Preventive Psychological Interventions:
School Suicide Postvention

School Suicide Postvention

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Lecture Outline
- Special Issues
- Developmental Issues
- Cultural Issues
- Suicide Postvention Protocol

Definitions
- Suicide “Postvention”...
  Postvention is the provision of crisis intervention, support and assistance for those affected by a completed suicide.
- "Affected" individuals...
  “Affected” individuals may include classmates, friends, teachers, coworkers, and family members.
- "Survivors" of Suicide...
  Affected individuals are often referred to as “survivors” of suicide.
Preface

Based on the 754,570 suicides from 1980 to 2004, it is estimated that the number of survivors of suicides in the U.S. is 4.5 million (1 of every 65 Americans in 2004). This number grew by at least 194,634 in 2004.


Preface

"...the largest public health problem is neither the prevention of suicide nor the management of suicide attempts, but the alleviation of the effects of stress on the survivors whose lives are forever altered."

E. S. Shneidman
Forward to Survivors of Suicide
Edited by A. C. Cain
Published by Thomas, 1972

Special Suicide Postvention Issues

1. Suicide Contagion
   - Avoid sensationalism of the suicide.
   - Avoid glorification or vilification of the suicide victim.
   - Do not provide excessive details.

2. Emotional Reactions
   - Guilt.
   - Rejection.
   - Shame.
   - Isolation.
Special Suicide Postvention Issues

Social Stigma
– Both students and staff members may be uncomfortable talking about the death.
– Survivors may receive (and/or perceive) much less social support for their loss.
– Reluctance to provide postvention services.

*Suicide postvention must be prepared to operate in an environment that is not only suffering from a sudden and unexpected loss, but one that is also anxious talking openly about the death.*

Developmental Issues

1. It is not until the fifth grade that students have a clear understanding of what the term “suicide” means and are aware that it is a psychosocial dynamic that leads to suicidal behavior.
2. While primary grade children appear to understand the concept of “killing oneself,” they typically do not recognize the term “suicide” and generally do not understand the dynamics that lead to this behavior.
3. The risk of suicidal ideation and behaviors increases as youth progress through the school years.

Cultural Issues

- Attitudes toward suicidal behavior vary considerably from culture to culture.
- While some cultures may view suicide as appropriate under certain circumstances, other have strong sanctions against all such behavior.
Cultural Issues

- The bereavement process will be significantly complicated among individuals who have deep religious beliefs and/or moral convictions that suicide is wrong. These individuals not only have to cope with the loss, but also have to deal with the sanctions imposed on them and/or the descendent by the given belief system. On the other hand, because of their beliefs/convictions the risk for imitative suicidal behavior among such a group may be lessened.

Cultural Issues

- Conversely, when working with individuals who have attitudes that are more permissive toward suicide, the grieving process will not be complicated by culturally imposed sanctions. However, they might be considered at greater risk for suicide contagion.

General Suggestions for Helping Survivors

- Both survivors and educators need support.
- Survivors need …
  - support groups.
  - support from outside of the family.
  - to be educated about the psychodynamics of grieving.
  - to be contacted in person instead of by letter or by phone after the suicide.
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General Suggestions for Helping Survivors

- Awareness among educators of the needs of survivors.
- Using someone as a scapegoat does not help.
- Educate school-based mental health professionals how to support survivors and support each other.
  - “It is absolutely necessary to train professionals, firstly to acknowledge their own feelings, and secondly to cope with them after the loss of their patient” (p. 139).

Suicide Postvention Protocol

1. Preparedness is an essential component of effective postvention.

2. Make sure that a postvention is needed before initiating this intervention.

Suicide Postvention Checklist

1. Verify that a death has occurred.
2. Mobilize the Crisis Response Team.
3. Assess the suicide’s impact on the school and estimate the level of postvention response.
4. Notify other involved school personnel.
5. Contact the family of the suicide victim.
6. Determine what information to share about the death.
7. Determine how to share information about the death.
8. Identify students significantly affected by the suicide and initiate a referral mechanism.
9. Conduct a faculty planning session.
10. Initiate crisis intervention services.
11. Conduct daily planning sessions.
12. Memorials.
13. Debrief the postvention response.
Item 2:
Mobilize the Crisis Response Team

Crisis Response Coordinator
- Verifies that death has occurred.
- Mobilizes the crisis response team.
- Oversees all postvention interventions.

Crisis Intervention Coordinator
- Identifies individuals in need of postvention assistance.
- Plans and implements interventions.
- Coordinates crisis intervention workers.

Item 2:
Mobilize the Crisis Response Team

Media Liaison
- Provides access to information.
- Controls rumors.
- Deals with the media.

Medical Liaison
- Keeps the crisis response team informed of victim’s medical status.

Security Liaison
- Responsible for crowd control.
- Monitors common areas.
- Communicates with law enforcement.

Item 3:
Assess the Suicide’s Impact on the School and Estimate the Level of Postvention Response

- The importance of accurate estimates.
- Temporal proximity to other traumatic events (especially suicides).
- Timing of the suicide.
- Physical and/or emotional proximity to the suicide.
Item 5: Contact the Family of the Suicide Victim

1. Contact should be made in person within 24 hours of the death.

2. Purposes include...
   - Express sympathy.
   - Offer support.
   - Identify the victim’s friends who may need assistance.
   - Discuss the school’s postvention response.
   - Identify details about the death could be shared with outsiders.

   Family members can be told that school staff will not discuss or speculate on family problems or other reasons why the individual committed suicide. However, even if a family requests it, it is typically not possible to keep the basic fact that the death was a suicide a secret.

Item 6: Determine What Information to Share About the Death

1. The longer the delay in sharing facts, the greater the likelihood of harmful rumors.

2. Several different communications will likely need to be offered.
   - Before a death is certified as a suicide.
   - After a death is certified as a suicide.
   - Provide facts and dispel rumors.
   - Do not provide suicide method details.

Item 7: Determine How to Share Information About the Death

Reporting the death to students...
   - Avoid sharing information about the death over a school's public address system.
   - Avoid school wide assemblies.
   - Provide information simultaneously in classrooms.

Reporting the death to parents...
   - Written memos.
   - Personal or phone contacts.
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**Item 7:**
Determine How to Share Information About the Death

Working with the media...
- The Media Liaison should work with the press to downplay the incident.
- It is essential that the media not romanticize the death.
- The media should be encouraged to acknowledge the pathological aspects of suicide.
- Photos of the suicide victim should not be used.
- “Suicide” should not be placed in the caption.
- Include information about the community resources.

Note. Adapted from information provided by American Association of Suicidology (1998); Brent et al. (1989); Davidson (1989); Davidson, Rosenberg, Mercy, Franklin, & Simmons (1989); Gould (1992); O’Carroll et al. (1988); Ruoff and Harris (1988); and Sandoval & Brock (1996).

**Item 8:**
Identify Students Significantly Affected by the Suicide and Initiate Referral Procedures

Risk Factors for Imitative Behavior
- Facilitated the suicide.
- Failed to recognize the suicidal intent.
- Believe they may have caused the suicide.
- Had a relationship with the suicide victim.
- Identify with the suicide victim.
- Have a history of prior suicidal behavior.
- Have a history of psychopathology.
- Show symptoms of helplessness and/or hopelessness.
- Have suffered significant life stressors or losses.
- Lack internal and external resources.

**Item 9:**
Conduct a Staff Planning Session

1. Staff should be provided...
   - current information regarding the death.
   - if available, news articles about the death.
   - information about suicide contagion.
   - suicide risk factors.
   - plans for the provision of crisis intervention services.
Item 9:
Conduct a Staff Planning Session

2. Specific activities/responsibilities for teachers include...
   - replacing rumors with facts.
   - encouraging the ventilation of feelings.
   - stressing the normality of grief and stress reactions.
   - discouraging attempts to romanticize the suicide.
   - identifying students at risk for an imitative response.
   - knowing how to make the appropriate referrals.

3. Address staff reactions.

4. Staff members should be given permission to feel uncomfortable.

Item 10:
Initiate Crisis Intervention Services

1. Intervention options...
   - Individual meetings.
   - Group psychological first aid.
   - Classroom activities and/or presentations.
   - Parent meetings.
   - Staff meetings.
   - Referrals to community agencies.

2. Walk through the suicide victim’s class schedule.

3. Meet separately with individuals who were proximal to the suicide.

4. Identify severely traumatized and make appropriate referrals.

5. Facilitate dis-identification with the suicide victim...
   - Do not romanticize or glorify the victim's behavior or circumstances.
   - Point out how students are different from the victim.

6. Parental contact.
### Crisis Intervention Procedures Following a Suicide

1. Without going into excessive detail, provide students with the facts about the suicide.
2. State that the only one ultimately responsible for the suicide is the victim.
3. Acknowledge that the suicide was an avoidable and poor choice. Portray the act as a permanent solution to temporary problems.
4. Discuss how the survivors are different from the suicide victim. Portray the suicide victim as very upset, disturbed, and as someone who had not found an effective way to work out problems. Help survivors to dis-identify with the suicide victim (without abusing the victim’s character).
5. Facilitate the expression of feelings about the suicide.

### Item 12: Memorials

Do not . . .

- send all students from school to funerals, or stop classes for a funeral.
- have memorial or funeral services at school.
- put up plaques in memory of the suicide victim, or dedicate yearbooks, songs, or sporting events to the suicide victims.
- fly the flag at half staff.
- have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

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Note: Adapted from information provided by American Association of Suicidology (1998); Berman & Jobes (1991); Davis & Sandoval (1991); O'Carroll et al. (1988); Poland & McCormick (1999); and Ruof and Harris (1988).
Item 12: Memorials

Do . . .
- something to prevent other suicides.
- develop living memorials, such as student assistance programs, that will help others cope with feelings and problems.
- allow students, with parental permission, to attend the funeral.
- encourage affected students, with parental permission, to attend the funeral.
- mention to families and ministers the need to distance the person who committed suicide from survivors and to avoid glorifying the suicidal act.

Item 13: Debrief the Postvention Response

Goals will include...
- Review and evaluation of all crisis intervention activities.
- Making of plans for follow-up actions.
- Providing an opportunity to help intervenors cope.

Suicide Postvention Resources

- Handout

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Suicide Survivor Resources

- Handout

Concluding Thought

“...the person who commits suicide puts his psychological skeleton in the survivor’s emotional closet; he sentences the survivor to deal with many negative feelings and more, to become obsessed with thoughts regarding the survivor’s own actual or possible role in having precipitated the suicidal act or having failed to stop it. It can be a heavy load.” (p. 154)

E. S. Shneidman (2001)