Douglas Flemons
Co-Director of SVP
Professor, Family Therapy
Clinical Professor of Family Medicine



Dr. Hillary Becker
SVP Postdoctoral Resident



Jacklyn Stellway, M.S.
SVP Graduate Student Assistant

13 Reasons Why: What School Administrators Need to Know

By Scott Poland, Ed.D.

13 Reasons Why aired on March 31st and was quickly declared by Netflix as their most viewed show in history. Based on a book by Jay Asher, the movie focuses on a fictional 17-year-old girl named Hannah. A victim of bullying and rape, she dies by suicide and leaves behind a series of 13 tapes blaming others for her death. Extremely troubling to psychology professionals across the nation is that *13 Reasons Why* did not highlight the significant part that mental illness plays as a contributor to youth suicide. The show also leaves the viewer with no encouragement or guidance to discuss their thoughts and concerns about Hannah's experiences and death by suicide with trained and/or caring adults.

With dark themes and graphic images depicted in the show, it is already making its impact on kids as young as 8-years-old. At one of my recent presentations, a psychologist shared that her mental health facility admitted eleven new patients immediately following the airing of Hannah's suicide scene. One girl even replicated her suicide attempt from the graphic and explicit scenes in the movie. It is important to know that the directors violated all known media guidelines and the memorialization at the school following her death did not follow "Best Practices". According to www.ReportingOnSuicide.org one should never describe a suicide in a sensationalistic way, depict a suicide in detail, and involve the inclusion of photos/videos of the grieving family, friends, memorials or funerals, all of which occurred in the show. Research supports that certain types of news coverage can actually increase the likelihood of suicide. Also disturbing was the portrayal of teenagers leading secret lives of which adults were unaware of and did not appear to care about. Countless times, adults in the show were portrayed as apathetic to their children's lives. Every character portrayed in the show refused to acknowledge the support system that could have existed had they opened up to their parents about what was occurring in their lives. Rather than encouraging kids to turn to parents and adults in difficult times, this show portrays students keeping silent because they feel parents simply do not understand.

How can schools address the needs of their students in the aftermath of *13 Reasons Why*?

- All school personnel need to be aware of the impact that *13 Reasons Why* is having on the vulnerable young person who has watched it. Most children and teenagers are watching the program alone, without parent or trained adult input to provide an opportunity to discuss alternatives to suicide.

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nova.edu/suicideprevention / (954) 262-5789

Suicide Prevention Resources

1-800-SUICIDE or
1-800-273-TALK

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American Association of
Suicidology
[Click here.](#)

American Foundation for
Suicide Prevention
[Click here.](#)

Florida Initiative for Suicide
Prevention
[Click here.](#)

Florida Office of Suicide
Prevention
[Click here.](#)

It Gets Better Project
[Click here.](#)

The Ganley Foundation
[Click here.](#)

Suicide Prevention Resource
Center
[Click here.](#)

The Trevor Project
[Click here.](#)

- Students need to be encouraged to go to adults for help, as well as school counselors and school psychologists who are trained in suicide assessment.
- Teachers must be trained to recognize suicide ideation, understand their available resources for referring students, and know how to respond effectively.
- It is critical that schools learn how to discuss suicide prevention and the importance of mental health treatment with their students and parents. In the state of Florida, it is even possible for schools to become Suicide Prevention Certified through training. The Florida Department of Education and the State Office of Suicide Prevention are currently developing guidelines for schools to meet the certification requirements.
- We must be aware that while a strong association between bullying and suicide exists, thankfully, a vast majority of bullying victims do not attempt or die by suicide.
- Teens are the most susceptible to suicide contagion yet most schools are reluctant to address youth suicide and/or are unsure how to do so. Be prepared to provide teachable moments that include debunking the pervasive themes of parent disinterest, counselor ineptness, and contributing factors to youth suicide. Remember, that all teachers will not be comfortable serving as the facilitator for these very important discussions. This is when you send your best people in and let those less comfortable assist.

In summary, it is a common misconception that talking about suicide will plant the idea of suicide into a student's mind. Suicide is almost always the result of an untreated mental illness—an aspect that was not portrayed in the show—and that no one person or thing is to blame for a suicide. The unexpected fallout of the show includes desires to do 'what Hannah did'. While unintentional, this show may have compounded suicidal ideation and attempts by vulnerable teenagers viewing the portrayal of dark themes and graphic images of rape and suicide. It is essential for schools to warn parents of their vulnerable youth watching the show without parental supervision and the opportunity for thoughtful discussion.

“High quality plays, movies, and television shows all fire up the empathic imagination of the audience. As we watch a story unfold, we enter the world of the protagonists, getting a felt sense of their dilemmas, triumphs, tensions, and choices. We don't dispassionately consider these elements of the story; rather, through empathy, we vicariously live them. We are moved by them. And because we are feeling our way through the story, not consciously analyzing it, we can find ourselves uncritically accepting unexamined premises and assumptions stitched into the story's fabric.

This is what concerns me about '13 Reasons Why.' It is a high quality production, with a compelling script and excellent direction, actors, camera work, and sound. Unfortunately, the better the quality of the show, the easier it is for viewers to get caught up in the story and thus to unquestioningly absorb as truth the profoundly troubling, incorrect, and unhelpful assumptions it perpetuates about suicide, suicidality, and suicidal individuals. Our challenge as educators is to use the great popularity of the show as an opportunity for encouraging dialogue and finding teaching moments so we can present alternative, accurate understandings and alternative, real possibilities for safety, for help, for change.”

-Dr. Douglas Flemons

13 Reasons Why: A Review

By Hillary Becker, Psy.D.

The Netflix original series *13 Reasons Why* premiered in March, 2017. Based on the book of the same name written by Jay Asher, the series focuses on the factors, particularly on the individuals, that contributed to Hannah Baker's death by suicide. While there was hope that this series would bring awareness to this difficult topic and serve as a starting point for conversations surrounding this serious issue, the series missed the mark.

In this admittedly compelling story, Hannah Baker, a high school student, takes her own life, leaving behind thirteen cassette tapes that recount the circumstances that led up to her death. She recorded the tapes so that the people she held accountable for her suicide would listen to them and understand their culpability. The series follows Clay Jensen as he listens to the tapes, struggling in response to the disturbing content and in anticipation of hearing how he, himself, contributed to Hannah's death. While the series includes trigger warnings, which were strengthened as a result of the negative reaction from mental health experts, anyone with access to a Netflix account, including children and adolescents, can watch this highly graphic series.

One of the primary pitfalls of *13 Reasons Why* is that it does not accurately represent the nature of suicide and even "glamorizes" it (Butler, 2017). Suicide is a desperate act; however, this series paints suicide as vengeful. Specifically, the series as a whole depicts an extended revenge fantasy. While it does accurately portray the despair, pain, and hopelessness of suicidal individuals, it fails to identify mental health resources or any alternatives to suicide. In fact, the show neglects to discuss mental health issues, such as depression, at all. Furthermore, as noted by Florida high school student Jaclyn Grimm (2017), one of the overarching messages of this program is that suicide gives the individual power postmortem. While Hannah felt little control over her life, she gained control and power through deciding upon her death as well as power over the living through the tapes she left behind.

For the trained mental health professional, it is clear that the high school depicted in the series is ill-equipped to handle the death of a student by suicide. However, this is not made obvious throughout the series, which may lead viewers, particularly vulnerable youth, to believe the school's handling of the suicide was acceptable. In particular, the behavior of the school guidance counselor, Mr. Porter, during his meeting with Hannah is highly alarming. The program portrays Mr. Porter as unavailable, unreliable, and uncaring. Rather than put his cell phone away and give her his full, undivided attention, he allows for numerous distractions throughout their session. Additionally, rather than empathize with Hannah and help her to feel safe, he responds in a manner that pushes her away and leads her to feel unheard. Most disturbing is the way in which Mr. Porter seems to blame Hannah to some extent for the difficulties she is facing (Butler, 2017).

"We have a misconception that mentioning the "s" word can lead someone to act on it, when in fact talking about suicide and giving it a name, can reduce shame and stigmatization around the topic."

-Amy Ellis, Ph.D. (Thrive Global, 2017)

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While there are numerous flaws with *13 Reasons Why*, there are some positive aspects of the series as well. First, it is important to recognize that talking about suicide does not lead to suicide. Rather, it provides a safe space where individuals can discuss their feelings which, in turn, can lead to suicide prevention. Programs like this can give individuals a way to express their feelings more effectively (Ellis, 2017). Dr. Ellis explains, “These songs, videos, and shows tell our adolescent clients very little that they do not already know—rather, it gives them a language with which to communicate their deepest woes and struggles.” Dr. Ellis further elaborates that *13 Reasons Why* portrays the “experiences and little nuances of depression” rather than simply focusing on textbook definitions of depression. She notes that the warning signs and symptoms of depression are exemplified, including irritability, anger, mood swings, impulsivity, social withdrawal, and “secrecy” (Ellis, 2017). Dr. Ellis also indicates that the series sheds light on common myths about suicide, rather than “debunk[ing]” them. Additionally, *13 Reasons Why* showcases the failures of a school system preoccupied with “standardized test scores to secure government funding,” rather than ensuring students receive appropriate support from teachers, counselors, and peers (Ellis, 2017). Lastly, *13 Reasons Why* highlights the fact that suicide is the result of a culmination of problems. It shows that one unpleasant or traumatic event does not lead to suicide. Rather, it is the confluence of multiple events that leads to the desperate act of one taking his or her own life.

SVP Newsletter Contributors

Hillary Becker, Psy.D.
 Scott Poland, Ed.D.
 Jacklyn Stellway, M.S.
 Vidhi Thakkar, B.A.

Graduate students looking to write articles on the topics of suicide and violence prevention are encouraged to contact us.

For correspondence, email Dr. Hillary Becker at hb361@nova.edu

SVP Presentations

The **Office of Suicide and Violence Prevention** has provided over **300** presentations to various departments at NSU.

SVP has presented to more than **6,100** NSU faculty, staff, and students. Presentation topics include suicide and violence training, stress management, and test taking anxiety. Use the link below to request a presentation!

<https://www.nova.edu/webforms/suicideprevention/presentation-requests/index.html>

13 Reasons Why on Netflix Could Encourage Suicidal Ideation: The wrong message about teen suicide

Two of our contributors recently published another article on *13 Reasons Why* in regards to significant, likely unintended consequences of the portrayed messages. Following is the article by Scott Poland & Vidhi Thakkar published by District Administration at:

<https://www.districtadministration.com/article/13-reasons-why-on-Netflix-encourage-suicidal-ideation>.

In March, Netflix premiered *13 Reasons Why*. The dramatic depictions and riveting subject matter quickly resulted in Netflix declaring the program its most-viewed show.

Extremely troubling to psychology professionals across the nation is that *13 Reasons Why* did not highlight the significant role mental illness plays in youth suicide. The show also fails to encourage younger viewers to discuss—with trained or caring adults—their thoughts about Hannah’s experiences and suicides.

The Wrong Message

The show, based on a book by the author Jay Asher, focuses on a fictional 17-year-old girl named Hannah. A victim of bullying and rape, she commits suicide and leaves behind a series of 13 tapes blaming others for her death.

With dark themes and graphic images, the show is already making its impact on children as young as 8 years old. The graphic scenes of Hannah’s suicide and her memorialization at the school following her death did not follow “best practices.”

Research supports that certain types of news coverage can actually increase the likelihood of suicide. According to ReportingOnSuicide.org, suicides shouldn’t be described in detail or in a sensationalistic way. Media outlets also should not show photos or videos of the grieving family, friends, memorials or funerals—all of which occurred in the show.

The most detrimental aspect of *13 Reasons Why* was the depiction of teenagers leading secret lives that adults were unaware of and did not appear to care about. Countless times, adults in the show are portrayed as apathetic to their children’s lives (Justin’s parents) or not portrayed at all (Bryce’s parents).

And parents attempting to be helpful, like Clay’s and Hannah’s parents, were shut out at every opportunity. Clay even tells his mom there is nothing she can do to help him.

Every character portrayed in the show refused to acknowledge the support system that could have existed had they opened up to their parents about what was occurring in their lives. Rather than encouraging kids to turn to parents and adults in difficult times, this show portrays students keeping silent because they feel parents simply would not understand.

As a result, *13 Reasons Why* may have encouraged young viewers to do “what Hannah did.” While unintentional, this show may have compounded suicidal ideation and attempts by vulnerable teenagers influenced by the dark themes and graphic images of rape and suicide.

The program concludes with Clay talking about the need for everyone to be more kind but ignores the significant role of mental illness in suicide. Schools should urge parents not to let children watch the show unsupervised, if at all. Parents and children must also discuss the grim events depicted.

Untreated Illness

It is critical that schools learn how to discuss suicide prevention and the importance of mental health treatment with their students and parents. Most schools are reluctant to address youth suicide and are unsure how to do so.

Teens are the most susceptible to suicide contagion and, despite common misconceptions, talking about suicide will not plant the idea of suicide into a student’s mind.

It must be made clear to students that suicide is almost always the result of an untreated mental illness—another aspect that was not portrayed in the show—and that no one person or thing is to blame for a suicide.

Students need to be encouraged to go to adults for help, as well as to school counselors and psychologists who are trained in suicide assessment. We must be aware that while a strong association between bullying and suicide exists, thankfully, a vast majority of bullying victims do not attempt or die by suicide.

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Nova Southeastern University's Counselor in Residence



Leonette Lee Provides on-call coverage to respond to emergency situations involving mental health issues, crisis situations, and emotional concerns of NSU's residential population.

Residential students can schedule an appointment with Leonette by phone, (954) 262-8911, or by email, counselorinresidence@nova.edu.

Leonette also holds weekly office hours at Goodwin Residence Hall, Room 209B.

What should every student know?

Students can participate in up to 10 sessions per year FOR **FREE!** The counseling relationship is strictly confidential. An on-call counselor is available after hours in times of crisis.

Just call (954) 424-6911 to make an appointment!



HOURS OF OPERATION

MONDAY - THURSDAY
8:30am - 6:00pm

TUESDAY - WEDNESDAY
8:30am - 8:00pm

FRIDAY
8:30am - 5:00pm

Call for an appointment
PHONE 954.424.6911
FAX 954.424.6915
...or walk in.

Crisis Services:

YOUTH EMERGENCY SERVICES
954.677.3113

ADULT MOBILE CRISIS & WALK IN
954.463.0911