**Workshop Objectives**

- When you leave this workshop we hope that you will have ...
  1. a better understand the terms "non-suicidal self-injury (NSSI)" and "suicidal self-injury (suicide)"
  2. a better understanding of the statistics and demographics of NSSI and suicide, and appreciate how these data can inform suicide risk assessments.
  3. considered a variety of primary prevention strategies.
  4. increased your knowledge of risk assessment.
  5. increased your knowledge of how schools should intervene with the student at risk for NSSI and/or suicide.
  6. increased your knowledge of how to respond to the aftermath of a completed suicide.

**NOTE:** The presenters, Stephen Brock and Melissa Reeves, have no known financial conflicts of interest related to this presentation.

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**Workshop Outline**

1. Definitions
2. Statistics and Demographics
3. Prevention
4. Risk Assessment
5. Intervention
6. Postvention

---

**Part 1**

**What is Self-Directed Violence**

**GOAL:**
Understand the terms "non-suicidal self-injury (NSSI)" and "suicidal self-injury (suicide)"

---

**Definitions**

- **Self-Directed Violence (SDV)**
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself."
  - Includes NSSI and Suicidal behaviors

- **NSSI** (AKA self-mutilation, cutting, self-injury)
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent."

- **Suicidal**
  - "Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is evidence, whether implicit or explicit, of suicidal intent."
Definitions

- **NSSI and Suicide**
  - **Similarities**
    - Coping behaviors
      1. Suicide aims at eliminating overwhelming and intolerable pain
      2. NSSI aims at managing pain
  - **Differences**
    - Death orientation
      1. Suicide associated with conscious thoughts of death
      2. NSSI not associated with conscious thoughts of death

**Undetermined SDV**

"Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Suicidal intent is unclear based on the available evidence."

Part 2

Statistics and Demographics

**GOAL:**
Have a better understanding of the statistics and demographics of NSSI and suicide, and appreciate how these data can inform suicide risk assessments.

**Statistics & Demographics**

- **Magnitude of the problem**
  - NSSI
    - 4 to 47% of the population

**NSSI Demographics**

- Gender
- Age
- Ethnic, racial and culture

**Statistics & Demographics**

- **Magnitude of the problem (U.S.A)**
  - Suicide
    - 10-14 yr olds = 3rd leading cause of death
    - 15-19 yr olds = 2nd leading cause of death
    - Across age groups = 10th leading cause of death

*Crosby, Ortega, & Melanson (2011, p. 21)*

*Miller & Brock (2010)*

*CDC (2014)*
Statistics & Demographics

**Magnitude of the problem**
- Suicidal behavior among high school students in 2013:
  - 17.0% seriously considered suicide
  - 13.6% made a suicide plan
  - 8.0% attempted suicide
  - 2.7% attempt required medical attention
- 100 to 200 attempts for each completed suicide.

**1.** Kann et al. (2014); Ogren & Mott (2013)

**2.** Drapeau & McIntosh (2015)

**Total number of suicide deaths in 2013 = 41,149**
- 10th leading cause of death
- More men die by suicide
  - Gender ratio 3.5 male suicides (N = 32,055) for each female suicide (N = 9,094)
  - Suicide Rate = 13 per 100,000 (males, 20.6; females, 5.7)
- 51.4% of suicides were by firearms.
  - Suicide by firearms rate = 6.7
  - Suicide by firearms rate (15-19 yrs) = 3.49
  - Suicide by firearms rate (15-19 yrs male) = 5.98
  - Suicide by firearms rate (15-19 yrs female) = 0.87
- Highest suicide rate is among white men over 85 (52.62 per 100,000 vs. 12.45 per 100,000 among 15-19 year olds).

**US Suicide Rates by County per 100,000 population, by County, 2004-2010**

<table>
<thead>
<tr>
<th>Rank</th>
<th>State (2012 rank)</th>
<th>N</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Montana (2)</td>
<td>243</td>
<td>23.94</td>
</tr>
<tr>
<td>2</td>
<td>Alaska (3)</td>
<td>171</td>
<td>23.26</td>
</tr>
<tr>
<td>3</td>
<td>Wyoming (1)</td>
<td>129</td>
<td>22.14</td>
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<tr>
<td>4</td>
<td>New Mexico (4)</td>
<td>431</td>
<td>20.67</td>
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<td>5</td>
<td>Utah (6)</td>
<td>579</td>
<td>19.96</td>
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<td>6</td>
<td>Nevada (6)</td>
<td>541</td>
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<td>Colorado (5)</td>
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</tr>
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<td>308</td>
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<td>9</td>
<td>Maine (17)</td>
<td>245</td>
<td>18.44</td>
</tr>
<tr>
<td>10</td>
<td>Vermont (27)</td>
<td>112</td>
<td>17.87</td>
</tr>
</tbody>
</table>

**National Total** 41,149 11.0

**US Suicide Rates by Age & Gender (1999-2013)**
Part 3
Prevention

GOAL:
Considered a variety of primary prevention strategies.

NSSI Prevention

- Increasing awareness of NSSI
- Providing information regarding risk factors and warning signs
- Teaching appropriate responses to peers who may come into contact with someone who may exhibit NSSI
- Identifying youth who may be at risk for NSSI.
NSSI Prevention
- Correcting myths and misunderstandings about NSSI
- Promoting student strengths and resiliency

Suicide Prevention: Suicide Prevention Policy
It is the policy of the Governing Board that all staff members learn how to recognize students at risk, to identify warning signs of suicide, to take preventive precautions, and to report suicide threats to the appropriate parental and professional authorities.

Administration shall ensure that all staff members have been issued a copy of the District’s suicide prevention policy and procedures. All staff members are responsible for knowing and acting upon them.

Suicide Prevention: Suicide Prevention Policy
- SOS: Depression Screening and Suicide Prevention
  - http://shop.mentalhealthscreening.org/collections/youth-programs
  - “The main teaching tool of the SOS program is a video that teaches students how to identify symptoms of depression and suicidality in themselves or their friends and encourages help-seeking. The program’s primary objectives are to educate teens that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to ACT (Acknowledge, Care and Tell) in the face of this mental health emergency.”

Suicide Prevention: Suicide Prevention Curriculum
- SOS Signs of Suicide®
  - High School Program $395
  - Middle School Program $395

Suicide Prevention: Suicide Prevention Screening
- School-wide Screening
  - Very few false negatives
  - Many false positives
    - Requires second-stage evaluation
- Limitations
  - Risk waves and wanes
  - Principals’ view of acceptability
  - Requires effective referral procedures
- Possible Tool
  - Suicidal Ideation Questionnaire
  - Author: William Reynolds
  - Publisher: Psychological Assessment Resources
Suicide Prevention:
Suicide Prevention Screening

- Columbia-Suicide Severity Rating Scale (C-SSRS)
  - www.cssrs.columbia.edu

Suicide Prevention:
Suicide Prevention: Gatekeeper Training

A Specific Training Program:
- Applied Suicide Intervention Skills Training
  - Author: Ramsay, Tanney, Tierney, & Lang
  - Publisher: LivingWorks Education, Inc
  - 1-403-209-0242
  - http://www.livingworks.net/
- The ASIST workshop (formerly the Suicide Intervention Workshop) is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 200,000 caregivers have participated in this two-day, highly interactive, practical, practice-oriented workshop.
- Training for Trainers is a (minimum) five-day course that prepares local resource persons to be trainers of the ASIST workshop. Around the world, there is a network of 1000 active, registered trainers.

Suicide Prevention:
Hotlines

- Rationale
  - Suicidal ideation is associated with crisis
  - Suicidal ideation is associated with ambivalence
  - Special training is required to respond to "cries for help"
- Likely benefit those who use them
  - Limited research regarding effectiveness
  - Few youth use hotlines
  - Youth are less likely to be aware of hotlines
  - Highest risk youth are least likely to use

Suicide Prevention:
Hotlines

- Texting is the preferred mode of communication for teens and young adults
  - Crisis Text Line
    - CTL is the first nationwide, free, 24/7 text hotline for teens in crisis. Text "FB" to 741741 to chat with a compassionate, trained counselor.
    - http://www.crisistextline.org/
  - Teen Line
    - Teens helping teens
      - https://teenlineonline.org/
      - REACHOUT.com
      - www.reachout.com

Suicide Prevention:
Suicide Prevention Screening

Stephen E. Brock, PhD, NCSP, LEP
Melissa Reeves, PhD, NCSP, LPC
Suicide Prevention: Reporting on Suicide: Recommendations for the Media
- www.sprc.org/library/sreporting.pdf

Suicide Prevention: Safe and Effective Messaging for Suicide Prevention

Suicide Prevention: Media Education

Suicide Prevention: Public Awareness

Suicide Prevention: Risk Factor Reduction
- Postvention
- Skills Training
- Restriction of Lethal Means
  - \( r = 0.76 \) (% of firearms in home & suicide rate)
  - \( r = 0.56 \) (% of firearms in home & youth suicide rate)
  - States with a higher percentage of firearms in the home tend to have higher suicide rates.
  - Wyoming has the most homes with guns (62.8%) and consistently has one of the highest suicide rates (#1 in 2012, #3 in 2013).
  - Washington, D.C. has the fewest homes with guns (5.2%) and has the lowest suicide rate (5.88 per 100,000) in the nation.

Other Suicide Prevention Resources
- For Caregivers
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): Pocket Card for Clinicians

Other Suicide Prevention Resources
- For Persons At-Risk
  - Suicide Prevention App (MY3)
    - www.my3app.org/

Other Suicide Prevention Resources
- General Prevention Information
  - Suicide Prevention Resource Center
    - www.SPRC.org
Part 4
Risk Assessment

GOAL:
Increase your knowledge of risk assessment.

NSSI Risk Factors
- Variables that Increase the Odds of NSSI
  - Demographics
  - Child Abuse
  - Self Directed Violence History
  - Family Dynamics
  - Peer Modeling
  - Mental Disorder
  - Psychological

Miller & Brock (2010)

NSSI Warning Signs
- Variables Signal the Presence of NSSI
  - Behavioral
    - Other forms of self-destructive behavior (e.g., substance abuse)
    - Running into traffic
    - Jumping from high places
    - Possession of objects that could be used for cutting (e.g., razors, broken glass, thumb tacks)
    - Sudden change in peer group and/or withdrawal from prior relationships (or social isolation)
    - Secretive behaviors (e.g., spending atypical amounts of time in the restroom or isolated areas in school)

Miller & Brock (2010)

NSSI Warning Signs
- Variables Signal the Presence of NSSI
  - Physical
    - Cuts, scratches or burns that do not appear to be accidental
    - Reports of frequent "accidents" that have caused physical injury
    - Frequently bandaged wrists and/or arms
    - Reluctance to take part in activities (e.g., physical exercise) that require a change of clothing
    - Constant wearing of pants and long sleeved shirts, even in hot weather
    - Direct observation of self-injurious behaviors (e.g., self-punching or scratching, needle sticking, head banging, eye pressing, finger or arm biting, pulling out hair, or picking at skin).

Miller & Brock (2011)

NSSI Risk Assessment
- Assess the behavior
  - How I Deal With Stress (Heath & Nixon, 2009)
  - Self-Harm Behavior Questionnaire (Gutierrez et al., 2001)
- Help to identify alternatives
  - In some cases can be a rehearsal for suicide so always inquire about thoughts of death
Suicide Risk Factors

Variables that Increase the Odds of Suicide
- Mental disorders
  - 90%+ of suicide victims have a mental disorder

Exacerbating factors
- A small minority of the mentally ill commit suicide

Social stressors
- The "straw that breaks the camel's back"

Personal vulnerability
- Isolation and aloneness

Suicide Risk Factors

Variables That Enhance Risk of Suicide
- Adolescence and late life
- Bisexual or homosexual gender identity
- Criminal behavior
- Cultural sanctions for suicide
- Delusions
- Disposition of personal property

Suicide Warning Signs

Non-Suicidal Self-Directed Violence

Helplessness, fatalistic despair
- The problem cannot be solved

Hopelessness, severe devaluation/self-hate
- I can't solve the problem

Suicide Warning Signs

Direct threats
- "I have a plan to kill myself"

Suicide Warning Signs

Indirect threats
- "I wish I could fall asleep and never wake up"
- "Everybody would be better off if I just weren't around"
- "I'm not going to bug you much longer"
- "I hate my life. I hate everyone and everything"
- "I'm the cause of all of my family's/friend's troubles"
- "I wish I would just go to sleep and never wake up"
- "I've tried everything but nothing seems to help"
- "Nobody can help me"
- "I want to kill myself but I don't have the guts"
- "I'm no good to anyone"
- "If my (mom, dad, teacher) doesn't leave me alone I'll kill myself"
- "Don't buy me anything. I won't be needing any (clothes, books)"

Suicide Warning Signs

Direct threats
- "I have a plan to kill myself"
Suicide Warning Signs

- Behavioral indicators
  - Writing of suicidal notes
  - Making final arrangements
  - Giving away prized possessions
  - Talking about death
  - Reading, writing, and/or art about death
  - Hopelessness or helplessness
  - Social withdrawal and isolation
  - Lost involvement in interests & activities
  - Increased risk-taking
  - Heavy use of alcohol or drugs

Suicide Risk Assessment

- Asking the "S" Question
  - The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct a suicide risk assessment.
  - A risk assessment begins with asking if the student is having thoughts of suicide.

- Predicting Suicidal Behavior (CPR++)
  - Current plan (greater planning = greater risk).
    - How (method of attempt)?
    - How soon (timing of attempt)?
    - How prepared (access to means of attempt)?
  - Pain (unbearable pain = greater risk)
    - How desperate to ease the pain?
      - Person-at-risk’s perceptions are key
  - Resources (more alone = greater risk)
    - Reasons for living/dying?
      - Can be very idiosyncratic
      - Person-at-risk’s perceptions are key

Ramsay, Tanney, Lang, & Kinzel (2004)

- Predicting Suicidal Behavior (CPR++)
  - (+) Prior Suicidal Behavior?
    - of self (40 times greater risk)
    - of significant others
    - An estimated 26-33% of adolescent suicide victims have made a previous attempt
  - (+) Mental Health Status?
    - history mental illness (especially mood disorders)
    - linkage to mental health care provider

Ramsay, Tanney, Lang, & Kinzel (2004); American Foundation for Suicide Prevention (1996)
Suicide Risk Assessment Summary Sheet

<table>
<thead>
<tr>
<th>Risk present, behavior</th>
<th>Lower Risk</th>
<th>Middle Risk</th>
<th>Higher Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Course of events</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>B. Depression</td>
<td>Present</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>C. Circumstances at the time of the child's suicidal behavior</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>D. Previous experiences with suicidal behavior</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E. Motivations for suicidal behaviors</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>F. Experiences and concepts of death</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G. Depression and other affects</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>H. Family and environmental situations</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Handout 2

Interviewing the Suicidal Student

8 categories to assess:
1. Suicidal fantasies or actions
2. Concepts of what would happen
3. Circumstances at the time of the child’s suicidal behavior
4. Previous experiences with suicidal behavior
5. Motivations for suicidal behaviors
6. Experiences and concepts of death
7. Depression and other affects
8. Family and environmental situations

Pfeffer (1986)

Part 5

School-Based Intervention

GOAL: Increase your knowledge of how schools should intervene with the student at risk for NSSI and/or suicide.

School-Based NSSI Intervention

- Be aware of the warning signs of NSSI and how to accurately identify it
- Immediately and effectively responding to students exhibiting self-injury.
  - When should school personnel report a student suspected of engaging in NSSI?
  - To whom should school personnel report NSSI behaviors?
  - To what extent are school administrators involved with students who engage in NSSI?
  - To what extent are school mental health professionals and the school nurse involved?
  - What is the school’s policy on parental/caregiver notification and involvement with regards to NSSI?

Miller & Brock (2010)

School-Based NSSI Intervention

- Addressing Contagion
  - Inform staff
  - Address students individually
  - Reduce communication about self-injury among members of the peer group.
  - Reducing the public exhibition of NSSI.
  - Provide psychosocial treatments individually.

Miller & Brock (2010)
School-Based NSSI Intervention

- Psychosocial Treatment
  - Problem-solving therapy
  - Dialectical behavior therapy

School-Based NSSI Intervention

- Psychopharmacological Treatment
  - Antidepressant medication and suicidality

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - A student who has threatened suicide must be carefully observed at all times until a qualified staff member can conduct a risk assessment. The following procedures are to be followed whenever a student threatens to commit suicide.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  - A student who has threatened suicide must be carefully observed at all times until a qualified staff member can conduct a risk assessment. The following procedures are to be followed whenever a student threatens to commit suicide.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  - A student who has threatened suicide must be carefully observed at all times until a qualified staff member can conduct a risk assessment. The following procedures are to be followed whenever a student threatens to commit suicide.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.

School-Based Suicide Intervention

- General Staff Procedures for Responding to a Suicide Threat (continued)
  - A student who has threatened suicide must be carefully observed at all times until a qualified staff member can conduct a risk assessment. The following procedures are to be followed whenever a student threatens to commit suicide.
Mental Health Professional Risk Assessment and Referral Procedures

Whenever a student judged to have some risk of engaging in self-directed violence or suicide, a school-based mental health professional should conduct a risk assessment and make the appropriate referrals.

Identify Assess Consult Refer

School-Based Suicide Intervention

1. Identify Suicidal Thinking
2. From Risk Assessment Data, Make Appropriate Referrals
3. Risk Assessment Protocol
   a) Conduct a Risk Assessment.
   b) Consult with fellow school staff members regarding the Risk Assessment.
   c) Consult with County Mental Health.

4. Use risk assessment information and consultation guidance to develop an action plan. Action plan options are as follows:

A. Extreme Risk
B. Crisis Intervention Referral
C. Mental Health Referral

4. A. Extreme Risk:
   i. Call the police.
   ii. Calm the student by talking and reassuring until the police arrive.
   iii. Continue to request that the student relinquish the means of the threatened suicide and try to prevent the student from harming him-or herself.
   iv. Call the parents and inform them of the actions taken.

4. B. Crisis Intervention Referral:
   i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
   ii. Meet with the student's parents.
   iii. Determine what to do if the parents are unable or unwilling to assist with the suicidal crisis.
   iv. Make appropriate referrals.

4. C. Mental Health Referral:
   i. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
   ii. Meet with the student's parents.
   iii. Make appropriate referrals.
   • Protect the privacy of the student and family.
   • Follow up with the hospital or clinic.
School-Based Suicide Intervention

A Risk Assessment and Referral Resource


Handout 4: Sample Documentation of Suicide Risk Intervention
Progress Monitoring Excel Spreadsheet

Part 6

School-Based Suicide Postvention

GOAL:
Increase your knowledge of how to respond to the aftermath of a completed suicide.

School-Based Suicide Postvention

- “… 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

School-Based Suicide Postvention

- Special factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

School-Based Suicide Postvention

1. Suicide contagion
   - “… a process by which exposure to the suicide or suicidal behavior of one or more persons influences others to commit or attempt suicide.”
   - “The effect of clusters appears to be strongest among adolescents.”

O’Carroll & Potter (1994, April 22)

Sonneck et al. (1994, April 22)

O’Carroll & Potter (1994, April 22)

Sonneck et al. (1994, p. 453)
Suicide Contagion

- 12 to 13 year olds
  - 5 x's times more likely to have suicidal thoughts (suicide ideation) after exposure to a schoolmate's suicide
  - 7.5% attempted suicide after a schoolmate's suicide vs. 1.7% without exposure
- Exposed to suicide have suicidal thoughts
  - 14 to 15 year olds 3x's more likely
  - 16 to 17 year olds 2x's more likely
- 16-17 year olds
  - 24% of teens had a schoolmate die by suicide
  - 20% personally knew someone who died by suicide

* Critical we invest in school and/or community-wide interventions following a suicide!!

http://www.cmaj.ca/site/misc/pr/21may13_pr.xhtml

School-Based Suicide Postvention

1. Suicide contagion
   - Suicide rates increase when...
     - The number of stories about individual suicides increases
     - A particular death is reported at length or in many stories
     - The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast
     - The headlines about specific suicide deaths are dramatic

American Foundation for Suicide Prevention (2001)

School-Based Suicide Postvention

Suicide rates and identifying clusters

- 19,180 US youth committed have suicide (1999-2013; ages 14-18 years)
  - A nation-wide 14 year average of 1,370 suicides per year
    - Among 14-18 year olds, a nation-wide average annual rate of 6.04 per 100,000 individuals:
      - \( \frac{19,180}{317,333,193} \times 100,000 = 6.04 \)
      - \( \frac{19,180}{1,000} \approx 19.18 \times 1,000 = 0.06 \)
  - A 1,000 student high school can expect a completed suicide about once every 16 years (0.06 x 16 = 1).
  - A 2,500 student high school can expect a completed suicide about once every 6.5 years (19.18 x 6.5 = 1).

CDC (2015)

Number of Suicides x selected proportion of population = Rate

Number of Suicides

Population

\[ \frac{19,180}{317,333,193} \times 1,000 = 0.06 \]

\[ \frac{19,180}{2,500} = 0.15 \]

School-Based Suicide Postvention

1. Suicide contagion
   - Percent of US high school students with a self-reported attempt (in the 12 months prior to survey) that required medical attention

CDC (2014)

Annual overall average (2001-2013) = 2.5%
School-Based Suicide Postvention

2. A special form of bereavement
   - Survivors report...
     - Guilt and shame
     - More depression and complicated grief
     - Less vitality and more pain
     - Social stigma, isolation, and loneliness
     - Poorer social functioning, and physical/mental health
     - Searching for the meaning of the death
     - Being concerned about their own increase suicide risk

Cain (1972); De Groot et al. (2006)

School-Based Suicide Postvention

2. A special form of bereavement
   - Multiple levels of grief reactions
     a) Common grief reactions
        e.g., sorrow, yearning to be reunited
     b) Unexpected death reactions
        e.g., shock, sense of unreality
     c) Violent death reactions
        e.g., traumatic stress
     d) Unique suicide reactions
        e.g., anger at deceased, feelings of abandonment

Jordan & McIntosh (2011)

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

Jordan (2001); Roberts et al. (1998)

School-Based Suicide Postvention

3. 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.
     a) Viewed more negatively by others as well as themselves.
   - There may exist a reluctance to provide postvention services.

School-Based Suicide Postvention

- Factors that make the postvention response a special and unique form of crisis intervention.
  1. Suicide contagion
  2. A special form of bereavement
  3. Social stigma
  4. Developmental differences
  5. Cultural differences

3. Social Stigma
   - Suicide postvention is a unique crisis situation that 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.
4. Developmental Differences
   - Understanding of suicide and suicidal behaviors increases with age.
     - 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.
     - Around 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.
   - The risk of suicidal ideation and behaviors increases as youth progress through the school years.

5. Cultural Differences
   - 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.
   - These cultural attitudes have important implications for both the bereavement process and suicide contagion.

1. Verify that a death has occurred
   - Confirm the cause of death
     - Confirmed suicide
     - Unconfirmed cause of death

Factors that make the postvention response a special and unique form of crisis intervention.
1. Suicide contagion
2. A special form of bereavement
3. Social stigma
4. Developmental differences
5. Cultural differences
### School-Based Suicide Postvention

3. Assess the suicide's impact on the school and estimate the level of response required.
   - The importance of accurate estimates.
   - Make sure a postvention is truly needed before initiating this intervention.
   - Temporal proximity to other traumatic events (especially suicides).
   - Timing of the suicide.
   - Physical and/or emotional proximity to the suicide.

4. Notify other involved school staff members.
   - Deceased student’s teachers (current and former).
   - Any other staff members who had a relationship with the deceased.
   - Teachers and staff who work with suicide survivors.

5. Contact the family of the suicide victim.
   - Purposes include...
     - Express sympathy and offer support.
     - Identify the victim's friends/siblings who may need assistance.
     - Discuss the school’s response to the death.
     - Identify details about the death could be shared with outsiders.

6. Determine what information to share about the death.
   - Several different communications may be necessary
     - When the death has been ruled a suicide
     - When the cause of death is unconfirmed
     - When the family has requested that the cause of death not be disclosed
   - Templates provided in After a Suicide: A Toolkit for Schools

7. Determine how to share information about the death.
   - Reporting the death to students...
     - Avoid tributes by friends, school wide assemblies, sharing information over PA systems that may romanticize the death
     - Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
     - Provide information in small groups (e.g., classrooms).

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### School-Based Suicide Postvention

7. **Determine how to share information about the death.**
   - **Reporting the death to the media...**
     - 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.
     - Sample media statement provided in After a Suicide: A Toolkit for Schools.
   
   Brock, 2002; American Foundation for Suicide Prevention et al. (2011)

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.
     - Shows symptoms of helplessness and/or hopelessness.
     - Have suffered significant life stressors or losses.
     - Lack internal and external resources

   Brock (2002); Brock & Sandoval (1996)

9. **Conduct a faculty planning session.**
   - Share information about the death.
   - Allow staff to express their reactions and grief.
   - Provide a scripted death notification statement for students.
   - Prepare for student reactions and questions.
   - Explain plans for the day.
   - Remind staff of the role they play in identifying changes in behavior and discuss plan for handling students who are having difficulty.
   - Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts.
   - Apprise staff of any outside crisis responders or others who will be assisting.
   - Remind staff of student dismissal protocol for funeral.
   - Identify which Crisis Response Team member has been designated as the media spokesperson and instruct staff to refer all media inquiries to him or her.

   Brock (2002); American Foundation for Suicide Prevention et al. (2011)

10. **Initiate crisis intervention services**
   - a) **Initial intervention options**...
     - Individual psychological first aid.
     - Group psychological first aid.
     - Classroom activities and/or presentations.
     - Parent meetings.
     - Staff meetings.
   - b) Walk through the suicide victim’s class schedule.
   - c) Meet separately with individuals who were proximal to the suicide.
   - d) Identify severely traumatized and make appropriate referrals.
   - e) 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.
   - f) Parental contact.
   - g) Psychotherapy Referrals.

   Brock (2002)

11. **Consider memorials**
   - “A delicate balance must be struck that creates opportunities for students to grieve but that does not increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide.”

   Center for Suicide Prevention (2004)
11. Consider memorials

**Do NOT**
- send all students from school to funerals, or stop classes for a funeral.
- have memorial or funeral services at school.
- establish permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims.
- dedicate songs or sporting events to the suicide victim.
- fly the flag at half staff.
- have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

**Do**
- something to prevent other suicides (e.g., encourage crisis hotline volunteerism).
- 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.
- Donate/Collect funds to help suicide prevention programs and/or to help families with funeral expenses.
- 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.

12. Debrief the postvention response.

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

Shneidman (1972)

"... 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. x).