

# **SUICIDE POSTVENTION IN THE SCHOOL COMMUNITY**

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# SUICIDE POSTVENTION

## **Definition:**

“ The provision of crisis intervention, support and assistance for those affected by a suicide.”

American Association of Suicidology, 1998

# SUICIDE POSTVENTION

“At some point suicide postvention evolves into a prevention response with emphasis being placed on recognition of risk factors and warning signs.”

**New Hampshire National Alliance for the Mentally ill, 2005**

# SCHOOL SUICIDE POSTVENTION: GOALS

- Support the grieving process (Hazell, 1993; Underwood and Dunne-Maxim, 1997).
- Prevent imitative suicides (Hazell, 1993; Underwood and Dunn-Maxim, 1997).
  - Identify and refer at-risk survivors (**Gould and Kramer, 2001**)
  - Reduce identification with victim
- Reestablish healthy school climate (King, 2001).
- Provide long-term surveillance (Gould and Kramer, 2001).

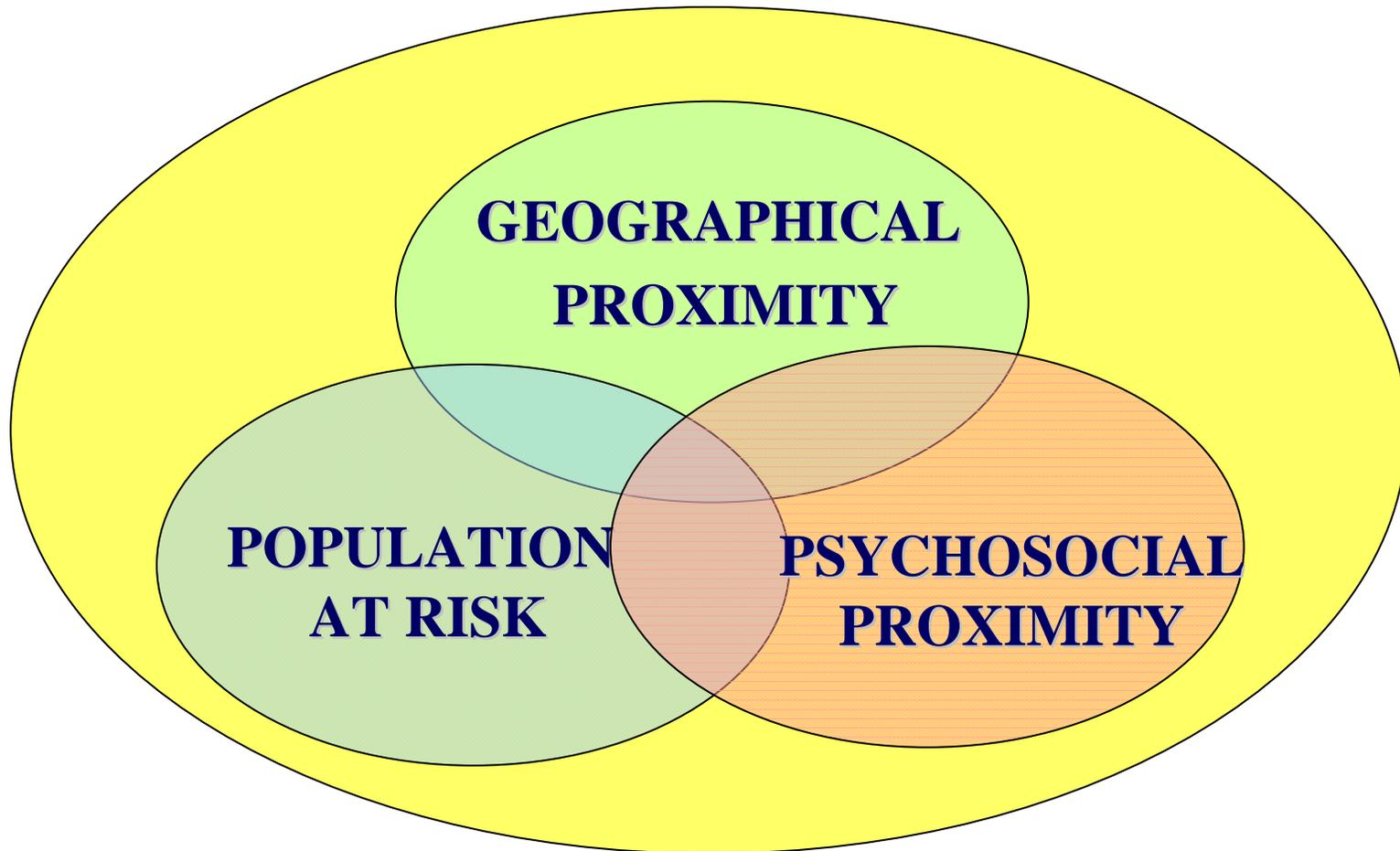
# SCHOOL SUICIDE POSTVENTION: RESPONSE PROTOCOL

- Verify suicide
- Assess the potential impact on the school
- Estimate level of response resources required
- Advise principal how to proceed
- Contact family of suicide victim
- Determine what and how information is to be shared
- Mobilize the crisis response team
- Inform faculty and staff
- Identify at risk students/staff

# **SCHOOL POSTVENTION GUIDELINES: RISK IDENTIFICATION STRATEGIES**

# **CIRCLES OF VULNERABILITY**

**MAPPING BY THREE DIMENSIONS**



**CSPC, Tel Hai College, Kiryat Shmona**

# SCHOOL POSTVENTION GUIDELINES: RISK IDENTIFICATION QUESTIONS

- ❖ What other individual(s) may identify with the primary suicide victim?
- ❖ Was the victim part of a formal/informal group, organization, etc.
- ❖ What risk factors associated with the deceased may be shared by others in the community?
- ❖ What individual(s) is/ are currently demonstrating risk factors ?

# SUICIDE POSTVENTION GUIDELINES: RISK IDENTIFICATION QUESTIONS

- ❖ Have community memorial services and/or gravesite vigils occurred/ occurring?
- ❖ Is/are a survivor(s) being blamed for the suicide?
- ❖ Does a survivor blame himself/herself for the suicide?
- ❖ Has the school administration, faculty and support staff received training on how to identify and support students deemed to be at risk for suicide?

# SUICIDE POSTVENTION GUIDELINES: RISK IDENTIFICATION QUESTIONS

- ❖ Do individuals feel comfortable in seeking assistance for themselves/others from community mental health professional(s).
- ❖ Have parents/guardians received training in identifying suicidal behavior warning signs and risk factors?
- ❖ Do individuals have access to quality and affordable mental health services?

# SCHOOL POSTVENTION GUIDELINES: RISK IDENTIFICATION STRATEGIES

- Identify students/staff that may have witnessed the suicide or it's aftermath
- Identify all students/staff that have or have had a personal connection/relationship with the deceased
- Identify students/staff who have previously demonstrated suicidal behavior
- Monitor student absentees in the days following a student suicide

# SCHOOL POSTVENTION GUIDELINES: RISK IDENTIFICATION STRATEGIES

- Identify students known to have a mental illness
- Identify students known to have a history of familial suicide
- Identify students who have experienced a recent loss
- Monitor the behavior of student pallbearers
- Identify students at the funeral who are particularly troubled

# SCHOOL POSTVENTION STRATEGIES: RISK IDENTIFICATION STRATEGIES

- Monitor student hospital visitors of suicide attempters
- Monitor students who have a history of being bullied
- Monitor students who are gay, lesbian, bisexual, transgender or questioning
- Monitor students who are participants in fringe groups
- Monitor students who have weak levels of social/familial support

# SCHOOL SUICIDE POSTVENTION: RESPONSE PROTOCOL

- Review risk factors and warning signs with school faculty and support staff
- Do not release information in a large assembly or over intercom
- Conduct small group student notifications
- Visit victim's classes
- Provide psychoeducation and/or psychological first aid services for impacted students and staff, as indicated

# SCHOOL SUICIDE POSTVENTION: RESPONSE PROTOCOL

- Notify parents of highly affected students
- Provide recommendations for community-based mental health services
- Conduct faculty planning session
- Hold evening meeting for parents
- Provide information on community- based funeral services/memorials
- Collaborate with media, law enforcement and community agencies
- Prepare for secondary adversities/anniversaries

# SCHOOL SUICIDE POSTVENTION: INTERVENTION GOALS

- Help students separate facts from rumors
- Redirect guilt responses
- Ensure understanding that suicide is permanent
- Ensure acceptance of reactions as normal
- Express that coping will occur with support
- Ensure understanding that fleeting thoughts of suicide are not unusual
- Ensure student recognition of warning signs and help resources
- Ensure understanding of funeral expectations

# SCHOOL SUICIDE POSTVENTION: KEY MESSAGES

- **Points to emphasize to students, parents, media:**
  - ✓ Prevention (warning signs, risk factors)
  - ✓ Survivors are not responsible for death
  - ✓ Mental illness etiology
  - ✓ Normalize anger (Clark, 2001)
  - ✓ Stress alternatives
  - ✓ Help is available

# SUICIDE POSTVENTION: CAUTIONS

- Avoid romanticizing or glorifying event
- Avoid vilifying victim
- Do not provide excessive details
- Do not describe event as courageous or rational
- Do not eulogize victim or conduct school-based memorial services
- Address loss but avoid school disruption as best possible

# SUICIDE POSTVENTION: CAUTIONS

- Providing postvention when not indicated may sensationalize the behavior
- Proper assessment will determine whether postvention services will be required

# SUICIDE POSTVENTION: CAUTIONS

“ Suicidal behavior is only contagious if other people know about it.”

Brock, 2002

# MEMORIAL ACTIVITIES FOLLOWING SUICIDE

- ❖ Don't conduct on campus memorial services
- ❖ Provide opportunity for small group/individual discussion
- ❖ Don't glorify act
- ❖ Avoid mass assemblies focusing on victim
- ❖ Don't establish permanent memorials to victim
- ❖ Don't dedicate yearbooks, songs, or sporting events to the suicide victim

# MEMORIAL ACTIVITIES FOLLOWING SUICIDE

- Do something to prevent other suicides
- Develop living memorials that will help students cope with feelings and problems
- Encourage impacted students, with parental permission, to attend the funeral
- Encourage parents and clergy to avoid glorifying the suicidal act

# SUICIDE: FACTORS THAT COMPLICATE THE GRIEVING PROCESS

- ❖ The act is accompanied by social stigma and shame
- ❖ The search for “why?” often leads to scapegoating or blaming
- ❖ The suddenness of the event allows no time for anticipatory mourning
- ❖ Investigations can increase guilt and stigma

# SUICIDE: FACTORS THAT COMPLICATE THE GRIEVING PROCESS

- ❖ Guilt is exacerbated by the fact the death could have been prevented
- ❖ Feelings of rejection and desertion affect survivor's self-esteem
- ❖ Survivors may fear their own self-destructive impulses
- ❖ Cultural/religious attitudes (Ramsay, Tanney, Tierney & Lang, 1996)

# SUICIDE POSTVENTION: SURVEILLANCE

## RECOMMENDATIONS

- ❖ When addressing the friends of suicide victims, don't dismiss depressive symptomology as attributable to "normal grief.
- ❖ Postvention efforts for exposed peers should be focused upon short-term prevention of imitation and long-term followup and prevention of disability from depression, anxiety, and PTSD.
- ❖ Awareness should be directed at indicators suggestive of potential multiple suicides, including the formation of isolated small groups characterized by: depression, substance abuse, antisocial personality, or previous suicide exposure.

Brent, D. et al. (1996)

# SUICIDE POSTVENTION: TEMPORAL CONCERNS

- The anniversary date of a suicide and/or the birthday of the deceased can serve as a trigger for the emergence of additional suicidal behavior among youth (Poland, 1989).
- School personnel, parents and the greater community need to be aware of this possibility and increase their surveillance/assessment of youth behaviors.
- Student support professionals and parents should acknowledge the significance of these dates with youth significantly impacted by the suicide.

# SUICIDE POSTVENTION: EVALUATION COMPONENT

- Recognize effective postvention efforts
- Identify areas in need of improvement
- Assess cost/benefit of response
- Consider relevant legal/ethical issues

Loo, 2001

# CONTAGION IMPACT OF SUICIDAL BEHAVIOR

- ❖ **Suicide Contagion:** The process in which suicidal behavior is initiated by one or more individuals, following the awareness of a recent suicide threat, attempt or completion, or a fictional depiction of such behavior.
- ❖ **Suicide Cluster:** “A group of suicides or suicide attempts, or both, that occur closer in time and space than would normally be expected in a given community.” (CDC, 1988)
- ❖ **Copy Cat Suicide:** When a person copies the manner of death of another person.

# SUICIDE CONTAGION: RESEARCH FINDINGS

- ❖ Research suggests that the process of suicide contagion exists (Velting, D. & Gould, M., 1997).
- ❖ Considerable evidence supports that mass media coverage including newspaper articles, television news reports and fictional dramatizations have led to significant elevations in suicides (Gould, M.S., 2001).
- ❖ The influence of media reports of suicide and its impact on future suicides is most significant among adolescents (Philips, D. & Carstensen, L.L., 1986).
- ❖ The occurrence of a single suicide in a community (especially an adolescent suicide) increases the risk of further suicides within that community (Gould, Walenstein, Kleinman, O'Carrol & Mercy, 1990; & Philips & Carstensen, 1988); Askland, Sonnenfeld, & Cosby, 2003)

# SUICIDE CLUSTERS: RESEARCH FINDINGS

- ❖ Clusters in the United States tend to occur among adolescents and young adults under the age of 24 years(Gould, Wallenstein, & Kleinman, 1990; Gould, Wallenstein, Kleinman, O'Carrol & Mercy, 1990).
- ❖ Similar results reported for clusters of suicide attempts(Gould, Petrie, Kleinman & Wallenstein, 1994).
- ❖ Between 1%-2% of annual teenage suicides occur in clusters(Gould, Petrie, Kleinman & Wallenstein, 1994).
- ❖ 100-200 teens die in clusters annually (CDC).

# SUICIDE CONTAGION: FACTORS OF INFLUENCE

- Suicide clusters occur as a result of the process of contagion. The vehicle for such contagion is information, particularly sensationalized information regarding suicides that have previously occurred.
- Inappropriate media coverage of suicidal behavior can foster the development of the contagion process.

# RISK FACTORS FOR IMITATIVE SUICIDE

- Facilitated suicide
- Failed to recognize intent
- Believe they caused suicide
- Had relationship with victim
- Identified with victim
- History of prior suicidal behavior
- History of psychopathology
- Symptoms of hopelessness/helplessness
- Significant life stressors
- Lacks social resources

Brock, S., 2002

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Facilitated suicide**

- Involved in a suicide pact
- Helped write note
- Provided means
- Did not attempt to stop

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Failed to recognize suicidal intent**

- Did not take seriously/kept secret
- Observed warning signs
- Didn't respond to request for help

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Believe they may have caused suicide**

- Feels guilty about things said or done
- Recently punished or threatened to punish

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Had relationship with victim**

- Mentioned in note
- Boyfriend, girlfriend, friend
- Relatives
- Same social network
- Self-appointed therapist

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Identify with the student victim**

- Identifies with situation
- Views victim as a role model
- Believes life circumstances are similar

# RISK FACTORS FOR IMITATIVE SUICIDE

## **History of prior suicidal behavior**

- Previous attempt
- Preoccupied with death/suicide
- Family history of traumatic death
- History of impulsive/violent behavior

# RISK FACTORS FOR IMITATIVE SUICIDE

## **History of psychopathology**

- Poor baseline mental health
- Clinical depression
- Substance abuser
- Hospitalized for mental illness/substance abuse

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Symptoms of hopelessness/ helplessness**

- Desperate/ suicide seen as a solution
- Feels powerless to change life circumstances

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Suffered significant life stressors**

- Traumatic death of family member/friend
- Break-up in relationship
- Frequent changes in residence, schools, parental figures

# RISK FACTORS FOR IMITATIVE SUICIDE

## **Lacks social resources**

- Has few friends
- Lacks a supportive family

# **PREVENTION AND CONTAINMENT OF SUICIDE CLUSTERS: DEVELOPING A COMMUNITY POSTVENTION PLAN**

## **Resources**

**Postvention: Community Response to Suicide. New Hampshire National Alliance for the Mentally ill, 2005**

**Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, August, 19, 1988, Vol.37, No.SU-06**

# RATIONALE FOR THE DEVELOPMENT OF A COMMUNITY POSTVENTION PLAN

- A well coordinated postvention plan, developed through the efforts of a multidisciplinary team of community stakeholders, may be pivotal in preventing the contagion process that contributes to the development of suicide clusters.
- No single community agency has the resources or expertise to adequately respond to an emerging suicide cluster.
- Suicide is a complex issue; preventing suicide will require a coordinated community effort.

# POSTVENTION COORDINATING COMMITTEE: SUGGESTED PARTICIPANTS

- School district/university
- Law enforcement/legal services
- Hospitals/emergency services
- Clergy
- Public Health
- Mental Health
- Crisis centers/hotline staff
- Survivor groups
- Medical Examiner
- Funeral Director
- Media

# POSTVENTION COORDINATING COMMITTEE: DEVELOPING A PLAN

- Appoint host agency
- Establish notification process
- Develop/assign responsibilities/tasks
- Design mobilization criteria
- Create information sharing process
- Develop evaluation component

# POSTVENTION COORDINATING COMMITTEE: MOBILIZATION CRITERIA

- When youth suicides or attempted suicides occur closer together in space and time than is considered usual for the community

OR

- When one or more deaths from trauma occur in the community (especially among adolescents or young adults) that may influence others to attempt or complete suicide

# COORDINATING COMMITTEE: PLAN IMPLEMENTATION STRATEGIES

- Notification process
- Review and analysis of data
- Review responsibilities/tasks
- Conduct a needs assessment
- Make decision regarding plan implementation
- Consider potential problems/stressors
- Initiate responsibilities/tasks
- Share relevant information/data
- Make/implement recommendations
- Evaluate outcomes/revise protocol as needed

# YOUTH SUICIDE CLUSTERS: COMMUNITY CHARACTERISTICS

- Lack of integration and belonging
- Rapid community growth and large schools
- High rates of substance abuse
- Emphasis on material possession
- Lack of mental health services and little awareness of problem of youth suicide
- No 24-hour crisis hotlines
- Lack of networking and coordination among community agencies

# SUICIDE POSTVENTION: COMMUNITY GOALS

- Reduce the risk of further suicidal behavior
- Avoid glorifying or sensationalizing the suicide
- Avoid vilifying the decedent
- Identify youth that may represent a high risk for suicidal behavior
- Connect at-risk youth with community-based mental health resources
- Identify/alter environmental factors that may be influencing the process of contagion
- Provide long-term surveillance

**The journey through postvention begins and ends with an emphasis on prevention.**