# *SUICIDE POSTVENTION*

## *Needs and Considerations from Maine School Staff and Administrators*


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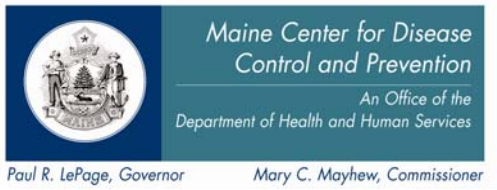


## TABLE OF CONTENTS

**Suicide Postvention:**

**Needs and Considerations from**
**Maine School Staff and Administrators**

## Abstract

Effective and strategic postvention response in the period following a death by suicide is a significant form of suicide prevention. 'Suicide postvention refers to the process after a suicide, during which a school and/or community works toward emotional and psychological recovery and readjustment to healthy living by combining education and treatment to prevent bereavement complications for suicide survivors in the weeks, months, and years following the tragedy' (Mauk, 1994). In this context, suicide survivors are defined as those individuals, family members, friends, peers and community members who have experienced the loss of someone in their life by suicide. In an effort to better understand the postvention needs of public schools, a series of focus groups were conducted throughout Maine that included twenty school personnel. Themes related to immediate needs, long-term effects of a suicide, long-term needs, protocols and leadership were articulated by school administrators, social workers, guidance counselors, health teachers and coordinators and school nurses. Recommendations regarding postvention education, planning, communication and use of school and community human resources are offered in relation to the themes explored.

## Introduction

Maine has a cadre of professionals who assist Maine schools in their prevention and postvention efforts involving youth suicide. The Maine Youth Suicide Prevention Program (MYSPP) is a program led by the Maine Injury Prevention Program (MIPP) in the Maine Center of Disease Control and Prevention (Maine CDC) of the Department of Health and Human Services, with state level partners in the departments of Education, Corrections, Public Safety and Labor engaged in different aspects of suicide prevention. The MYSPP provides training, data, technical assistance resources and support to schools and communities to prevent youth suicide, prepare to intervene in a crisis and to respond effectively when suicidal behavior occurs. In their work with many local schools, staff from the MYSPP began to note a trend in their technical assistance requests for postvention needs in the weeks, months, and sometimes years after a school experienced a death by suicide. In order to better understand the range of school needs for postvention response, resources and support in the immediate period following a suicide and in the months and years following a death, a plan to conduct focus groups throughout Maine was formulated in the spring of 2010 with staff from the Maine CDC, the MIPP, MYSPP and Oldham Innovative Research. This report is focused upon what was learned from the extant research and the focus groups conducted across Maine.

In a review of the literature, suicide postvention may include the following elements: 1) assisting survivors of suicide through the grief process; 2) preventing suicide for future generations; 3) alleviating the possible after effects of trauma; 4) preventing contagion among peers; and 5) helping survivors toward a readjustment to emotionally and psychologically healthy living (Aguirre & Slater, 2010; Constantine, 1989; Leenars & Wenckstern, 1998; Hatton, 1977; Mauk, 1994). Postvention is critical knowing that after a suicide at least six and as many as hundreds of suicide survivors are left behind to not only to grieve but to also make sense of the act (Cerel, Padgett, Conwell & Reed, 2009). Effective postvention strategies are especially important for schools as that is where youth spend a substantial amount of time with other peers and adults outside of their families. The risk of suicide contagion is most prevalent among youth and young adults.

Often commonly believed myths regarding suicide play a large role in schools and communities effectively knowing what to do for the youth and adults impacted by suicide. This may prevent schools from optimally providing the appropriate planning, training and services related to suicide pre and postvention. One common suicide myth is that by talking about suicide with youth a seed is planted that may increase the probability of suicide occurring, even though several studies show that the availability of open dialogue about suicide and the distress in an individual who might lead to suicidal behavior can reduce risk of suicide. A second myth is that parents or guardians are aware of their child's suicidal behavior. In fact, as cited in one study, 86 percent of parents/guardians were unaware of their child's suicidal thinking (Miller & Eckert, 2009). A third myth states that once a youth has decided to die by suicide, nothing can be done to prevent it (again, empirically this is not proven) (Miller & Eckert, 2009). Lastly, and most importantly for

schools, is the myth that by discussing suicide with youth, the risk for contagion is increased so it is therefore best not to bring attention to the suicide (Mauk, Gibson, & Rodgers, 1994). According to one research study, only one in four suicide survivors seek postvention help and of those who do get postvention services between 65-88% find the experiences helpful in alleviating their distress (Aguirre & Slater, 2010).

As the definition of postvention varies so too do the strategies to deliver postvention services to schools. Studies regarding postvention were more numerous in the 1990's, thus many of the strategies presented may need to be re-examined for relevancy. Some of the approaches highlighted in the literature included: 1) dealing with "reverse stigma" wherein suicide is viewed positively thus creating imitative suicide behavior (Callahan, 1996); 2) offering various clinical processes to high school students to deal with grief and anger (Carter & Brooks, 1990); 3) offering postvention support groups for survivors to include group bereavement and social group bereavement (Constantine, 1989); 4) establishing procedures and processes which schools could use to handle a death by suicide (crisis plans, informing students, media coverage, home visitations, special events/memorial services, faculty contact) (Siehl, 1990; Gilliam, 1994); 5) creating postvention plans for both during the school year and interim vacations (Roberts, 1995); and 6) funding for postvention consultation practices and issues (Mauk, 1994).

More recently, postvention efforts have looked at: 1) active postvention models where services and treatment are provided to survivors within 48 hours of the death by suicide through service providers actively reaching out to survivors (Cerel & Campbell, 2008; Aguirre & Slater, 2010); 2) focused family support when there are no strong written procedures, guidelines, or protocols (i.e., listening to service users, inter-agency work with families, and a strong focus on prevention) (Forde & Devaney, 2006); 3) liability issues for school employees, approaches favored by school administrators, and the Counselors, Administrators, Parents and Teachers (CAPT) Team approach (Maples, Packman, Abney, Daugherty & Casey, 2005); 4) using "senior" survivor volunteers to provide support for newly bereaved survivors (Aguirre & Slater, 2010); and 5) development and use of a toolkit with a variety of resources immediately available, which includes recommendations for a community plan especially to avoid suicide clusters[1], anniversary alerts for Primary Care Physicians and Mental Health clinicians, suicide activity tracking forms for schools, Q & A tip sheets on how to answer questions from students after a suicide, school district policies to address suicide postvention and postvention resources (e.g., brochures, booklists, and resources) (Texas Suicide Prevention Project, 2009). It has also been noted more recently that more needs to be done to evaluate the effectiveness of suicide pre- and postvention efforts (Aguirre & Slater, 2010; Cerel & Campbell, 2008).

This report focuses on current suicide postvention response in Maine middle and high schools following a death by suicide and on school personnel's perception of postvention services needed for the school community immediately after the death by suicide and into the weeks, months, and years afterwards.

[1] Suicide clusters are defined as separate suicides or suicide attempts that occur within a community of teens in a close span of time.

## Methodology

The exploration of recent postvention practices and the perceived needs for effective postvention response within Maine public schools was revealed through focus groups comprised of key informants who were directly involved in suicide and crisis work at schools that have experienced a death by suicide in the past. The information obtained allows the Maine CDC, MIPP, and the MYSPP to explore what is currently happening in terms of suicide postvention and what additional needs exist in terms of postvention support services in Maine's school communities. The key informants included school social workers, school guidance counselors, school nurses, health and wellness coordinators, health teachers and school administrators. Personal invitations were extended to school staff by a MYSPP staff member; the invitations resulted in good attendance at all focus groups. One focus group was held at the 2010 Maine School Nurse Summer Institute. Additional focus groups were held in three locations across Maine in September of 2010 (Belfast, Augusta and Portland). Participants were given a small stipend for their participation.

Focus group questions were developed by representatives from the Maine CDC, MIPP, MYSPP and Oldham Innovative Research and provided to participants prior to each focus group. Questions are listed in text box 1.

The focus groups were facilitated by a team from Oldham Innovative Research and a staff person from the MYSPP. Each focus group lasted approximately two hours and transcripts were written for each group which was then used for analysis. Anonymity was important to the participants who were assured their names, school names, or position would not be associated with any thoughts, concerns, opinions or suggestions which were shared. Respondents were also assured they would receive a copy of the final report once it was completed and approved.

### *Methodological Limitations*

The total number of individuals invited to participate compared to those who attended were fewer than expected. One of the sessions had to be postponed at the last minute due to a death by suicide of a recent graduate from one of the schools. Rescheduling meant some people who were originally going to attend could not. The preponderance of participants was guidance counselors, social workers, or school nurses. Only two administrators (a building principal and an assistant principal) were in attendance even though more had indicated interest in attending. More time was needed in each session than originally anticipated due to the time it took for introductions and sharing of experiences, which many found to be helpful and necessary before focusing on the remaining questions. In many cases, the participants reported the focus group was the first forum in which the respondents had an opportunity to actually debrief and reflect on the suicide death and their own feelings.

**Text Box 1. Focus Group Questions**

1. Think back to the time of the suicide at your school. In the days and weeks immediately after the suicide what were the apparent needs at the time? What assistance and resources were available to you? What assistance and resources were needed but were not necessarily provided or available?
   **Probe:** Needs of students, staff, administration, and community (including parents)
2. For those of you that are further out from the suicide, what are some of the longer term effects of the suicide death in your school regarding student behavior, staff behavior, administrative behavior and/or community behavior?
   **Probes:**
   How did students present so that staff thought their actions might be tied to an earlier suicide?
   Were there actions/activities that led you to believe there may have been closure?
   How have staff presented so that you think their actions might be tied to an earlier suicide?
   How does the administration address staff and student "acting out" from post- suicidal events?
   Is there a recognition that these actions are outside of the norm? How was that addressed?
   What public acknowledgement of these actions was made?
3. What are the needs for resources in your school over the long term? These could be informational resources, emotional support, professional interventions (e.g. crisis counseling) or other technical assistance.
   **Probes:**
   In what ways did your school need assistance?
   Was assistance requested (either within the school or outside of the school)? Were the resources and support available?
   Did these needs differ from the earlier needs of your school? How?
4. When the suicide death occurred, did your school have and use any set policies to inform and support the way in which you responded? From your perspective, were they helpful and adequate? Was staff broadly aware that the protocols existed?
5. Who is the "Go To" person in your school related to the suicide (e.g., the one person (or more) folks turn to for answers and support in a Crisis?)
   **Probe:** How did this person receive this designation? (what qualities did they have that made them the go-to person? Knowledge of community resources, job classification, good skills, mental health knowledge)
   Is there an official go-to person and an unofficial one?
   Did this person change over time? Are they still available for longer term needs?
6. Do you feel your school has mechanisms or plans to identify and support the most vulnerable populations (i.e., students, staff, and community members) following the suicide? If so, what are some examples? If not, what would be most helpful to these vulnerable populations?

**Findings**

Key informant demographics are shown in Table 1. Altogether, twenty individuals participated in four focus groups.

**Table 1 Key Informant Demographics**

| Demographics | Number | Percentage |
|---|---|---|
| Type of school | | |
| a) Rural High School | a) 17 | a) 85% |
| b) Urban High School | b) 3 | b) 15% |
| Gender | | |
| a) Male | a) 3 | a) 15% |
| b) Female | b) 17 | b) 85% |
| Profession within School | | |
| a) Social Worker | a) 7 | a) 35% |
| b) Guidance Counselor | b) 5 | b) 25% |
| c) School Nurses | c) 4 | c) 20% |
| d) Administrator | d) 2 | d) 10% |
| e) Health Coordinator | e) 1 | e) 5% |
| f) Health Teacher | f) 1 | f) 5% |
| Setting | | |
| a) Middle School | a) 4 | a) 20% |
| b) High School | b) 16 | b) 80% |

Key informants shared their most recent experiences of a student death by suicide which ranged from one month to four years. The deaths involved both boys and girls with students ranging from seventh grade to recent high school graduates. Participants pointed out that students who had died by suicide had varying demographics (socio-economic strata, gender, ages, and level of involvement in school and community).

***Immediate Needs, Assistance, and Resources***

When asked to think back to the time of the suicide at their school, participants reflected on the hours, days and weeks immediately after the death by suicide. The primary immediate needs for supporting the school community identified by those who participated in the focus groups were how to: 1)communicate consistently and efficiently with staff, students and parents before the rumors begin to infiltrate the school and community; 2)communicate in a way that acknowledges and uses the technology the youth use on a regular basis (e.g. Facebook, Twitter texting, etc); 3) maintain protocols which are current, active, and clear for all staff so that they can be administered effectively in the time of a crisis; 4) increase staff understanding of their roles in the time

> *"There are different types of people. Some go into shock and some focus. It would have been nice to have someone organize us. How many stations do we need (for kids to talk to social workers), for example? It would be good to have a knowledgeable person here."*

of a crisis; 5) utilize community resources; 6) provide support for students in the summer months or during vacation when a death by suicide occurs outside the school year; 7) handle a death by suicide of a recently graduated student; and 8) support staff members to debrief during and after a crisis as it is often overlooked that staff are grieving, too.

Many of the needs, assistance, and resources identified by the respondents were dependent upon how effective their school-based crisis teams were before the death by suicide occurred. Responsive, effective school-based crisis teams encapsulated three key elements, which included cohesive, diverse teams; strong leadership who could delegate roles and responsibilities; and up-to-date, understood protocols. Without effective teams of people working together when faced with a death by suicide, it was noted that often the response felt "pieced together".

Crisis Teams which were considered cohesive and diverse included a variety of school personnel (principal, guidance, social worker, school nurse and teachers). Some teams even included community members such as the Chief of Police and members of the clergy. Relationships of trust were built within the team through regular meetings (not just in times of crisis) and low team turnover from year to year. Effective teams meant that members had assigned roles and were clear on what their role was in times of a crisis. Effective teams also had training that they felt helped them better understand crisis situations and how best to interact with others in those situations. Those who noted that they were not part of a cohesive and diverse team indicated that they may have been a crisis team member more "on paper", meaning that they did not necessarily meet regularly with their crisis team and their role on the team was not clear. When roles are not clearly defined or when a crisis team was not effectively utilized, the work involved in a crisis can sometimes fall on one person (i.e., building principal, guidance, or social worker). That person is expected "to drop everything" while others on the team "seem to disappear." Without a strong crisis team it feels like chaos when a crisis like a death by suicide occurs.

> *"We don't lose somebody every year but it sure feels like it… there is that domino effect which reminds them of prior losses."*

Effective leadership was defined by respondents as someone on the team able to delegate and effectively communicate. Most often the leader of the crisis team was a building principal. Principals were noted to be the typical person "officially" in charge when a crisis occurred and those who were most effective were those who could coordinate the best use of the staff's expertise and skills. Other effective leadership skills that were noted included someone who was adequately trained on suicide and crisis, could anticipate the chaos and have effective plans in place to circumvent issues, and the ability to communicate effectively with many different populations (students, staff, parents, community members) while giving consistent and clear messages. Others noted leadership that is fractured can create more confusion and frustration especially when resources which can be helpful are not accessed or when decisions are made which were not part of the protocol decided by the team. With turnover in principals often crisis teams are affected especially if new administrators are not aware of their role and what it entails on the crisis team.

Effective protocols that were consistently re-visited for efficacy, especially after a crisis, helped to guide the team when faced with a suicide. Keeping the protocols active by reviewing them as a team and educating others in the building on key elements of the protocols also helped to avoid miscommunication and allowed the team to do their job when a crisis occurred. Many indicated that protocols need to be easily understood by all staff so there is no question as to what steps to take in a crisis situation. Ensuring protocols are current with what the research says in terms of best practice is also critical (i.e., best practices around funerals and/or memorials on school property after a death by suicide). When protocols exist but are not revised or revisited by a team, they are simply thought of as a "piece of paper in a notebook on a shelf somewhere" and while personnel know a protocol exists, many are not clear as to what it entails.

> *"In the midst of the crisis we would have been lost without protocols."*

***Long-Term Effects***

Focus group participants were asked to reflect on the longer term effects of the suicide death in their schools regarding staff, student, administrative and community behavior as time passes (i.e., 3 months to year or more after a suicide). As one respondent eloquently stated, "the waves of influence from a suicide are huge". The suicide most strongly affects the students close in age but also effects siblings, school teachers, coaches, librarians, other school staff and many community members. The memory of the trauma often continues to follow the class through school. For example, if the suicide happened in eighth grade, each year there are events that are a reminder of the loss of a fellow student for that class (i.e., yearbook, prom, graduation). Some students like those closest with the individual or those vulnerable cognitively, behaviorally, socially and/or emotionally, end up needing extra social-emotional supports.

> *"For a lot of the students I work with it's the culminating effect of all the crisis situations in the long term…it's amazing how resilient kids are in the moment. I don't want to assume that they need what I think they do, so I watch them and run ideas by them and try to be aware of the whole story and the whole picture."*

Respondents noted that often it was hard to determine and differentiate long-term effects because how people cope in times of trauma varies depending on the natural supports each individual has within their family and community. Some respondents stated that those mourning a loss of a loved one by suicide (known as a suicide survivor) appear to be suffering from trauma, sometimes in the form of post-traumatic stress disorder, and this trauma often goes unrecognized and untreated.

The way in which the school community (students and adults) react to a suicide can sometimes vary depending on the how the student was viewed in the eyes of their peers. If a student was an athlete or was highly involved in the school the death may be dealt with differently than the death of a student who was not as involved or was marginalized in some way. For example, if a youth was seen as high-risk (i.e., in trouble with the law, discipline issues at home and school, known substance use) or not as "popular" then their death by suicide may not be at talked about and reflected upon as much as a student who was more involved and integrated in the school and community. Additionally, participants

also noted that accidental deaths (e.g. car accident) were dealt with differently than deaths by suicide (e.g. the attention and memorializing of the death by suicide was smaller). Several respondents reported that the community often judges a school harshly if they see a variation in the level of memorializing from one loss to another.

> *"We never debriefed. Nobody came away unscathed. Kids dropped out. Staff are still dealing with it."*

Siblings and the members of their class often show signs of suffering in silence and struggle while at school. Focus group participants related observing an increase in high-risk student behaviors such as increased anger, lower concentration levels and potential imitative suicidal behaviors, otherwise known as "copy-cat" behavior. After a death by suicide, participants reflected that they have seen students so traumatized by the suicide of a friend that they transferred to another school, were hospitalized for a suicide attempt or another sort of emotional break (i.e., severe depression). Several also reported observing an increase in high-risk behaviors like sexual acting out or substance use among students strongly affected by the suicide.

> *"The staff is who I worry about. Where are they going to go to cry? Who are they going to talk to?"*

School staff is affected by a student suicide in the long-term as well. In one school, it was felt by other staff that a social worker ended up leaving her post as a direct result of the trauma she felt after a student suicide. Participants reported staff became territorial, judgmental, felt guilty or somehow responsible and became hyper-alert in looking out for students (i.e., constant worry about students, more "checking in" with students than before, more referrals to guidance or social workers). There are times when the disparity in suicide knowledge disparity between school nurses, guidance counselors, teachers and administrators creates feelings of friction and frustration when personnel are ill-informed thus creating a sense of mistrust in times of crisis. For staff in larger schools where there may be more frequent crises occurring, sometimes there is no time for debriefing and closure regarding a death before staff members are faced with another death or another crisis. The additive nature of many deaths takes a toll on staff especially if they are seen as a "go to" person. Personnel who do not have time to reflect with one another or talk with an outside consultant often end up feeling traumatized and burnt out. Even individuals who were part of strong crisis teams indicated that often the support of the team was not enough. Because well-developed crisis teams are busy and taking care of the students, staff, and sometimes parents and community members, they did not allow themselves the time or space to grieve or reflect on the tragedy.

> *"Educators are not trained to see those symptoms (of vulnerable populations following a suicide). I think some people have that ability but in my experience of 37 years, there were a lot of false alarms, well meaning people making psychological evaluations."*

The community also experiences long-term effects after a death by suicide. Often sibling survivors suffer in silence and struggle throughout time while at school and while living in their community. Focus group members related community members often want to

memorialize the student who died by suicide and do not always do so in a manner that is appropriate or in conjunction with the advice of someone at the school thus creating a sense of tension between the school and community especially around the issue of memorializing (e.g., hosting a memorial service at the school, yearbook memorials, signs or symbols erected). Often overlooked is the fact that while a death by suicide occurred in a particular community served by a particular school district, other communities and schools are often impacted as student relationships reach beyond the immediate community. Some participants even reported that in neighboring communities a rise in delinquency or high-risk adolescent behavior was observed. Another unique community need was how to cope with the daily reminders of a death by suicide especially if the reminder were something like a large bridge (where the suicide occurred) that was present and visible from many vantage points in the community.

***Long-Term Needs***

> *"I wish we knew what we needed to do six months or a year out, but sometimes other crises happen before that time comes around… we tend to be so solution focused that it's hard to cover all the kids who were affected when you have to cut the grieving short."*

When asked about a school's long-term needs (months and years after a death by suicide) in regard to emotional, educational, and organizational needs following a suicide, the need that seemed most pressing for those most involved with the crisis was for emotional self care and support. Some of the respondents who have recently been through a death by suicide explained that they did not know if they could clearly articulate long-term needs since they were reeling from the immediacy of the most recent crisis. Others explained that it was somewhat difficult to reflect on the long-term when they felt as if their short-term needs were not adequately met. Sometimes it was hard to delineate short- from long-term needs but as respondents began to reflect and share their thoughts developing a list of long-term needs became clear. The illuminating moment for most focus group members was that just by having a focus group to talk about their experiences after a death by suicide, even if the suicide occurred years before, was the first time for many that they had the opportunity to debrief and reflect on their own feelings of the death. This moment triggered many to state the need for staff support services to be more readily available through programs like Employee Assistance Programs was critical.

> *"In different cultures and different school districts, you live and die by your principal and their decisions."*

A need for staff training and reminders of the protocols which currently exist was articulated by the respondents. Issues of how to communicate consistent messages and the use of technology in communication, memorializing and memorial services, anniversaries and how to support students needed to be articulated clearly to staff so everyone has a basic understanding of issues that can become problematic when faced with a crisis. Respondents especially highlighted the need for administrators to participate in training designed specifically for them since they are often the individuals who make the difficult decisions in times of crisis. It was noted that even when there are protocols in place each crisis has a unique set of circumstances which may or may not apply to the protocol and if administrators are aware of the most recent

research on best practices they will be able to make an informed decision when faced with these situations. Having the means to stay abreast of the current research around suicide postvention was noted as an important part of any training as the research helps inform best practices which can then provide a framework for crisis protocols as well as assist with consistent communication on issues such as memorializing. Respondents suggested that administrator training should come through the Maine School Management program or the Maine Principal's Association.

Self-care for staff was an important need recognized by the respondents. Often those who are most involved (e.g., crisis team members) when a crisis occurs forget to care for themselves and find that they are wrought with grief especially if it is compounded by multiple deaths. Outside consultation and support is critical for these leaders to be able to debrief, reflect, and learn more about the physiological and psychological effects of grief. In a couple of school districts, funding for outside clinical consultant services for nurses, guidance and social work staff has recently been cut due to budget reductions further eliminating this critical source of support. Creating safe spaces and a safe culture within the school for staff and students to grieve and process a loss is critical to promote self-care[2].

> *"As Guidance Counselors we do a terrible job at taking care of ourselves."*

Knowing how to use and involve available community resources was another identified long-term need. Involving community members on the crisis team, how to work with the religious community, and how to best support families in the community were needs noted by respondents. Respondents recognized the community does have resources to offer but often it is not clear to schools what those resources are and how they can be of use in time of crisis. Having community members involved with school-based crisis teams was an idea respondents felt would be an added resource in times of crisis. School personnel explained it would be helpful to have more communication with mental health agencies which were serving youth in crisis so the school could be prepared to keep a watchful eye out for those students who may need extra social and emotional support. Educating the media was also described as a need when working within the community as the messages the media communicates in local papers, radio, or through local news channels on television should provide information that is accurate and respectful of those mourning the loss of a loved one. Some respondents stated they were often fearful the media could send out messages that would do more harm than good by keeping the rumors going.

> *"What can we do to educate the media? Who are these people writing the articles? They're doing more damage."*

Long-term supports for students struggling with the grief of losing a peer were another need expressed by focus group participants. Ideas around how to handle anniversaries, special events, and transitions were requested. Educating students on grief and how to deal with grief was stated as a need for pre and postvention efforts as often adolescents

[2] It may also be important to delineate what self-care looks like for different school populations including administrators, faculty and support staff.

developmentally may not know how to grieve or have ever talked about grief. Additional needs included how to support students if the death by suicide was by a former student, or in a neighboring school district, and how to best reach out to students if the death by suicide occurred when school was not in session (e.g., school vacation or summer vacation).

> *"Kids always really appreciate a follow-up and checking in…just a little something to let them know you know and are there."*

Often, after a suicide, school staff referrals of students to social workers or counselors increase. Much of the time this occurs because staff is more sensitive to their student's behavioral, social, and emotional needs. Understanding how to manage an increase in referrals in the months after a death by suicide was mentioned as a long-term need. One school offered a mechanism for having the students check-in weekly with their home room teacher through filling out a weekly "check-in" sheet that specifically asks students if they need help with anything and/or wish to talk to an adult.

***Protocols/Policies/Procedures***

The need for current, articulated, and clear policies, protocols or procedures was very important to the respondents. Respondents noted their school district had protocols around crisis situations but these protocols did not necessarily include suicide postvention responses. Also, whether or not protocols were active and dynamic varied from school district to school district. Lack of understanding regarding what to do in a crisis was a common concern voiced by participants, much of which stemmed from not re-visiting crisis protocols faithfully to implement them in time of crisis. In order for protocols to be truly useful, respondents explained that all staff needed a clear understanding of the protocols through consistent reminders. Protocols must be dynamic; they should be examined and then updated annually as needed. After a crisis situation it is important to assess whether the protocols addressed all critical components of postvention.

> *"If we have a protocol, I am not sure I know about it. And even if we did have one, if the administration says we can't do it or talk about something, our hands are tied."*

> *"We all forget that you have to provide the training and update the protocol every year."*

Areas that protocols may not address but would be helpful include: 1) dealing with a death by suicide if the death occurs during the summer months when school is not in session; 2) articulating clear, definitive rationale for policies around memorials and memorializing; 3) identifying the role of school when the death is of a former student; 4) understanding the role of technology in communication; 5) addressing the media; 6) honoring anniversaries of a loss with students. Protocols should also be clear about the roles that school personnel or school crisis team members play in times of crisis with special consideration for the role of administrators, guidance counselors, social workers, teachers and school nurses.

As a caution, one focus group indicated that even when the best protocols are in place there may be times when the protocol is mitigated by the ethics of the present situation. For example, the protocol for one school suggested avoiding student-planned memorials. A social worker commented that on the anniversary of a fellow student's suicide "a kid read a statement he had written in English class and then they went down the street to the gravesite and paid their respects. This was totally against and outside the protocols. (The protocols) are good for guidelines and helpful but that was the right thing to do." So in other words, each death is unique, and the protocol serves best to provide guidelines rather than strict rules.

***Leadership in Times of Crisis***

> *"If I was a new principal, I'd make sure that I had all the contact information of the experts; a lot of them have a ton of experience."*

Strong school leadership that is shared (i.e., through a crisis team) is a key ingredient to how crisis situations are handled successfully. In many cases, the school's principal is the leader in charge of the crisis and how it is handled publically whereas the crisis team typically handles the logistics of communicating with students and staff within the school. Key staff, beyond administrators, involved in a crisis included school nurses, social workers and guidance counselors. Often those who are involved in the crisis depend on the structure and size of the school. When staff is shared between schools (e.g., school nurses) it may limit their role in a crisis situation. During a crisis, leadership and communication roles and specific responsibilities may be unclear. Officially, the person in charge when a crisis occurs may be different than the person whom people go to for guidance, grieving and emotional support. Participants spoke often of the distinction between "informal" and "formal" leadership. Respondents often saw the "formal" leader as the one who was handling the communications and decisions, often the school principal, whereas "informal" leaders were described as those individuals who people went to most often to discuss their grief and to get more emotional support. Community leaders who may emerge in times of crisis are pastors or ministers, police officers or chief of police, service organizations like the YMCA/YWCA and community-based mental health practitioners to name a few. Respondents reiterated that training is needed before a crisis occurs and coordination of the crisis response, including communication at all levels needs to be consistent and constant throughout a crisis.

## Conclusions and Recommendations

Understanding that "good suicide postvention is good suicide prevention", schools in their strategic planning should identify and describe postvention strategies after a death by suicide. To summarize, the following recommendations for postvention strategies are offered in terms of leadership, education, planning, communication, implementation and people. Overall, allowing time for debriefing is critical for school staff (especially crisis teams) to reflect on the events and refine or revise any strategies through that reflection. Recommendations regarding future research are also provided.

It is critical that those affected by a death by suicide are properly educated in regard to best practices based on the most current research. Often well-intentioned people are unaware

of the sensitive nature of dealing with a death by suicide and how it differs from other tragic deaths. Specific considerations for **comprehensive education and leadership** around crisis response to a death by suicide include:

- **Invest time, money, and resources to develop effective crisis teams**. Support staff receiving the most up-to-date training regarding suicide with the understanding that they will be the experts in imparting the knowledge of best practices to others in the school and community, including the school board, in a crisis. Crisis teams should also receive training and/or technical assistance in strategic planning and implementation to prepare them for their role when a crisis like a death by suicide occurs.

> *"Principals are more likely to listen to a peer, research or someone above the. They need information on 'best practices' and what research shows. They need a package of tools based on best practices. They need proof from someone who is credible."*

- **Validate the importance of clear, current protocols** to administer in times of crisis through dissemination through the Maine School Management or the Maine Principal's Association in an effort to better inform school administers of effective practices and optimal use of school and community based resources.

- **Provide school administrators with a toolkit of resources** specific to their role that is sanctioned by the Maine School Management or the Maine Principal's Association.

- **Provide consistent reminders to school staff** (through scheduled staff development and staff meetings) on the protocols established for use in times of crisis. Providing staff with tools to help reinforce the protocols helps to reinforce consistent messages and thus better supports the students. Resources for staff should include tip sheets on how best to answer student questions, signs of suicide, how to reach out to those students most at-risk after a suicide and resources and services available to students and staff in times of crisis.[3]

- **Provide more education to younger adolescents on suicide prevention**. Offering the "Lifelines" curriculum for students in eighth grade before they transition into high school so students learn at a younger age how to seek help for themselves and their peers is a consideration. Another topic to cover with students, starting in middle school, is a better understanding of grief and the emotions involved in the grief process.

- **Increase attention to educating or training community members** who are pivotal in assisting schools when a suicide occurs to ensure the school and the community are giving consistent messages. Well-informed clergy can be helpful

[3] One school provided a red crisis folder with brief tip sheets and a one page summary of the protocol to each classroom to make that folder easy to find in times of crisis.

when comes time for the memorial service and for providing safe havens for youth during off-school hours. Other important community members who should be educated to be a helpful resource to the school would be local police officers, chiefs of police, service organizations that provide programming for youth (YMCA, YWCA, Boys and Girls Club, recreation departments), the Center for Grieving Children, and community-based mental health providers. Develop Memoranda of Agreement spelling out services to be rendered in crisis situations before a crisis occurs so roles are specific and understood.

- **Educate the local media on helpful ways to convey information** and appropriate memorializing of a death by suicide and the reasons .for following reporting guidelines. Establish relationships and work with the media in advance of a crisis so they become part of prevention efforts.

The planning process can be built upon an evidence-based foundation of education. An important component of the planning process is the process of reflection, which is often overlooked when a crisis like a death by suicide occurs. The ability to reflect will lead to efficient and more effective plans if another crisis were to happen. Considerations for the **planning phase** should include:

- **Acknowledge the plasticity of district boundaries**. The impact of a death by suicide goes far beyond the school or district and effective coordination and communication between neighboring schools is important in coordinating an effective postvention response.

- **Consider the rural or urban nature of the community in planning**. Consider the resources available in each community and how the rural or urban nature of the community affects the plan. As a crisis can easily overwhelm school staff members, who themselves may be directly impacted by a suicide, **develop formal agreements with neighboring schools and/or districts to provide staff for mutual assistance during a crisis.**

- **Establish plans when suicide occurs during the summer** and how the school will respond. [4]

- **Establish how the staff will be supported** and explicitly address when it is appropriate for school guidance counselors, social workers or nurses to provide the ongoing support needed by faculty and staff and when outside assistance should be obtained. Consider effective use of EAP services to support staff in times of crisis and to assist in appropriate debriefing.

- **Create plans for how to respond when the death involves a student who has recently graduated and is no longer directly connected with the school**.

[4] The Keeping Maine's Children Connected (KMCC) project may be helpful in this regard as they work on developing connections between school and community to ensure educational continuity for children.

- **Develop and widely distribute clear and concise protocols around memorials** and memorializing that can be articulated to students, staff, and the community in a respectful manner and is based in best practice.

- **Address the concern of suicide contagion** by reaching out to potentially vulnerable students and developing resources to address the needs of those at-risk.

- **Strategize in a systematic manner to ensure protocols, plans, and policies are current and effective** for intervening in a suicide crisis as well as other tragic events as often they are treated differently. Keep staff informed of same.

In light of all the social networking sites and the ease in which technology allows people to communicate instantaneously, communication around a suicide becomes paramount. Protocols on communication need to consider all the latest technologies and how people give and receive information. **Communication considerations** should include:

- **Utilize school web sites, phone messaging services, list serves and other legitimate ways in which the school uses technology to communicate with the school community, parents and community at-large regarding a death**. These are trusted sources people should be able to access for accurate information. If social networking sites are popular media to communicate in the community, the school should consider establishing their own account on these networking sites to legitimize that the information posted is accurate and to foster respect.

- **Determine who will be the communicators and to whom they will communicate with help to reiterate consistent messages around the death**. Establish "go-to" people with clear roles and messages to extend to others so to combat misinformation and rumors which often plague a school and community after a suicide.

- **Identify at-risk suicide survivors and communicate with faculty and staff about means of tracking those students** in the weeks and months following the death by suicide (example included in appendix 1).

- **Work with media outlets to communicate messages which are appropriate and considerate of the surviving family and friends** of the decedent and to provide resources to vulnerable members of the community.

- **Institute communication protocols with outside agencies** (i.e., Mental Health Crisis Services, area mental health clinicians and youth serving agencies) who serve at-risk adolescents in an effort to serve students who may be in need of extra services or support while at school or in the community. Establishing this bridge helps students feel like they have someone to go to in times of need and enhances their sense of belonging.

- **Provide community members of the school crisis team with guidance about their role in dispelling rumors** and, if they are asked to communicate with the community, give them consistent messages that are accurate and respectful.

People, by far, are the greatest assets in successful suicide pre and postvention. Dynamic leaders who know how to gather support and resources can make a difference in the response to a death by suicide. However, often these leaders neglect to care for themselves and end up feeling overwhelmed and overwrought by the emotions of such a tragic loss or by the cumulative effect of multiple losses. When considering the **people involved and affected by the crisis**, recommendations include:

- **Recognize the need for staff self-care during and following a crisis** needs to be stated and followed. Appropriate methods for staff to check in with one another need to be described. Consultation with outside professionals such as an EAP provider should be encouraged to support staff in addressing their own needs.

- **Notice the different roles personnel play in times of crisis** and how their role may affect how they are able to publicly present. How an administrator reacts may look and feel different than how a social worker or a school nurse react and this needs to be understood within the team. Describing appropriate roles people fulfill in times of crisis ahead of time can assist with reactions and the structure of how to deal with the crisis. Recognizing that all school personnel may be touched by the death is important for someone on the crisis team to address (e.g., bus drivers, food service, coaches, education technicians).

- **Develop strategies which support those school personnel who have to communicate with students about the suicide** who, for whatever reason, cannot do so. Identifying approved resources in the school community or the community at-large who can effectively deliver messages to students when the indicated staff member is not able to do so due to their own grief or their personality.

Areas of Further Research

The focus groups conducted were helpful in establishing areas for further research on postvention strategies and needs.

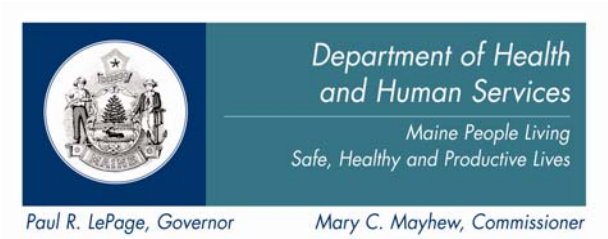
Recommendation for **future research** should focus on:

- **Specific training needs of school personnel depending on their role**. For example, what do guidance counselors and/or social workers need for training vs. administrators. We were able to gather general information on training needs for school personnel but due to time constraints and a lack of attendance by administrators do not have enough information on specific training needs by role. Additionally, we did not speak to any of the support staff at the school (e.g., clerical staff, food service, education technicians, etc.), who may provide a unique perspective.

- **Specific self-care needs of school personnel depending on their role**. While we identified self-care and support for staff as a critical immediate and long term need, we did not gather enough information to distinguish self-care of school personnel based on their role.

- **Prevention and postvention efforts need to be evaluated for effectiveness.** Often interventions or strategies are implemented within schools but it is not always clear what the strengths and challenges of the interventions are due to the lack of evaluation. Taking the time to evaluate is another exercise in reflection that personnel seem to crave after a death by suicide has occurred. Evaluation of the training received, the crisis team process when faced with a crisis, an assessment of needs of school personnel and the effectiveness of the protocols are places to start.

- **How schools throughout Maine and in neighboring states utilize community resources.** Further examination of the use of community resources should be investigated for effective crisis postvention when a death by suicide occurs. Exploring how community members are utilized on crisis teams, what role community members play when a crisis occurs, what resources are available and where there is a gap in resources and how community members communicate with one another are areas which could be investigated to strengthen postvention efforts.

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