

Suicide Prevention in Schools: A Toolkit for Empowering School Districts

Association of School Psychologists of Pennsylvania



Terri A. Erbacher, Ph.D.
*Philadelphia College of Osteopathic Medicine
Delaware County Intermediate Unit*

Revised February 2018
February 2013

If you or someone you know is in a suicidal crisis, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text HELP to 741741

Table of Contents

Welcome!

Part 1: Introduction

- Background Information
- Information for Administrators

Part 2: Suicide Prevention & Preparedness

- Policies & Procedures
- Prevention Programs
- Risk Factors & Warning Signs

Part 3: Intervening with Suicidal Students

- Suicide Risk Assessment & Screening
- Engaging Parents
- Referral Procedures

Part 3.1 Suicide Attempt

Part 3.2 Hospitalization

Part 4: The Aftermath of a Suicide

- Steps & Procedures
- Grief & Trauma
- Dealing the Media
- 3 Tiers of Intervention

Part 5: Appendix

- Useful Sample Forms, Letters, Checklists
- Local Resources
- Where to Learn More
- References

©2018 Revised (Original version 2013). Terri A. Erbacher, Ph.D. All rights reserved. This booklet may be reproduced without modification for free use in suicide prevention and postvention. Handouts in the Appendix may be copied for school district use, but please credit the author.

Thank you to the Delaware County Intermediate Unit for a grant to make the 2013 booklet possible.

Welcome!

I am so glad that you have accessed this booklet! Suicide prevention is near and dear to my heart and I hope that this booklet is able to help your school or school district formulate an effective suicide plan BEFORE crises occur.

Please note that much of the material presented here is based upon personal experience and is backed by research. I have tried to include as many resources here as possible in order that you know where to go should you want more detailed information or explanations.

We all have the power to help save lives.

Author Biography

Dr. Terri Erbacher has been a clinical associate professor in the School Psychology Program at Philadelphia College of Osteopathic Medicine (PCOM) since 2007 and has been a school psychologist with the Delaware County Intermediate Unit (DCIU) since 1999. Dr. Terri's expertise focuses on providing mental health support, supervision of school psychology interns, and most notably, crisis prevention and intervention, grief and trauma, as well as assessment and management of suicide risk. Dr. Terri also conducts trauma evaluations for adjudicated youth in the juvenile court system. She is also the lead author of the important and innovative 2015 text *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*.

Dr. Terri is a trainer for NASP's PREP_aRE Model of Crisis Prevention, Intervention and Recovery in Schools, is an American Association of Suicidology Certified School Suicide Prevention Specialist, and is a certificated as a Grief and Traumatic Loss specialist. Dr. Terri is past president for the Philadelphia Chapter of the American Foundation for Suicide Prevention and past Chair of the Delaware County Suicide Prevention Task Force. She has also served as a Clinical Scientific Advisor to the Board of Directors of Survivor of Suicide and on the executive committee of the Pennsylvania Youth Suicide Prevention Initiative. She currently serves on the Suicide Prevention Committee of the Pennsylvania Psychological Association and is the Crisis Committee Chairperson of the Association of School Psychologists of Pennsylvania.

Her passion for helping children in crisis and training mental health professionals has led to her receiving multiple awards for her service to the community as she has been recognized by Delaware County Council and been honored by the Delaware County Suicide Prevention Task Force, Survivors of Suicide, and the American Foundation for Suicide Prevention as well as being named Pennsylvania's School Psychologist of the Year.

If you are learning more about school suicide prevention, ethics and law, intervention, risk assessment, and postvention, please check out Dr. Terri's text:

Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention and postvention*. New York, NY: Routledge. ISBN-13: 978-0415857031. Available at: www.amazon.com/Suicide-Schools-Practitioners-Intervention-School-Based/dp/0415857031

Part 1: Introduction

Most of us in schools are not fully prepared to deal with suicide prevention, intervention and postvention crises. This manual is meant to be utilized as a best practice guideline for schools and school districts to create their own policies and procedures. Every school and school district is unique and will therefore present with distinct characteristics that will require an individualized approach. Every school district should have policies in place to be prepared to deal with potentially suicidal students, suicidal crises, and steps to take in the aftermath of a suicide and the complex trauma and grief that follow. I hope this booklet helps.

Administrators: This is for YOU - Why should schools address suicide?

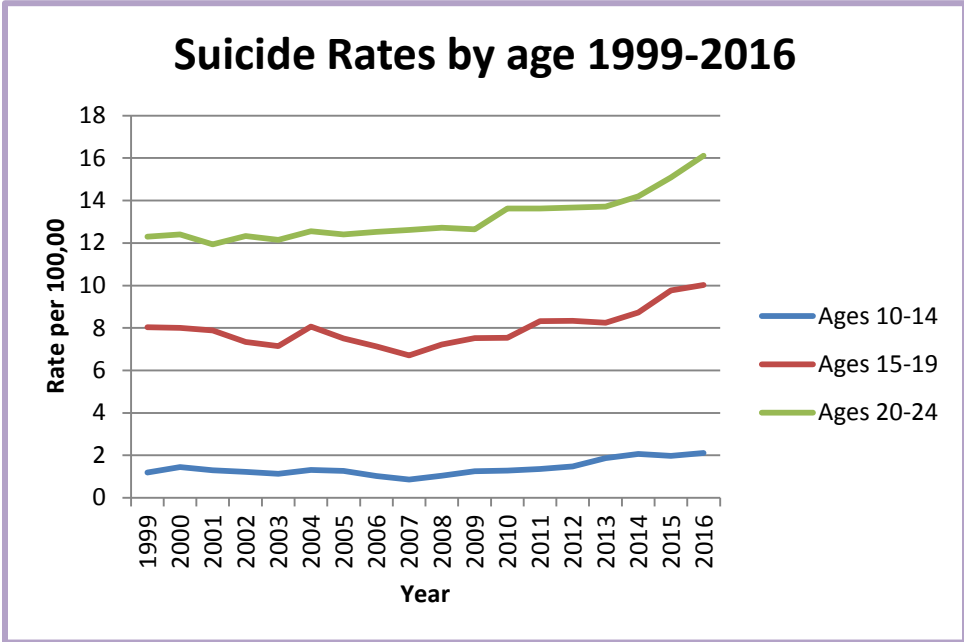
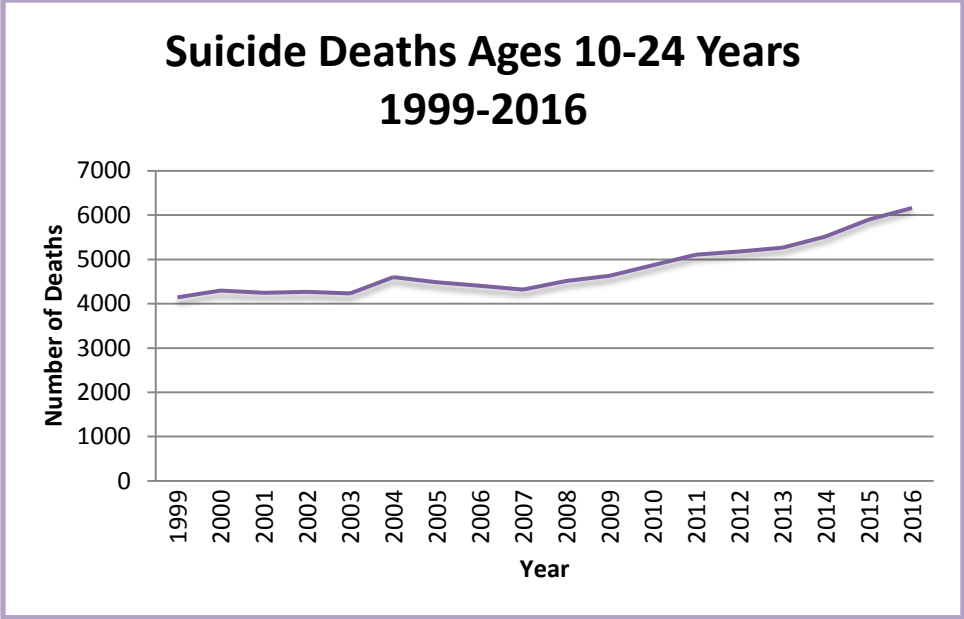
(adapted from "Preventing suicide: A high school toolkit", SAMHSA)

- Maintaining a safe school environment is a part of the school's overall mission.
 - There is an implicit contract that schools will protect the safety of children while they are in the school's care.
- Students' mental health can affect their academic performance.
 - Approximately 50% of students receiving grades of mostly D's and F's felt sad or hopeless compared to 20% of students receiving mostly A grades.
 - 1 out of 5 high school students receiving grades of mostly D's and F's attempted suicide compared to 1 out of 25 students receiving A grades.
- A student suicide can significantly impact other students and the entire school community.
 - Knowing what to do following a suicide is critical in helping students cope with the loss and prevent additional tragedies that may occur as students can be susceptible to suicide contagion (or copycat suicides).
- Schools have been sued for negligence for the following reasons:
 - Failure to notify parents if their child appears to be suicidal.
 - Failure to get assistance for a student at risk of suicide.
 - Failure to adequately supervise a student at risk for suicide.

Background Information

The facts according to most recent 2016 data (CDC, 2018):

- There were a total of 44,965 suicide deaths in 2016
- Suicide is the 10th leading cause of death overall in the United States
- For every suicide death, there are at least 25 suicide attempts
- Suicide is the second leading cause of death for those ages 15-24 years
- Suicide is the third leading cause of death for youth ages 10-14 years
- Firearms account for 51% of suicide deaths



Based on the 2015 Youth Risk Behaviors Survey (CDC, 2016):

- 8.6 percent of high schoolers reported at least one suicide attempt in the last year.
- Girls attempted twice as often as boys (11.6% vs. 5.5%) and teens of Hispanic origin reported the highest rate of attempt (11.3%), especially Hispanic females (15.1%) when compared with white students (6.8%) and White females (9.8%).
- Approximately 2.8 percent reported making a suicide attempt that required treatment by a doctor or nurse.

Pennsylvania Initiatives

Prevent Suicide PA

The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) has merged with the Adult/Older Adult Task Force to create **Prevent Suicide PA (PSPA)**. This website with numerous resources can be found at www.preventsuicidepa.org.

The mission of **Prevent Suicide PA** is to support those who are affected by suicide, provide education, awareness, and understanding by collaborating with the community to prevent suicide, and reduce the stigma associated with suicide.

Check out **Prevent Suicide PA's** website for their annual school PSA contest and their event calendar for information on their annual conference, other upcoming events, as well as suicide prevention nights with the Philadelphia Phillies, Harrisburg Senators, and Pittsburgh Pirates!

Act 71

The Pennsylvania Youth Suicide Prevention Initiative (PAYSPI) was active in initiating House Bill 1559, which was passed in 2014 as Act 71 (*Dr. Terri Erbacher was a part of this initiative*).

Act 71 Youth Suicide Awareness and Prevention Act requires all school districts in Pennsylvania to:

- Adopt a set of age appropriate policies and procedures for suicide prevention and post this on their school/district website.
- Provide 4 hours of suicide prevention training every 5 years for all staff in grades 6-12.
 - Act 71 professional development training is available for **FREE** here:
<https://preventsuicidepalearning.com>
- Student suicide prevention curriculum is also recommended.
- The law can be found here:
<http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=71>

Act 74

The Matt Adler Suicide Prevention Continuing Education Act was adopted in 2016. It requires:

- At least 1 hour of training for all Psychologists, Social workers, Marriage and Family Therapists, and Professional Counselors who are licensed in Pennsylvania
- Training on suicide prevention, assessment, treatment, and management as a portion of the total continuing education required for license renewal.
- The law can be found here:
<http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2016&sessInd=0&act=74>

Part 2: Prevention & Preparedness

"Prevention programs should be designed to enhance protective factors."

"Community programs need to strengthen norms that support help-seeking behavior in all settings, including family, work, school, and community."

SPAN USA, 2001

How schools can help prevent suicide:

(adapted from "Preventing suicide: A high school toolkit", SAMHSA)

Please check off which of these you currently do/do not have:

These are integral:

- Have protocols for helping students at risk of suicide
- Have protocols for responding to students who attempt suicide
- Have protocols for students who are hospitalized
- Have protocols for responding to suicide death, including:
 - Steps to take after the suicide of a student or member of school community
 - Staff responsible for taking these steps
 - Agreements with community partners to help in the event of suicide

Additional steps

- Staff education and training, including:
 - Information about the importance of suicide prevention for all staff
 - Training, for all staff, on recognizing and responding to students who may be at risk for suicide
 - Training, for appropriate staff, on assessing, referring, and following up with students identified at risk for suicide
 - Effective management of social media and suicide
 - Engaging families and the community in suicide prevention efforts
- Parent education, including:
 - Information for parents about suicide and related behavioral health issues
 - Strategies to engage parents in suicide prevention efforts
- Student education, including:
 - How to recognize warning signs in themselves or peers
 - Programs to engage students in suicide prevention & how to get help
 - Integration of suicide prevention into other student healthy behavioral health initiatives.
- Screening
 - A suicide screening program
 - Parent, staff and community mental health provider support for screening

Advanced Preparation

Develop a staff phone tree or crisis communication system

Suicide deaths often occur on weekends or during the evening. Having ready access to a communications system will allow the administrator to contact all of the faculty members prior to returning to school, and give the details of the event and where and when staff should gather in the morning for a briefing on the school's response plan. Most schools already have these in place for snow emergencies, etc. They will become invaluable in the event of a suicidal crisis.

Identify a Location and Keep Supplies on Hand for Safe Rooms

Safe rooms are locations where grieving students can go for emotional support. Guidance counselor offices are usually too small for large groups of students. Identifying other potential locations such as group rooms, conference rooms, and empty classrooms ahead of time and making sure that they are stocked (or the counselor's office is stocked) with plenty of Kleenex and comfortable chairs is important. Paper bags are helpful in case a child hyperventilates. A stack of passes to return to class should be on hand as well. An optional but welcome addition is to have refreshments available for students and counselors. Having water on hand is particularly important. Grief is hard work and takes a lot of energy. Providing refreshments will prevent people from becoming dehydrated or faint. (PTA's often *want* to assist in the event of a crisis, and asking them to supply refreshments is a great way to involve them in the healing process.)

Implementing Prevention Programs for your School

Evidenced-based prevention programs

Both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Suicide Prevention Resource Center (SPRC) have begun putting together listings of suicide prevention programs that meet criteria for best practice. These registries are designed to support program planners in creating effective suicide prevention programs. As new programs are often added and the list is ever-changing, the most recent registries can be found online.

- SAMHSA's Registry can be found at: <https://www.samhsa.gov/nrepp>
- SPRC's Registry: <http://www.sprc.org/keys-success/evidence-based-prevention>

Crisis Prevention/Intervention Training

NASP PREP_aRE: The PREP_aRE curriculum has been developed by the National Association of School Psychologists (NASP) as part of NASP's decade-long leadership in providing evidence-based resources and consultation related to school crisis prevention and response. PREP_aRE training is ideal for schools committed to improving and strengthening their school safety and crisis management plans and emergency response. Workshop 1 is for all school staff, including administrators, while Workshop 2 is for mental health/crisis team staff. The Delaware County Intermediate Unit will be offering annual trainings. For more information or to schedule a training, visit <https://www.nasponline.org/professional-development/prepare-training-curriculum>.

FREE Programs on mental illness and suicide prevention

The More Than Sad Program of the American Foundation for Suicide Prevention (AFSP) provides education about factors that put youth at risk for suicide. The program includes one set of materials for teens and one for teachers & school personnel. Instructional materials accompany the More Than Sad Program, including a power point presentation. PA AFSP chapters will make the "More Than Sad" DVD available **free** to all high and middle schools in PA. For more information on the program, visit <http://www.morethansad.org/materialspts.html>.

Minding your Mind offers **free** mental health awareness and prevention programs for middle, high school and college students throughout the country. Visit <http://www.mindingyourmind.org> to learn more and schedule a program.

Online webinars and training programs are available. Prevent Suicide PA has many free online webinars available at <https://www.preventsuicidepa.org>. OR, visit the online learning center for Prevent Suicide PA for specific courses at <https://preventsuicidepalearning.com>.

Act 71: Act 71 professional development training is available for **FREE**. This site offers 8 thirty minute modules to maintain the total 4 hours of training required. Drs. Terri A. Erbacher and Matthew Wintersteen host these free webinars that include other national experts such as Scott Poland and Dan Reidenberg. Find the trainings here: <https://preventsuicidepalearning.com>

For suicide prevention specialists

The Delaware County Suicide Prevention Task Force (DCSPATF) holds an annual conference in November. Be sure to visit the website at www.delcosuicideprevention.org for next year's dynamic schedule, speakers, break-out sessions and to register online!

The American Association for Suicidology (AAS) has an annual conference and has created a School-Based Prevention Specialist Program to help prepare school-based professionals with implementing a school suicide prevention program. Visit www.suicidology.org for more information.

Services for Teens at Risk (STAR-Center) holds an annual conference. Find info [here](#).

Prevent Suicide PA holds an annual conference and provides other trainings. Find info [here](#).

The role of the school in suicide prevention

Children and adolescents spend a substantial part of their day in school under the supervision of school personnel. Therefore, it is crucial for all school staff to be familiar with and watchful for risk factors and warning signs of suicidal behavior. The entire school staff should work to create an environment where students feel safe sharing such information. School psychologists and other

crisis team personnel, including the school counselor and school administrator, are trained to intervene when a student is identified at risk for suicide. These individuals conduct suicide risk assessments, warn/inform parents, provide recommendations and referrals to community services, and often provide follow up counseling and support at school.

First, let's understand risk factors and warning signs.

Risk factors refer to an individual's characteristics, circumstances, history and experiences that raise the statistical risk for suicide. *Warning signs* are visible signs that friends or loved ones in crisis may show indicating that they thinking of attempting suicide.

Risk Factors:

- Medical illness
- Psychiatric Disorders - about 90% of those who die by suicide have a diagnosable and **treatable** psychiatric illness, such as:
 - Depression or Bipolar Disorder
 - Personality Disorders, particularly Borderline or Antisocial
 - Conduct Disorders
 - Alcohol or Drug Dependence
 - Eating Disorders
 - Anxiety or Post Traumatic Stress Disorder (PTSD)
- Isolation or lack of connectedness
- Genetic predisposition: Family history of mental illness, suicide or suicide attempts
- Previous suicide attempt (25-50% of people who kill themselves had previously attempted suicide and the best predictor of future behavior is past behavior)
- Impulsivity or aggressiveness
- Situational crises (i.e. traumatic death of a loved one)
- Family stress/dysfunction
- History of physical or sexual abuse
- Childhood trauma or witnessing trauma
- In the presence of depression and other risk factors, ready access to guns and other weapons, medications or other methods of self-harm increases suicide risk
- Impulsivity: impulsive individuals are more likely to act on suicidal impulses
- The pressure of being a good student/athlete/child
- Gender: males are 3-5 times more likely to die by suicide than females
- Age: middle age Caucasian males have the highest suicide rates.
 - *This could be you, dear reader. So, while this book is about our students, please do ensure to take care of yourself, particularly if you are doing crisis work.*

Remember, depression and the other mental disorders that may lead to suicide are - in most cases - both recognizable and treatable. Get help!

Common Warning Signs:

*Suicide can be prevented. While some suicides occur without warning, 50-75% of people do give some warning of their intentions. Prevent the suicide of loved ones by learning to recognize the signs of someone at risk, taking those signs seriously and **knowing how to respond to them.***

YOUTH WARNING SIGNS

Below are the consensus Suicide Warning Signs for Youth: www.youthsuicidewarningsigns.org

- Talking about or making plans for suicide
- Expressing hopelessness about the future
- Displaying severe/overwhelming emotional pain or distress
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. Specifically, this includes significant:
 - Withdrawal from or changing in social connections/situations
 - Changes in sleep (increased or decreased)
 - Anger or hostility that seems out of character or out of context
 - Recent increased agitation or irritability

Other behaviors to look out for might include:

- Loss of energy or extreme fatigue
- Decreased school attendance or academic performance
- Preoccupation with suicide/death online or in books/movies
- Increased risk taking behaviors such as use of drugs, alcohol, sex
- Reference being dead, joking about it
- Loss of interest or pleasure in usual activities or sports
- Changes in behavior or discipline
- Self-defeating statements or expressing a wish to die ("I'd be better off dead")
- Feeling helpless or worthless
- Discussing suicide in their writings
- Change in eating habits (weight loss/gain)
- Disinterest in making future plans
- Deterioration of self-care - neglect of personal appearance, cleanliness
- Euphoria, attitude becomes calm, certain
- Suicidal threats in the form of direct and indirect statements
- Suicide notes and plans

Protective Factors:

The presence of protective factors can lessen the potential of risk factors to lead to suicidal ideation and behaviors. These can buffer the effects of risk factors. The ability to cope positively with the effects of risk factors is called 'resilience.' Once a child or adolescent is considered at risk, schools, families, and friends should work to build these factors in and around the youth. (adapted from "Preventing suicide: A high school toolkit", SAMHSA)

These include:

Individual characteristics and behavior:

- Psychological or emotional well-being; positive mood
- Emotional intelligence - the ability to perceive, integrate into thoughts, understand and manage one's emotions
- Adaptable temperament
- Internal locus of control (feeling as if one has the power to create change)
- Strong problem-solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Frequent, vigorous physical activity and participating in sports
- Spiritual faith or regular church attendance.
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience - ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care and protection
- General life satisfaction, good self-esteem, sense of purpose

Family and other support:

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for gay, lesbian, bisexual and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health and Healthcare Providers and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

Access to Means

- Restricted access to firearms, guns locked or unloaded, ammunition stored or locked
- Restricted access to medications (over-the-counter and prescriptions)
- Restricted access to alcohol (since there is an increased risk of suicide by firearms if the victim is drinking at the time)

Suicide & Bullying

While bullying may not *cause* suicidal behaviors in an otherwise emotionally healthy youngster, this harassment may indeed increase the suicide risk for a teen already struggling with mental health issues, particularly as there is no escape from online cyberbullying. Research by Klomek et al. (2011) found that victims of cyberbullying consistently exhibit more depressive symptoms, have higher levels of suicidal ideation and female cyber-victims are more likely to attempt suicide than nonvictims. Interestingly, our bullies are not safe from emotional harm either. A recent study conducted by Hindaju & Patchin (2010) found that cyberbullying offenders were 1.5 times more likely to have attempted suicide.

It is mandated that schools have a bullying prevention policy and this research demonstrates the importance that these policies be enforced.

Part 3: Intervening with Students At-Risk for Suicide

For more information on suicide risk screening, risk assessment, and suicide risk monitoring, see: Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention and postvention*. New York, NY: Routledge. Available at: www.amazon.com/Suicide-Schools-Practitioners-Intervention-School-Based/dp/0415857031

Suicide Crisis

A suicide crisis is a time-limited occurrence signaling immediate danger of suicide. Suicide risk, by contrast, is a broader term that includes the aforementioned risk factors such as age and gender, psychiatric diagnosis, past suicide attempts, and recent trauma.

Recognize the Imminent Dangers

The signs that most directly warn of suicide include:

- **Precipitating Event**
A recent event that is particularly distressing such as loss of loved one or career failure. Sometimes the individuals own behavior precipitates the event: for example, a student caught cheating is expelled from school.

- **Intense Affective State in Addition to Depression**
Desperation (anguish plus urgency regarding need for relief), rage, psychic pain or inner tension, anxiety, guilt, hopelessness, acute sense of abandonment.
 - Feelings of hopelessness, worthlessness, self-reproach
 - Excessive or inappropriate guilt
 - Recurrent thoughts of death or suicide
 - Major depression combined with alcohol and/or drug abuse
 - Feeling desperate or trapped - like there's no way out
 - Feeling there's no reason or purpose to live
 - Feeling as if one is a burden to others and others would be better off without them

- **Changes in Behavior**
Speech suggesting the individual is close to suicide. Such speech may be indirect. Be alert to such statements as, "My family would be better off without me." Sometimes those contemplating suicide talk as if they are saying goodbye or going away.
 - Threatening to hurt or kill oneself
 - Looking for ways to kill oneself (obtaining weapons, pills or other means)
 - Talking or writing about death, dying or suicide
 - Strong desire to die - made plans or preparations for a potentially serious attempt
 - Deterioration in functioning at work or socially, increasing use of alcohol, other self-destructive behavior, loss of control, rage explosions.

The emotional crises that usually precede suicide are often recognizable and treatable. Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is rather expressed as a loss of pleasure or withdrawal from activities that had been enjoyable. One can help prevent suicide through early recognition and treatment of depression and other psychiatric illnesses.

When You Fear Someone May Take Their Life

What to Do in an Acute Crisis

Youth who feel suicidal are not likely to seek help directly; however, parents, school personnel, and peers can recognize the warning signs and take immediate action to keep the youth safe. When a youth gives signs that they may be considering suicide, the following actions should be taken. (adapted from NASP, www.nasponline.org).

Immediate interventions for suicidal students:

- Take it seriously and be willing to listen.
- Remain calm.
- Start by telling the person you are concerned and give him/her examples.
- Ask the student directly if he or she is thinking about suicide.
- Reassure them that there is help and they will not feel like this forever.
- Do not judge.
- Provide constant supervision. Do not leave the student alone.
- Remove any means for possible self-harm.
- Ask if they have a therapist and are taking medication.
- Do not attempt to argue someone out of suicide. Rather, let the person know that they are not alone, that suicidal feelings are temporary and that depression can be treated. Avoid the temptation to say, "You have so much to live for," or "This will hurt your family."
- Let them know you care and will therefore guide them to get help.
- Notify caregivers or parents and let them know of district procedures and steps to take.
- Parents should seek help from school or community mental health resources as soon as possible.
- Peers should not agree to keep the suicidal thoughts a secret and instead should tell an adult, such as a parent, teacher, or guidance counselor / school psychologist.
- School staff should take the student to the designated school mental health professional or administrator.
- Encourage the person to see a physician or mental health professional immediately.
- Individuals contemplating suicide often don't believe they can be helped, so you may have to do more to help them realize that depression is treatable.
- Seek support and collaboration from colleagues. Have your own support system.
- Document everything, including all consultations and steps you take.
- Students at risk for suicide may need to be referred to community resources. Your school should have a policy regarding where students can be referred to.

Getting help

Remember that this person came to you for help because they trusted you. To not get them help may make them feel even more hopeless. They may feel that no one cares about them or cares if they live. When someone reaches out, be sure to follow through.

What about FERPA?

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from a student's educational records. However, provisions in FERPA permit school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (*Department of Education, 2010*).

Transport: Never transport a student yourself. A suicidal adolescent may become agitated as they near the crisis center or they may flee. Call parents to transport their child. If parents are refusing or cannot transport, contact Project Reach or 911 for help.

Follow-up on Treatment

- Suicidal individuals are often hesitant to seek help and may need your continuing support to pursue treatment after an initial contact.
- If medication is prescribed, make sure your friend or loved one is taking it exactly as prescribed. Help your friend pay attention to side effects and help them be patient that it may take a few weeks for medication to be effective.
- Frequently the first medication doesn't work. It takes time and persistence to find the right medication(s) and therapist for the individual person.
- Similarly, the first therapist is not always the right 'fit'. It may take a few tries to find a good match. Encourage your friend to not give up.

Assessing for suicide risk

*Every school district and school should have a standard protocol for assessing suicide risk. Below are simply guidelines that districts may want to include in their policy. **Staff conducting risk assessments must be trained in this area before working with potentially suicidal students.***

Any student identified to be exhibiting risk factors should be assessed for possible suicide risk. The purpose of this assessment is to determine the level of risk for the student and to develop a plan to support the student and to ensure his or her safety. This should be done by a mental health professional trained in assessing risk and can either be an in-house mental health staff-person or a student can be referred to a mental health provider or crisis center in the community.

Screening versus Assessment

What MOST school personnel actually conduct is a screening rather than a comprehensive risk assessment. It is important to know which is being conducted and most important is that schools have a consistent policy on how to proceed. Many schools prefer to refer outside of school for the comprehensive assessment to determine risk AFTER conducting a brief screening. This allows the outside providers to determine if hospitalization and/or further treatment are warranted.

Suicide Risk Assessment: Issues to Cover

- What warning sign(s) initiated the referral?
- Has the student thought about suicide?
- Has the student tried to hurt himself/herself previously?
- Does the student have a plan to harm himself/herself now?
- Has the student told anyone about the suicidal plan, and what is the possibility of rescue?
- Has the student imagined the reaction of others to his/her death?
- Has the student made any final arrangements?
- What method is the student planning to use, and does he/she have access to means?
- What is the student's support system (i.e. caregivers, other adults, friends, etc.)?
- What does the student perceive as deterrents to suicide?

Suicide Risk Assessment: Interviewing Students

- Calmly gather information
- Be direct and unambiguous in asking questions
- Assess lethality of method and identify a course of action
- Use effective listening skills by reflecting feelings, remaining non-judgmental, and not minimizing the problem
- Communicate caring, support, and trust while providing encouragement for coping strategies utilized
- Be hopeful; emphasize the student's worth
- Determine if student has a thorough understanding of the finality of death
- Gather information about student's and his/her family's history, with emphasis on suicide and substance abuse
- Don't make any "deals" to keep suicidal thoughts or actions a secret
- Do not leave high-risk students alone
- Get supportive collaboration from colleagues
- Be familiar with community resources
- Outline the steps that will be taken to help the student
- Keep detailed notes of procedures

Suicide Risk Assessment: Interviewing Teachers

- Have you noticed any major changes in your student's schoolwork recently?
- Have you noticed any behavioral, emotional, or attitudinal changes?

- Has the student experienced any trouble in school? What kind of trouble?
- Does the student appear depressed and/or hostile and angry? If so, what clues does the student give?
- Has the student either verbally, behaviorally, or symbolically (in an essay or story) threatened suicide or expressed statements associated with self-destruction or death?

Suicide Risk Assessment: Interviewing Caregivers

- Has any serious change occurred in your child's or family's life recently?
 - (If yes) How did your child respond?
- Has your child had any accidents or illnesses without a recognizable physical basis?
- Has your child experienced a loss lately?
- Has your child experienced difficulty in any areas of his/her life?
- Has your child been very self-critical, or does he/she seem to think that you or teachers have been very critical lately?
- Has your child made any unusual statements to you or others about death or dying? Any unusual questions or jokes about death or dying?
- Have there been any changes you've noticed in your child's mood or behavior over the last few months?
- Has your child ever threatened or attempted suicide before, or
- Has your child ever attempted to harm himself/herself?
- Have any of your child's friends or family, including yourselves, ever threatened or attempted suicide?
- Has your child known anyone who has died by suicide?
- How have these last few months been for you? How have you reacted to your child
 - (i.e. with anger, despair, empathy)?

Suicide Risk Assessment: Self-Report Scales

While a clinical interview is integral when completing a suicide risk assessment, some mental health professionals also prefer to utilize standardized measures. While still subjective, they provide some information in comparing this student to others his/her age.

Examples:

- Adolescent Psychopathology Scale (APS)
- Beck Scale for Suicidal Ideation (BSSI)
- Children's Depression Inventory (CDI)
- Reynolds' Adolescent Depression Scale, 2nd Edition (RADS-2)
- Reynolds' Child Depression Scale (RCDS)
- Suicidal Ideation Questionnaire (SIQ)
- Suicidal Ideation Questionnaire, Junior (SIQ-JR)

Sample suicide screening and risk assessment forms can be found in Erbacher, et al., 2015.

Determine level of Risk

It is integral that mental health staff have training in conducting assessments in order to determine level of risk. Here are some general guidelines:

High Risk

- Desire to die
- Thoughts of suicide are persistent
- Developed suicide plan with intent
- Possibility of carrying out plan
- Access to means
- Previous attempts or gestures
- Suicide note or command voices= automatically high risk
- **Must receive medical attention - refer immediately and inform parents/guardians**
- **Suicide Monitoring integral**

Moderate Risk

- Suicidal plan with no intent on carrying it through
- Inability to carry out plan; not realistic
- Poor judgment or loss of control over mood
- **Make referrals, safety plan, and inform parents/guardians**
- **Suicide Monitoring is key**

Low/No Risk

- Thoughts of suicide; no intent and no plan
- Poor coping skills
- Willing to seek help if thoughts of suicide increase or worsen
- **Maintain supportive counseling, safety plan, and *notify* parents/guardians**

Suicide Monitoring

Suicide Risk Monitoring: The Missing Piece in Suicide Risk Assessment

See this article for more information on monitoring suicide risk over time:

<https://link.springer.com/article/10.1007%2Fs40688-017-0164-8>

Advanced Training in Suicide Risk Assessment

Professionals conducting suicide risk assessments must have specified training. There are many advanced training programs that may be used to enhance professional risk assessment techniques.

These may include:

- Assessing and Managing Suicide Risk (AMSR)
- Recognizing and Responding to Suicide Risk (RRSR)
- QPRT Suicide Risk Assessment and Risk Management Training Program
- Erbacher, Singer & Poland (2015) Suicide in Schools text
- Visit the Best Practices Registry (BPR) at www.sprc.org for more.

Health care providers: An app for suicide risk

Almost half (45%) of individuals who die by suicide have visited a primary care provider in the month prior to their death, and 20% have had contact with mental health services. Suicide Safe, SAMHSA's new suicide prevention app helps providers integrate suicide prevention strategies into their practice and address suicide risk among their patients. This can be found [here](#) for both iOS and Android. It includes

Safety Planning

Safety planning must include information on triggers, coping strategies, internal and external resources, and steps to take in a suicidal emergency. There are many sample paper/pencil safety plans (Erbacher et al., 2015), and there are now online safety plan apps including the following:

- Suicide Safety Plan for [iOS](#) and [Android](#)
- MY3 for [iOS and Android](#)
- Beyond Blue has an online web version as well as an app available [here](#)

No-suicide contracts

- In reality, suicide contracts are neither contractual nor ensure genuine safety
- They emphasize what students *won't* do rather than what they *will* do
- May be viewed by students as coercive, since failure to sign may force hospitalization
- May give school psychologists or crisis counselors a false sense of security
- Better approach: Implement a safety plan and encourage treatment.

Parental Notification and Participation

(adapted from "Preventing suicide: A high school toolkit", SAMHSA)

Remember, it is likely extremely difficult for a parent to hear that their child is suicidal. For some parents this may be a complete shock. Others may feel guilt that they had not seen this coming and still others may have known, but been in denial. A parent may experience other conflicting emotions including anxiety, fear, confusion, embarrassment or anger. Help parents come to grip with these varying emotions. Further, caregivers may be experiencing their own challenges, such as mental illness, their own situational stressors, etc. Please keep this in mind when you initiate that telephone call. This should never be done over email or any other form of electronic communication.

Parent notification is a vital part of suicide prevention. Parents need to be informed and actively involved in decisions regarding their child's welfare. Even if a child is judged to be at low risk for suicidal behavior, schools will ask parents to sign a *Notification of Emergency Conference Form* to indicate that relevant information has been provided. These notifications must be documented. Additionally, parents are crucial members of a suicide risk assessment as they often have information critical to making an appropriate assessment of risk, including mental health history, family dynamics, recent traumatic events, and previous suicidal behaviors.

It is often the school psychologist, social worker, counselor, principal or another school administrator that would typically call the parents. Inform the parents, explain the situation briefly to them, and ask that they come to school immediately. Be sure to let them know that their child is okay right now and under your supervision. DO NOT leave the child alone. When contacting parents, be aware of cultural differences and communicate/act accordingly. When the parent arrives, explain WHY you think their child is at risk for suicide and discuss referral options. Stress the importance of the parents following up with referrals, ensure they realize you care for the safety and well-being of their child, and indicate that you will follow up with them. Remind parents to remove the child's access to any potential suicide means (guns, medications, etc.). Hear the parent's concerns regarding their child, particularly with regard to the seriousness of the suicidal intent. For example, some parents say things such as "he's just seeking attention."

My answer to that: *"Well, that may be the case, but something is going on that your child is seeking such a level of attention. I am still very concerned and think we need to take this seriously. Let's get to the root of what is going on so your child does not need to make those kinds of threats."*

Parent Refusal: If parents refuse to follow up and a child under the age of 18 years presents as a moderate to high suicide risk who you believe may be in danger of self-harm, school mental health personnel and school administration should consult to decide between two options:

1. The counselor may carefully provide continuing support to the child in consultation with administration and documenting the parents' resistance to outside help. It is suggested that the counselor write a letter sent by certified mail stating the concern that their child appears at risk for suicidal behavior and that the parents are choosing to take no action. The parent will also be asked to come to school to meet regarding their child and sign the *Notification of Emergency Conference Form*.
2. The school staff may decide it is needed to notify child protective services (Children and Youth Services) of the concerns and lack of parental action/neglect.

Making referrals

Your school or school district should have a policy addressing referrals to health and mental health service providers. Your suicide risk procedures should be consistent with this policy.

After a school notifies a parent of their child's risk for suicide and provides referral information, the responsibility falls upon the parent to seek mental health assistance for their child.

Parents should:

- Continue to take threats seriously: Follow through is important even after the child calms down or informs the parent "they didn't mean it." Avoid assuming behavior is attention seeking.
- Access school supports: If parents are uncomfortable with following through on referrals, they can give the school psychologist permission to contact the referral agency, provide

referral information, and follow up on the visit. The school may also be able assist in providing transportation to get the parent and child to the referral agency.

- **Maintain communication with the school:** After such an intervention, the school will also provide follow-up supports. Your communication will be crucial to ensuring that the school is the safest, most comfortable place for your child.

Document everything

It is rare that a lawsuit should occur, but in the event that there is a suit, the best way school districts can protect themselves is by ensuring that they have followed best practice protocol. It is therefore essential that school personnel document each step they have taken since coming into contact with a potentially suicidal student. Even if the student is deemed NOT suicidal, it is important to document steps taken to come to this conclusion. Further, documentation not only helps preserve the safety of the student, but also ensures accurate communication between school staff, parents, mental health providers and perhaps, the student.

Confidentiality

As mentioned several times, your school should have a policy regarding how to handle suicidal students and suicide intervention activities. Within this policy should also be included information about who is in the chain of command regarding who 'needs to know' about a student at risk for suicide.

- This team often includes the student, the parents, the mental health staff working with this student, and the school principal or administrator in charge. It sometimes also includes the student's guidance counselor if they are not already involved and perhaps the school nurse.
- Other school staff and teachers may need to know just enough information to assist in the student's treatment and support needs. In this case, detailed information does not need to be shared; rather only the information necessary to preserve the adolescent or teen's emotional and physical safety.
- No personal information about a student should be discussed in public. Ever. You never know who may be at the pizza shop where you are talking to your spouse or who is in the elevator with you. Be mindful that many communities are smaller than we often realize.

Involuntary Commitment/302: There are times when an individual is experiencing a serious and potentially life threatening psychiatric emergency or severe behavioral health crisis and is unwilling or unable to consent to treatment. Pennsylvania state law allows an involuntary commitment if an individual is behaving in a manner that is a "clear and present danger" to her/himself. This is demonstrated by actual or attempted substantial self-injury, attempted or inflicted serious bodily harm to another person, or acting in a manner that indicates that the individual may not be able to take care of her/himself without assistance. Specifically attempting suicide or showing a very high risk of suicide may lead to hospitalization. The behavior must have occurred in the past 30 days.

Part 3.1: A Suicide Attempt

Suicide attempts rarely occur in school. However, each school should have a policy in the event that this occurs. The first step typically involves contacting 911 or your local emergency service provider, particularly if the student was injured as a result of the attempt. The second step is often activating your crisis team, particularly if other students witnessed such an event, as well as administrators, the school psychologist, counselor, social workers and school nurse. Be sure to contact the student's parents immediately and make arrangements to meet either at school or the hospital, if needed. The crisis team should make a decision as to whether additional personnel, such as community crisis service providers, are needed to address concerns of the student body.

More often, schools will need to plan for the return of a student back to school after a suicide attempt. Some issues that adolescents deal with upon returning to school include:

- What do I tell my peers?
- There are many rumors going around about where I was.
- How am I going to catch up on all of my school work?
- How will teachers react to my return?
- What if I start to feel depressed or have suicidal feelings again?
- I am unsure about how my new medication may impact me or if there will be side effects.

Students need supports set in place to address these concerns, especially for the first weeks and months upon their return. A staff member (we will call this the case manager) should be assigned to help facilitate the student's transition and address follow up concerns. This may be a guidance counselor, school psychologist, Student Assistance Program (SAP) team member, or social worker.

Re-entry meetings

A re-entry meeting should be held prior to the student's return and might include the case manager as well as the student, parents, counselor/school psychologist, and school administrators including the school's discipline administrator, to address issues of attendance, behavior and academics.

The purpose of this re-entry meeting should be to create a re-entry plan to address the above stated concerns, any other concerns of the students and family, and to address follow up services. The school may have the family sign *Release Forms* to be able to speak to outpatient therapists and may develop a plan if the student becomes upset in class. Parents must be involved in this process and teachers should be informed of necessary protocols while maintaining confidentiality of the family and student. The case manager should maintain frequent contact with the family to be informed in changes in the family situation, outpatient services, medication changes, etc.

The case manager should also serve as a liaison between the student and the teachers to discuss academic concerns and potential options, modify the student's schedule and course load if needed, arrange tutoring if necessary, and work with teachers to allow adequate time to make up academic work without penalty. The case manager should discuss with the guardians and the student WHAT they would like teachers to know. Some families prefer to maintain confidentiality and prefer

teachers are simply told the student was 'sick' or 'in the hospital' while leaving out details. Other families feel that their child will get more effective support if teachers know the truth. In this case, continue to ensure confidentiality outside of these boundaries. Teachers should be careful not to discuss the child in the lunchroom, the faculty room, or in the hall or elevator. Only the teachers who currently have this student in class need to know the details.

Part 3.2: A student is hospitalized

Obtain family permission (have the guardians sign *Release of Information Forms*) to consult with hospital staff. Consult with teachers and the academic office to ensure that students are provided with classwork assignments to complete so that they do not fall too far behind academically as this is often a source of stress for students. Assignments can usually either be picked up by parents or delivered to the home or hospital. A school representative may visit the student at the hospital or home to provide student support and comfort regarding their eventual return.

Encourage the family to follow all hospital recommendations. For example, the hospital may suggest slowly decreasing levels of treatment, such as a daytime partial hospitalization once released from a crisis unit, then outpatient therapy. It is important that families follow the advice of these professionals for the continued safety of their child.

Attend treatment planning meetings at the hospital if possible as well as the hospital discharge conference with the permission of the parents. If that is not possible, then consult with discharge staff, but only if parent release forms are signed. As families are often overwhelmed with information and stress regarding their child's emotional well-being, this helps ensure the school can effectively follow up with the family and child and the recommendations of the hospital staff. The case manager should maintain frequent and consistent contact with the family throughout this process. If the student will be unable to attend school for an extended time, an academic plan should be established that may include homebound or tutoring instruction.

If a student is hospitalized, the same re-entry procedures take place.

Part 4: Intervening in the Aftermath of a Suicide Death

Intervening immediately after a suicide

(adapted from "After a suicide: A toolkit for schools", AFSP & SPRC and NASP's PREPaRE WS1 Curriculum Handout 18).

Steps to take:

1. Notify key personnel - The superintendent's office
 - Identify media spokesperson

2. Contact the family of the deceased
 - Offer condolences and inquire how the school can assist them
 - Confirm the cause of death
 - Verify school can communicate openly about the cause
 - Ask to be informed about funeral arrangements
 - Ask if the family would like their child's personal belongings
 - Provide the family with grief resources if they ask

3. Gather the Crisis Team to plan steps and assign responsibilities
 - Meet face to face immediately
 - Prepare a written death notification statement for students to be read to each class by their classroom teacher
 - It should include the facts only, be considerate of the family's wishes, and not make assumptions or judgments
 - Translate it into the languages spoken by families in your school district
 - Arrange a staff meeting to share facts & prepare teachers to deal with students' issues, direct questions, frank discussions, concerns and varied reactions
 - Determine if any siblings attend school here or elsewhere and notify administrators
 - Arrange to have someone meet with every class in which the student was enrolled for at least the first day
 - Set up a "grief watch" to identify students/staff who are especially troubled by the death - keep names to share with other team members for validation and follow-up
 - Anyone who has suffered a previous similar loss or is emotionally fragile could be considered at risk
 - Make arrangements for participation at the funeral
 - Be certain someone checks all school computer lists so no phone calls, mail, or notices are automatically sent to the student's home
 - Decisions regarding upcoming extracurricular events will need to be made - while getting back to a normal routine is our goal, some events may be inappropriate.
 - Set up a counseling center/safe rooms - teachers and students need to be clearly notified of its location, hours, and how to make referrals

4. Notify teachers and staff and ensure they know how to respond

- Utilize a telephone tree or the school's predetermined crisis alert (email/text) system to notify all staff members if the suicide occurs during non-school hours
- If possible, hold a staff meeting before school to debrief the event, plan for the day, and review possible reactions from students and teacher responses
- If it occurs during the school day, assign crisis team members to notify staff in each classroom in person
- Provide staff with the death announcement to read to their students in the classroom and give them key phrases regarding how to respond to students
- Disseminate handouts to staff to help them understand how to talk to students about suicide - handouts can be found online at www.nasponline.org and searching 'suicide'
- Provide support to staff as needed - allow teachers breaks from their classrooms if they are personally affected
- Share accurate information about the death as it becomes available
- Allow staff an opportunity to express their own reactions and grief and identify anyone who may need additional support and refer them to appropriate resources
- Arrange coverage for any staff who are unable to manage reading the statement
- Explain plans for the day, including locations of crisis counseling/safe rooms
- Remind all staff of the important role they may play in identifying changes in behavior among the students they know and see every day
- Brief staff about identifying and referring at-risk students as well as the need to keep records of those efforts
- Apprise staff of any outside crisis responders or others who will be assisting
- Remind staff of student dismissal protocol for the funeral
- Meet at the end of the first day to debrief, compare notes and support each other - whether further meetings are necessary is a school decision, but never skip this one

5. Decide level of response potentially needed

- Coordinate external mental health resources if needed
- Collaborate with teachers and mental health staff throughout the days that follow to assess if more/less support is needed.

6. Coordinate notifying the students about the death

- This should **not** be done over a loudspeaker or in an assembly
- Teachers who are most familiar with the student should read the death announcement - a crisis team member should be present in those classrooms most impacted
- Provide students with information about where to talk to counselors if needed
- Identify, monitor and follow up students who may be at risk
- Students with a previous history of mental health issues should immediately be followed up with
- Explanations to students should be simple, particularly for younger children

- Allow children to ask questions to clarify misperceptions and rumors - offer verified facts only, but tell the truth
- Do not ignore or minimize the situation, yet ONLY give details that are asked for-anything more may be 'too much' and traumatizing for those not ready to hear it
- Expect to repeat facts as it takes a while for them to sink in as students are often in shock hearing about this sad event
- Students may wish to create artwork or stories to express their feelings - emphasize commonalities in their feelings and avoid interpreting their work

7. Notify all families of the loss and indicate the schools' response

- Death notification statement for parents are sent home (*sample letter in appendix*) with students providing information on death as well as how to talk to their child
 - These are now often emailed to parents and posted on the school's website
 - It should include what happened, what the children have been told, funeral arrangements, if known, emotional responses they may see in their child, suggestions on how to help their child, and resources
- Schedule a parent meeting in the evening to provide opportunities to ask questions and share concerns and debrief
 - Welcome all and expresses sympathy
 - If possible, additional counselors should be available to meet with parents individually as needed.
 - Since some parents may arrive with young children, provide onsite childcare.
 - Provide separate discussion groups for students who may accompany parents.
 - Explain some general guidelines for the debriefing - explain that physical outbursts will not be allowed, however they can excuse themselves if they are having difficulty and someone will check in with them
 - If it is a very large group have them write down questions to pass to the front
- Be prepared with policies regarding how to handle parents who may arrive unexpectedly at school to pick their child up (sign-out procedures, etc.)
- Express confidence in the staff's ability to assist the students
- State the importance of balancing the need to grieve with not inadvertently oversimplifying, glamorizing, or romanticizing suicide
- Discourage the spread of rumors
- Inform parents about the school's response activities, including media requests
- Inform parents about the student release policy for funerals
- Mention that more information about bereavement after suicide is available at <http://www.afsp.org/survivingsuicideloss>
- Remind parents that help is available for any student who may be struggling with mental health issues or suicidal feelings
- Explain memory triggers (for example: anniversaries, birthdays, news reports) and how their children may be impacted by such events

- Provide contact information (names, telephone numbers and e-mail) for mental health resources at school and in the community, such as:
 - school counselors
 - community mental health agencies
 - emergency psychiatric screening centers
 - children's mobile response programs
 - National Suicide Prevention Lifeline 1-800-273-TALK (8255) or text HELP to 741741
- Reassure that it is not their fault

8. Work with the press utilizing established media guidelines

- If possible, it is most prudent to avoid the media at all costs
- Instruct staff, students, and families to refer all media inquiries to the media spokesperson
- In some cases (for example, when the death has received a great deal of sensationalized media attention), it may be necessary to arrange for security to assist with the flow of traffic and with media and crowd control
- Interviews or filming should not be on school grounds, or designate an area without easy access to the school building or students
- Instruct secretaries/receptionist and other staff to route all incoming media calls to the identified spokesperson
- Communications Director or designee to keep records of all media contacts
- Bloggers, citizen journalists and public commentators can help reduce risk of contagion with posts or links to treatment services, warning signs and suicide hotlines
- Guide the media to include stories of hope and recovery, information on how to overcome suicidal thinking and increase coping skills
- The potential for online reports, photos/videos and stories to go viral makes it vital that online coverage of suicide follow site or industry safety recommendations
- The newest guidelines on how to most effectively report suicides can be found at: <http://reportingonsuicide.org/Recommendations2012.pdf>

9. Monitor Social Media: *See Social Media section for details*

10. Follow up: For the next few days, weeks, months & year anniversary

Confirm the Cause of Death

(adapted from "After a suicide: A toolkit for schools", AFSP & SPRC)

The school's principal or superintendent should first check with the coroner and/or the medical examiner's office (or, if necessary, local law enforcement) to ascertain the official cause of death. If the death has been ruled a suicide, the school can proceed to communicate as described in the *crisis response* section.

If the Cause of Death Is Unconfirmed

If the body has not yet been recovered or if there is an ongoing investigation, schools should state that the cause of death is still being determined and that additional information will be forthcoming once it has been confirmed. Acknowledge that there are rumors (which are often inaccurate) and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person, their family, and their friends. If there is an ongoing investigation, schools should check with local law enforcement before speaking about the death with students who may need to be interviewed by the authorities.

If the Family Does Not Want the Cause of Death Disclosed

While the fact that a student has died may be disclosed immediately, information about the cause of death should not be disclosed to students until the family has been consulted. If the death has been declared a suicide but the family does not want it disclosed, a staff member with a good relationship with the family should be designated to contact them to explain that students are already talking about the death amongst themselves, and that having adults in the school community talk to students about suicide and its causes can help keep students safe.

If the family refuses to permit disclosure, schools can simply state, *"The family has requested that information about the cause of death not be shared at this time"*.

Death of a staff member

In the event of a staff member suicide, most of the above would continue to apply. There are, of course, differences. In general, funeral arrangements will necessitate a larger percentage of staff participation placing a burden on personnel to arrange substitutes. Cancellation of school is a very difficult matter. Secondly, students will wonder who their teacher is going to be and so will staff. Any substitute will need support both to help students and to face the inevitable comparisons. If staff themselves are suffering intense grief or are in crisis, they may wish to contact their Employee Assistance Program (EAP) or local community counseling center for help.

Grief and Trauma

As grief responses may vary based upon age, it is particularly important that teachers and school personnel are sensitive to these varied reactions and are prepared to help students deal with them. Most importantly, the best thing teachers and school staff can do is *normalize* the reactions. Grief reactions can include confusion, anger, guilt, anxiety, sadness, numbness, shame, despair and even relief. Students sometimes feel as if they are 'going crazy' and it is so helpful for them to know that what they are experiencing are *normal* reactions to a challenging situation.

Developmental expectations of grief

Elementary School Students

Crying and sadness

Somatic complaints

Lack of concentration

Fearfulness

Younger children may be ready to move to 'normal' routine before older children

Concrete activities may help them process stress/grief reactions more readily

Middle School Students

Sadness

Withdrawal or isolation

Eating/Sleeping problems

Difficulty concentrating

Somatic complaints

Generalized fear

These students have more awareness of the permanence of death

Their view of feeling safe and that nothing bad will happen is shattered

They may act out behaviorally as they feel their world is out of control

It is important to listen to their anger and hurt and help them identify their feelings and learning to cope more effectively

High School Students

Intense emotions

Numbing, apathy, depression

Eating/Sleeping disturbances

Diminished concentration

Flashbacks

Somatic complaints

Anger/retaliation fantasies

Students at this age rely more on peers for support and understanding

They may blame adults or school officials for not feeling safe

They may somehow feel guilty or responsible for not stopping the incident

It is important to listen to their anger and hurt and help them identify their feelings and learning to cope more effectively

Suicide is often referred to as a **complex grief** because of the complicated social, emotional and cultural issues that come with it including stigma, shame, and embarrassment. Many become consumed with 'why' their loved one took their life and cannot move past it.

Things that complicate the **trauma** even more may include losing someone very close to them, being the last person to have talked with the deceased, witnessing the suicide or finding the body, having had suicidal thoughts themselves, multiple recent losses, having had a fight or a tentative relationship with the deceased, or in the case of a highly publicized or memorialized suicide death.

See the parent handout in the appendix to find further grief/stress reactions they may expect to see in their children.

Bringing in Outside Help

Particularly when dealing with possible suicide contagion, school crisis team members should remain mindful of their own limitations, and consider bringing in trained trauma responders from other school districts or local mental health centers to help them as needed. In particularly complicated situations (and provided that sufficient funding is available to cover any applicable fees), schools may even consider bringing in local or national experts in suicide postvention for additional consultation and assistance. Such steps should generally be taken in consultation with the community, and all outside experts must of course be carefully vetted and references checked.

Organizations that can provide crisis response, postvention consultation, training, and/or can put schools in touch with appropriate experts might include:

- Know your district policy with regard to these referrals and local resources.
- Your local suicide prevention task force. Find your task force information [here](#)
- The National Association of School Psychologists' School Safety and Crisis Response Committee is available. Support can be requested [here](#)

Prepare a List of the Home Phone Numbers of Support Personnel

If a death or accident impacts a large percentage of the school's population, the guidance counselors will need additional support. Make sure to keep the home phone number of the school community contacts, as well as any other school or private counselors that you have determined would be willing to help out in the event of a major crisis.

Many states have other resources available; check with your state office of education. The Suicide Prevention Resource Center (SPRC) also maintains contact information for selected individuals working in suicide prevention in each state who may be able to assist you in identifying local experts. This information is available [here](#).

Managing students

It is important to know WHERE kids were WHEN, WHO saw them, IF their PARENTS were contacted, and if FOLLOW-UP is needed. I often create a quick sign-in sheet as in the sample below for accountability.

Date	Student Name	Sign-In Time	Sign-Out Time	Issues of Significance	Follow-up Needed?	Crisis Intervener	Parent Contact?
1/23	Tom S.	8:40AM	12:15PM	Best friend	Yes	Dr. Terri	Yes- 1PM referral made
			SAMPLE				

Follow up & Referrals

Which students need consistent monitoring and may need referrals?

- Close friends or family members of the deceased
- The last person to talk to the deceased
- Students on teams or in clubs with the deceased
- Anyone who feels guilt that they 'should have read the signs' this was coming
- Anyone who was estranged or had a fight with the deceased
- Students with prior losses (even pet losses, especially for younger children)
- Students with a previous history of suicidal ideation
- Students with a previous history of mental illness
- Students preoccupied with death
- Students who *appear* to not be impacted whatsoever

Using Social Media to Disseminate Information

Social media such as texting, Facebook, and Twitter are rapidly becoming the primary means of communication for people of all ages, especially youth. These sites, therefore, can be utilized as part of the school's response after a suicide. By working in partnership with key students to identify and monitor the relevant social networking sites, schools can strategically use social media to share prevention-oriented safe messaging, offer support to students who may be struggling to cope, and identify and respond to students who could be at-risk themselves.

Following a suicide death, students may immediately turn to social media for a variety of purposes, including transmitting news about the death (both accurate and rumored), calling for impromptu gatherings (both safe and unsafe), creating online memorials (both moving and risky), and posting messages (both appropriate and hostile) about the deceased. In the emotionally charged atmosphere that can follow a suicide death, schools may be inclined to try to control or stifle such communications by students—a task that is virtually impossible in today's virtual world. Schools can, however, utilize social media effectively to disseminate information and promote safe messages that emphasize suicide prevention and minimize the risk of suicide contagion extremely rapidly and to large numbers of people.

Schools may already have a website and/or an online presence (or page) on one or more social media sites; students can help identify others that are currently popular. These can be used to proactively communicate with students, teachers, and parents about:

- the funeral or memorial service (schools should of course check with the student's family before sharing information about the funeral)
- where students can go for help or meet with counselors
- local mental health resources
- the National Suicide Prevention Lifeline number: 800-273-TALK (8255)
- for the national textline, text HELP to 741741
- click [here](#) to chat online with someone at the National Suicide Prevention Lifeline
- how to recognize risk factors warning signs

Schools should emphasize help-seeking and suicide prevention. More guidance for safe message content may be found [here](#). These are expert consensus guidelines. Students can also be enlisted to post this information on their own online pages.

Monitoring Social Media

(adapted from NASP's PREPaRE WS1 Curriculum Handout 19)

An administrator or point person should be assigned to monitor social networking sites, such as Facebook and Twitter for information or rumors that are being posted by students. School representatives may post comments to dispel rumors, provide factual information regarding the crisis event, grief, mental illness and offer available resources; utilizing the forum as an opportunity to educate the community. Reporting procedures for students concerned about peers should also be noted. It is also possible to identify those students who may need further support via their social communication - monitor their posts, comments and blogs for concerns.

Following a suicide, a person's social profile page may include memorial messages from friends and family. It often becomes a place to discuss the suicide itself, and therefore may increase risk of contagion. Schools can take steps to support students, including language such as "the best way to honor Jane Doe is to seek help if you or someone you know is struggling. If you are feeling lost, desperate, or alone, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or text HELP to 741741. This call is free and confidential and crisis workers are available 24/7 to assist you. To learn more about the Lifeline, visit www.suicidepreventionlifeline.org."

Dealing with the media

Media exposure will not help anyone deal with the loss and the exposure to your school community in the media is often portrayed in an inaccurate way as the media are most often not educated in suicide reporting; resulting in harmful portrayals, sensationalizing and dramatizing.

Before a Crisis:

- Develop a positive relationship with the media ahead of time by sharing positive stories about the school and student achievements.
- Ensure local media has best practice guidelines for reporting a suicide. Available [here](#).

During a Crisis:

- Be prepared that the media may arrive before responders.
- Identify a media briefing area that does not allow easy access to the school or children.
- Develop a fact sheet to share that includes concise, factual, & unbiased messages.
- Verify information before reporting to the media.
- Ensure that the information presented protects the privacy of victims and their families and does not jeopardize any legal investigations.
- Take this time to educate the public on mental illness and provide helpful information on resources available.
- Include steps that the school will be taking to support staff and students.
- Be clear to students, staff and parents that they have a right to refuse to talk.
- If a parent is also a media professional, he/she must agree to not report on internal meeting information.
- Use layperson's terms when speaking; avoid technical terms and be specific.
- Remember that the media seeks dramatic stories; alleviate this by stating facts only, keeping it brief, not sensationalizing and providing resources.
- Portray an image that is respectful, positive, calm and concerned.

What to Avoid

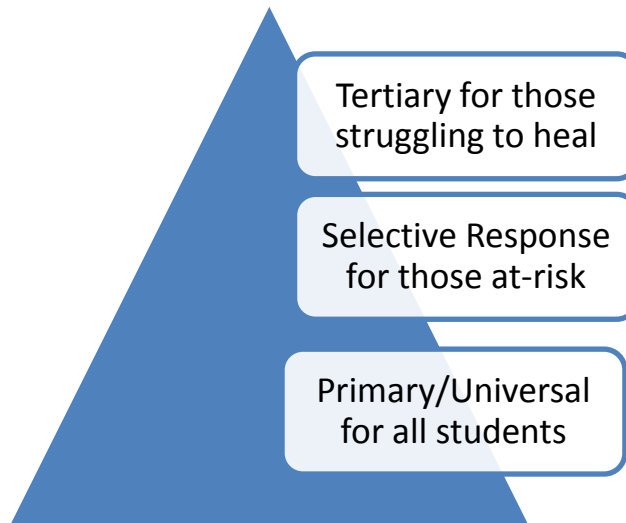
(adapted from SPRC, http://www.sprc.org/library/at_a_glance.pdf)

- Avoid detailed descriptions of the suicide, including specifics of the method and location.
- Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives.
- Avoid first-person accounts from adolescents about their suicide attempts.
- Avoid glamorizing the suicide of a celebrity
- Avoid oversimplifying the causes of suicides, murder-suicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable
- Avoid overstating the frequency of suicide
- Avoid using the words "committed suicide" or "failed" or "successful" suicide attempt.
- Avoid giving prominent placement to stories about suicide. Avoid using the word "suicide" in the headline.
- Avoid describing the site or showing pictures of the suicide.

What to do

- Always include a referral phone number and information about local crisis intervention services.
- Emphasize recent treatment advances for depression and other mental illness. Include stories of people whose treatment was life-saving or who overcame despair without attempting suicide.
- Interview a mental health professional who is knowledgeable about suicide and the role of treatment or screening for mental disorders as a preventive strategy.
- *Emphasize actions that communities can take to prevent suicides.*
- Include a sidebar listing warning signs, or risk and protective factors for suicide.
- Refer to www.afsp.org, view "About Suicide", click on "For the Media" section

Three tiers of Suicide Crisis Postvention:



Three tiers of postvention:

1. **Universal Interventions:** All students should receive this level of intervention, which includes being read the death announcement, being provided an opportunity to ask questions, dispel rumors and learn about funeral arrangements. *As this is done by classroom teachers in conjunction with crisis team counselors, more detail on universal interventions is provided below.*
2. **Secondary Interventions:** These are the students who may need additional support by going to the guidance office or safe rooms to see counselors on the days following the event. Safe rooms are conducted by trained counselors. Local trainings are mentioned earlier in this booklet to ensure school districts have trained staff on hand.

3. **Tertiary Interventions:** These are the students who require continued care after the first week or two following the suicide loss. It is important that we monitor students at the secondary intervention level to adequately assess who might need further assistance and referrals to families are made to outside agencies as mentioned earlier.

Universal Interventions

Talking points for teachers/staff after a suicide

- Give the facts only - if you don't know, tell students you don't know, but will inform them if you learn further information
- Students may blame others - discuss this and the role of mental illness briefly
- Students may say they don't understand - I tell them that if they do not understand, it could be because they've never experienced THAT level of sadness or depression and that is a GOOD thing
- **Never** discuss the method of suicide death as this can create traumatic images
- Students may feel guilt that they should have known, particularly if they were close to the deceased student - these students should be reassured that we can never predict someone else's behavior
 - These students should most often be referred to the counselor
- Encourage help-seeking behaviors if students are feeling down
- Help students learn to monitor their peers and friends and refer if necessary
- Encourage healthy coping strategies including drinking enough water and sleeping
- Discourage self-medicating behaviors such as using drugs or drinking
- Help students feel they are actively helping by doing things such as sending the family condolence cards, making dinners, or offering to do simple errands for the family

Other things teachers can do/say

How adults respond when a loved one dies has a major effect on how teens react

- Be available if a student approaches you to talk, but realize many students may not
- Students often need caring adults to confirm that it is okay to be sad
- Remind students that there is no "right" way to grieve and they may feel varied emotions, all of which are normal in a sad situation such as a suicide
- Listen without judgment and share your own feelings and concerns honestly
- It is okay to tell a student that you don't know answers to some difficult questions
- Try to re-establish a routine, with appropriate expectations, as soon as possible
- Try not to take anger or irritability personally as it may be directed toward adults
- Remember that telling students to "be strong" discourages them from sharing feelings
- Help students understand that the hurt they feel now won't last forever
- Help students see that ignoring their own grief may make them feel *more* alone and sad
- Emphasize the importance of them seeking help when needed
- Help students realize the importance of looking out for each other and telling adults of peer concerns

- Help the child find a grief group if they are interested to help them not feel so alone
- Let your student have his/her personal space
- Be careful not to glamorize, thereby positively reinforcing, suicide as an option
- Be aware of depression and/or suicidal ideation in your students (see warning signs)
- Be gentle and compassionate in all of your helping efforts
- Encourage students to ask questions and answer them with the facts that you know - honesty is the best policy
- Do not give more information than a child asks for as it may be too much. Remember that children do not understand death/suicide the way an adult does
- Use the words 'died' or 'death' since terms such as 'went away' or 'God took him' can be confusing & scary to children
- Remember that listening means letting children lead in the discussions of what THEY feel is important to discuss
- Encourage children to express their fears and fantasies
- Reassure children that death is not their fault
- Be patient as particularly younger children may need to bring up the subject over and over as they process and try to understand it
- Accept all emotions and reactions children express
- Offer warmth, affection and the assurance of your physical presence, particularly to younger children
- Try to provide order, security and stability in the child's life to help them feel safe
- Do not act as if nothing has happened
- Remember that many students do not like to be singled out, but may need support - find ways to support them without them feeling 'different' than their peers

For older children:

- Ask questions about the person the student has lost
- Ask adolescents to share their favorite stories, pictures or memories
- Be inquisitive about the death and how the student feels about it - look for clues regarding what they are confused about or may feel guilt for
- Make a collage-cut out words, pictures and notes that carry special memories

The first day: What students need

- Normalizing reactions: Students need to understand that what they are feeling is normal. "It's a normal reaction to an abnormal event."
- Someone to just *listen*.
- Some students need to be able to talk this through to work their way through their shock and gain an understanding of the event. Students who are ready to return to their normal routine should be allowed to do so, particularly if they did not know the deceased well.

- Be aware of students who SAY they are okay, but may not be. For example, a close friend may indicate they are okay because they are feeling guilt. Peers often know if other peers are not okay, so we rely on them as well for this data.
- We need to be sure to assess who may be impacted by physical and emotional proximity; meaning those that witnessed/saw the event in close physical proximity or those that had a close emotional relationship with the deceased.
- Students who are struggling may need to gain a basic understanding of mental illness and why the suicide occurred.
- Information on resources and where to get help should be provided as well.
- Students often need a means through which to say goodbye to their peer. This helps bring a sense of closure. It could be a card for the family or a goodbye letter.
- Encourage follow through - that families see their family physicians as soon as possible if needed for trauma or grief referrals.
- It will likely be necessary to adjust the regular academic schedule in order to spend time with students to address their emotional needs. It is preferable to reach out to students in a deliberate and timely way rather than to allow the emotional environment to escalate.
- If possible, have counselors go into the classrooms to give students accurate information about suicide, the kinds of reactions that can be expected after hearing about a peer's suicide death, and safe coping strategies to help them in the coming days and weeks.

End of the First Day

It can also be helpful to have an all-staff meeting at the end of the first day. This meeting provides an opportunity to take the following steps:

- Offer verbal appreciation of the staff.
- Review the day's challenges and successes.
- Debrief, share experiences, express concerns, and ask questions.
- Check in with staff to assess if any of them need additional support, and refer accordingly.
- Disseminate information regarding the death and/or funeral arrangements.
- Discuss plans for the next day.
- Remind staff of the importance of self-care.
- Remind staff of the importance of documenting crisis response efforts for future planning and understanding.

Help Students Identify and Express Their Emotions

(adapted from "After a suicide: A toolkit for schools", AFSP & SPRC)

Say something like: "When something like a suicide happens, people often have lots of questions and I'd like to answer any questions you may have. I will be truthful in telling you what I know, but there may be many questions that I do not know the answers to. For some of these, I will try to find the answers and get back to you. For others, we just may never know the answers. I also

want you to know that different people respond to these events differently and that is okay. There is no right or wrong way to feel or to handle your feelings in an event like this. As we talk today, it is important that we all respect each other and our different ways of coping. And, after we talk briefly, there will be counselors available for those of you that want to talk more. Does anyone have any questions?"

Youth will vary widely in terms of emotional expression. Some may become openly emotional, others may be reluctant to talk at all, and still others may use humor. Acknowledge the breadth of feelings and diversity of experiences and emphasize the importance of being respectful of others. Some students may need help to identify emotions beyond simply sad, angry, or happy, and may need reassurance that a wide range of feelings and experiences are to be expected. They may also need to be reminded that emotions may be experienced as physical symptoms, including butterflies in the stomach, shortness of breath, insomnia, fatigue, or irritability.

To facilitate this discussion, students may be asked:

What is your biggest concern about the immediate future?

What would help you feel safer right now?

The empty desk

A loss by suicide is traumatic. Coming into school the next day to see all of the deceased's belongings just gone can be even more traumatic. Students then feel as if their peer/friend never existed. The best option is to have students participate in discussions about when and how to remove their peer's belongings. Perhaps they can decide to do it together at the end of the first week. The students can all help pack up the belongings to be given back to the family. They may decide to write cards for the family to go along with the belongings. Most importantly, the desk, or the student's parking space for teens, should not become a shrine as this would be a constant reminder of the loss. For younger children, decide together to remove the desk from the classroom entirely after an appropriate period of time (i.e. after the first week).

Promoting Healing

Self-care is important at all times, and even more so when going through difficult and tragic times. There are many things students (and adults!) can do to care for themselves

Here are some ideas:

- Be sure to drink plenty of water and try to eat. When going through a crisis, adrenaline runs through our body much like running a marathon and we need to refuel.
- Talk to friends, family, or a trusted adult about how you are feeling.
- Find other ways to express your feelings, such as writing in a thought journal, writing poetry or drawing.
- Listen to relaxing/soothing music.
- Sing or dance!

- Write lists of gratitude - what you are thankful for.
- Try to exercise as the release of endorphins helps rid of stress. Try yoga.
- Try to sleep as tiredness complicates everything.
- Play with your favorite pet.
- Do other things you enjoy - the mall or a bubble bath.
- Watch a funny show or hang with a hilarious friend - laughter is the best medicine.
- Watch a movie or read a book to get your mind off of things.
- Cry.
- Ask for a hug or many hugs.
- Take a walk and enjoy all that nature has to offer.
- Swim in a swimming pool - water has been found to have healing properties.
- Talk with clergy, pray, or attend a religious service
- Meditate.
- Structure your time and keep busy.
- Be sure to reassure yourself that you are normal and having normal reactions to a challenging event. Give yourself permission to feel whatever it is you feel.
- Reach out to others. Talking about it is healing and helps us process the event.
- Maintain as normal a routine as possible.

*Avoid the use of drugs and alcohol. Don't complicate the problem with substance abuse.

Practical Coping Strategies

Aside from the above healthy coping strategies, encourage students to think about specific things they can do when intense emotions such as worry or sadness begin to well up, including:

- Simple relaxation and distraction skills, such as taking three deep slow breaths, counting to 10, or picturing themselves in a favorite calm and relaxing place.
- Thinking about how they've coped with difficulties in the past and reminding themselves that they can use those same coping skills now.
- Writing a list of people they can turn to for support.
- Writing a list of things they're looking forward to.
- Focusing on individual goals, such as spending time with mutual friends.
- Often, youth will express guilt about having fun or thinking about other things. They may feel that they somehow need permission to engage in activities that will help them feel better and take their mind off the stressful situation.
- Students should also be encouraged to think about how they want to remember their friend. Ideas range from writing a personal note to the family, to attending the memorial service, to doing something kind for another person in honor of their friend.

Memorials

School communities often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. In the case of suicide, schools must also consider how to appropriately memorialize the student who has died without risking suicide contagion among those surviving students who may themselves be at risk. It is very important that schools strive to treat all deaths in the same way. We need to be careful to not sensationalize the suicide, inadvertently making the student larger in death than they were in life. However, to not recognize it at all may make students resentful. ***NOW, before a suicide occurs, so that expectations and possibilities are clear to all involved.***

It is important that schools have a **protocol** for the longer term response to a suicide as the emotional effects can last days, weeks, and months after the death. It is suggested school districts may want to adopt a consistent policy of recognizing the student in the same way they would recognize a student who died of cancer or a car accident. This may include appropriately memorializing the student in the yearbook or after graduation. Ways to ensure that the suicide itself is not memorialized may include handing out information on mental illness, educating the school community on how to refer themselves or others and resources regarding where to get help if needed.

As a memorial activity, schools may wish to make poster board and markers available so that students can gather and write messages. It is advisable to set up the posters in an area that may be avoided by those who don't wish to participate (i.e. not in the cafeteria or at the front lobby). After a few days, the posters can be removed and offered to the family. But, be sure to consult with the family of the deceased student regarding memorials before beginning them.

The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the death. The important thing to remember is to 'do no harm.'

DO NOT:

- Do not fly flags at half-mast. Only the President or a governor has the authority to order a flag be flown at half-mast.
- Do not encourage spontaneous memorials, such as collections of objects. If they occur, respectfully remove them within a very short time. A memorial can be an upsetting reminder of a suicide and or romanticize the deceased in a way that increases risk for suicide imitation or contagion.
- Do not do memorial assemblies as the emotions generated can be too grand to control.

DO

- Acknowledge a deceased student at graduation, but do not glamorize the death or let the acknowledgement overwhelm the ceremony.

- Invite students to write personal and lasting remembrances in a memory book located in the guidance office that will be given to the family. (Be sure to read and review each student's writings/artwork for appropriateness).
- Encourage students to engage in service projects, such as organizing a community service day, sponsoring suicide prevention programs such as the Delaware County Suicide Prevention and Awareness Task force or the American Foundation for Suicide Prevention.
- Invite students to make donations to a scholarship fund or other fund in memory of the deceased student.
- Use this as an opportunity to educate students, families and the community about suicide and mental illness as well as positive mental health and well-being.

Funerals

Children and adolescents should be allowed to attend funerals if they wish to go. This is a time to offer closure for them and a chance to say goodbye. This is particularly important for students who are close with the deceased, including friends, those in the same class or homeroom, and those who are on the same activities or sports teams. It is suggested that each school have a policy on student attendance at funerals as well as transportation. For example, many schools require parents to sign out their child from school and transport them. In some cases, schools have reserved bussing for funerals, though the logistics of this can be tricky. It is suggested that parents attend with their child if possible. Districts should also have policy on funeral attendance by staff, particularly if the staff member taught the student directly or was also a coach.

Anniversaries of the Death

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, particularly with those students who were especially close to the student who died. Your school crisis team may consider a follow up program on the anniversary date and should be prepared to monitor and support students experiencing strong grief emotions associated with the death.

Also, note that other difficult times for students can include:

- Holidays
- Athletic or other events in which the deceased student would have participated
- Prom or other milestone events
- Graduation

If the deceased student participated in sports, clubs, or other school activities, the first practice, game, rehearsal, or meeting after the death may be difficult for the other students. These events can provide further opportunities for the adults in the school community to help the students appropriately acknowledge the loss.

Remember that Staff Hurt Too

Remember that staff members are often impacted by suicides as well. Pay special care to a deceased student's current and past teachers, coaches, club facilitators or any other staff who may have a special relationship with the deceased student. Also, remember that staff may have their own personal experiences which may be triggered by the suicide death. During the initial staff meeting when they are told of the suicide death, staff should be asked if they can handle any responsibilities they are asked to carry out. They should be allowed to say 'no' to certain duties and should know where to go for help without judgment if responsibilities become too much for them to handle at this time.

Suicide Loss Survivors

Those left behind after a suicide loss are left with a multitude of grief reactions, including confusion and often a questioning of 'why'? Whether for a teacher or the family of someone who has died by suicide, suicide loss groups are often helpful to be with others who have experienced this loss. Some local groups can be found via these websites:

- AFSP: <https://afsp.org/find-support/ive-lost-someone/find-a-support-group>
- Survivors of Suicide (SOS) Greater Philadelphia: <http://www.sosphilly.org>
- STAR-Center: [https://www.starcenter.pitt.edu/Adult-Survivors-of-Suicide-\(SOS-/-Bereavement-Group\)-Sessions/38/default.aspx](https://www.starcenter.pitt.edu/Adult-Survivors-of-Suicide-(SOS-/-Bereavement-Group)-Sessions/38/default.aspx)

Conclusions

Avoid Misinformation and Offer Hope

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, which may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide. This means help is available!
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

As with all crisis intervention plans, a school's suicide response protocol should be periodically reviewed and updated. Be sure that new staff members receive a copy of the protocol and are trained appropriately. The lives of our children are in our hands.

Part 5: Appendix

Checklist of Tasks and Responsibilities:

Principal, Assistant Principal, and/or Administrative Assistant

- Set school plan in motion
- Contact the Crisis Team members to begin planning meetings
- Notified Superintendent
- Arranged for assistance to help the student's classroom teacher (as needed)
- Designated a space to be used as a "counseling support center" in the building
- Met with building staff.
- Instructed staff member to immediately remove the deceased student's name from the computer automatic phoning systems, mailing list, etc.
- Informed students regarding the death.
- Notified Central Administration Office of the incident.
- Contacted Director of Communications.
- Directed staff member to review student's cumulative folder and notify principals in schools where siblings attend.
- Wrote letter to parents of all students regarding the death
- Informed students/staff regarding funeral arrangements
- Held after-school staff meeting when needed
- Met with Crisis Team members at end of day to review day's activities, review list of "high-risk" students, and plan for next day's activities.
- Contacted clergy/relatives who will be conducting funeral services (2nd day) and organized staff's role in funeral arrangements, including visitation.

Assistant Principal and/or Administrative Assistant

- Contact parents: get facts, list things parents want and will allow the school to do
- Share information with counselors and support staff
- Initiate a calling tree when appropriate

Counselor(s)

- Notify by personal contact the teachers of the victim and siblings before school or as soon as possible
- Set up and staff a crisis center
- Conduct group and individual sessions on a continual basis during the day (for students and teachers)
- Contact psychologist and social worker
- Conduct follow up group with students from previous session, pallbearers and others, if needed(week of funeral)
- Prepare handout of relevant materials for teachers, if appropriate

- Conduct classroom sessions in each class of victim as day progresses
- Conduct classroom sessions in classes of victim's siblings if applicable

Psychologist/Social Worker

- Come to school to work with students as needed

Assistant Principal and/or Administrative Assistant

- Contact district personnel
- Contact Guidance Supervisor
- Contact Director of Curriculum and Instruction

Funeral

- Attend - Principal, Counselor, Assistant Principal and/or Administrative Assistant

School Media

- Intercom - moment of silence if appropriate and is what the school has done in the past.
- Newspaper
- Yearbook

{School Letterhead}

Dear Parents and Guardians,

This letter is sadly to inform you that a student, *Jane Doe*, passed away on Monday, May 14th. The family has reported the cause of death to be suicide.

We have shared this information with our students so that they are aware of what has happened. We had additional counselors on campus yesterday to help meet the emotional needs of students and staff who have been upset by this tragedy. Counselors, teachers and other support personnel will continue to be on hand to assist our students, staff and parents as long as needed. Please call the school if you would like assistance.

I urge you to discuss this event with your child and explain that suicide is not a positive response to life's challenges. Please explain that experts tell us most people who attempt or die by suicide have many emotional problems for which there is help available. Emphasize the importance of people seeking help when needed.

The death of a peer may affect children in a variety of ways, depending upon how well they knew Jane as well as their prior experiences with death and loss. Please see the attached information sheet for more information regarding suicide loss. This is an important time to listen to your child intently. If your teen seems to need to talk, answer their questions simply, honestly, and repeatedly, if necessary.

Included on the information sheet are local resources that are available should this event trigger any extreme reactions to your child or someone else you know. Please advise us if you have serious concerns about the effect this event is having on your child or any of your child's friends. This is a time we must be ears and eyes for each other as we seek to nurture and protect the children in our midst and teach them how to seek help when it is needed.

Please join us in mourning the loss of Jane, while not glamorizing, and thereby positively reinforcing, the method by which she died. We will be utilizing this tragic event as a teachable moment and will therefore be having an assembly tomorrow morning with all students in order to discuss this event, normal grief reactions as well as how to help friends and peers that may be experiencing depression and/or suicidal thoughts. We must reinforce positive options our children can employ when life is difficult as well as how they can access these options.

I am including information about suicide and some talking points that can be helpful to you in discussing this issue with your child. I am also including a list of community resources should you feel that your child would benefit from additional assistance. If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Our thoughts are with the family and friends of Jane.

Sincerely,

PrincipalX

{Teacher Script}

Dear Staff,

While the student body is aware of the passing of Jane Doe they are not all yet aware that it was a suicide. We need to make them aware of this and inform them that we will be having an assembly tomorrow to discuss this further.

We feel that this is best done by you as it does not appear appropriate to do it on the loudspeaker as a general announcement. You know your students best.

FIRST AND FOREMOST: If you do not feel you want to be the one to tell your students, then let us know. We will send someone to help out. We care about you and your needs as well in this sad time and want you to feel our support. If you are okay leading this discussion yourself, here are the facts and some suggestions for statements. Feel free to read here:

Day 1 - keep it simple

I have some very sad news to share with you. This morning, we found out that Jane Doe, a ninth grade student here, took her life last night. We are all saddened by her death and send our condolences to her family and friends. Her family is planning the funeral and it will probably be on Wednesday of this week. We will let you and your parents know when we have more information about this as students will be able to attend with parental permission. Counselors will be available throughout the school day today in the guidance center and library for students who wish to talk. Let's take a moment of silence to remember Jane and her family during this difficult time.

If you need support, call the main office or guidance center. We are happy to help you in any way we can.

THANK YOU FOR BEING THE WONDERFUL STAFF THAT YOU ARE...

Day 2 - many find it helpful to start the day with another homeroom announcement.

"This has been a very sad week. I know you are all, by now, aware of the death of Jane Doe. Her family has told us that it was due to an intentional overdose, meaning that Jane died by suicide. We often do not know WHY a student takes their life because they take those answers with them when they die. Many times a student is overly stressed or has a mental illness that may be undiagnosed. Most often, though, teens just want their emotional pain to end. What they need to realize is that there is help out there to help them through this pain. We need to help each other through this time. I know I am feeling very sad about what has happened. Perhaps we can say a prayer for Jane and her family or perhaps we can all make cards to send to her family. I know the Guidance Office will be collecting these until Friday. Please share the letter with your parents tonight and we will be having an assembly tomorrow to discuss this further. I am so sorry to have to bring you even more tragic news."

Age-Related Reactions to a Traumatic Event

Adapted from: *The National Child Traumatic Stress Network*

Terri Erbacher, PhD

Preschool and young school-age children

- May feel helpless, uncertainty about whether there is a continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.
- May not be able to fall asleep on their own or might not be able to separate from parents at school.
- May lose some speech and toileting skills, or sleep is disturbed by nightmares, night terrors, or fear of going to sleep.
- May engage in traumatic play—a repetitive and less imaginative form of play that may represent children's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

School-age children

- May elicit feelings of persistent concern over their own safety and the safety of others in their school or family.
- May be preoccupied with their own actions during the event.
- Experience guilt or shame over what they did or did not do during a traumatic event.
- May engage in constant retelling of the traumatic event, or may be overwhelmed by their feelings of fear or sadness.
- May experience sleep disturbances.
- Difficulties concentrating and learning at school.
- Get headaches and stomach aches and engage in reckless/aggressive behaviors.

Adolescents

- Self-conscious about emotional responses to the event.
- Feelings of fear, vulnerability, and concern over being labeled "abnormal" or different from their peers may cause them to withdraw from family and friends.
- Experience feelings of shame and guilt.
- Express fantasies about revenge and retribution.
- Traumatic events may foster a radical shift in the way these children think about the world.
- May engage in self-destructive or accident-prone behaviors.

Website: http://www.nctsn.org/nctsn_assets/pdfs/age_related_reactions.pdf

I Never Thought this Would Happen!
How Parents can Help Teens Deal with Suicide Grief
Terri Erbacher, Ph.D.

Has your child lost a friend or loved one to suicide?

Not only is your child grieving the loss of someone close to him/her, but this grief is intensified because the death was a suicide. The healing process may be painful and may seem unnaturally slow as suicide grief is extremely complex. Helping your child understand his or her emotions, as well as learning something about suicide in general, may help to ease some of his/her pain.

The first question is often *WHY* do some teens die by suicide?

We don't know for sure because when youth die by suicide, they take the answers with them. But, we do know that many are experiencing a number of stressors and many have a mental disorder, like depression, which is often undiagnosed, untreated, or both. We also know that most teens do not want to die, they just want their emotional pain to end. Help your teen see this and see that there are other ways to deal with this emotional pain, such as by getting help when needed.

Grief Symptoms/Behaviors your child may experience:

Emotional Effects

Shock & Disbelief
Anger & Irritability
Depression/Sadness
Despair or Helplessness
Terror/Fear
Guilt or Self-Blame
Anxiousness or Worry
Loss of pleasure in activities
Confusion

Physical Effects

Fatigue
Insomnia or Disturbed Sleep
Stomach/Headaches
Decreased Appetite
Hyperarousal or Easily Startled

Cognitive Effects

Difficulty Concentrating
Trouble Making Decisions
Trouble Remembering
Impaired Self-Esteem
Intrusive Thoughts or Memories
Nightmares

Social/Behavioral Effects

Social Withdrawal or Isolation
Increased Relationship Conflict
Refusal to go to School or Activities
Crying Easily
Change in Daily Patterns
Regression in Behavior
Risk Taking Behaviors (substance use)
Aggression or Oppositional Behaviors

While the above are common symptoms, help your child understand that there is no RIGHT way to grieve. It is an individualized process and your child must grieve at his or her own pace. This is especially true for complex suicide grief, which leaves many questions unanswered.

Some things you can do:

Be available and ask if your child wants to talk, but realize a teen may not come to you

Listen to your child without judgment and let your teen tell his/her own story freely

Share your own feelings and concerns honestly

It is okay to tell your teen that you don't know answers to some difficult questions

Try to re-establish routine, with appropriate expectations, as soon as possible

Encourage your child to continue engaging in their typical activities, sports, etc.

Try not to take anger or irritability personally as it may be directed toward parents

Let your teen have his/her personal space

Be careful not to glamorize, thereby positively reinforcing, suicide as an option

Emphasize the importance of seeking help when needed

Be aware of depression and/or suicidal ideation in your child (see warning signs)

Accompany your child to funeral or viewings if they would like to go

Suicidal Warning Signs:

A previous suicide attempt

Current talk of suicide or making a plan

Strong wish to die or a preoccupation with death

Signs of depression, such as moodiness, hopelessness, withdrawal

Increased alcohol and/or drug use

Hinting at not being around in the future or saying good-bye

Readily accessible firearms

Impulsiveness and taking extreme or unnecessary risks

Lack of connection to family and friends (no one to talk to)

What is a Suicidal Emergency?

It may be an emergency if your child expresses any of these:

Intense feeling of being a burden

Intense feeling of not belonging

Intense feelings of hopelessness; that things will not get better

Intense thoughts of lethal self-harm

Describing a specific plan

Seeking means of self-harm

These warning signs are especially noteworthy in light of a recent suicide death or other loss of someone close to your child. If your child mentions suicide, take it seriously. *If there seems to be a suicidal emergency, do not leave your child alone. Get help immediately:*

- *Take them to a local crisis center*
- *Call 911*

Remember that the NUMBER ONE protective factor in the life of a child is a caring adult who listens to a child without judgment. This is most often a parent!

Hope & Healing: How Teachers can Help Teens Deal with Suicide Grief

Terri Erbacher, Ph.D.

The teen years are already tumultuous, and the bereaved teen needs special attention. Under ordinary circumstances, teenagers go through many changes in their body image, behavior, attachments and feelings. While people of all ages struggle with loss, teenagers face particularly painful adjustments following the death of a peer, friend, or loved one.

Do teens grieve like adults?

Teens grieve deeply but often work very hard to hide their feelings. Fearing the vulnerability that comes with expression, they look for distractions rather than stay with the grief process long enough to find real relief. Feelings can be turned off quickly, much like flipping a light switch. Teens can act as if nothing has happened while they are breaking up inside. You may observe teens who take on the role of caregiver to family members or friends, in effect denying their own grief.

Gender makes no distinctions when it comes to experiencing grief, but the outward signs may be different. Young men of this age may have a particularly hard time when they have been taught that showing emotion is something that girls do - but macho guys don't.

Do grief support groups work?

Yes, by sharing feelings with one another, teens find out they are not alone and that others are also struggling to rebuild shattered lives. Grief groups help teens feel understood, accepted and supported.

Common Grief Symptoms/Behaviors a teen may experience:

Emotional Effects

Shock & Disbelief
Anger & Irritability
Depression/Sadness
Despair or Helplessness
Terror/Fear
Guilt or Self-Blame
Anxiousness or Worry
Loss of pleasure in activities
Confusion

Physical Effects

Fatigue
Insomnia or Disturbed Sleep
Stomach/Headaches

Decreased Appetite

Hyperarousal or Easily Startled

Cognitive Effects

Difficulty Concentrating
Trouble Making Decisions
Trouble Remembering
Impaired Self-Esteem
Intrusive Thoughts or Memories
Nightmares

Social/Behavioral Effects

Social Withdrawal or Isolation
Increased Relationship Conflict
Refusal to go to School or Activities

Crying Easily
Change in Daily Patterns
Regression in Behavior

Risk Taking Behaviors (substance use)
Aggression or Oppositional Behaviors

If adults are open, honest and loving, experiencing the loss of someone loved can be a chance for young people to learn about both the joy and pain that comes from caring deeply.

Some things teachers can do:

How adults respond when someone loved dies has a major effect on the way teens react

Be available if a teen approaches you to talk, but realize many teens may not come to you

Teens often need caring adults to confirm that it is okay to be sad

Remind teens that there is no "right" way to grieve and they may feel varied emotions

Listen without judgment and share your own feelings and concerns honestly

It is okay to tell a teen that you don't know answers to some difficult questions

Try to re-establish a routine, with appropriate expectations, as soon as possible

Try not to take anger or irritability personally as it may be directed toward adults

Remember that telling teens to "be strong" discourages them from sharing feelings

Help teens understand that the hurt they feel now won't last forever

Help teens realize that ignoring their own grief may make them feel *more* alone and sad

Emphasize the importance of them seeking help when needed

Help teens realize the importance of looking out for each other

Help the child find a grief group if they are interested as to not help them feel so alone

Be gentle and compassionate in all of your helping efforts

When should a referral to professionals be made?

Some of the indicators that let you know when a teen needs more support are:

- **Dramatic behavior changes at home, school or socially**
- **Feeling extraordinary pressure, overwhelmed, or burdensome**
- **Teen is beginning to isolate themselves from peers and school**
- **Depression that lasts more than 2 weeks after the death of a loved one**
- **Talk about dying or wishing they were dead**
- **Extreme anger that causes problems at home, school or with friendships**
- **Feelings of guilt that leave the teen feeling isolated and alone**
- **Substance abuse - teens sometimes turn to drugs or alcohol to rid pain**
- **Acting out or risk taking behaviors (acting out sexually, driving fast)**
- **Skiping school or dropping grades**

If a child mentions suicide, do take it seriously. Do not leave the child alone at any time. Get them help immediately by having them escorted to the guidance department.

*****Remember that the NUMBER ONE protective factor in the life of a child is a caring adult who listens to a child without judgment. This is often a teacher!*****

Suicide: What Parents & Teachers Can Do to Reduce Risk

Terri Erbacher, Ph.D.

Delaware County Intermediate Unit

YOU ARE A LIFESAVER!

It takes one caring adult to save the life of a child.

Know warning signs and identify students who might be at risk.

Remember the Risk Factors:

- Medical illness
- Psychiatric Disorders
- Isolation - Lack of Connectedness!
- Family history of mental illness
- Previous suicide attempt
- Substance use/abuse
- Impulsivity or Aggressiveness
- Recent traumatic event or loss (particularly loss of a loved one by suicide)
- Problems with the law
- History of physical or sexual abuse (experiencing or witnessing)
- Childhood trauma or witnessing trauma
- Easy access to lethal methods, especially guns
- The pressure of being a good student/athlete/child

Watch for Warning Signs:

75% give some warning of their intentions

- Isolation or withdrawal
- Depressed, sad
- Loss of energy
- Deterioration in self care
- Decreased school attendance or performance
- Reading books on suicide/death
- Increased use of drugs, alcohol, sex
- Reference being dead, joking about it
- Loss of interest or pleasure in usual activities or sports
- Changes in behavior, academics, social
- Self-defeating statements (I'd be better off dead)
- Hopelessness about the future
- Serious illness or injury especially with consequences (i.e. can no longer play sports)
- Feeling helpless or worthless
- Trouble concentrating or thinking quickly
- Preoccupation with death in comics/movies

- Discussing suicide in their writings...
- Increased hostility, defensiveness
- Change in eating or sleeping (weight loss/gain)
- Disinterest in making future plans
- Euphoria, attitude becomes calm, certain

If ANY of the above are present...refer your child immediately.

Protective Factors:

Having social supports, feeling connected, being cognitively flexible, willing to obtain treatment, strong spiritual or religious ties, being physically healthy, being hopeful, having coping strategies, & having RESILIENCE.

Remember...

It is better to be safe than sorry.

Suicide is a PERMANENT solution to a TEMPORARY problem.

Children/Teens want to end the emotional pain more than they really want to die.

What is a Suicidal Emergency?

It may be an emergency if your child expresses any of these:

- Intense feeling of being a burden to others
- Intense feeling of not belonging
- Intense feelings of hopelessness; no reason to live
- Intense thoughts of lethal self-harm
- Describing a specific plan
- Seeking means of self-harm
- Talking about wanting to die
- Agitation, rage or labile mood

These warning signs are especially noteworthy in light of a recent suicide death or other loss of someone close to your child. If your child mentions suicide, take it seriously.

What to do:

If there seems to be a suicidal emergency, do not leave your child alone. Get help immediately:

- If in school, take them to a mental health/guidance staff member immediately
- Out of school, take them to a local crisis center (*see local crisis information below*)
- Call 911

If it is not an emergency, but you are concerned about your child, you may decide to contact your school's guidance office, your medical doctor, or a private therapist or psychiatrist.

Books and Articles for Professionals

Ayyash-Abdo, H. (2001). Childhood bereavement: What school psychologists need to know. *School Psychology International*, 22, 417-433. doi: 10.1177/0143034301224003.

Cohen, J.A., Mannarino, A.P., and Deblinger, E. *Treating Trauma and Traumatic Grief in Children and Adolescents*.

Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention and postvention*. NY, NY: Routledge.

Erbacher, T.A. & Singer, J.B. (2017). Suicide Risk Monitoring: The Missing Piece in Suicide Risk Assessment. *Contemporary School Psychology*, 1-9.

Lehmann, L., Jimerson, S., & Gaasch, A. (2001). *Teens together grief support group curriculum: Adolescence edition*. Philadelphia: Brunner & Routledge.

Lowenstein, Liana. *Creative Interventions for Bereaved Children*.

Singer, J.B., Erbacher, T.A. & Rosen, P. (In Press). School-Based Suicide Prevention: A Framework for Evidence-Based Practice, *School Mental Health*.

Staudacher, C. *A Time to Grieve: Meditations for Healing After the Death of a Loved One*.

Stroebe M.S., Hansson R.O., Schut, H., and Stroebe, W. (Eds). *Handbook of Bereavement Research and Practice*.

Trozzi, M with Massini, K. (1999) *Talking With Children about Loss*: New York: Penguin Putnam.

Webb, N.B. (Ed.) *Helping Bereaved Children: A Handbook for Practitioners*.

Worden, J.W. *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (4th edition).

BOOKS FOR SUICIDE LOSS SURVIVORS

After

Francis Chalifour, Tundra 2005

Nominated for the Canadian Governor General's Literary Awards 2005, this autobiographical novel tells the story of fifteen-year-old Francis, whose father took his own life. It explores Francis's struggles with guilt, anger, profound sadness, and search for hope, during the first year after his father's suicide. <http://www.tundrabooks.com/catalog>

Incomplete Knowledge

Jeffrey Harrison, Four Way Books, 2006

The second half of this book of poetry (in particular the moving sequence entitled, "The Undertaking") speaks eloquently of the loss of the writer's brother to suicide, delving into isolated moments in the immediate aftermath and extended process of grief. <http://www.fourwaybooks.com/books/harrison/index.php>

My Uncle Keith Died

Carol Ann Loehr, Trafford Publishing 2006

Written in clear simple language easily understood by children, this book offers hope and practical ways to explain suicide to children. It explains the difference between sadness and depression, and describes how chemical imbalances in the brain cause illnesses that can result in suicide. <http://trafford.com/06-2019>

SUICIDE LOSS SURVIVOR GUIDES

Dying to Be Free: A Healing Guide for Families after a Suicide

Beverly Cobain and Jean Larch, Hazelden Foundation, 2006. Co-authored by the cousin of Kurt Cobain, the lead singer of the band Nirvana who took his own life in 1994, and a crisis intervention specialist, this book combines personal accounts from survivors with practical guidance for coping with suicide loss.

Silent Grief: Living in the Wake of Suicide

Christopher Lukas and Henry Seiden, Jessica Kingsley Publishers, 2007.

Co-authored by a psychologist and a survivor of multiple suicide losses, this book is written with sensitivity and understanding, and offers simple, constructive suggestions for healing along with straightforward information and a message of hope.

SUICIDE LOSS SURVIVOR STORIES

Blue Genes: A Memoir of Loss and Survival

Christopher Lukas, Doubleday, 2008. Christopher (Kit) Lukas, co-author of *Silent Grief: Living in the Wake of Suicide*, survived the suicide of his mother when he was a young boy. Neither he nor his brother were told how she'd died, and both went on to confront their own struggles with depression, a disease that ran throughout their family. In 1997, Kit's brother Tony, a Pulitzer-prize winning author, took his own life. *Blue Genes* is Kit's exploration of his family history, his personal journey and his determination to find strength and hope.

Dead Reckoning: A Therapist Confronts His Own Grief

David C. Treadway, BasicBooks, 1996. The author, now a successful family therapist, was just twenty when his mother, a longtime alcoholic, took her own life. Even as he counsels his clients on how to deal with death, loss and grief, he finds himself increasingly unable to manage his

own. Turning to his own therapist for help, Treadway includes the reader on his journey of healing as he finally comes to terms with his mother's death.

Never Regret the Pain: Loving and Losing a Bipolar Spouse

Sel Erder Yackley, Helm Publishing, 2008. In her memoir, Sel Erder Yackley, mother of three, provides the reader an intimate glimpse into her family's struggle to understand, cope with, and grieve the bipolar disorder and ultimate suicide of husband, a well-respected judge.

The Suicide Index: Putting My Father's Death in Order

Joan Wickersham, Harcourt Inc., 2008. Wickersham uses an index -- that most orderly of structures -- to try to make sense of her father's suicide. The family history, business failures and encounters with friends and doctors are assembled into a philosophical, deeply personal and beautifully-written exploration of the mystery of her father's life and death.

FOR MEN

Swallowed by a Snake: The Gift of the Masculine Side of Healing

Thomas R. Golden, Golden Healing Publishing, 1996. This book by a licensed clinical social worker explores the stereotypically "masculine" experience of grief. In the author's words, "[a] man reading these pages will find a book that honors the uniqueness of a man's path toward healing. A woman reading this book will benefit not only from gaining a deeper understanding of the men in her life, she will find herself in these pages."

When Suicide Comes Home: A Father's Diary and Comments

Paul Cox, Bolton Press 2002. A father's perspective on the first year following his son's suicide, this book is written in a simple, straightforward way - an easy read for early grief. While written from a father's perspective, female readers (especially spouses) have said that it helped them better understand the male experience of grief. (Order by visiting www.boltonpress.com. Currently unavailable through Amazon.com.)

POETRY/INSPIRATIONAL

A Long-Shadowed Grief: Suicide and its Aftermath

Harold Ivan Smith, Cowley Publications 2006. Written from a Christian perspective, this book by a survivor of his cousin's suicide and former funeral director explores the aftermath of suicide through the lenses of spirituality and theology.

Healing the Hurt Spirit: Daily Affirmations for People Who Have Lost a Loved One to Suicide

Catherine Greenleaf, St. Dymphna Press, 2006. Written by a longtime survivor of multiple suicide losses, this non-denominational book encourages survivors to explore their

grief through a series of simple readings and daily affirmations. (Order by visiting www.centeringcorp.com or CompassionBooks.com.)

More books, resources and readings can be found on the following sites:

www.afsp.org

www.suicide.org/suicide-books.html

www.forsuicidesurvivors.com/Good-Books-for-Survivors-of-Suicide.html

Websites

Awareness/Prevention for Professionals

American Foundation for Suicide Prevention: www.afsp.org

American Association of Suicidology: www.suicidology.org

Attic Youth Center for gay, lesbian, bisexual and transgender: www.atticyouthcenter.org

National Hopeline Network: www.hopeline.com

National Organization of People of Color Against Suicide: www.nopcas.com

QPR Institute: www.qprinstitute.com

Suicide Awareness/Voices of Education: www.save.org

Center for Disease Control: www.cdc.gov

National Suicide Prevention Resource Center: www.sprc.org

National Institute of Mental Health: www.nimh.gov

Yellow Ribbon Youth Suicide Prevention Program: www.yellowribbon.org

Minding your Mind: www.mindingyourmind.org

Jason Foundation Suicide Prevention Program: www.jasonfoundation.com

Children & Trauma: www.apa.org/pi/families/resources/children-trauma-update.aspx

SPRC: This website provides an alphabetical listing of states and territories along with contact information for the person(s) who are taking the lead in the state plan development or implementation process: <http://www.sprc.org/states/all/contacts>

For Suicide Loss Survivors

AFSP: <https://afsp.org/find-support/ive-lost-someone/find-a-support-group>

Survivors of Suicide (SOS): www.survivorsofsuicide.com or www.phillysos.tripod.com

STAR-Center: [https://www.starcenter.pitt.edu/Adult-Survivors-of-Suicide-\(SOS/-Bereavement-Group\)-Sessions/38/default.aspx](https://www.starcenter.pitt.edu/Adult-Survivors-of-Suicide-(SOS/-Bereavement-Group)-Sessions/38/default.aspx)

Parents of Suicides: www.parentsofsuicide.com

Friends and Families of Suicides: www.friendsandfamiliesofsuicide.com

Suicide Memorial Wall: www.suicidememorialwall.com

Dougy Center for Grieving Children and Families : www.dougy.org

Compassionate Friends for Parents who Have Lost Children: www.compassionatefriends.org

Grief Loss Recovery: www.recover-from-grief.com

Online Healing for Grief: www.journeyofhearts.org

Websites for Teens

http://www.sprc.org/featured_resources/customized/teens.asp#resources_teens

Facts for Teens: Teen Suicide: <http://www.safeyouth.org/scripts/teens/docs/suicide.pdf>

Go Ask Alice!: A web-based health question-and-answer service produced by Alice!, Columbia University's Health Education Program. It provides information to help young people make better decisions concerning their health and well-being. <http://www.goaskalice.columbia.edu>

Jason Foundation: Is nationally recognized leader in youth suicide with a section for students. <http://www.jasonfoundation.com/student.html>

The ME Project: Talking about mental emotions with teens. <http://meproject.org>

National Institute of Mental Health: What to Do When a Friend Is Depressed-Guide for Students. <http://www.nimh.nih.gov/publicat/friend.cfm>

Reach Out: Information support service to help teens facing tough times. All content is written by teens and young adults, for teens and young adults, to meet them where they are. www.reachout.com

Samariteens: A free, confidential, helpline staffed by teenage volunteers who are trained to be compassionate and supportive listeners. <http://www.samaritansofboston.org/samariteens.html>

TeensHealth Answers & Advice: Offers information for teens on physical and emotional health, food and fitness, and other issues. <http://kidshealth.org/teen>

Trevor Project: Was established to promote acceptance of gay, lesbian, bisexual, and questioning teens and to aid in suicide prevention among those youth. <http://www.thetrevorproject.org>

Suicide Prevention Lifeline: is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress. <http://www.suicidepreventionlifeline.org>

For Parents

Parent Awareness Series: Talking to your Kids about Suicide

<http://www.sptsnj.org/pdfs/parent-awareness-handout.pdf>

NASP Resources Available Online

NASP has a number of resources available to assist families and educators in preventing youth suicide. These can be accessed at www.nasponline.org. Additionally NASP has published numerous chapters that relate directly to this topic. Information can be found on the NASP website.

Suggested Resources

Save a Friend: Tips for Teens to Prevent Suicide

http://www.nasponline.org/resources/crisis_safety/savefriend_general.aspx

Times of Tragedy: Preventing Suicide in Troubled Children and Youth, Part I

http://www.nasponline.org/resources/crisis_safety/suicidept1_general.aspx

National Association of Secondary School Principals, *"Taking the Lead on Suicide Prevention and Intervention in the Schools."* It will be posted at

www.nasponline.org/resources/principals/index.aspx. This will be a helpful resource to share with your school administrators.

Other Online Resources

- American Academy for Child and Adolescent Psychiatry, www.aacap.org
- American Association of Suicidology, <http://www.suicidology.org>
- Depression and Bipolar Support Alliance (DBSA), www.dbsalliance.org
- Light for Life Program, <http://www.yellowribbon.org/>
- National Institute of Mental Health Suicide Prevention Resources, <http://www.nimh.nih.gov/suicideprevention/index.cfm>
- National Mental Health Association, www.nmha.org
- S.O.S High School Suicide Prevention Program, <http://www.mentalhealthscreening.org/highschool/>
- Suicide Awareness/Voices of Education (SAVE), www.save.org
- U.S. Department of Health and Human Services, National Strategy on Suicide Prevention, <http://www.mentalhealth.samhsa.gov/suicideprevention/>
- Aavidum to empower students: <http://aavidum.com>
- Active Minds empowering youth on college campuses: www.activeminds.org

References

- American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC). (2016). *After a Suicide: A toolkit for schools*. [online]. Retrieved from <http://www.afsp.org/files/Surviving/toolkit.pdf>.
- Brock, Nickerson, Reeves, Jimerson, & Lieberman (2009). *School crisis prevention and intervention: The PREPaRE Model*. NASP, Bethesda, MD.
- Centers for Disease Control and Prevention (CDC). (2018). Web-based injury statistics query and reporting system (WISQARS) [online]. National Center for Injury Prevention and Control. Retrieved from www.cdc.gov/injury/wisqars/index.html.
- Centers for Disease Control and Prevention (CDC). (2016). *Youth risk behavior surveillance - United States, 2011*. [online]. Surveillance Summaries, MMWR, 60(4). Retrieved from www.cdc.gov/mmwr/pdf/ss/ss6104.pdf.
- Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention and postvention*. New York, NY: Routledge. ISBN-13: 978-0415857031.
- Hinduja, S. & Patchin, J. W. (2010). *Bullying, cyberbullying, and suicide*. Archives of Suicide Research, 14(3), 206-221.
- Kerr, M.M., Brent, D.A., McKain, B. & McCommons, P.S. (2003). *Postvention standards manual: A guide for school's response in the aftermath of sudden death (4th ed.)*. [online]. STAR Center Publications. Retrieved from <http://www.starcenter.pitt.edu/files/document/postvention.pdf>.
- Klomek, A.B., Sourander, A., Gould, M.S. (2011). *Bullying and suicide: Detection and intervention*. [online]. Psychiatric Times 28(4). Retrieved from <http://www.psychiatrictimes.com/suicide/content/article/10168/1795797>.
- National Association of School Psychologists (NASP). (2011). *PREPaRE: School crisis prevention and intervention training curriculum (2nd ed.)*. Bethesda, MD.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *Preventing Suicide: A toolkit for high schools*. [online]. Rockville, MD: Center. Retrieved from <http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf>.