



Suicide Postvention Guide

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INTRODUCTION

For schools to deal effectively with the impact of the suicide of a student or faculty member, they need a postvention plan to guide their actions.

The impact of a suicide is devastating. Fear, panic, and anger can be anticipated together with sorrow or other signs of grief. There is a real danger that other vulnerable young people will choose to imitate the suicide act. Although the dynamics of contagion are not fully understood, cluster suicides are a reality. Timely and appropriate efforts can alleviate the intensity of the crisis, help protect other at-risk students and facilitate the process of recovery. **Such a plan should be established before a suicide, not after.**

No model postvention plan will fit every community and school district or even every school within a school district. Each institution has its own organization, traditions, and resources. No two suicides will have precisely the same impact. The circumstances of the suicide, the relationship of the victim to the survivors, and context in which it takes place, vary greatly from one situation to another. All those associated with the victims become, in effect, survivors of the tragedy and, therefore, subject to a predictable range of emotional distress, which reduces their ability to cope. This distress can affect institutions, organizations, and, sometimes, entire communities. Because such reactions can be anticipated, a postvention strategy should be planned.

The following document offers guidelines to help schools and their communities as they create their postvention policies and procedures. The school/community plan must be developed before the occurrence of a youth suicide or, in some cases, a suicide attempt.

GOALS

To help students, faculty, and staff understand and begin the grieving process. Above all, the SPT needs to be compassionate and mindful of the emotional pain experienced by survivors of suicide. Coping skills can be strengthened by loss when proper guidance is provided. Postvention provides the opportunity to provide the bereaved with appropriate resources and assistance. The initial hours and days following a suicide are critical for the grieving survivors to begin the difficult journey of emotional healing.

To prevent further suicides. It has been well documented that vulnerable teenagers may imitate a suicide of a classmate, acquaintance, or anyone with whom they identify. Contagion is a real danger. It is still not quite fully understood how this occurs, but there have been several “epidemics” or suicide clusters to illustrate that it can and does happen.

To identify and refer students who are at increased risk.

Screening should be done during postvention for symptoms of extreme emotional distress and the need for psychological assistance. Suicide survivorship can precipitate many psychological or psychiatric conditions, including post-traumatic stress disorder, depression, separation anxiety, disturbance in interpersonal relationships, substance abuse and school failure.

SCHOOL-BASED SUICIDE PREVENTION TEAM: MANAGING THE CRISIS

Each school shall establish a Suicide Prevention Team (SPT) at the beginning of each school year under the leadership of the school's principal. The team will have the overall responsibility for implementation of the postvention plan. Its members shall be trained by the lead counselors in postvention best practices. This assignment should take priority over other job assignments so that the team can convene quickly, at least within an hour or two of being called.

The school-based Suicide Prevention Team shall be comprised of the principal, school counselors, and nurse. Additional administrators, faculty, and staff may be appointed to the group as desired. Supplemental training may be indicated in the areas of suicide risk assessment, crisis management, grief counseling, and postvention principles. District lead counselors and level directors who are not emotionally involved with the deceased student and the school supervisors can assist the Suicide Prevention Team. Counselors and staff from other schools are additional resources.

The Suicide Prevention Team should meet prior to the implementation of the postvention plan. Meetings should be held several times a day in the early stages of a postvention to review or revise the assignments, and at the end of each day to debrief, process, and support each other. Postvention work is stressful. The team members need to acknowledge this and plan ways to ensure mutual support, as well as to provide support to the principal and other administrators. District administration must maintain open communication with the team during the entire course of the postvention.

Specific postvention guidelines are described in the following sections of this document.

DISSEMINATING INFORMATION

Immediately after a suicide, one of the first issues is how to best communicate information to students and faculty. How this information is disseminated is very important. The impact of the loss can be compounded if the information is not presented honestly and with empathy.

The following steps need to be taken:

- Upon hearing of a possible suicide, contact Level Director and District Lead Counselors who will help to verify the information. **If the death is confirmed, immediately withdraw the student from PowerSchool.** This prevents grieving parents/guardians from receiving an absentee notification.
- Contact with the parents/guardians - Determine the family's wishes regarding sharing the news with others and the approved message to provide to students, their families and adults that worked with the student. (Based on best practices)
- Tell the faculty as soon as possible after verification and discussion with Level Director, ideally at a meeting at the end of the day or before the beginning of classes. Remember that the faculty are as much survivors as the students and will also be having intense reactions that need to be validated and addressed. Help them anticipate their students' reactions and questions and be alert for anyone needing additional attention. If a meeting cannot be called for the faculty, have members of the Suicide Prevention Team go to each classroom individually to inform the teachers. Make plans to notify the support staff or

others who are not able to attend the meeting.

- When possible, a school team should call classmates' parents/guardians to tell them individually, using a team-developed script/talking points. Identify adult family members who work at the school and inform them privately. If a school-wide communication is needed, coordinate with the Communications Department.
- Prepare details for the Suicide Prevention Team or designees to share with classes. A school counselor or District Lead Counselor should be present in the classes of the deceased student. It helps for both faculty and students to first learn of the death from a familiar person. This statement should include the basic facts of the suicide or approved message by the family without disclosing the precise description and details of the method, recognition of the sorrow and distress the news will cause, and information about the resources available to help students cope with their grief. **Avoid the use of a loudspeaker or large assemblies to disseminate this information.** Teachers should always be informed before the students so they are prepared to deal with their students' grief and confusion.
- A Level Director or District Lead Counselor will communicate this information to the district administration and other schools in the district that may have siblings or friends affected by the death. This also promotes a two-way exchange of information and resources.
- Instruct the school secretary or receptionist on how to handle telephone calls from parents and requests for information from the media or other community members. Media inquiries should be directed to the Communications Department.

PROVISION FOR INDIVIDUAL AND GROUP COUNSELING

In the days immediately after a suicide, two things should be going on simultaneously: the maintenance of a calm, supportive atmosphere, and the provision of special counseling initiatives. For many students, the predictability of the school routine is reassuring during a time of stress. It is important that the school remain open and maintain, as far as possible, a normal schedule. Some reduction in academic expectations is indicated; tests and papers should be rescheduled, if at all possible. At the same time, a flexible approach should be adopted which provides maximum opportunity for students to talk about their reactions. Besides encouraging use of existing counseling resources, special outreach and screening measures should be initiated.

Careful selection of counseling room is one of the first decisions to be made. Preparation for crisis counseling should be made at the same time information about the suicide is being disseminated. The rooms selected must be appropriate for groups as well as individual counseling. Pick a private place, free from interruption and conducive to the counseling process. The cafeteria or auditorium does not lend themselves to individual or group counseling. If a large room is used and becomes too full, it could lead to emotional contagion that is difficult to control. Consider the provision of water and tissues.

Some students will require special screening either because they were close friends or relatives of the victim, or because they constitute an at-risk group. Students with a history of suicidal ideation and/or behavior, an association with someone else who died by suicide, or those with known histories of depression or other emotional illness should be seen individually. If possible,

they should be seen by their own school counselor or a school psychologist who has worked with them before. Parents of students in this at-risk group should be contacted.

The closer the relationship to the person who died by suicide, the more intense the survivor's reaction is likely to be. There is also the possibility that some friends are feeling guilty because they had some advance warning of the suicide. A group counseling approach can be especially appropriate with friends because of the commonality of their reactions. A group experience can help them learn how to support each other. Undoubtedly, they will be spending time together outside of the group and outside of school. It will not be possible to anticipate the identities of all those who will be seriously upset or endangered by the suicide. Those with no obvious connection to the victim can still be at-risk and should have the opportunity to identify themselves or be referred for counseling. Students who may be at increased risk because of the suicide include those who:

- Have a history of previous suicide attempts
- Experience emotional difficulties
- Have been hospitalized for emotional problems or drug or alcohol rehabilitation
- Had a close relationship with the deceased (real or imagined)
- Might identify with the deceased or see the peer as a role model
- Are preoccupied with death or suicide
- Have experienced a recent death of a loved one
- Have a personal history that includes the suicide of a family member or friend
- Are friends or siblings of the deceased
- Self-identify as at-risk

The key, therefore, is a flexible and alert responsiveness by the SPT to address concerns from a wide variety of sources. For this reason, the team size may have to be increased once at-risk students are identified.

A school counselor or District Lead Counselors should be assigned to follow the victim's class schedule and assist the teachers in discussing the death. All students should be encouraged to express feelings and ask questions. The teacher or administrator will assist the family to bring home personal belongings.

The postvention counseling approach focuses on emotional and behavioral reactions that interfere with a healthy grieving process and with survivors' ability to cope with the crisis. It emphasizes validating and normalizing many conflicting reactions, i.e., anger, guilt, shame, blame, denial, and anxiety. While there is considerable variability in the timing and intensity of such reactions, all survivors are vulnerable. Feelings of guilt are often paramount. A constant postvention theme is the basic reality that the suicide is a complex, multi-determined act by an individual, for which others cannot assume responsibility. Grief resolution after a few weeks, a need for individual and group counseling may continue. The anniversary of the suicide and other special occasions may rekindle the initial acute grief. The following guidelines are useful in counseling survivors individually and in support groups.

Special initiatives are required to help school staff as well. They, too, are survivors and in some cases their reactions may be even more intense than of the students. While they are dealing with their own reactions, they are also called upon to help their students through the crisis and to

model appropriate responses. SPT members need to be available to meet with staff individually and in small groups. Assigning a team member to the teacher's lounge and lunch room can help facilitate discussion. A team member or outside provider may wish to meet with the entire school staff to discuss how people react to suicide. Small-group follow-up will be helpful for some. However, staff need the right to choose their own particular way of coping. Some staff will prefer to avoid all discussion of their own feelings and focus on the students. Their wishes need to be respected so long as they seem appropriate.

MEMORIALS AND THE FUNERAL

There needs to be a balance maintained between supporting the grieving process and the avoidance of glamorizing or sensationalizing the suicide. Maintaining this balance is a particularly delicate issue as the school decides on appropriate commemorative activities. Often the school's custom with regard to student deaths will provide a baseline for the decision.

Memorial services or events are not to be held on CMCSS property ([OPS-A009](#)). Do not dedicate an athletic event, dance, or other school activity to the deceased student. Establishing any kind of permanent memorial such as a plaque, planting a tree, dedicating the yearbook, or establishing a scholarship fund has the potential for becoming a constant invitation to consider suicide.

Funerals play an important role in helping people to accept the reality of death. They provide rituals for the shared experience of grief. Encourage parents to accompany their children and be available to discuss the experience with them. Many students will be anxious about the funeral and this can be a topic for individual and group counseling to prepare for the emotional impact. Provision should be made for teachers and administrators to attend ([HUM-A030](#)).

THE BEREAVED FAMILY

It is appropriate for the principal, counseling staff, and other faculty who had a close relationship with the victim to visit with the bereaved family. It can be an opportunity to offer condolences and support and to obtain accurate information or messages the family may wish to have passed on to their child's friends. It is important to determine the approved message that parents/guardians wish to be disseminated to others. If they refuse to provide any information, the school is still faced with the necessity of carrying out their crisis plan to help grieving survivors and prevent further suicidal activity. This puts the SPT and the school administration in a difficult position. The family can also assist in identifying friends and siblings in other schools who may need assistance.

Families often feel isolated and stigmatized. They need reassurance that they are not being blamed. They may take comfort in knowing that the school is working to help the other children and teachers with their grief and will often want to cooperate in this process. The family needs to know what the school is doing during the postvention period. The visit to the family can be a time to offer assistance in retrieving their child's belongings from school. They may wish to have the opportunity to do this in private or have someone else do it for them.

Meeting with the family will also provide the opportunity to refer them to community agencies or survivor groups for support.

PARENTS

It will also be necessary to respond to the concerns of the parents and family members of other students. They will be concerned about the welfare of their own children and will need reassurance and information. After the initial phases of the crisis have passed, it is often appropriate to invite parents to a large public meeting off campus to address the school's postvention efforts and provide a general overview of youth suicide, if the parent/guardian approved message includes confirming that it was a death by suicide. The participation of a consultant in this meeting can help to reassure parents and legitimize the school's response. There is some question about the timing of such meetings. Confusion, anxiety, and the tendency to scapegoat are at their highest within the first few days after a suicide. However, any perception that the school is avoiding parents will only build up tension. Whenever the meeting is held, its limits need to be recognized. Large meetings are not the place for exploring individual feelings and concerns. There can be provision for follow-up discussion groups led by SPT members.

LONG TERM EFFECTS AND FOLLOW-UP

The aftermath of a suicide is long lasting. While the most intense phase of the crisis will – in the absence of any new incidents – last only a few weeks, some effects may continue for a year or more. Individuals will differ considerably in the time it takes them to work through their feelings. Special counseling initiatives and outreach should continue as long as there is a demand or perceived need. The school counselor, school psychologist, social worker, or community mental health professional may provide longer term care instead of the crisis team. Certain situations such as supporting events, extracurricular activities, birthdays, graduation, and the anniversary of the suicide itself, may reawaken the distress. The school should respond by being prepared to reintroduce selected postvention measures as indicated.

The aftermath of suicide can be one of the most stressful and painful experiences any school will experience. It is also possible for the school to resolve the crisis in a manner which leaves it stronger, more resilient and more caring. This does not mean that the feelings will ever totally go away. It does mean that individuals, organizations, and even whole communities can learn and grow from the experience.

ACTION STEPS IN BRIEF

This section will review and summarize the major points of the postvention plan recommended by the American Association of Suicidology School Suicide Programs Committee.

- ☐ Verify the report of suicide with Level Director/District Lead School Counselors.
- ☐ Speak with parent(s)/guardian(s) & obtain approved message
- ☐ Withdraw deceased student from PowerSchool
- ☐ Administrators meet with school counseling team
- ☐ Assess the situation and adjust size of team accordingly.
- ☐ Contact Lead School Counselors for additional support, as needed
- ☐ Coordinator with Communications Department on communications to stakeholders.
- ☐ Meet with faculty/staff as soon as possible before or after school.
- ☐ Provide talking points aligned with approved message to faculty/staff

- ☐ Disseminate approved message and grief-related resources to students and parents/guardians.
- ☐ Ensure counseling space is available for students and faculty/staff, as needed
- ☐ Check records and provide counseling to all identified students potentially at-risk
- ☐ Counselor follows deceased student's classes throughout the day.
- ☐
- ☐ Provide counseling or discussion opportunities for faculty.
- ☐ Make home visit, if appropriate.
- ☐ Determine community involvement as appropriate.
- ☐ Follow-up with continued counseling and referral to school-based & outside providers as needed.

For more information, or for assistance in dealing with a sudden death or suicide in the school, contact the Tennessee Suicide Prevention Network at 615-297-1077 or www.tspn.org



Note: All use of this Suicide Behavior Procedure Checklist must include recognition of the Tennessee Suicide Prevention Network (TSPN) and the source document. However, alterations are encouraged for catering to area school districts and schools with recognition of this document and TSPN