Youth Suicide Postvention

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Social Work Podcast

Why I do this work

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.

Definitions

Terminology	Definition
Non-suicidal self injury	Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent. (e.g., "She cut herself but had no intention to end her life.")
Non-suicidal morbid ideation	Thoughts about one's death without suicidal or self-injurious content. (e.g., "He wondered if the roof would collapse on him tonight.")
Suicidal ideation	Thoughts of ending one's life
Suicide attempt	Any non-fatal potentially injurious behavior with intent to end one's life. A suicide attempt may or may not result in injury. (e.g., "She took seven ibuprofen hoping she would die.")
Aborted suicide attempt	Individual stops themselves before making an attempt
Interrupted suicide attempt	Individual is stopped by an outside force (person or circumstance)
Suicide	The act of intentionally ending one's life.
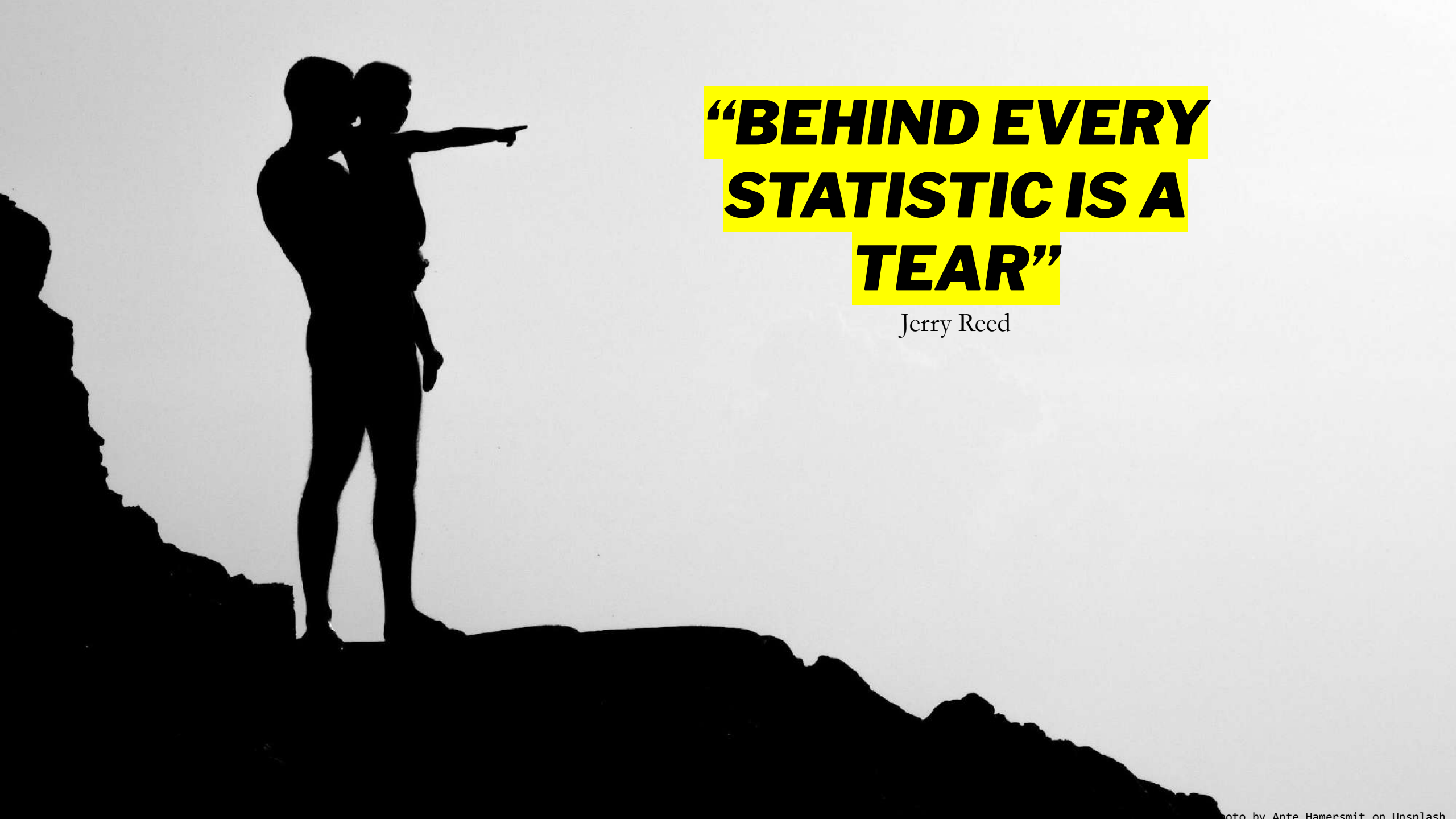
Preferred and problematic terms

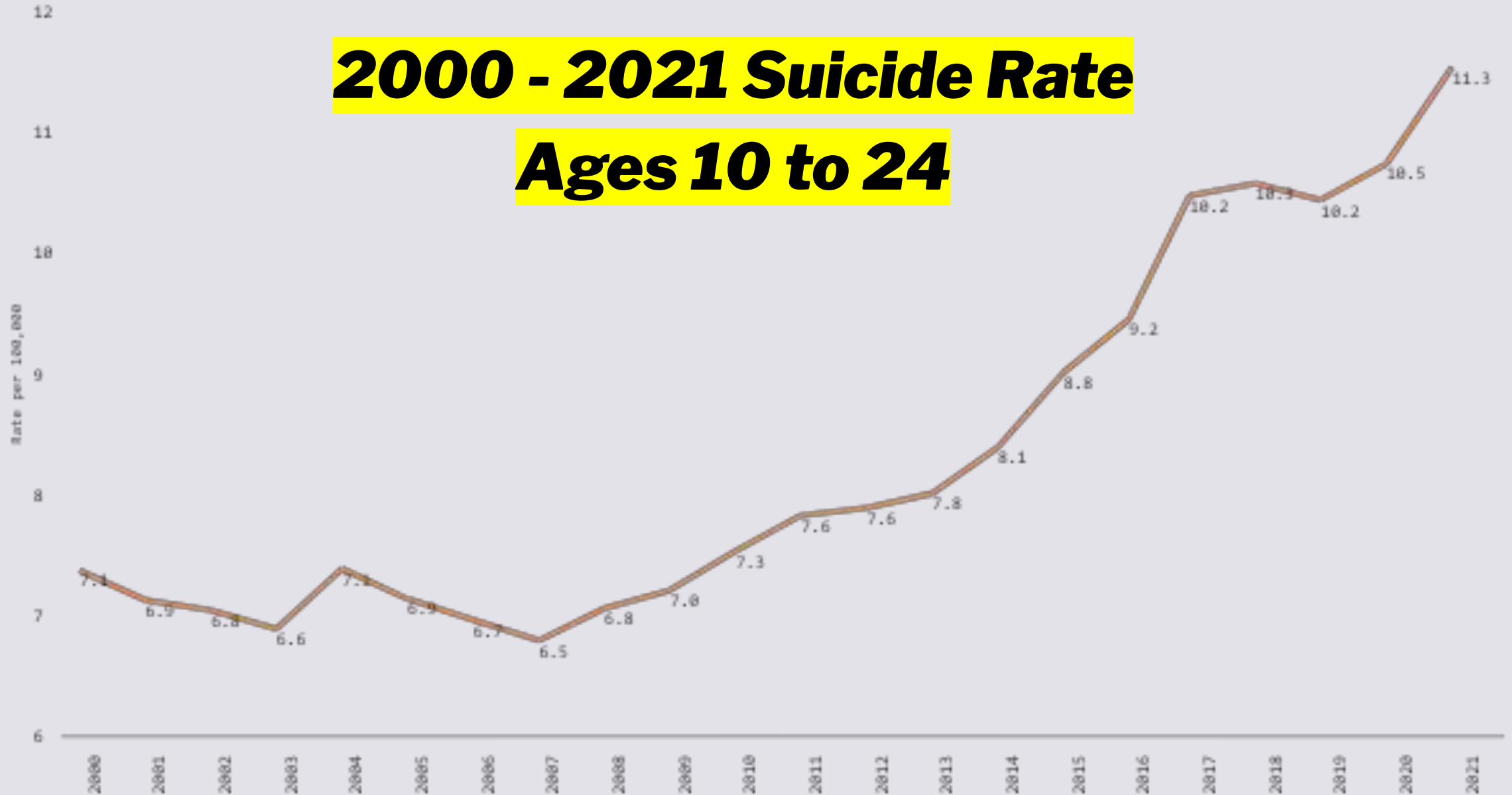| Problematic	Why?	Preferred
Failed / successful suicide	Frames living as a failure and dying as a success	Suicide attempt / suicide
Non-serious vs. serious attempt	Judging the severity diminishes the pain that the person who made the attempt is experiencing. If distinctions are necessary, describing the lethality is preferred.	Low-lethality vs. high lethality
Committed suicide	The term "committed" has negative connotations, such as committed murder or committed rape.	Died by suicide / killed themselves

"BEHIND EVERY STATISTIC IS A TEAR"

Jerry Reed

2000 - 2021 Suicide Rate Ages 10 to 24

Rate per 100,000

12
11
10
9
8
7
6

7.1
6.9
6.8
6.6
7.2
6.9
6.7
6.5
6.8
7.0
7.3
7.6
7.6
7.8
8.1
8.8
9.2
10.2
10.3
10.2
10.5
11.3

2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021

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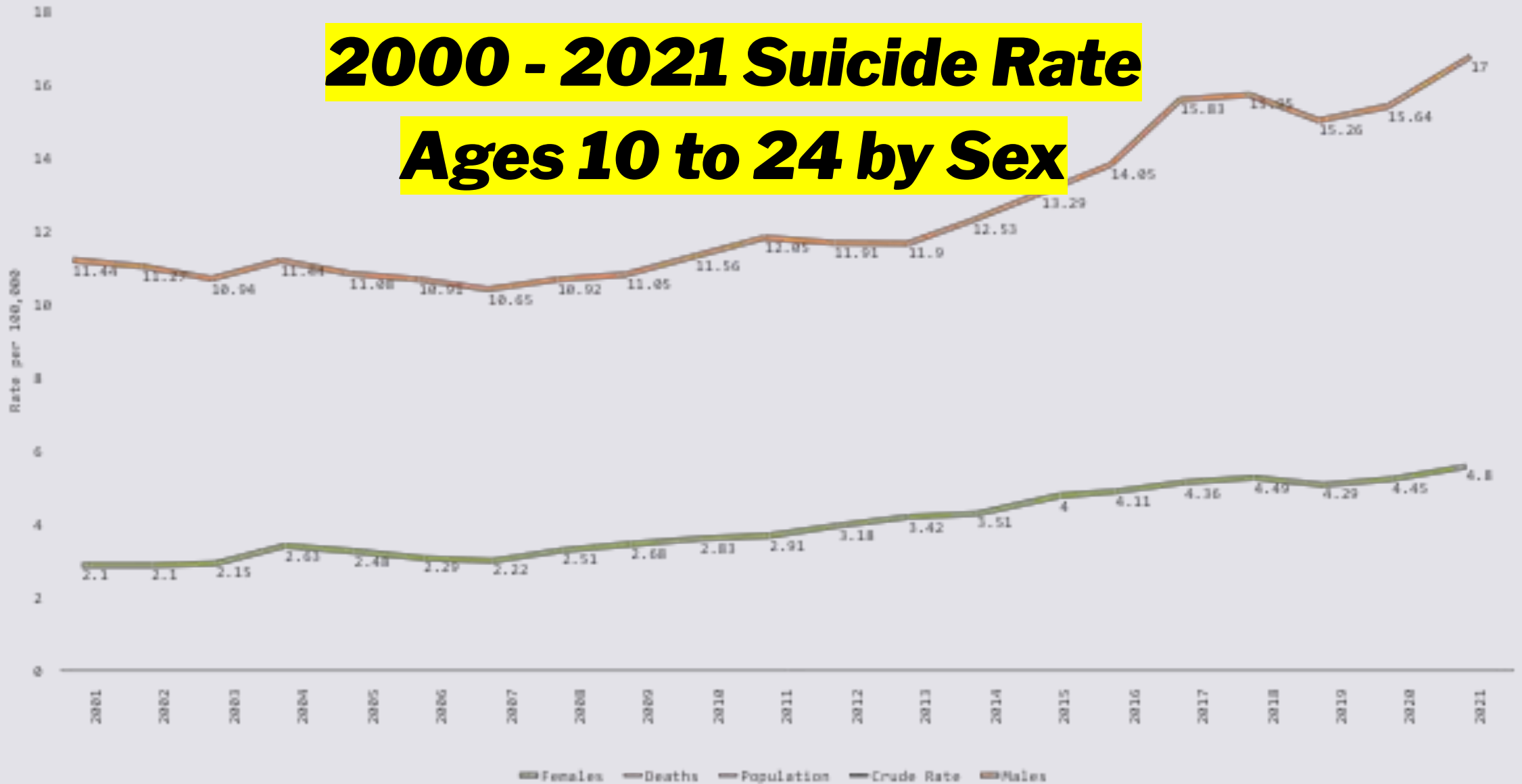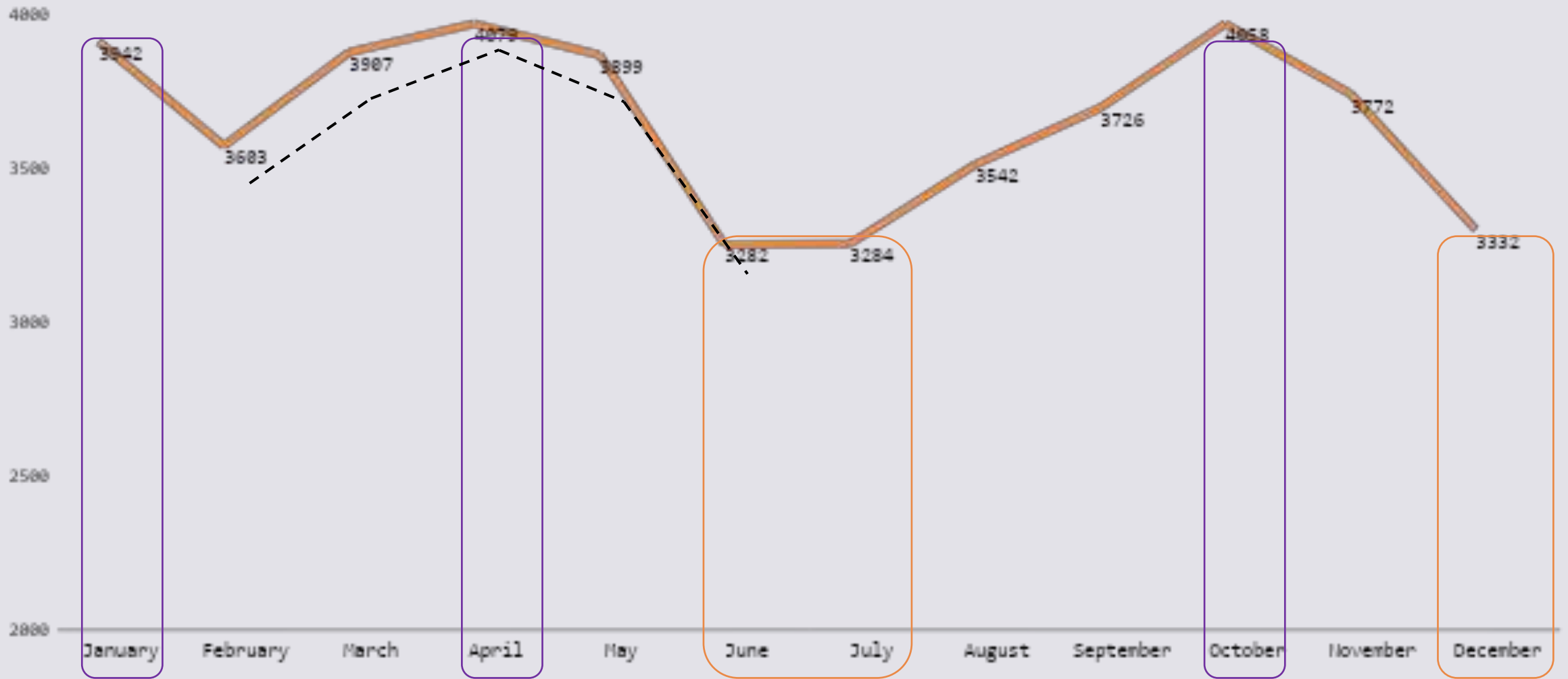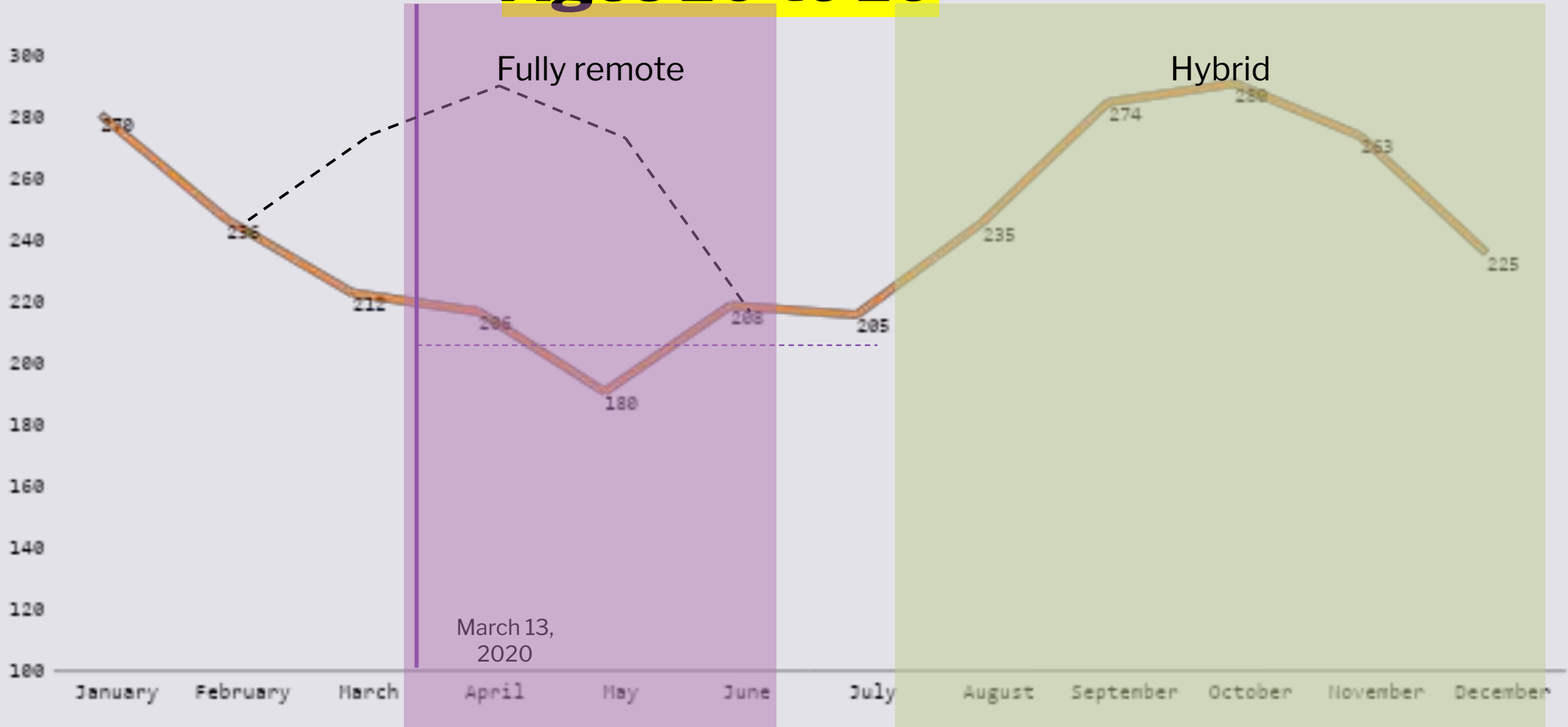
2000 - 2021 Suicide Rate Ages 10 to 24 by Sex

Source: Centers for Disease Control Injury Control Reports (2021) WONDER. Accessed on February 26, 2023| ICD-10 Codes: X60-X84, Y87.0,*U03
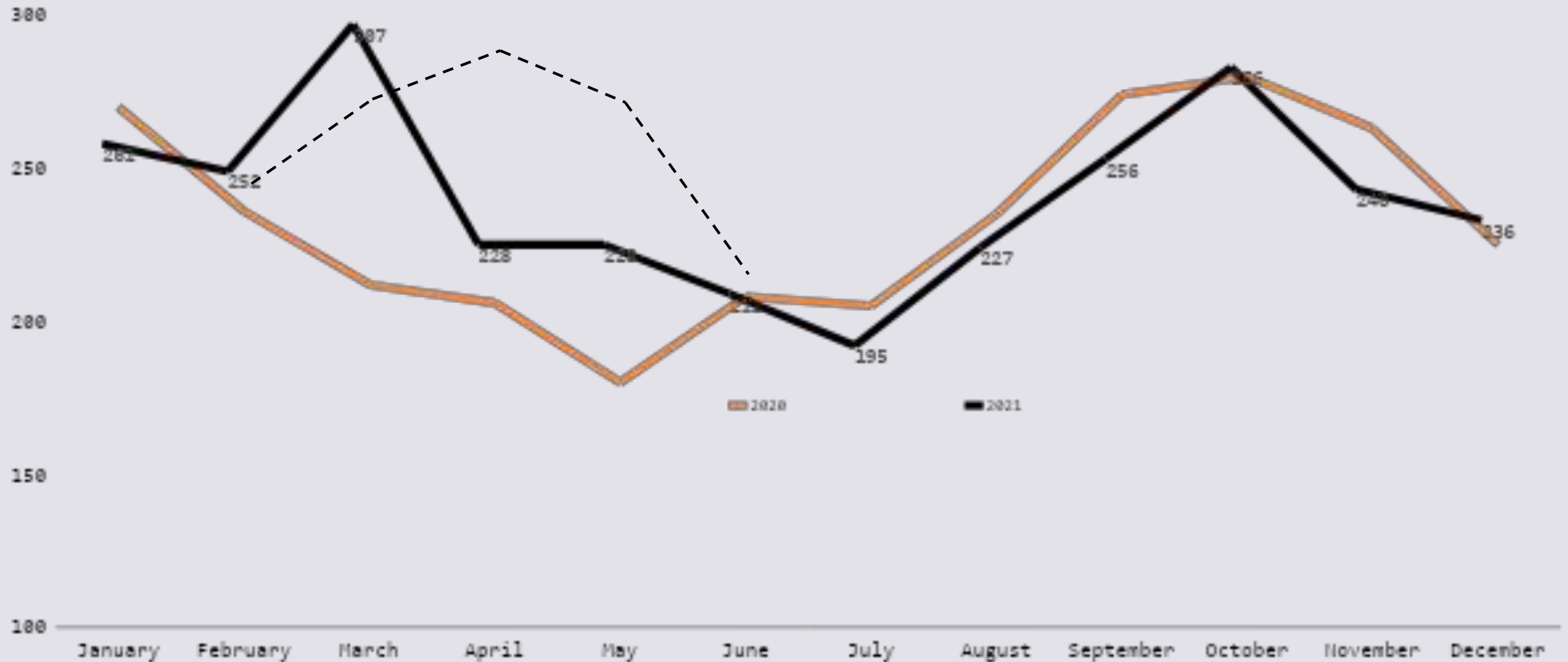
1999 - 2019 Monthly Suicide Deaths USA Ages 10 to 19

2020 Monthly Suicide Deaths USA Ages 10 to 19
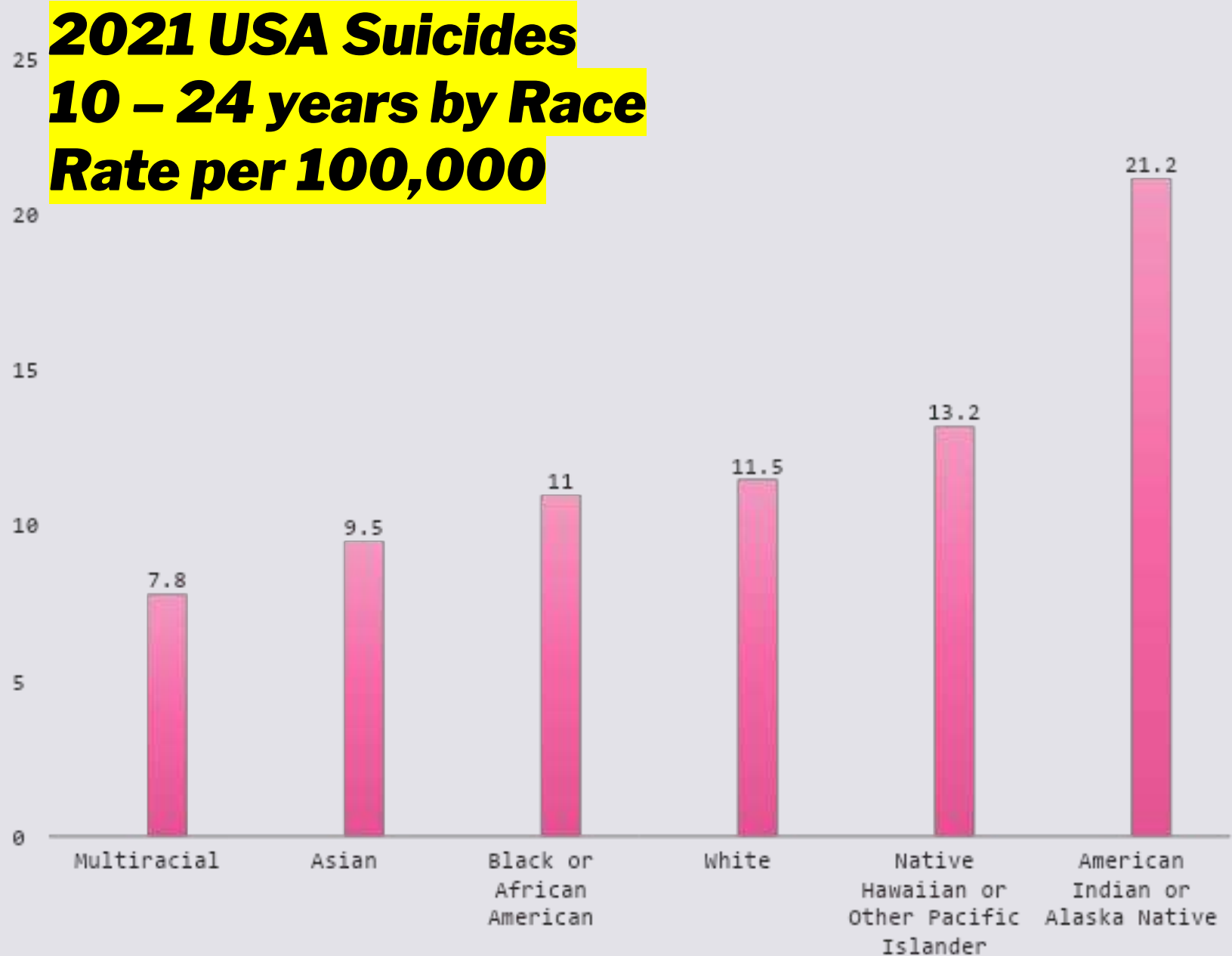
Fully remote

Hybrid

March 13, 2020

300
280
270
260
240
236
220
212
200
206
180
180
160
140
120
100

208
205
235
274
288
263
225

January February March April May June July August September October November December

Myth: Suicide is a "White People" problem.

Fact: Suicide kills people of all races and ethnicities.

2021 USA Suicides 10 – 24 years by Race Rate per 100,000

- Multiracial: 7.8
- Asian: 9.5
- Black or African American: 11
- White: 11.5
- Native Hawaiian or Other Pacific Islander: 13.2
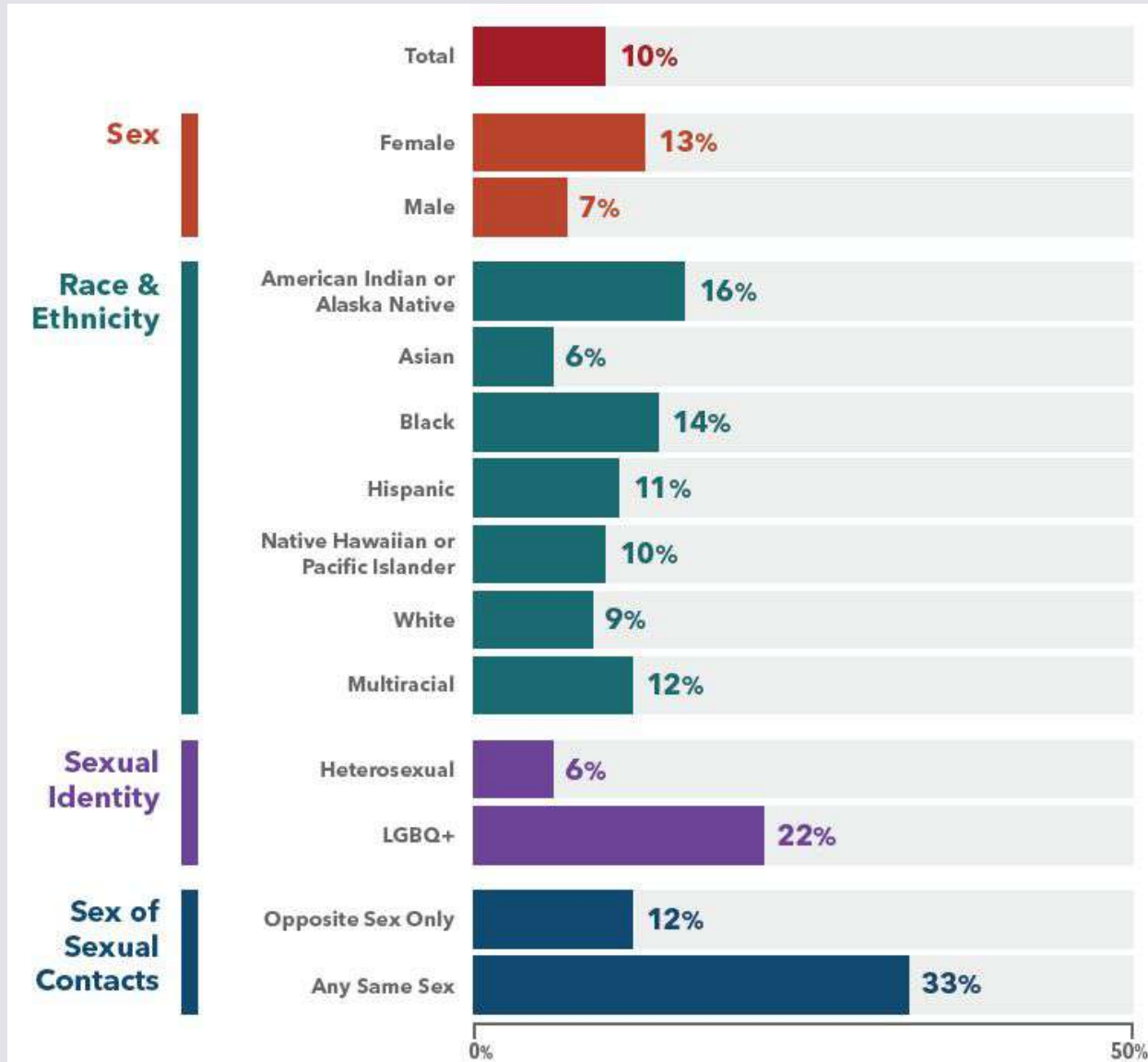- American Indian or Alaska Native: 21.2

Seriously Considered Attempting Suicide during the Past Year

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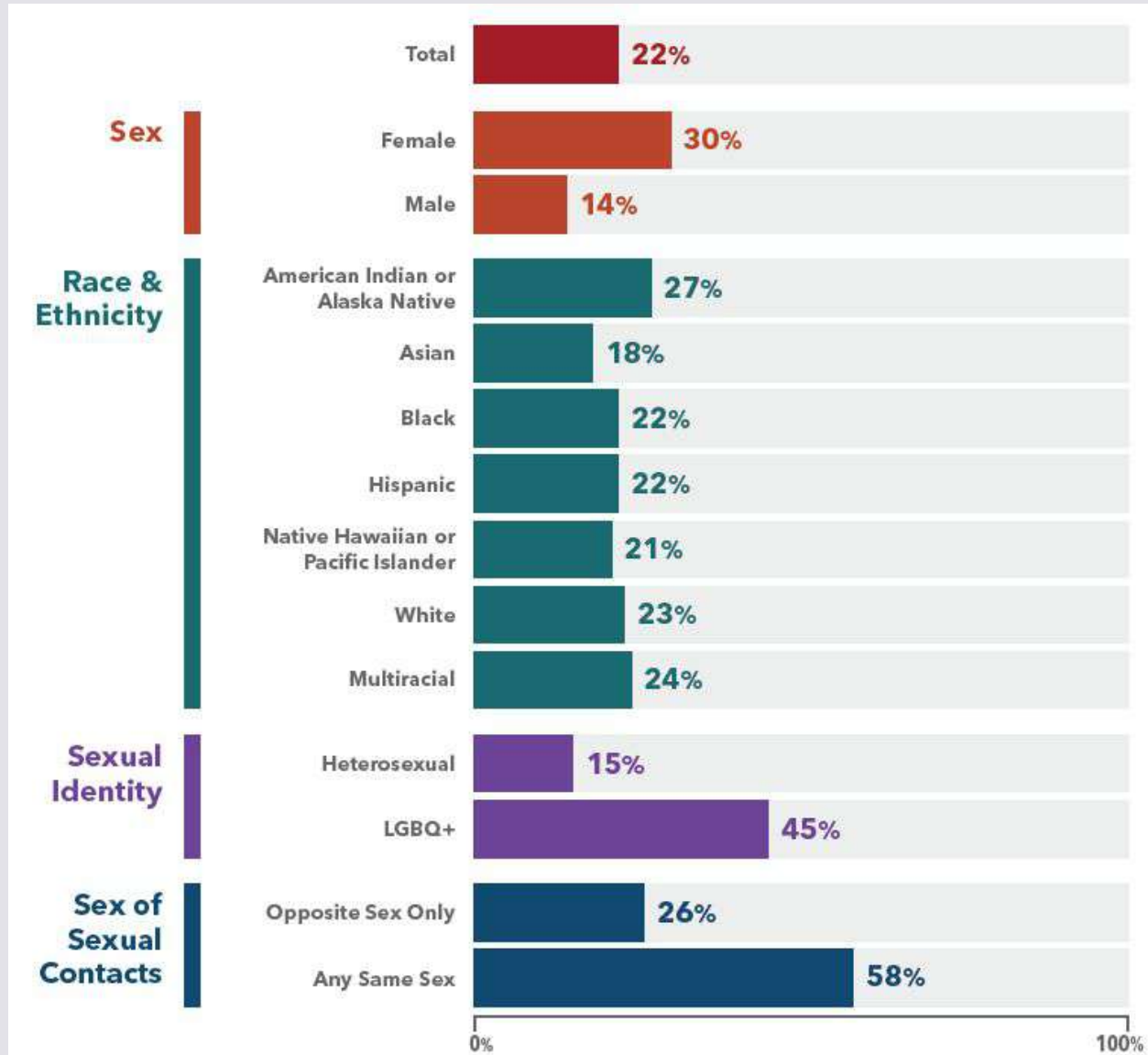
Attempted suicide during the Past Year

- YRBS: high school students

USA 2021
Percentage of high school students who seriously considered or attempted suicide during the past year

		Considered	Attempted
	Total	22	18
Sex	Female	30	13
	Male	14	7
Race & Ethnicity	AI/AN	27	16
	Asian	18	6
	Black	22	14
	Hispanic	22	11
	Native Hawaiian/OPI	21	18
	White	23	9
	Multiracial	24	12
Sexual Identity	Heterosexual	15	6
	LGBQ+	45	22
Sex of Sexual Contact	Opposite Sex Only	26	12
	Any Same Sex	58	33

☐ Considered attempting suicide   ◼ Attempted suicide

Texas Data

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Currently drank alcohol	39	35	33	30	29	23	🟢
Currently used marijuana	23	23	22	20	22	16	🟢
Currently used an electronic vapor product[†]	–	–	24	13	33	18	🟡
Ever used select illicit drugs	19	16	13	13	13	13	🟢
Ever misused prescription opioids[‡]	–	–	–	14	14	12	🟢
Currently misused prescription opioids[§]	–	–	–	–	7	6	🟡

*For the complete wording of YRBS questions, refer to the appendix.

[†]Variable introduced in 2015.

[‡]Variable introduced in 2017.

[§]Variable introduced in 2019.
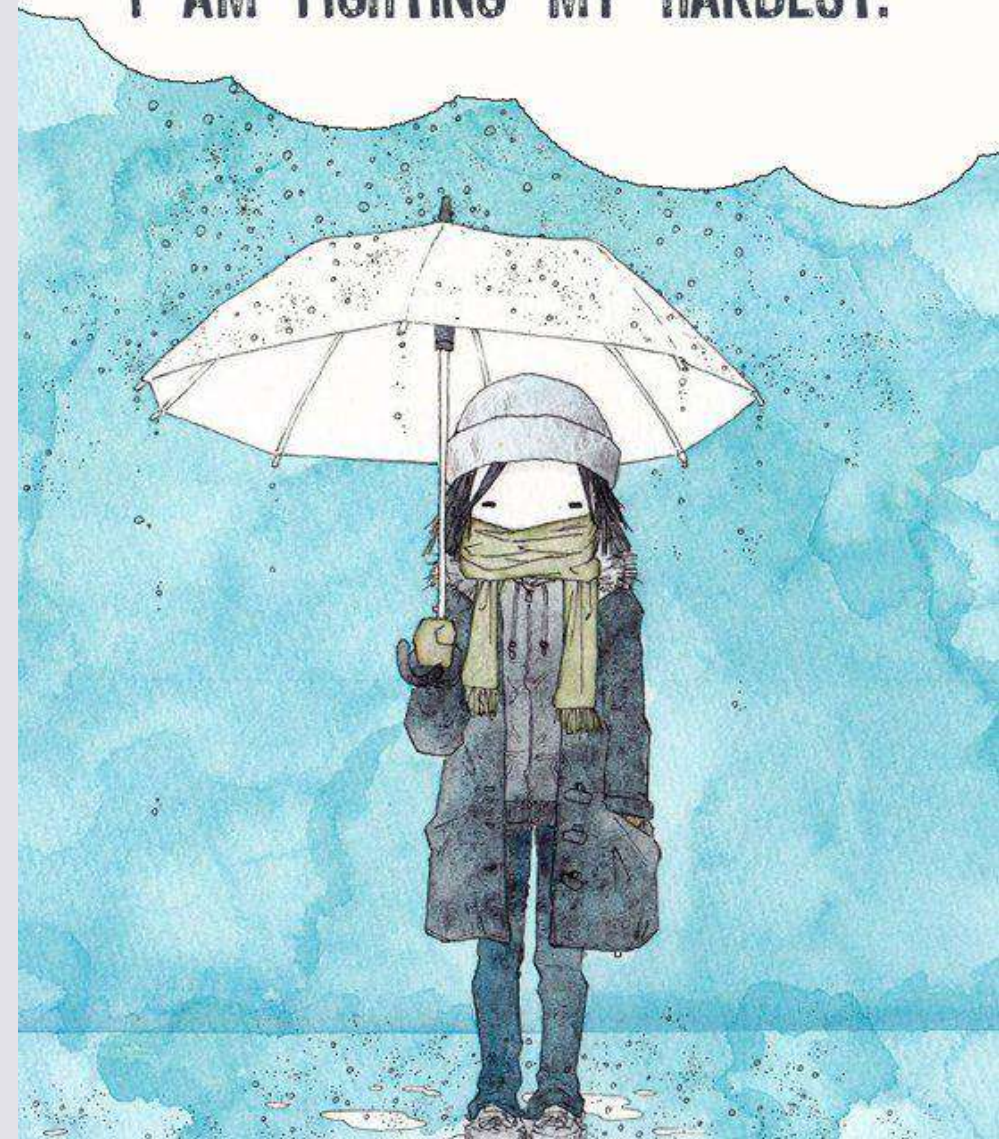
🔴 In wrong direction

🟡 No change

🟢 In right direction

Myth: People who are suicidal are weak.

Fact: People are suicidal despite enormous strength and courage.
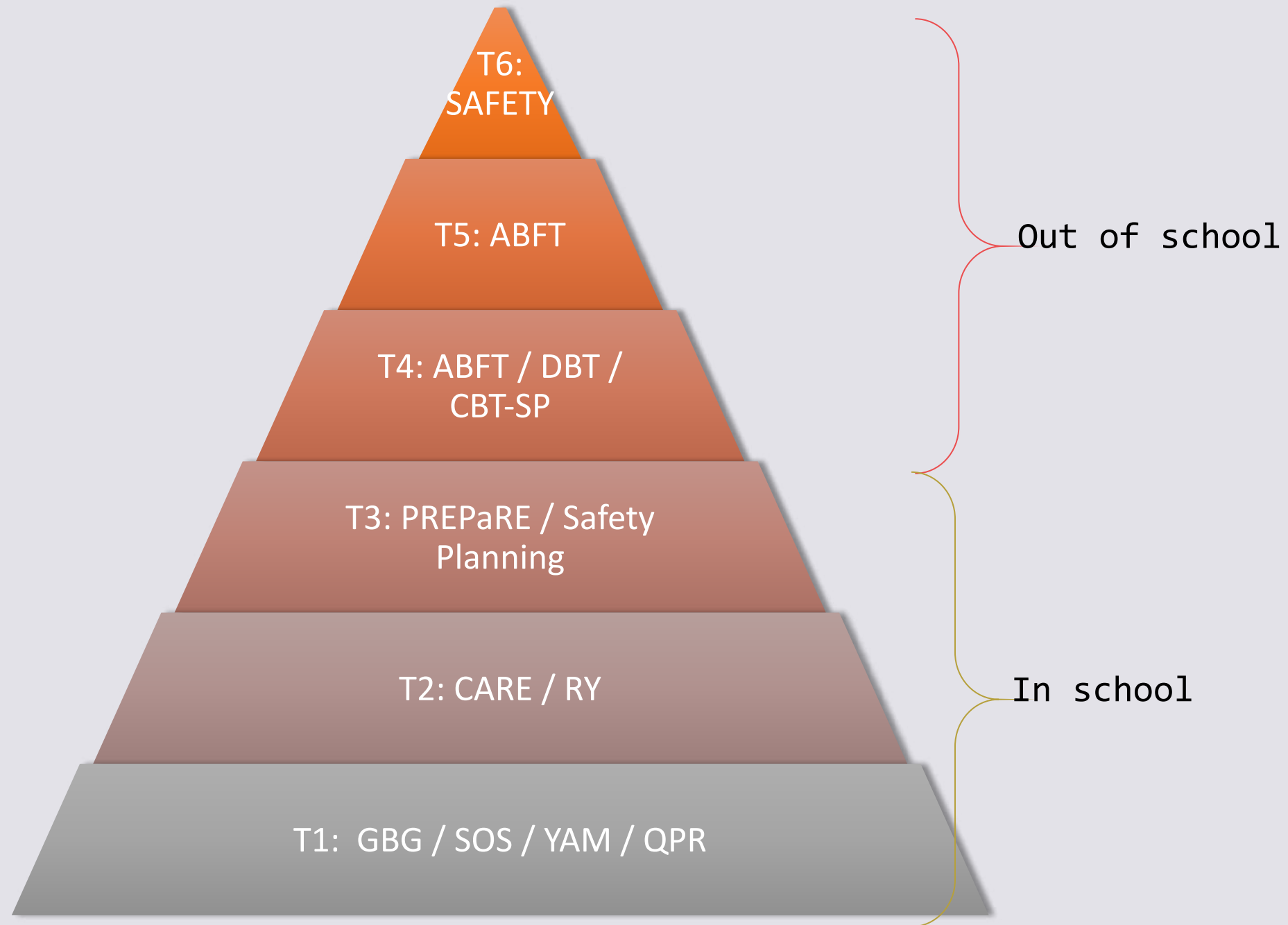

DO NOT CONFUSE MY BAD DAYS AS A SIGN OF WEAKNESS. THOSE ARE ACTUALLY THE DAYS I AM FIGHTING MY HARDEST.

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).

POSTVENTION

Intervention after a
suicide death to address
grief and loss and prevent
future suicide deaths

You want to step into a cultural bubble without breaking it.

Sade Heart of the Hawk Ali

POSTVENTION

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 → Most at risk
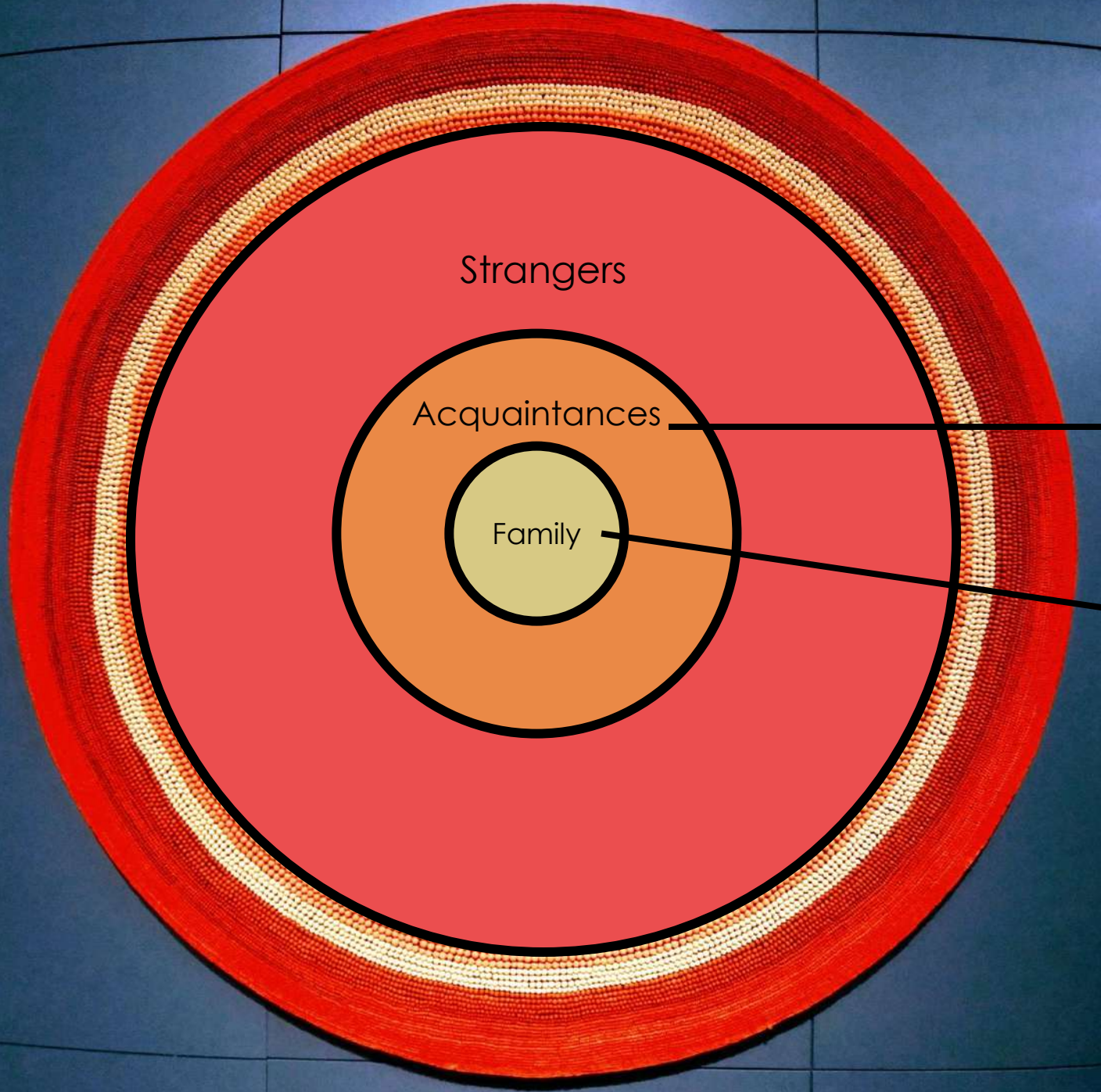
Family → Most in need
of grief support

Brent, 1993;
Gould et al., 2018

Círculo naranja

•Dominga Gutiérrez Hilario
•Rogelio Rojas Islas
•Xawery Wolski

Terracota

Colección de los autores

23

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:
https://www.directivecommunications.com/netiquette-experts-agree-guidelines-are-needed-on-death-in-a-digital-world/

Addressing Diffusion

"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)

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Addressing Diffusion

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.**

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Preparing

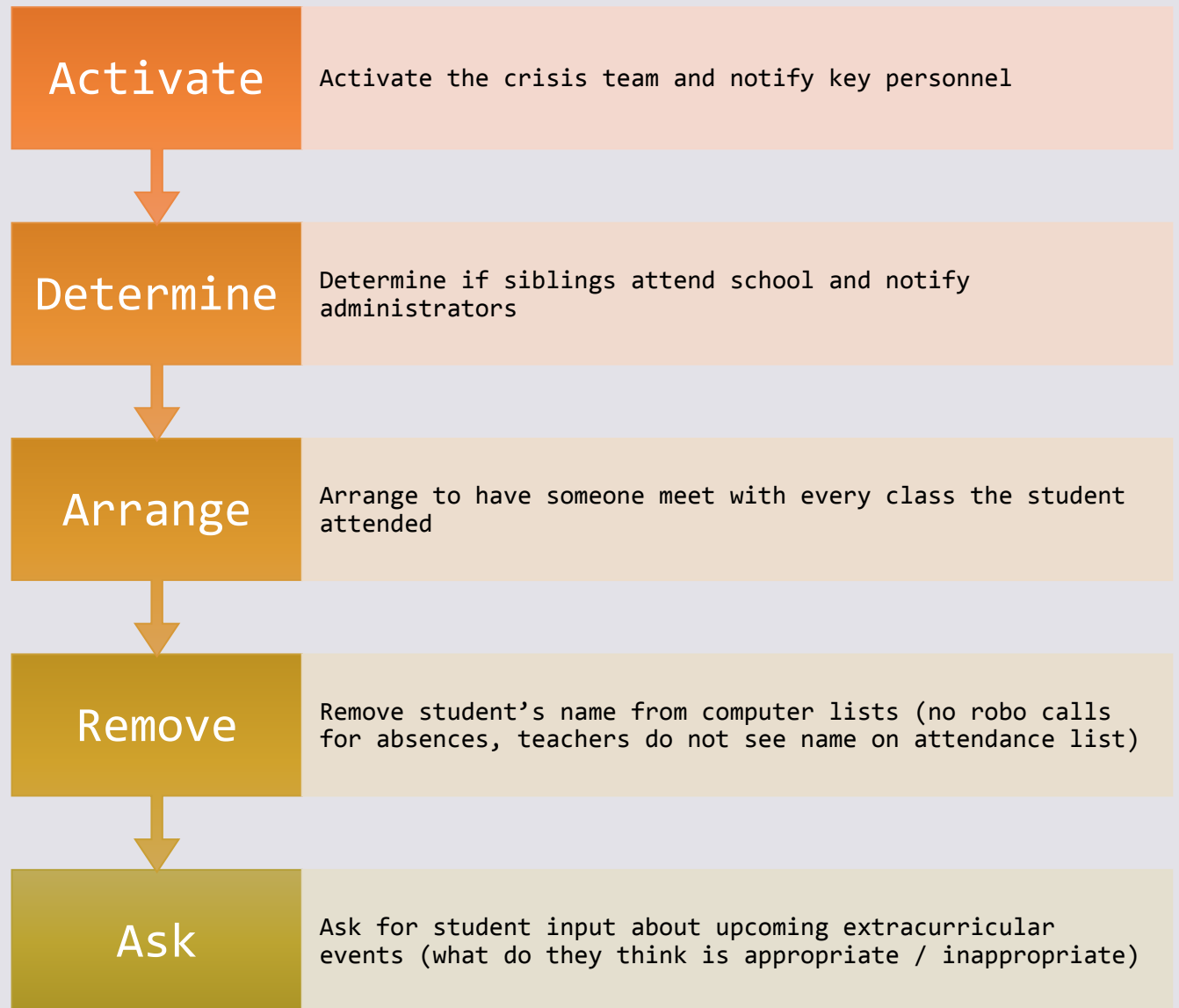|			
Develop a staff phone tree	List of home / cell numbers of outside support personnel	Cultural responsiveness training	Identify space for meetings and safe rooms
Prepare Go-kits	Develop policies for memorials and funeral attendance	Develop policies & establish presences on social media networks	Designate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

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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)

Source: Erbacher et al (2015) Suicide in Schools: A Practitioner's Guide to Multilevel Prevention, Assessment, Intervention and Postvention. Routledge.

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 waned 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 adult keep secrets from them.

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

FIRST
24-HOURS

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Source: Erbacher et al (2015) Suicide in Schools: A Practitioner's Guide to Multilevel Prevention, Assessment, Intervention and Postvention. Routledge.

- 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

FIRST 24-HOURS

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Safe Room Group composition

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

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

First Aid Debriefing

Source: Erbacher et al (2015) Suicide in Schools: A Practitioner's Guide to Multilevel Prevention, Assessment, Intervention and Postvention. Routledge.

Debrief slide

Phase	Questions
Intro	[Adult explains that it will help to talk. Be sympathetic. Allow students time to relax.] Confidentiality No notes, just lists of people who attended
Facts	Where were you before, during and after the incident? What happened? What did you do?
Feelings	How did you react? How did you feel at the time? How did you feel later, when it was over? How are you now?
Future	[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?

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Source: Erbacher et al (2015) Suicide in Schools: A Practitioner's Guide to Multilevel Prevention, Assessment, Intervention and Postvention. Routledge.

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*

Source: Erbacher et al (2015) Suicide in Schools: A Practitioner's Guide to Multilevel Prevention, Assessment, Intervention and Postvention. Routledge.

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

The days following...

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)

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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

- *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
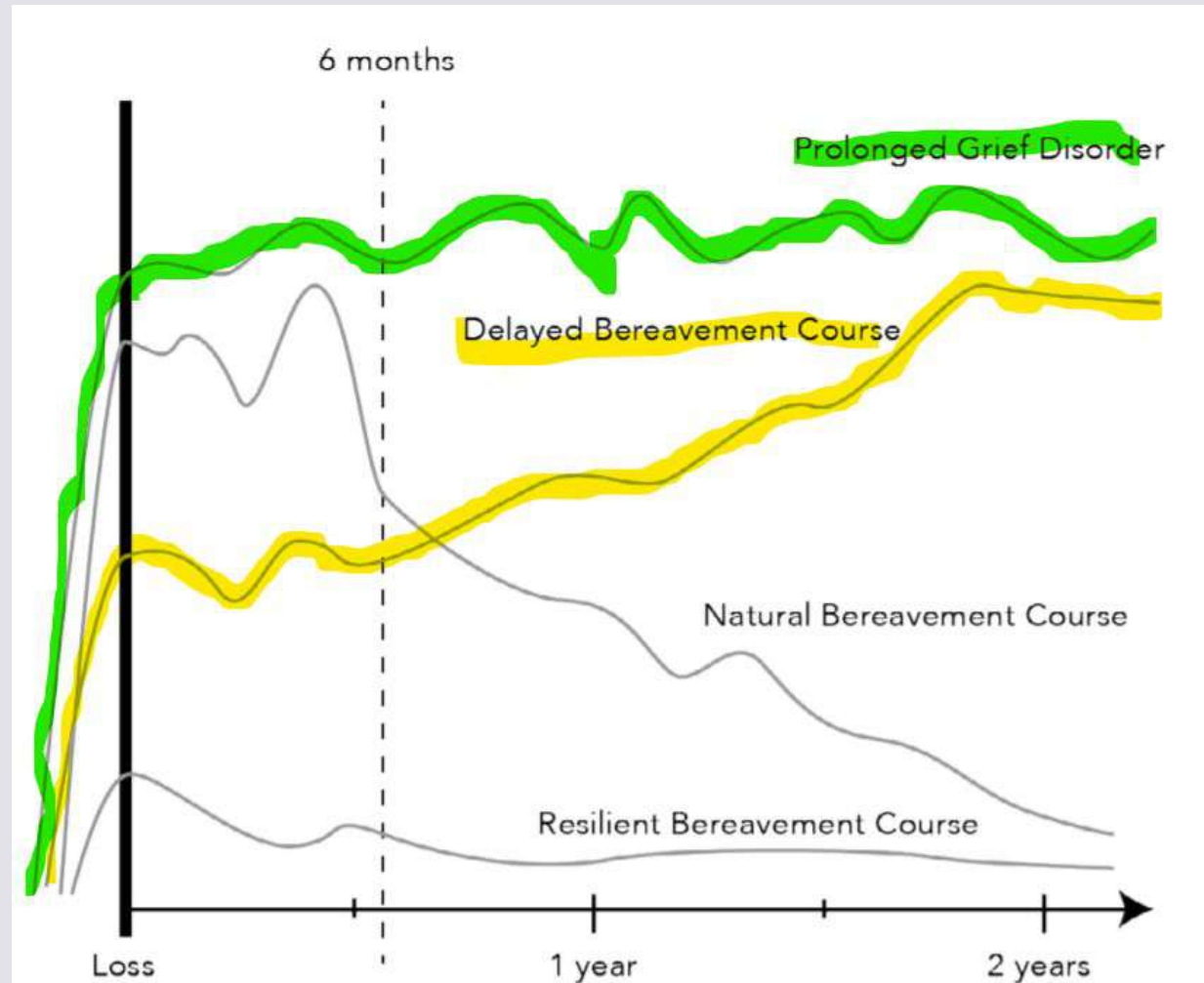
Interventions

- 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

TGCTA

- 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.

988
SUICIDE
& CRISIS
LIFELINE

TI TRANS
LIFELINE
(877) 565-8860

CRISIS TEXT LINE |

Text HELLO to 741741
Free, 24/7, Confidential

teen line

Call 800-852-8336
from 6pm to 10pm PST
or text "TEEN " to 839863
from 6pm to 9pm PST

GET HELP 24/7:

TrevorText
Text START to 678678

TrevorChat
TrevorChat.org

TrevorLifeline
866.488.7386

THE **TREVOR** PROJECT
Saving Young LGBTQ Lives
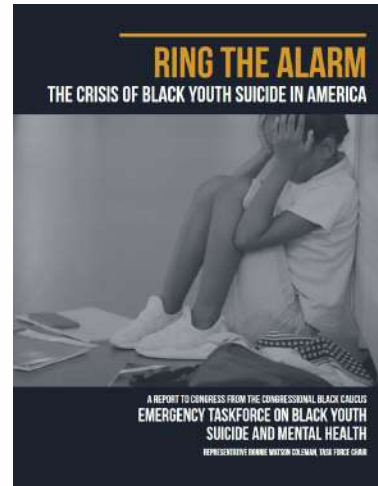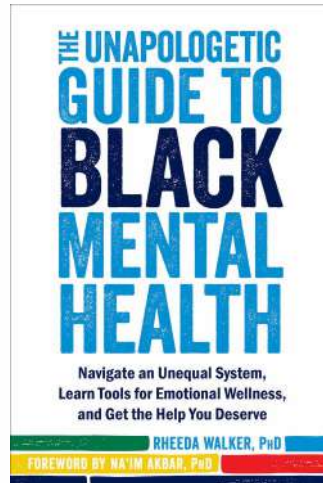
Dr. Sherry Molock
https://psychology.columbian.gwu.edu/sherry-molock
Dr. Arielle Sheftall
https://www.nationwidechildrens.org/find-a-doctor/profiles/arielle-h-sheftall
Dr. Sean Joe
https://brownschool.wustl.edu/Faculty-and-Research/Pages/Sean-Joe.aspx

TEXTS ABOUT SUICIDE AND BLACK AMERICANS

PRACTICAL TEXTS ON YOUTH SUICIDE
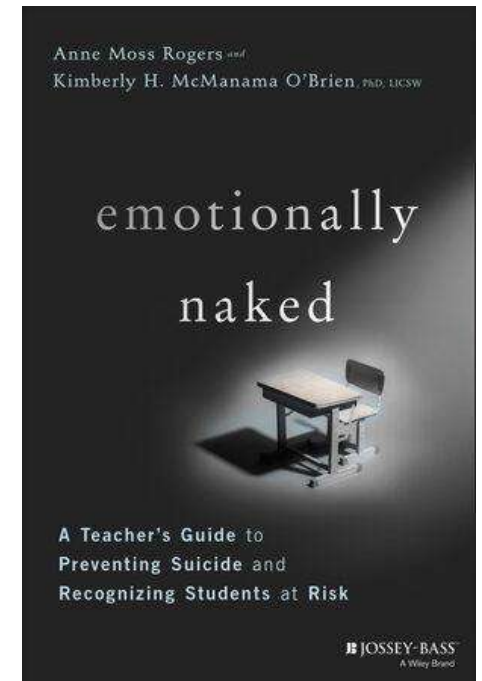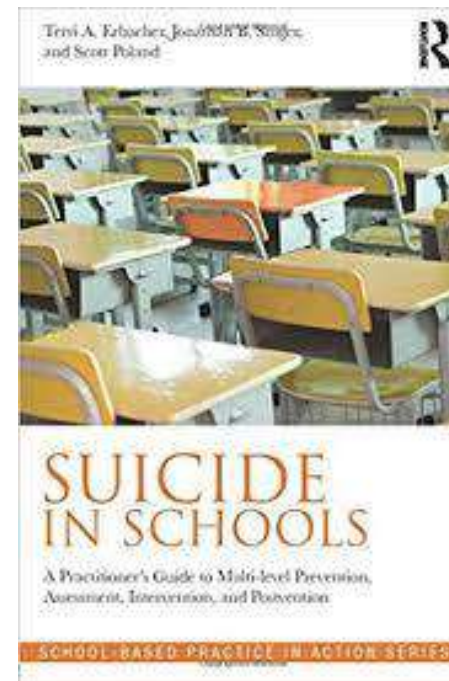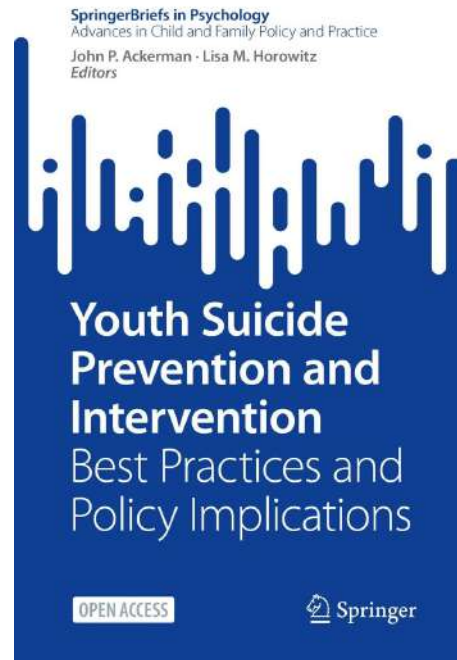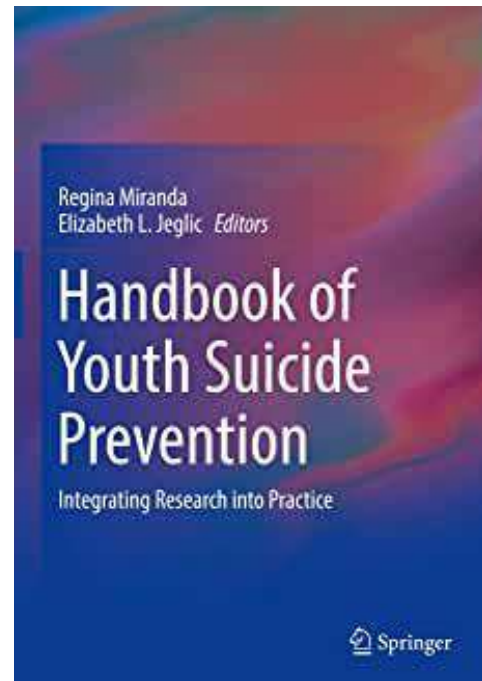
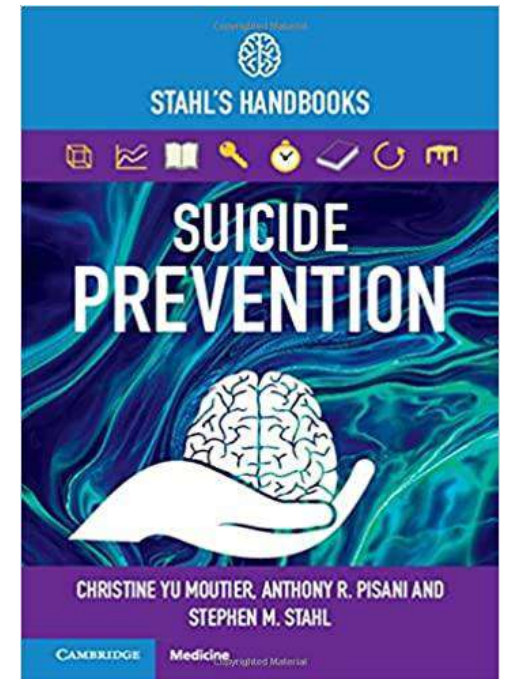# PRACTICAL TEXTS ON SUICIDE & ASSESSMENT
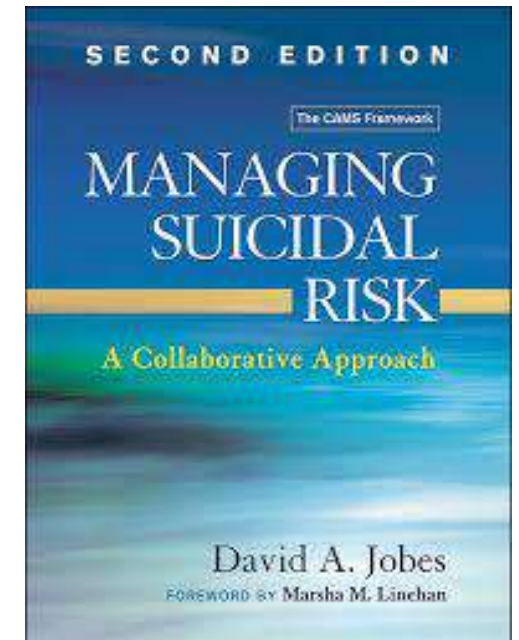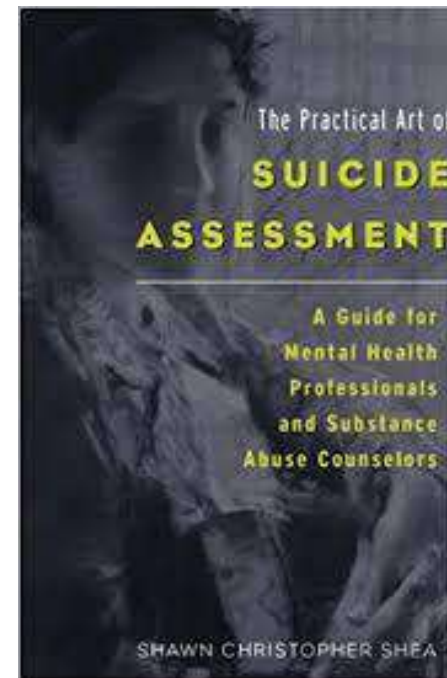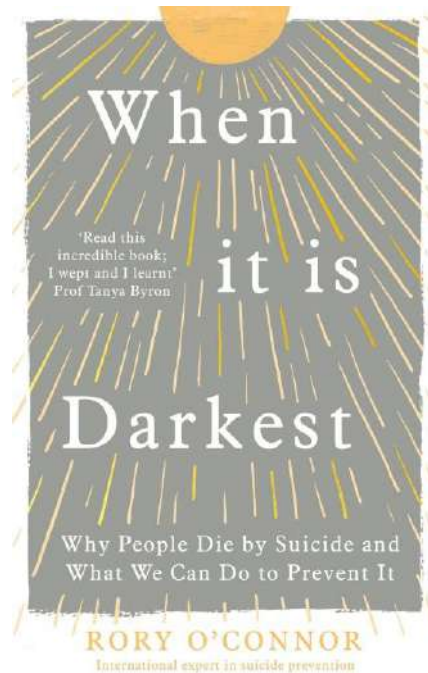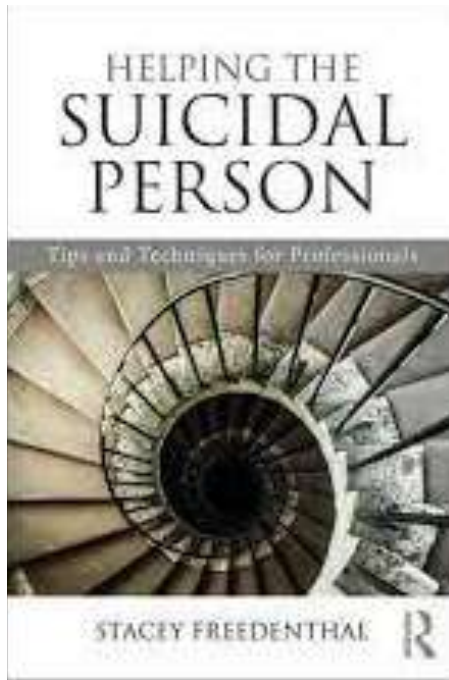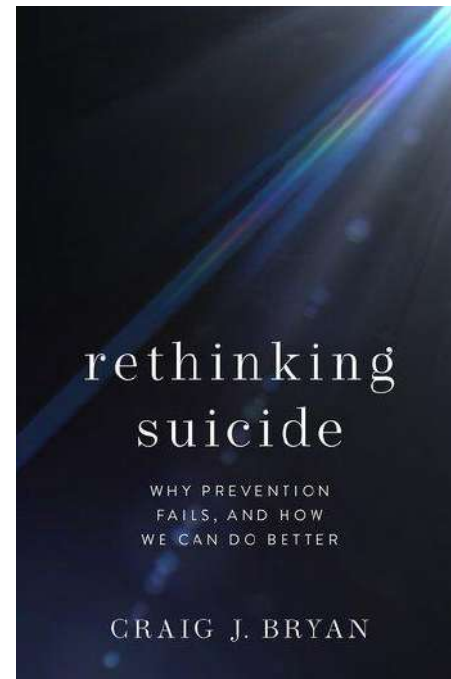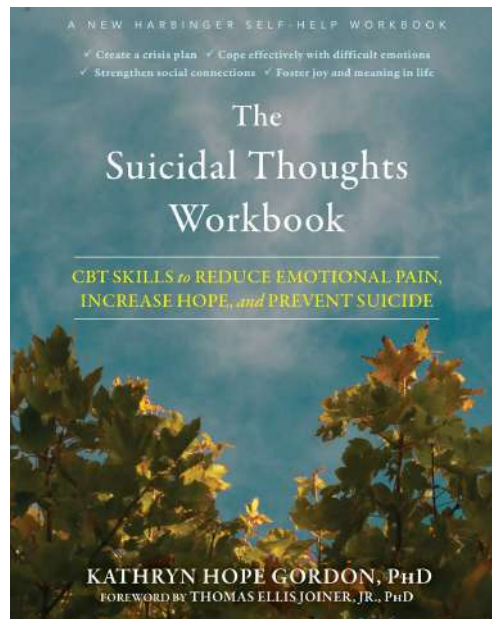
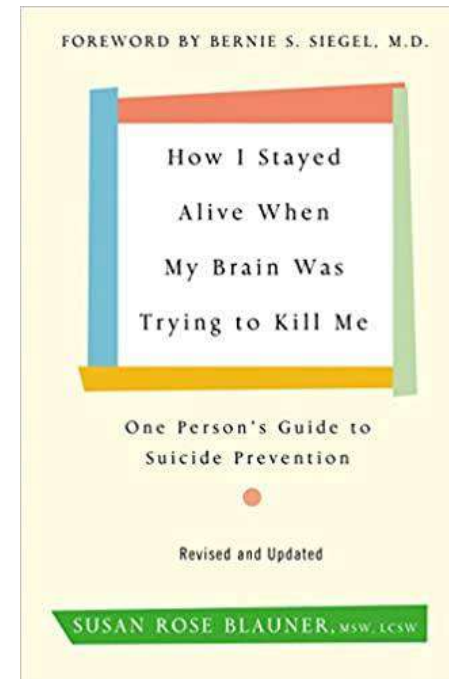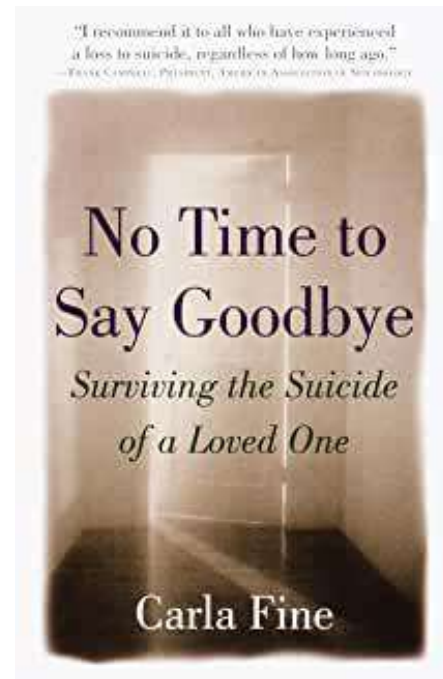# PRACTICAL TEXTS ON SUICIDE & ASSESSMENT
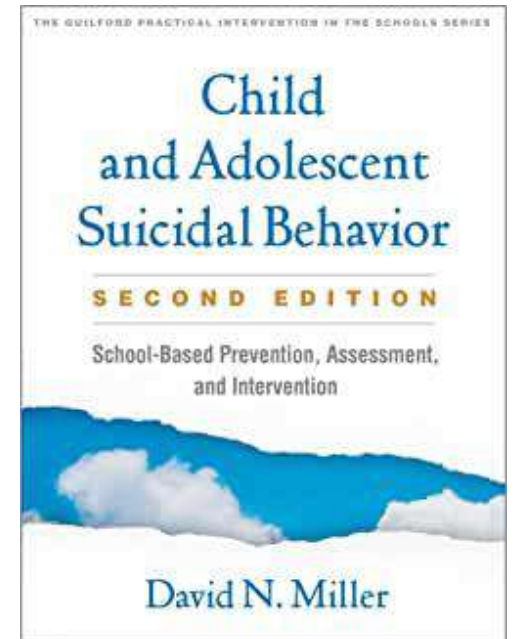
PRACTICAL TEXTS ON SUICIDE & BEREAVEMENT
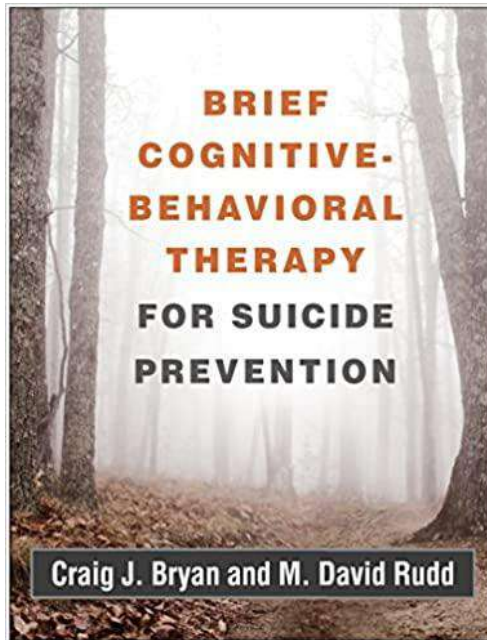
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