

FRAMEWORKS YOUTH SUICIDE PREVENTION PROJECT

SOCIAL SERVICE AGENCY / YOUTH PROGRAM

POSTVENTION RESPONSE

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INTRODUCTION:

Social service agencies and youth programs provide a wide variety of services in many different settings. These services run the gamut from after-school programs, to community drop-in centers, to residential programs, to summer camps, to activity-based programs. Some have a human service or treatment focus; others may include religious programs, ball leagues, drama programs, scouting, etc. Regardless of what their focus is, programs that deal with youth play a key role in the aftermath of a youth suicide in the community. They may either experience the tragedy first hand (if one of the youth in their program takes their own life) or when the youth they serve have been impacted by the death of one of their peers. Programs that do not deal directly with youth may also be impacted by a suicide in the community. It should also be noted that the suicide of an adult in the community or a public figure, especially someone well known to youth, can have an equally devastating impact on those left behind. People who have known someone who takes their own life are often referred to as “survivors of suicide” or just “survivors.”

A client suicide has implications across all sectors of an agency or program. Areas to be attended to include staff, clients, family of the victim, and potential exposure regarding civil liability. Following a client suicide, you may be faced with a number of difficult decisions for which there are often not clear answers. The most important thing to remember is not to make these decisions alone. Consult with your colleagues, supervisor and/or director and follow agency policy.

It is well-documented that having known or been close to someone who takes their own life places that individual at higher risk for suicide. Thus, suicide survivors are statistically more likely to make a suicide attempt or complete suicide at some point in their life. This increased risk level is true for both adults and teens. No one is exactly sure why the risk level increases, but one theory is that when one individual breaks a social taboo (like suicide), it makes it easier or more acceptable for others to do the same.

Research has indicated that there are ways to both decrease the risk factors and increase protective factors following a suicide in the community. These interventions are known as

“postvention” activities. Although postvention activities occur after a suicide, they are also prevention activities because they can reduce the likelihood of future suicides and suicide events for all community members.

Sometimes communities experience multiple suicides in a short period of time. When this occurs, it is known as suicide contagion. Adolescents and young adults are particularly vulnerable to suicide contagion. A great deal of research has been done on suicide contagion, and its existence is well-documented. The importance of postvention protocols is that they can provide guidelines to assist individuals, organizations, and communities in responding to a suicide in a manner that is most likely to reduce the likelihood of contagion. How a suicide is dealt with in the media, by youth programs, by schools, by religious and faith communities, and by friends and family can have a dramatic impact on contributing to or preventing suicide contagion. Preventing suicide contagion is everybody’s responsibility and following the steps in this protocol will help decrease the likelihood that another suicide will occur in your school or community. As you read these protocols, please keep in mind several key points:

- We don’t know who among us (adult or teens) is vulnerable or at increased risk.
- Be non-judgmental and gentle with each other. We all grieve in different ways.
- The grieving process takes weeks and months (not days and weeks).
- Be your brother/sister’s keeper and watch out for who is not doing well and may need additional support (make sure they get it).
- Take any threat of suicide (even joking statements or comments like “I wish I were dead”) seriously and get the person help. (See Gatekeeper Attempts and Threats section for more information.)
- If you are having thoughts of harming or killing yourself, tell someone and ask for help.
- Do not memorialize the person by only talking about all the positive things about them without also acknowledging that they were ill or made a very bad decision in taking their own life.
- Many people are not aware of the issue of suicide contagion and the steps to take in reducing suicide risk. You may want to share this protocol with them.

More detailed information is provided in the following sections.

CONFIDENTIALITY:

Confidentiality does not end at death. You are not at liberty to disclose confidential information regarding an individual who has received services from you or your organization. Follow your agency guidelines or policies and procedures, or consult with an attorney and/or supervisor to understand your obligations and limitations.

DISCOVERY OF A SUICIDE ON AGENCY PROPERTY:

- Render or request first aid if there is any possibility the individual may be saved or resuscitated.
- Immediately contact:
 - Police
 - Crisis coordinator within the agency
 - Agency administration
- Secure the scene:
 - Police will need to investigate in order to determine the official cause of death.
 - You may need to consult with an agency supervisor or attorney regarding how much information you can disclose to the police.
 - Avoid moving the body or disturbing any other evidence.

- Keep staff/onlookers away.
- Write down names of all staff and/or clients who witnessed the event or discovered the suicide.
 - If possible, keep these people together on-site until the police have had a chance to question them and until support and/or debriefing can be provided.
 - Be mindful of confidentiality violations by disclosing the names of other clients (witnesses) to law enforcement. Consult with a supervisor or agency attorney regarding how to balance the rights of clients and law enforcement's need to interview potential witnesses.
- Notification of family or next of kin:
 - In the event that a suicide takes place at an agency, it will be important to immediately notify parents and next of kin. Police officers often have experience and training in this area and should be asked to do the notification.
 - Identify (and determine how to notify) siblings or other immediate relatives of the deceased who may participate in the program.
- Proceed to "Next Steps" section.

COMPLETED SUICIDE OFF AGENCY GROUNDS:

- Make reasonable attempt to verify information or obtain more details.
 - What is the source of your information? (E.g. news report, call from family, report from client, staff report.) How reliable is the information? Is it a first-hand report? Second-Hand? Rumor? Etc.
 - Is there a way to verify this information (without violating confidentiality)? Law enforcement/police department might be a good source of reliable information.
 - Under NH law, the cause (gunshot, asphyxiation, etc.) and manner (suicide, homicide) of death are a matter of public record. The NH Chief Medical Examiner's office (603) 271-1235 can provide this information in most situations. In some cases, toxicology tests take 6-8 weeks for results to be returned and the death certificate to be issued.
- Immediately notify your supervisor, crisis coordinator, and/or agency director.
- Immediately secure the chart/file in accordance with agency quality improvement procedures.
- Follow agency guidelines for notifying other staff. (See next steps for more details.)
- Follow agency procedure and fill out incident reports or other required documentation.

CONTACT WITH STAFF:

- When deciding and prioritizing which staff to notify, carefully consider *all* staff (not just direct service staff) who have contact with the individual. This might include receptionists, support staff, janitorial staff, van/bus drivers, etc.
 - One visual way to prioritize notification is to draw a series of concentric circles. Place staff names within the different circles. Staff who had the most contact with the client would be at the center (and should be notified first).
 - Be aware that those who worked the most closely with the client may not necessarily be impacted the most. Grief situations impact everyone

- differently, and sometimes an individual who had little contact with a client might be profoundly impacted by their death.
- Staff should be notified in a private setting (away from clients), when possible.
 - Attend to the staff who worked directly with the individual first.
 - Inform them of the situation and the facts as you know them.
 - Ask them what they need for support.
 - Offer sick leave/time off, etc. (when indicated)
 - Consider temporarily removing them from high stress job responsibilities (e.g. taking emergency services calls)
 - Encourage self-referral to an EAP (Employee Assistance Professional) if available/indicated.
 - Review protocols (and/or internal policy and procedures) with them for how the agency will respond, and how to deal with clients.
 - Review/encourage good self-care skills.
 - Provide ongoing support. Support/check-ins need to be ongoing over a period of weeks and months.
 - Consider the use of a crisis debriefing team (if indicated).
 - Direct any media or outside inquiries to agency director or his or her designee.
 - May wish to refer to the Media Recommendations in the Appendix for suggestions regarding how to deal with the media - before they call.

CONTACT WITH OTHER CLIENTS:

Many social service agencies such as youth centers, summer camps, residential facilities, after school programs, etc. have programs that involve groups of clients interacting together. In these circumstances, it is especially important for the agency to be prepared (in advance) for how to handle the suicide of a client or community member. The level of familiarity or intimacy between clients may guide you in determining how to respond. (You should consult with your supervisor (and/or agency attorney) regarding issues of confidentiality and privacy before discussing with other clients.) **(Remember, you are still bound by confidentiality.)**

- If you are informing them, be direct and factual about the cause of death with the information you have and without breaking confidentiality. (Consider your sources of information – e.g. what you heard on the radio/read in the newspaper is not confidential, though it may not be accurate either.) Don't speculate about what you don't know.
- One way to facilitate a group without violating confidentiality is to ask clients what they know and how they feel about what happened (this works if the suicide is common information). This can also be a good way to bring rumors and innuendo out into the open.
- If the group has internal confidentiality guidelines, remind them of the need to respect those rules even after the individual has died.
- Pay attention to who might be at increased risk as a result of this suicide.
- Clients may request to hold their own private (not sponsored by the family) memorial service. Be cautious about hosting or participating in this. If a service will be held by/for clients, review with them the Memorial Service Guidelines and insist they be followed.
- If appropriate, inform clients of funeral, viewing, or other public memorial service.
- Review self-care skills and help seeking behavior.
- Be very careful and cautious before agreeing to host any type of agency sponsored memorial service. Consider issues of confidentiality and boundaries, as well as setting a precedent. If agency will hold some type of memorial service, avoid glamorizing the individual or their death. (See Memorial Response protocol/Appendix for more information.)

CONTACT WITH FAMILY:

This section is highly subjective and very dependent on a variety of factors including professional boundaries as well individual practice styles and preferences. There are no clear best practices for this type of situation. It is imperative that prior to taking any steps in this area that you consult with your supervisor and director and seek legal advice, if indicated (see Caution below).

Areas in which you might have to make decisions include:

- Contacting family directly to express your sympathy and condolences.
- Attending the wake and/or funeral services.
- Providing staff with time off to attend the wake/funeral service.
- Sending a personalized sympathy card to the immediate family/next of kin from individual treatment providers and/or the agency.
- Sending flowers on behalf of the agency or making a donation in memory of the person.
- Providing the family with information/referral on available support groups such as SOS (Survivors of Suicide) or Compassionate Friends.
- Following up with the family to offer information/referral for bereavement counseling, if appropriate/indicated.
- Family requests to review the client's records should follow usual agency guidelines regarding confidentiality and releases of information.

***Caution:** in making these types of decisions, be mindful of the following areas:*

- Confidentiality:
 - Is the family aware that the individual was in treatment? Directly/Indirectly?
 - Have you had previous contact with the family as part of client's treatment?
 - Does sending a note, flowers, etc. violate confidentiality?
 - Does your presence at a public event (wake/funeral) reveal to family/others in the community that this individual was in treatment?
- Professional boundaries:
 - Are you doing this for your benefit or for the individual/family?
- Family expectations:
 - Families do not necessarily understand the complexities of confidentiality. What do you think the family expects you to do?
 - What are the wishes of the family?

Remember that not doing anything in these areas is still a decision, and you should be clear about your justification for your actions, as well as your inaction.

COMMUNITY RESPONSE:

Depending on the type of services provided, many social services agencies or youth programs should be prepared to be part of a larger community response in the event of a suicide. Some programs may see a dramatic increase in referrals or provision of services following a suicide. Understanding contagion and what contributes to it and helps prevent it is essential for guiding appropriate interventions. Good networking and interface between agencies and organizations is a key to assisting the community to respond appropriately. Ideally, these networks and contacts will be in place before an actual event occurs. Things to consider when developing a community response plan include:

- Identifying who is going to coordinate the community response to the incident.
 - In most cases, it makes sense for the community mental health center staff to take on this role.
- Contacting school to offer counselors to assist students and faculty with grief and trauma.
 - Review of risk factors and warning signs to identify high-risk students.

- Review of self-care skills.
- Working with school officials, social service agencies, law enforcement, family, and others to identify people who had the closest relationship with the deceased. (Use of concentric circles is a good way to visualize this.)
- Discussing and educating key people regarding the issue of contagion and how to prevent it.
- Reviewing guidelines for appropriate memorial services with school, clergy, funeral home directors, and family, as indicated.
- Reviewing Media Response Guidelines with people most likely to have contact with the media.

How each agency or organization responds will depend on what resources they have and their role in the service delivery system in the community. Be creative in how you approach this and what you can offer. Some examples include:

- If the agency has therapists or counselors who are trained in crisis intervention or grief counseling, they may wish to offer counseling at locations such as the school, funeral home, memorial service, or other community settings.
- Youth drop-in centers extending their hours.
- Day care centers providing staff or space for day care during the memorial service.
- Health and wellness programs promoting self-care skills.
- Hospice programs providing information about grief and bereavement.