



# **SUICIDE POSTVENTION: THEORY AND PRACTICE**

**Frank J. Zenere, Ed.S.  
School Psychologist  
School Crisis Management Specialist  
Miami-Dade County Public Schools**

“We can never go back. The thing we deal with after suicide...it doesn't get better. It just changes with time. We will be affected profoundly by this for years to come. It is not something that can be forgotten.”

Peter Greene

# 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

# SUICIDE POSTVENTION IN SCHOOLS: RATIONALE

A study found that no new suicides occurred during a four year followup period in schools where adequate intervention services were provided, whereas the number of suicides significantly increased in schools that did not institute appropriate intervention (Poijula et al., 2001).

# 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

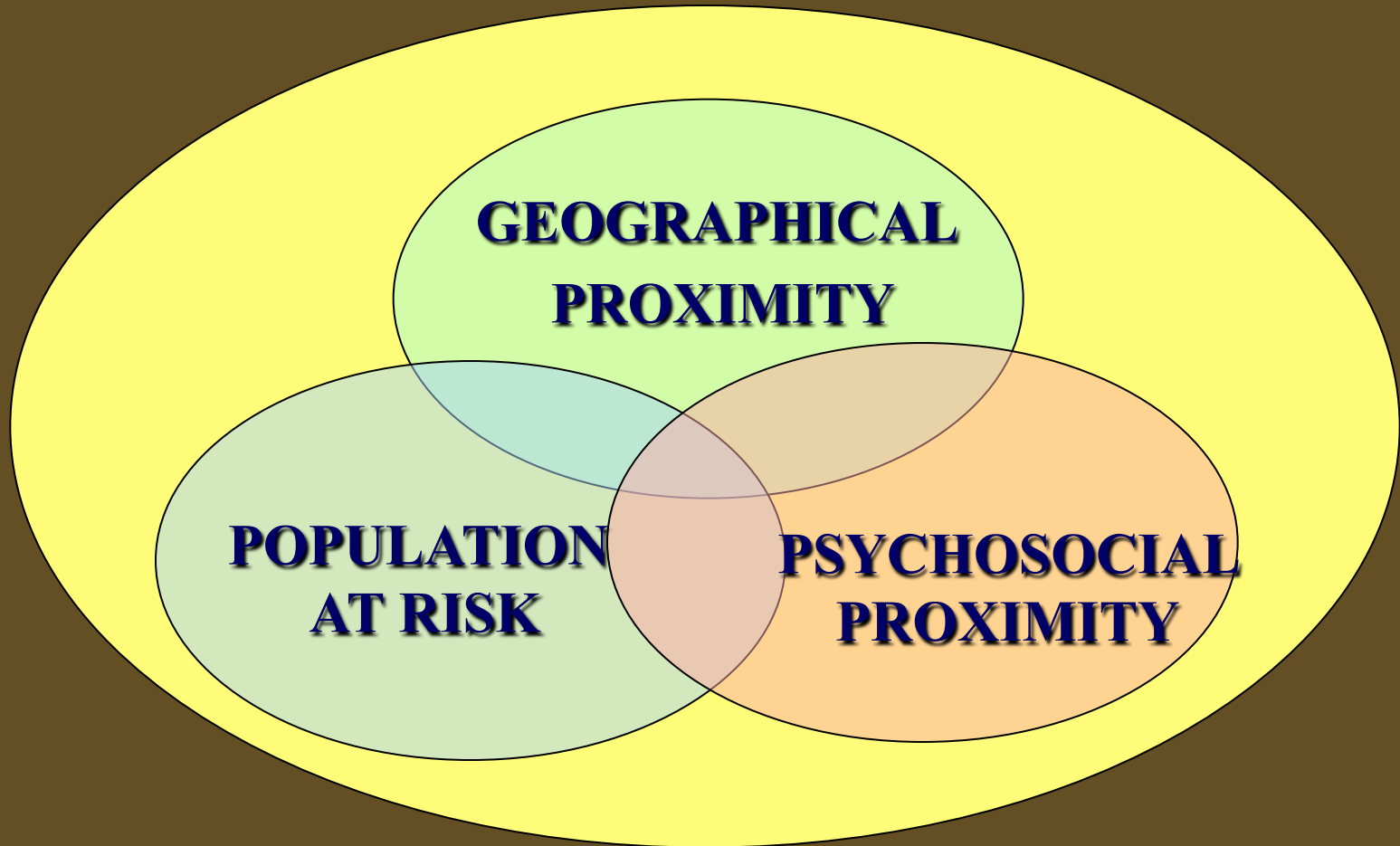
- Verify suicide
- Assess the potential impact on the school
- Estimate level of response resources required
- Advise principal how to proceed
- Contact family of suicide victim
- Determine what and how information is to be shared-  
seek permission to disclose
- Mobilize the crisis response team
- Inform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



**SUICIDE POSTVENTION GUIDELINES:  
RISK IDENTIFICATION STRATEGIES**



# CIRCLES OF VULNERABILITY



# SUICIDE 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 school/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?

# SUICIDE 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/staff absences in the days following a student/staff suicide

# SUICIDE 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
- Identify students at the funeral who are particularly troubled

# SUICIDE 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

# SUICIDE POSTVENTION RESEARCH

- Any exposure to a peer's suicide is relevant, regardless of the proximity to the decedent (Swanson & Colman, 2013).
- Adolescents who had a friend who attempted suicide are two to three times more likely to make an attempt themselves (Flick, 2011).
- Schools and communities should be aware of increased risk for at least two years following a suicide event (Swanson & Colman, 2013).



# 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

# SUICIDE POSTVENTION: RESPONSE PROTOCOL

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

# 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

# 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
  - ✓ Stress alternatives
  - ✓ Help is available
  - ✓ Provide resources

# SUICIDE POSTVENTION: CAUTIONS

- Avoid romanticizing or glorifying event
- Avoid vilifying victim
- Do not provide excessive details
- Do not describe event as courageous or rational
- 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: 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)



# MEMORIAL ACTIVITIES FOLLOWING SUICIDE

- ❑ Don't conduct on-campus memorial services
- ❑ 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

- Treat all deaths in the same way
- Do something to prevent other suicides
- Develop living memorials that will help students cope with feelings and problems
- Allow spontaneous, but limited memorials
- Encourage impacted students, accompanied by their parents, to attend the funeral
- Encourage parents and clergy to avoid glorifying the suicidal act

# MEMORIAL ACTIVITIES FOLLOWING SUICIDE

- Provide a day of community service
- Sponsor a mental health awareness day
- Purchase books on mental health for the school media center
- Raise funds for local crisis center
- Create a memory book for the family of the deceased

**Gould, M. et al.( 2003); Jellinek, M., et al.( 2007); National School Boards Association, (1998)**

# 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.

# CONTAGION IMPACT OF SUICIDAL BEHAVIOR

- ❑ **Suicide Contagion:** The process in which exposure to suicide or related behaviors influences others to contemplate, attempt or die by suicide (O' Carroll & Potter, 1994, U.S.Dept. of Health & Human Services)
- ❑ **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 method of suicide used by another person.

# SUICIDE CLUSTERS: TYPES OF CLUSTERS

- **Point Clusters:** suicides localized in time and space, which have been attributed to social learning from individuals in close proximity. (e.g., community-based cluster).
- **Mass Clusters:** suicides localized in time but not space (e.g., celebrity suicide glamorized through mass media coverage that contributed to widespread additional suicides).

# 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).
- ❑ More than 13% of adolescent suicides are potentially explained by clustering (Gould, Wallenstein & Kleinman ,1990; Mercy,Kresnow & O' Carroll, 2001).
- ❑ 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 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.
- ❑ 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).

# MEDIA REPORTING ON SUICIDE: GUIDELINES

## What to avoid

- ❑ Avoid detailed descriptions of the suicide, including specifics of the method and location.
- ❑ Avoid romanticizing the victim.
- ❑ Avoid featuring tributes by friends or relatives.
- ❑ Avoid accounts of other adolescent suicide attempts.
- ❑ Avoid glamorizing celebrity suicides.

# MEDIA REPORTING ON SUICIDE: GUIDELINES

- Avoid oversimplifying the causes of suicide and/or presenting them as inexplicable or unavoidable.
- Avoid overstating the frequency of suicide.
- Avoid using the words “committed suicide” or “failed or successful suicide attempt.”
- Avoid giving headline prominence to a suicide; also avoid using suicide in the headline.
- Avoid describing the site or showing pictures.

# MEDIA REPORTING ON SUICIDE: GUIDELINES

## What to do

- ❑ Include referral phone numbers and information about local crisis intervention services
- ❑ Emphasize recent treatment advances for depression and other mental illnesses
- ❑ Emphasize actions taken that can prevent suicide

# SUICIDE CONTAGION: SOCIAL MEDIA DYNAMICS

- Increasingly becoming a preferred venue for youth to express their thoughts and feelings following the suicide of a friend or family member.
- Certain messages (e.g., those that glamorize suicide and details regarding the method used) may contribute to contagion (Suicide Prevention Resource Center, 2006).

# 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

# Preventing/Containing a Suicide Cluster

- Identify other students at possible risk for suicide
- Provide school-based counseling services
- Partner with local mental health resources
- Implement suicide awareness programs to educate school personnel about risk factors and warning signs associated with youth suicidal behavior
- Train students to recognize the risk factors and warning signs associated with youth suicidal behavior

# Preventing/Containing a Suicide Cluster

- Educate students as to when, where and how to seek mental health services for themselves or others
- Provide gatekeeper training programs for community members that work with young people; e.g., coaches, clergy, youth group leaders and parents
- Promote the restriction of access to lethal means of harm
- Build a Community Coalition



# **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

# 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

# Community Postvention Committee: Potential Actions

- Create a position for a suicide prevention resource coordinator
- Provide additional counseling staff in affected schools
- Provide screening programs in affected schools
- Develop alcohol and drug prevention treatment programs for youth
- Develop teen centers for youth to engage in activities with caring adults

# Community Postvention Committee: Potential Actions

- Create a public awareness campaign to educate the community about mental illness and suicide in an effort to decrease stigma and increase help-seeking
- Identify ways to reach at-risk youth who are not in the education system, such as dropouts or those in the juvenile justice system

# QUESTIONS

