Suicide Prevention through Postvention: Practical Strategies for Schools

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1

Workshop Goals

- When you leave this workshop we hope that you will have …
  1. a better understand the term "suicide" and be able to differentiate it from other forms of self-injury
  2. a better understanding suicide statistics and demographics, and how data can inform risk assessments.
  3. considered a variety of primary prevention strategies.
  4. increased your knowledge of suicide risk assessment.
  5. increased your knowledge of how schools should intervene with the student at risk for suicidal behavior.
  6. increased your knowledge of how to respond to the aftermath of a suicide death.

2

Workshop Outline

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

3

Part 1

What is "suicide"
GOAL:
Understand the term "suicide" and be able to differentiate it from other forms of self-injury

4

Definitions

- Non-Suicidal SDV(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 SDV
  - "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."

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

5

Definitions

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

6

Part 2

Suicide Statistics and Demographics

GOAL:
Have a better understanding suicide statistics and demographics, and appreciate how these data can inform risk assessments

7

Statistics & Demographics

- Suicidal SDV among high school students in 2017[1]
    - 17.2% seriously considered suicide
    - 13.6% made a suicide plan
    - 7.4% attempted suicide
    - 2.4% attempt required medical attention
  - 100 to 200 attempts for each completed suicide.[2]

- 2.44 male suicides ($N = 1435$) for each female suicide ($N = 588$)

- IN ranks 22nd (ages 15-24)[3]

- Cyberbullying & Social Networking
    - 11-20 year-olds = social networking usage increased risk for victimization, psychological distress, suicide attempts/ideation

[1]Kann et al. (2018); [2]Drapeau & McIntosh (2015); [3]Kann et al. (2018; 2016 data)

8

Suicide Deaths by Age and Year

CDC (2017); http://www.cdc.gov/injury/wisqars/
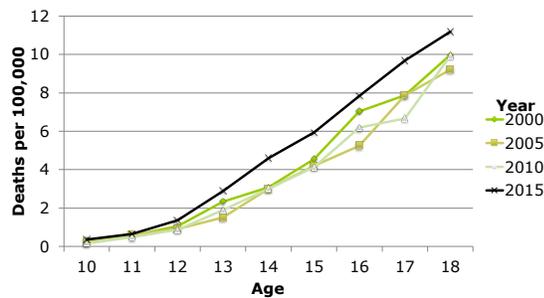
9

Part 3

Suicide Prevention

GOAL:
Considered a variety of primary prevention strategies.
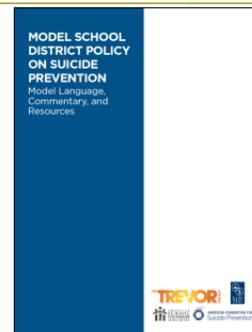
10

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.

11

Suicide Prevention:
Suicide Prevention Policy

MODEL SCHOOL DISTRICT POLICY ON SUICIDE PREVENTION
Model Language, Commentary, and Resources

http://www.thetrevorproject.org/pages/modelschoolpolicy

12

Suicide Prevention:
Suicide Prevention: Gatekeeper Training

- Training natural community caregivers
  - (e.g., Suicide Early Identification and Intervention Training)
- Advantages
  - Early intervention
  - Helps to "break the code of silence"
  - Reduced risk of imitation
  - Expands community support systems
- Research is promising
  - Durable changes in attitudes, knowledge, intervention skills

13

Suicide Prevention:
QPR – Gatekeeper Training

Q Question **P** Persuade **R** Refer

3 simple steps
- **Question**
- **Persuade**
- **Refer**

Registry of Evidence-based Programs and Practices (NREPP)

https://qprinstitute.com/about-qpr

14

Suicide Prevention:
ASIST 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/

Applied **S**uicide **I**ntervention **S**kills **T**raining

- 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.

15

Suicide Prevention:
Suicide Prevention Curriculum   SMH

- 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** (**A**cknowledge, **C**are and **T**ell) in the face of this mental health emergency."

SOS Signs of Suicide® High School Program $395

SOS Signs of Suicide® Middle School Program $395

16

Suicide Prevention:
Suicide Prevention Curriculum   SMH

- SOS: Depression Screening and Suicide Prevention
  - http://shop.mentalhealthscreening.org/collections/youth-programs
  - Evidenced based!

| RESEARCH AND PRACTICE |

An Outcome Evaluation of the SOS Suicide Prevention Program

Robert H. Aseltine Jr, PhD, and Robert DeMartino, MD

Aseltine & DeMartino (2004)

17

Suicide Prevention:
Suicide Prevention Screening

www.cssrs.columbia.edu/

Available in multiple languages

- Columbia-Suicide Severity Rating Scale (C-SSRS)
  ACE Card

Posner et al. (2011)

18

Suicide Prevention:
Suicide Prevention Screening

Columbia Suicide Severity Rating Scale

- Psychometric properties of the C- SSRS, please see:
  Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., & ... Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: Initial validity and internal consistency findings from three multisite studies with adolescents and adults. *The American Journal of Psychiatry*, *168*, 1266-1277. doi: 10.1176/appi.ajp.2011.10111704
- Feasibility and validation of the eC-SSRS:
  Mundt, J. C., Greist, J. H., Gelenberg, A. J., Katzelnick, D. J., Jefferson, J. W., & Modell, J. G. (2010). Feasibility and validation of a computer-automated Columbia-Suicide Severity Rating Scale using interactive voice response technology. *Journal of Psychiatric Research*, *44*, 1224-1228. doi: 10.1016/j.jpsychires.2010.04.025
  Mundt, J. C., Greist, J. H., Jefferson, J. W., Federico, M., Mann, J. J., & Posner, K. (2013). Prediction of suicidal behavior in clinical research by lifetime suicidal ideation and behavior ascertained by the Electronic Columbia-Suicide Severity Rating Scale. *The Journal of Clinical Psychiatry*, *74*, 887-893. doi: 10.4088/JCP.13m08398

19

Suicide Prevention:
Suicide Prevention Screening

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

ABOUT MY LIFE

Gould & Kramer (2001)

20

Postvention is Prevention:
Hotlines

In Crisis?

- Traditional- Phone:

Washington Unified School District Suicide Help Card
- Stay with the person – you are their *lifeline!*
- Listen, *really listen.* Take them seriously!
- Get, or call help *immediately!*

24 Hour Crisis Hopeline
(530) 666-7778 (Woodland)
(530) 756-5000 (Davis)

Suicide Help Card
If some one you know threatens suicide; talks about wanting to die, shows changes in behavior, appearance, or mood; abuses drugs or alcohol; deliberately injures themselves; appears depressed, sad, or withdrawn...
You can help by staying calm and listening, being accepting and not judging, asking if they have suicidal thoughts, taking threats seriously, and not swearing secrecy – tell someone!
Get help: You can't do it alone: Yolo County Mental Health Mobile Crisis Unit/Suicide Prevention Counseling
(916) 357-6350

- Texting:
  - 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/

Swearer et al. (2015)

21

Suicide Prevention:
Risk Factor Reduction

- Social Media
  - Facebook has introduced a suicide prevention tool enabling users to flag posts from friends who show warning signs. The company then sends a list of options to the people whose activity has raised concern, including reaching out to a friend, contacting a helpline or viewing tips.
    - http://www.scmp.com/news/hong-kong/education-community/article/2109519/student-suicide-prevention-body-talks-google-and

  - Instagram allows people to anonymously report posts that they think might indicate a user in danger of self-injury. The latter then receives a message from Instagram with options, such as being placed in touch with a professional helpline organization.
    - http://mashable.com/2016/10/20/instagram-suicide-helpline-hong-kong-australia/#QZ25ZXN.R5qI

22

Suicide Prevention:
Media Education

- *Reporting on Suicide: Recommendations for the Media*
  - http://reportingonsuicide.org

INSTEAD OF THIS: ❌	DO THIS: ✓
Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").	Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
Including photos/videos of the location or method of death, grieving family, friends, memorials or funerals.	Use school/work or family photo; include hotline logo or local crisis phone numbers.
Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.	Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
Describing a suicide as inexplicable or "without warning."	Most, but not all, people who die by suicide exhibit warning signs. Include the "Warning Signs" and "What to Do" sidebar (from p. 2) in your article if possible.
"John Doe left a suicide note saying...".	"A note from the deceased was found and is being reviewed by the medical examiner."
Investigating and reporting on suicide similar to reporting on crimes.	Report on suicide as a public health issue.
Quoting/interviewing police or first responders about the causes of suicide.	Seek advice from suicide prevention experts.
Referring to suicide as "successful," "unsuccessful" or a "failed attempt."	Describe as "died by suicide" or "completed" or "killed him/herself."

Suicide Prevention:
Public Awareness

- *Safe and Effective Messaging for Suicide Prevention*
  - http://www.sprc.org/sites/sprc.org/files/library/SafeMessagingrevised.pdf

24

Suicide Prevention:
Risk Factor Reduction

- Postvention
- Skills Training
- Restriction of Lethal Means
  - $r = .61$ (% of homes w/ firearms & suicide rate)
  - $r = .85$ (% of homes w/ firearms & firearm suicide rate)
    - States with a higher percentage of firearms in their homes tend to have higher suicide rates (especially suicide by firearm suicide rates).
  - 44% of 14-18 year old suicides is by a firearm (per 1000)

25

Other Suicide Prevention Resources

- **For Caregivers**
  - Suicide Assessment Five-Step Evaluation and Triage (SAFE-T): Pocket Card for Clinicians
    - http://store.samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE-T-Pocket-Card-for-Clinicians/SMA09-4432

26

Other Suicide Prevention Resources

- **For Persons At-Risk**
  - Suicide Prevention App (MY3)
    - www.my3app.org/
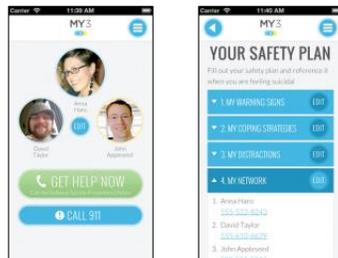
27

Suicide Prevention: 5th grade

Riding the Waves
- Goal = build emotional skills to prevent suicide
  - Healthy development
  - Depression
  - Anxiety
- 12 lessons (20-40min)
  - Interactive and skill building

https://www.crisisconnections.org/get-training/schools/
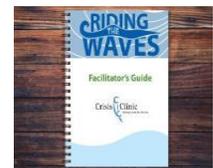
28

Suicide Prevention: Secondary

***Look Listen Link – *Middle School*
H.E.L.P (Help Every Living Person)
9-11th grades
- Goal: teach about stress, anxiety, depression, and suicide prevention and how to help a friend
- Lesson 1: Stress & Anxiety
- Lesson 2: Dealing with Stress & Anxiety
- Lesson 3: Teen Depression
- Lesson 4: Suicide Prevention & Skill Practice

*earned Best Practice status from SPRC

https://www.crisisconnections.org/get-training/schools/

29

School-Based Suicide Prevention & Intervention

A Risk Assessment and Referral Resource

Substance Abuse and Mental Health Services Administration. (2012). *Preventing suicide: A toolkit for high schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Author. Retrieved from http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf

30

Part 4

Suicide Risk Assessment

GOAL:
Increase your knowledge of suicide risk assessment.

31

Suicide Risk Assessment

- Risk Factors
  - Risk factors are variables, which when present, simply increase the odds of suicidal ideation and behavior
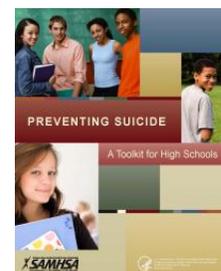   - Risk factors are far from perfect predictors of the presence of suicidal thoughts, suicide attempts, or suicide deaths
  - Pathways to suicidal ideation and behavior are idiosyncratic
    - Suicidal ideation and behaviors are typically the result of interactions among a number of different factors
    - Generally speaking these factors can be categorized as personal, familial, social, and historical

32

Suicide Risk Factors

http://abcnews.go.com/Health/video/detecting-teen-depression-teenager-sad-mental-health-help-symptoms-warning-signs-11636122

Bell et al. (2015); du Roscoät et al. (2016); May & Klonsky (2016); Taliafero & Muehlenkamp (2013); Ridge Anderson et al. (2016); Soole et al. (2015); Cwik et al. (2015);

33

Suicide Risk Assessment

- Warning Signs of **Suicidal SDV**
  - Non-Suicidal Self-Directed Violence
  - Helplessness, fatalistic despair
    - *The problem cannot be solved*
  - Hopelessness, severe devaluation/self-hate
    - *I can't solve the problem*
  - Indirect threats
  - Direct threats
    - "I have a plan to kill myself"
  - Behavioral Indicators
    - *Leakage" – telling friends, warning others, recruiting others, school assignments*
    - *Postings on social media sites*

34

Warning Signs

- Variables Signal the Presence of of **Suicidal SDV**
  - 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)"

35

Suicide Risk Assessment

- Warning Signs of **Suicidal SDV**
  - 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
    - Access to weapons

36

Suicide Risk Assessment

- 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"
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37

Suicide Risk Assessment

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38

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.

39

Suicide Risk Assessment

- Be direct when asking the "S" question.
  - **BAD**
    - *You're not thinking of hurting yourself, are you?*
  - **Better**
    - *Are you thinking of harming yourself?*
  - **BEST**
    - *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?*

40

Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)
  - **C**urrent plan (greater planning = greater risk).
    - How (method of attempt)?
    - How soon (timing of attempt)?
    - How prepared (access to means of attempt)?
  - **P**ain (unbearable pain = greater risk)
    - How desperate to ease the pain?
      - Person-at-risk's perceptions are key
  - **R**esources (more alone = greater risk)
    - Reasons for living/dying?
      - Can be very idiosyncratic
      - Person-at-risk's perceptions are key

41

Ramsay, Tanney, Lang, & Kinzel (2004)

Suicide Risk Assessment

- Predicting Suicidal Behavior (CPR++)[1]
  - (+) 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[2]
  - (+) Mental Health Status?
    - history mental illness (especially mood disorders)
    - linkage to mental health care provider

42

[1]Ramsay, Tanney, Lang, & Kinzel (2004); [2]American Foundation for Suicide Prevention (1996)

Risk Assessment: Children

Guideline	Examples
Ask about suicidal ideation	*Do things ever get so bad you think about hurting yourself? Have you ever wished you were dead? Have you ever tried to kill yourself?* Ask child to draw a picture of what they think about when they are at their most sad, angry or scared.
Assess child's developmental understanding of death, including past experiences with death and anticipated outcome of suicide plan	*Can someone return to life after they die? Have you ever known a person or pet who has died? Do you think death is pleasant or unpleasant? What do you think will happen when you die? If you [describe child's plan, e.g., stab yourself in the stomach], what do you think would happen next?*
Ask about precipitating event(s)	*What was happening right before you tried to kill yourself? (or, last thought about killing yourself?)* Ask child to draw a picture of what happened.

Ridge Anderson et al. (2016)

Risk Assessment: Children

Guideline	Examples
Assess parent attitudes	Do parents/caregivers believe the child is at risk? Are they willing to implement safety plans?
Use a multi-method, multi-informant approach	Observe parent-child interactions; observe child's play behavior; ask parents about relevant history and risk factors, to reduce interview burden on child
Use structured assessment tools to supplement clinical interview	1. *Suicidal Behavior Questionnaire for Children* (Range & Knott, 1997) 2. *Scale for Suicidal Ideation* (Allan, Kashani, Dahlmeier, Taghizadeh, & Reid, 1997) 3. *Child Suicide Potential Scales* (Pfeffer, 1986) 4. *Child-Adolescent Suicidal Potential Index* (Pfeffer, Jiang, & Kakuma, 2000) *Child Suicide Risk Assessment* (Larzelere, Andersen, & Jorgensen, 2004)

Ridge Anderson et al. (2016)

44

Part 5

School-Based Suicide Intervention

GOAL:
Increase your knowledge of how schools should intervene with the student at risk for suicidal behavior.

45

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.
- Mental Health Professional Risk Assessment and Referral Procedures
  - The actions taken by school staff members trained in suicide risk assessment and intervention.

46

School-Based Suicide Intervention

- 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

47

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
  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.

48

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
    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

49

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
    A. **Extreme Risk:** If the student has the means of his or her threatened suicide at hand, and refuses to relinquish such then follow the Extreme Risk Procedures.
        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.

50

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
    B. **Crisis Intervention Referral:** If the student's risk of harming him or herself is judged to be moderate to high then follow the Crisis Intervention Referral Procedures.
        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.

51

School-Based Suicide Intervention

- Mental Health Professional Risk Assessment and Referral Procedures
    C. **Mental Health Referral:** If the student's risk of harming him or herself is judged to be low then follow the Mental Health Referral Procedures.
        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.

52

Part 6

School-Based Suicide Postvention

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

53

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

54

School-Based Suicide Postvention

□ Key Terms and Statistics
  ■ Suicide postvention
    □ … is the provision of crisis intervention, support and assistance for those affected by a suicide death.
    □ Affected individuals includes both "survivors" and other persons who were "exposed" to the death.

Andriessen & Krysinska (2012)

55

School-Based Suicide Postvention

□ Key Terms and Statistics
  ■ Survivors of suicide
    □ "the family members and friends who experience the suicide of a loved one" (McIntosh, 1993, p. 146).
    □ "a person who has lost a significant other (or a loved one) by suicide, and whose life is changed because of the loss" (Andriessen, 2009, p. 43).
    □ "… someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person" (Jordan & McIntosh, 2011, p. 7).

56

School-Based Suicide Postvention

□ Key Terms and Statistics
  ■ There is a distinction between "suicide survivorship" and "exposure to suicide."
    □ Survivor applies to bereaved persons who had a personal/close relationship with the deceased.
    □ Exposure applies to persons who did not know the deceased personally, but who know about the death through reports of others or media reports or who has personally witnessed the death of a stranger.

Andriessen & Krysinska (2012)

57

School-Based Suicide Postvention

□ Key Terms and Statistics
  ■ Both survivors and exposed persons need support.
    □ Survivors need…
      ▪ support groups.
      ▪ support from outside of the family.
      ▪ to be educated about the complicated dynamics of grieving.
      ▪ to be contacted in person (instead of by letter or phone).

Grad et al. (2004)

58

School-Based Suicide Postvention

1. Crisis Response
2. Helping Children Cope
3. Working with the Community
4. Working with the Media
5. Memorialization
6. Social Media
7. Suicide Contagion
8. Bringing in Outside Help
9. Going Forward
10. Appendices
    • Tools & Templates
    • Additional Resources

Memorials:
http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis

American Foundation for Suicide Prevention (2018)
https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/

59

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 - study in Canada (2013)

60

School-Based Suicide Postvention

1. Suicide contagion
   - Suicide rates increase when …
     - There has been unsafe messaging such as simplifying the causes of suicide
     - The death has been glorified
     - The death has been presented as a means for achieving a certain end (a tool to obtain a goal).

61

American Foundation for Suicide Prevention (2001)

School-Based Suicide Postvention

1. Crisis Response
2. Helping Children Cope
3. Working with the Community
4. Working with the Media
5. Memorialization
6. Social Media
7. Suicide Contagion
8. Bringing in Outside Help
9. Going Forward
10. Appendices
    - Tools & Templates
    - Additional Resources

62

American Foundation for Suicide Prevention (2018)
https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/

School-Based Suicide Postvention

Initiate crisis intervention services
- Initial intervention options…
  - Individual psychological first aid.
  - Group psychological first aid.
  - Classroom activities and/or presentations.
  - Parent meetings.
  - Staff meetings.
- Walk through the suicide victim's class schedule.
- Meet separately with individuals who were proximal to the suicide.
- Identify severely traumatized and make appropriate referrals.
- 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.
- Parental contact.
- Psychotherapy Referrals.

63

Brock (2002)

School-Based Suicide Postvention

12. 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."

http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis

Center for Suicide Prevention (2004)

School-Based Suicide Postvention

12. 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 victims.
  - fly the flag at half staff.
  - have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

65

Brock & Sandoval (2006)

School-Based Suicide Postvention

12. Consider memorials
- **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.

66

Brock & Sandoval (2006)

Suicide Prevention through Postvention:
Practical Strategies for Schools

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67