If we want a world where people feel like their lives are worth living, we can’t have a society that says that some lives are worth more than others.
<table>
<thead>
<tr>
<th><strong>Definitions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Terminology</strong></td>
</tr>
<tr>
<td>Non-suicidal self injury</td>
</tr>
<tr>
<td>Non-suicidal morbid ideation</td>
</tr>
<tr>
<td>Suicidal ideation</td>
</tr>
<tr>
<td>Suicide attempt</td>
</tr>
<tr>
<td>Aborted suicide attempt</td>
</tr>
<tr>
<td>Interrupted suicide attempt</td>
</tr>
<tr>
<td>Suicide</td>
</tr>
<tr>
<td>Problematic</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Failed / successful suicide</td>
</tr>
<tr>
<td>Non-serious vs. serious attempt</td>
</tr>
<tr>
<td>Committed suicide</td>
</tr>
</tbody>
</table>
“BEHIND EVERY STATISTIC IS A TEAR”

Jerry Reed
2000 - 2021 Suicide Rate
Ages 10 to 24

Source: Centers for Disease Control Injury Control Reports (2021) WONDER. Accessed on January 26, 2023 | ICD-10 Codes: X60-X84, Y87.0,*U03
2000 - 2021 Suicide Rate
Ages 10 to 24 by Sex

Source: Centers for Disease Control Injury Control Reports (2021) WONDER. Accessed on February 26, 2023 | ICD-10 Codes: X60-X84, Y87.0,*U03
2020 Monthly Suicide Deaths USA
Ages 10 to 19

Fully remote

March 13, 2020

Hybrid
2021 Monthly Suicide Deaths USA
Ages 10 to 19 (n=2,940)
Myth: Suicide is a “White People” problem.

Fact: Suicide kills people of all races and ethnicities.

Source: Centers for Disease Control Injury Control Reports (2021) WONDER. Accessed on January 26, 2023 | ICD-10 Codes: X60-X84, Y87.0,*U03
Seriously Considered Attempting Suicide during the Past Year

- YRBS: high school students
Attempted suicide during the Past Year

- YRBS: high school students
### Percentage of high school students who seriously considered or attempted suicide during the past year

**USA 2021**

<table>
<thead>
<tr>
<th>Category</th>
<th>Considered attempting suicide</th>
<th>Attempted suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Male</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td><strong>Race &amp; Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AI/AN</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Black</td>
<td>14</td>
<td>22</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Native Hawaiian/OPI</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>White</td>
<td>9</td>
<td>23</td>
</tr>
<tr>
<td>Multiracial</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td><strong>Sexual Identity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>22</td>
<td>45</td>
</tr>
<tr>
<td><strong>Sex of Sexual Contact</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposite Sex Only</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td>Any Same Sex</td>
<td>33</td>
<td>58</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>Currently drank alcohol</td>
<td>39</td>
<td>35</td>
</tr>
<tr>
<td>Currently used marijuana</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Currently used an electronic vapor product†</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Ever used select illicit drugs</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>Ever misused prescription opioids†</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Currently misused prescription opioids§</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>

*For the complete wording of YRBS questions, refer to the appendix.
†Variable introduced in 2015.
‡Variable introduced in 2017.
§Variable introduced in 2019.
**Myth:** People who are suicidal are weak.

**Fact:** People are suicidal despite enormous strength and courage.
Myth: If I ask someone about suicide, I’ll put the idea in their head.

Fact: Asking someone about suicide will not make them suicidal (Gould et al., 2005).
T6: SAFETY
T5: ABFT
T4: ABFT / DBT / CBT-SP
T3: PREPaRE / Safety Planning
T2: CARE / RY
T1: GBG / SOS / YAM / QPR

Out of school

In school
Intervention after a suicide death to address grief and loss and prevent future suicide deaths
Research shows that postvention is effective in addressing grief and loss, including traumatic loss, but there is no evidence that postvention is effective in preventing suicide deaths (Sokol, 2021).

Postvention is most effective when it is planned for and is respectful of the cultural variations associated with grief and loss.
Strangers

Acquaintances

Family

Most at risk

Most in need of grief support

Brent, 1993; Gould et al., 2018
Digital grief and loss

• Don’t dismiss the positive use of social media. Digital users, particularly teens, turn to social media for immediate emotional support from their online communities. By connecting with others, they feel less isolated. Try to be understanding if someone’s style of grieving is more public than yours. Family members should not discourage loved ones from reaching out to their peer groups online.

• Find out what the family’s wishes are before posting anything. Not everyone wants their lives or their emotions to be shared online. It’s important to know what the family wants to share and what they would prefer to keep out of the public eye.

• Be thoughtful when sharing your message of grief and support. The phrase “thoughts and prayers” has been repeated so many times that it’s lost meaning. Be authentic and sincere. Share a memory. What was special about them? How did you meet, and what did you enjoy together? A short message that will remind others of what the person meant to you will be appreciated.

Source: 
“Exposure to suicide itself is not inherently risky, though it may be inherently distressing; instead, whether it results in increased vulnerability depends on the meaning an individual makes of the experience and likely the context surrounding the death.”

- **Increased vulnerability:** in those overwhelmed by grief after loss, suicide becomes a real option to resolve problems

- **Decreased vulnerability:** The consequences of suicide become real; the risk of harming others acts as a deterrent from suicide.

(Miklin et al, 2019)
Identify the local narratives, especially salient role models who thought about suicide but never attempted.

Focus on narratives about connecting with community and cultural resources to pull through.

Highlight the consequences of suicide.

Schools should not ignore suicide deaths. Rather they should address them head on in order to disrupt perpetuation of local narratives that make suicide the logical end point for all youth.
Our losses may be so similar and experiences so different.

-Amelia Lehto
Preparing

- Develop a staff phone tree
- List of home / cell numbers of outside support personnel
- Cultural responsiveness training
- Identify space for meetings and safe rooms
- Prepare Go-kits
- Develop policies for memorials and funeral attendance
- Develop policies & establish presences on social media networks
- Designate a media spokesperson / establish relationship with local media

FIRST 24-HOURS

**Activate**
Activate the crisis team and notify key personnel

**Determine**
Determine if siblings attend school and notify administrators

**Arrange**
Arrange to have someone meet with every class the student attended

**Remove**
Remove student’s name from computer lists (no robo calls for absences, teachers do not see name on attendance list)

**Ask**
Ask for student input about upcoming extracurricular events (what do they think is appropriate / inappropriate)

Verify facts / respect family privacy

- Who died, when, where and how.
- Designate a staff member to gather this information
- Offer family condolences
- “Parents, I am so, so sorry about what happened to Adam. You and your family are in our thoughts, and we wanted you to know if there is anything you need, please let us know. We don’t want to bother you in any way, but we want to help you in any way we can” (Miller, 2011, p. 118).
- Share accurate information as quickly as possible - kids often think adults keep secrets from them.

Determine level of response (minimal, building, district, regional)

• Notification (refer to AFSP/SPRC “After a Suicide” Toolkit for samples)
  • teachers and staff / meeting
  • students in class meetings
  • parents & community / coordinate meetings

• Prioritize students needing immediate support
  • Geographical & psychosocial proximity, at-risk youth, threat perception
  • Obtain parental permission prior to meeting
  • Go Kits
  • Safe rooms: two adults, 8 – 10 kids
  • Follow-up and referrals

Who is most vulnerable?

+ E.g. you don’t want people who witnessed the suicide in the same
group with people who did not
+ Best friends should be in their own group, not with gen pop
+ Separate group for youth with existing risk / vulnerabilities?

PREPaRE distinguishes between a 20-minute
information-only “psychoed” debrief and a longer
emotional “first-aid.”
Psychoed

1. Give all students accurate information about suicide
2. Prepare students for the kinds of reactions that can be expected after hearing about a peer’s suicide death
3. Provide them with safe coping strategies they can use to help them in the coming days and weeks
4. Answer questions students may have and dispel any rumors

First Aid
Debriefing

Explore feelings
  + What is your biggest concern about the immediate future?
  + What would help you feel safer right now?

Empowerment phase
  + Self-help / support groups / help victims

# Debrief slide

<table>
<thead>
<tr>
<th>Phase</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro</td>
<td>[Adult explains that it will help to talk. Be sympathetic. Allow students time to relax.] Confidentiality No notes, just lists of people who attended</td>
</tr>
<tr>
<td>Facts</td>
<td>Where were you before, during and after the incident? What happened? What did you do?</td>
</tr>
<tr>
<td>Feelings</td>
<td>How did you react? How did you feel at the time? How did you feel later, when it was over? How are you now?</td>
</tr>
<tr>
<td>Future</td>
<td>[Adult reassures students about the normality of their reactions.] What do you feel you need - if anything? Are you ready to go back to class?</td>
</tr>
</tbody>
</table>

FIRST 24-HOURS

• What not to say to youth:
  + Your friend is in a better place
  + They are with God now / it is God’s will / God needed another angel
  + I understand how you feel
  + Keep your chin up / stay strong

• Proactively use and monitor social media / work with press

• Debrief at the end of the day

• Don’t forget to care for school staff

I’m a social worker. I talk and listen all day. Makes my self-care hard, especially for those I love.

At the end of the day, I don’t want to talk OR listen.
Approach support from a culturally respectful stance

Be intentional about funeral attendance

Memorials

Address the Empty Desk

Monitor for suicide risk

Evaluation: There is no perfect postvention. Ask students, staff and community: “what did we do well? What was missing? What could we do better net time? What were the holes in our plan?"

Circle back to prevention programming

TELL ME WHERE YOU HURT

TELL ME WHAT I NEED TO DO

- Ed Schneidman

@socworkpodcast

#SPSM
Months and years after...

- Acknowledge the diversity of grief reactions (or lack thereof)
- Complicated grief / PTSD
  - Grief counseling groups
  - Survivors of suicide loss
- Monitor for suicide risk
- Anniversaries (death, birthday, prom, graduation, 2 years-post)

Long-term postvention

Identifying and responding to grief, trauma and prolonged grief disorder
Terminology

- **Bereavement** is experiencing the loss of a significant person
- **Grief** is the intense psychological response that accompanies bereavement
  - Grief responses change over time
  - New activities can help reorganize life
  - Identity may also change to incorporate the recognition of death
- **Mourning** refers to the process of adaptation to the loss, a dynamic process that is strongly influenced by sociocultural norms and rituals
• *Trauma* is about fear. PTSD has been identified as a disorder of memory.

• *Traumatic grief* can include both fear and loss. A kid might experience traumatic grief if they have experienced more than one violent death (e.g. suicide and car accident). A community might collectively experience traumatic grief after multiple suicides, fearing that the next suicide might happen at any moment.

• *Deceased vs. loved one.* TF-CBT uses *deceased, important person, significant attachment*, instead of *loved one* to acknowledge that there are many different feelings about the deceased.
The four most common patterns of bereavement process

adapted from G.A. Bonanno, “Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Adverse Events?” American Psychologist 59:20-28
Interventions

• Non-specific interventions
  + What would you like to say to the person who died?
    • “What would you like to say to [name] and what do you think they would say to you?”
    • Write it out
  + Hope kits / grief boxes

• Manualized interventions
  + Trauma-focused cognitive behavior therapy (TF-CBT)
  + TGCTA: Trauma and Grief Component Therapy for Adolescents
• Module 1: eight skills/group cohesion-building sessions;
• Module 2: three trauma processing sessions that can be repeated as needed based on the number of group members/traumatic experiences processed;
• Module 3: six grief/loss processing sessions;
• Module 4: four developmental progression sessions.

• Researchers (Herres et al, 2018) found that youth whose symptoms were internalized vs. externalized took longer to show benefit from the treatment. 
  + The sharing of narratives in a supportive group context was particularly valuable for reducing negative self-attributions or shame associated with trauma or loss-related experiences in internalizing students.
Call 800-852-8336 from 6pm to 10pm PST or text "TEEN " to 839863 from 6pm to 9pm PST

Text HELLO to 741741
Free, 24/7, Confidential

GET HELP 24/7:

TrevorText
Text START to 678678

TrevorChat
TrevorChat.org

TrevorLifeline
866.488.7386

988 SUICIDE & CRISIS LIFELINE

TRANS LIFELINE
(877) 565-8860

CRISIS TEXT LINE |
Dr. Sherry Molock
https://psychology.columbian.gwu.edu/sherry-molock
Dr. Arielle Sheftall
https://www.nationwidechildrens.org/find-a-doctor/profiles/arielle-h-sheftall
Dr. Sean Joe
https://brownschool.wustl.edu/Faculty-and-Research/Pages/Sean-Joe.aspx

TEXTS ABOUT SUICIDE AND BLACK AMERICANS
PRACTICAL TEXTS ON SUICIDE & ASSESSMENT
PRACTICAL TEXTS ON SUICIDE & ASSESSMENT

The Suicidal Thoughts Workbook
KATHRYN HOPE GORDON, PhD
GQR SKILLS TO REDUCE EMOTIONAL PAIN, INCREASE HOPE, AND PREVENT SUICIDE

rethinking suicide
WHY PREVENTION FAILS, AND HOW WE CAN DO BETTER
CRAIG J. BRYAN

Suicide: Blueprint for Youth Suicide Prevention
Home / Patient Care / Suicide Blueprint for Youth Suicide Prevention

Child and Adolescent Suicidal Behavior
SECOND EDITION
School-Based Prevention, Assessment, and Intervention
DAVID N. MILLER
PRACTICAL TEXTS ON SUICIDE & BEREAVEMENT
Thank you!
Jonathan B. Singer, PhD, LCSW
Loyola University Chicago, School of Social Work
Social Work Podcast