

ADVOCACY & INTERVENTION FOR TRAUMATIZED YOUTH

CASP 2016
Suicide Postvention in Schools

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Goals for the day

This session will help participants

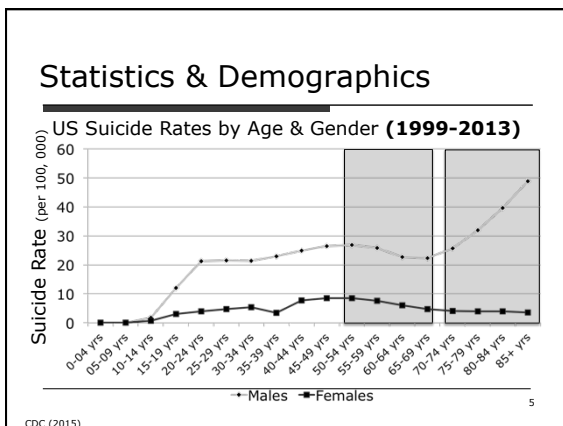
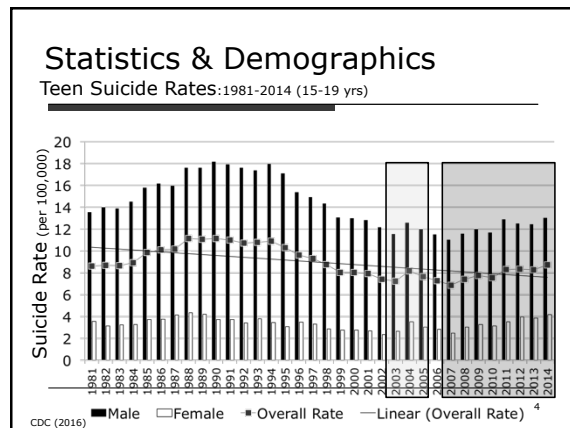
- design a comprehensive best practices model for suicide postvention in the schools in accordance with the NASP Practice Model, including guidelines for addressing contagion in the aftermath of a student death by suicide; and
- assess student risk, collaborate with law enforcement and local mental health resources, and design reentry plans that include safety planning.

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International Symposium on Youth Suicide

- Alarming increases
- Media sensationalism of suicide
- Clusters of suicides occur
- Schools are the best place to intervene
- Students are under extreme pressure
- Guns are too available

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Youth Suicide in US: 2014 National Trends

- 42,773 all ages (13.4)/33,113 males (21.1)
- 5504 youth aged 10-24 (11.6)/4364 males (79%)
- 2nd leading cause of death for youth age 10-24

STEADY INCREASES SINCE 2007

- Most common method 49% firearms but among male youth was 52% (female: 28% firearms & 44% suffocation).

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Youth Suicide in US: CDC, 2015

Cultural perspectives

	Overall
□ AI/AN*	22.5
□ White	15.4
□ Black	08.9
□ Asian/Pacific Islander	09.2
□ Hispanic	08.3

* American Indian/Alaska Native

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Suicide in CA: 2013

- 4,214 all ages (10.9) #43 in US (13.4)
 - Steady increase since 2005 (3198)
 - CA Male rate 16.8 (21.1 US) #44
 - CA Female rate 5.0 (6.0 US) #45
- 479 10-24 (7.6) #47 in US (11.6)
 - 301 (20-24)
 - 149 (15-19) **372 males (78%)**
 - 29 (10-14)
 - More than doubled since 2007
 - Most common method: strangulation
 - Highest risk youth: Hispanic & White; LGBT

~1 in 10 deaths by suicide in the US occur in California

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Youth Risk Behaviors: 2015

US Youth Risk Behavior Surveillance Survey High School

- 29.9% felt sad or hopeless
- 17.7% seriously considered suicide
- 14.6% made a plan
- 8.6% made one or more attempts
- 2.8% actually got to medical help

Only one out of four kids who attempt suicide get to help

28% of U.S. students in grades 6–12 experienced bullying.

20% of U.S. students in grades 9–12 experienced bullying.

www.stopbullying.gov

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Why Postvention in Schools?

- Schools are often unsure about how to respond after a suicide and there has been debate as to best practice response
- Certain practices may put some students at greater risk
- An effective response can reduce the risk of suicide contagion and restore a safe, healthy learning environment

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Postvention Research in Schools: SUMMARY

- Postvention efforts have been too short in duration
- Postvention efforts have focused on too few students
- Autopsy studies have found access to lethal weapons, substance abuse and LGBTQ issues as contributing factors
- Epidemiology studies of clusters have found extreme academic pressure and parents did not see the need for mental health treatment for their child

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Suicide Contagion

- Contagion is rare but adolescents and young adults are more susceptible than other age groups
- A death by suicide or suicidal behavior in youth may increase the likelihood of suicidal ideation or attempts in other youth.
- Contagion can lead to a cluster

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The impact of a suicide loss

- ❑ Research based estimate suggests that for each death by suicide **147 people are exposed** (6.3 million annually), and among those, **18 experience a major life disruption** (loss survivors; earlier, non-research based estimates were 6)
- ❑ A loss by suicide can be a traumatic loss

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Suicide Postvention in Schools Key terms

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

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Suicide Postvention in Schools Key terms

- ❑ Both survivors and exposed persons need support.
 - ❑ support groups.
 - ❑ support from outside of the family.
 - ❑ to be educated about the complicated dynamics of grieving.
 - ❑ to be contacted in person (instead of by letter or phone).

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Why Postvention in Schools?

- ❑ Impact to schools varied and complex
- ❑ Survivors of suicide
 - ❑ Staff/Student
 - ❑ Clinician survivors
 - ❑ Survivors of suicide attempts
- ❑ Exposed to suicide

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Suicide Cluster

- ❑ Multiple suicides within a defined geographical area within an accelerated time frame.
- ❑ 1-5% of teenage deaths by suicide occur in a cluster (100-200 deaths annually)
- ❑ Can occur in institutional settings such as psychiatric settings, schools, prisons, military.
- ❑ Gould has identified 53 suicide clusters (defined as 3-11 victims, ranging in age from 11-20, within a year)
- ❑ Victims appear to be influenced by earlier deaths but do not have to know previous victims

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Palo Alto Cluster

- ❑ *"These kids died from an untreated or undertreated psychiatric illness. It's not as if it's a mysterious thing and it's not as if it's not preventable. Unfortunately there is a misperception that if someone wants to die by suicide, it's inevitable. That is not the case as the impulse to kill oneself waxes and wanes."*

Madelyn Gould,
Columbia University

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Suicide Cluster Contributing factors

- ❑ Media coverage
 - ❑ Number/placement of stories
 - ❑ DETAILS
 - ❑ Sensational coverage
- ❑ Unsafe messaging such as simplifying the causes of suicide
- ❑ Glorifying suicide or those that die by suicide
- ❑ Presenting suicide as a tool for achieving certain goals

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Suicide Clusters:

Centers for Disease Control Recommendations cdc
Recommendations for a Community Plan for the Prevention and Containment of
Suicide Clusters
MMWR 37(5-6);1-12 Publication date: 08/19/1988

- ❑ Convene planning committee that involves all sectors of school and community
- ❑ Deliver a public response that minimizes sensationalism and avoids glorification
- ❑ Evaluate and counsel the close friends of the suicide victim and those previously know to be suicidal
- ❑ Community resources must include: hospital and emergency personnel, community mental health, local and state agencies, clergy, school leaders, parent groups, survivor groups, police, media and crisis hotline personnel

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Mass Clusters

- ❑ Mass clusters are media related and grouped more in time than space and are in response to the media coverage of actual or fictional suicides
- ❑ Research shows stronger effect for actual versus fictional media coverage and the term "Werther effect" has been around for nearly a century

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Point Clusters

- ❑ Occur locally and victims are contiguous in space and time
- ❑ Social connections through internet etc. greater than ever before and vulnerable individuals are likely to form relationships with each other
- ❑ Research has found 75% of point cluster victims to have had a major psychiatric disorder

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Prevention & Preparedness

- ❑ Develop a district/school suicide prevention task force
- ❑ Develop policies and procedures
- ❑ Crisis team mandates provide foundation for SP
- ❑ Components of a suicide prevention program include prevention (gatekeeper training; depression screening), intervention and postvention guidelines.
- ❑ Cultural responsiveness includes materials in native languages, interpreters, and understanding the rituals, customs and traditions of diverse populations.

Lieberman, Poland & Kornfeld, 2014

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Suicide prevention: Cultural considerations

- ❑ Identify cultural-related needs of community.
- ❑ Obtain community resources to meet diverse needs.
- ❑ Have prevention materials translated into native languages
- ❑ Have translators available.
- ❑ Know the traditions, rituals, and belief systems of your diverse population.

Preventing Suicide Toolkit, Tool 1.H, pgs.
50-51

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Goals of Suicide Postvention

- Assist survivors in the grief process
- Identify and refer individuals who may be at risk following the suicide
- Provide accurate information while minimizing the risk of suicide contagion
- Implement ongoing prevention efforts

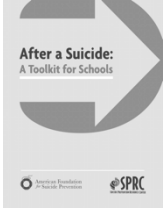
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Practical Suggestions

- Intervention guided by triage
- Do not inform staff or students by intercom
- Triage staff and make appropriate notification in person (not by memo or e mail)
- Have substitutes to relieve staff during the day
- Facilitate social support systems for HS/ Secondary students

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After a Suicide: A Toolkit for Schools



Suicide Prevention Resource Center
American Foundation for Suicide Prevention

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Suicide Postvention Checklist

1. Verify that a death has occurred and confirm cause
2. Mobilize the Crisis Response Team
3. Assess the suicide's impact on the school and estimate the level of postvention response
4. Notify other involved school personnel
5. Contact the family of the suicide victim
6. Determine what information to share about the death
7. Determine how to share information about the death

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Suicide Postvention Checklist

8. Identify students significantly affected by the suicide and initiate a referral mechanism
9. Conduct a faculty planning session
10. Initiate crisis intervention services
11. Conduct daily planning sessions
12. Memorials
13. Social Media
14. Prevention messaging
15. Debrief the postvention response

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Item 5: Contact the Family of the Suicide Victim

Contact should be made in person within 24 hours of the death. Purposes include...

- Express sympathy
- Offer support
- Identify the victim's friends who may need assistance
- Discuss the school's postvention response
- Identify details about the death that could be shared with outsiders
- Discuss funeral arrangements and whether the family wants school personnel and/or students to attend.

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Item 6: Sample Letters

Three scenarios:

- Death has been ruled a suicide
- Cause is unconfirmed (ask that rumors not be spread)
- Family has requested cause of death not be disclosed (rumors of suicide and since that subject has been raised it's complex but mental illnesses such as depression are usually the cause)

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Item 8: Identify those significantly affected by the suicide & initiate referral procedures

Risk Factors for Imitative Behavior

- Physically** proximal to suicide
- Emotionally** proximal to victim
- Psychologically vulnerable** due to history of depression; previous suicidal behavior; suicide in family; history of trauma or loss.

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National Issues: Contract vs safety plan

- Utilize safety planning
 - Therapy appointments
 - Medication management
 - Identify circle of care of adults/peers
 - Promote help-seeking behaviors
 - Promote communication skill building
 - Provide relevant hotlines/websites/resources


New App! **MY3**
<http://www.my3app.org/>



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Re-entry Guidelines

- Have parent escort student back to school first morning following hospitalization and conduct re-entry meeting.
- Collaborate with members of crisis team
- Obtain any records from hospital and have parent sign a release of information form.
- Provide interventions:
 - Modify academic programming as appropriate
 - Identify on-going counseling resources at school or in the community
 - Discover if student is on medications and monitor with parent consent.
 - Notify student's teachers as appropriate



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Re-entry Guidelines

- Monitor student to make certain no bullying takes place in the classroom as many students may know the student was hospitalized and word spread through social networking.
- Monitor social networking sites with cooperation of the parent.
- Identify circle of adults at school and at home
- Check in frequently during the first week the student returns to school.

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
Tragic loss: When the educator grieves

- Crisis team should triage staff first
- Notify selected staff **in person**
- Allow for crisis reactions/release from classroom
- Attend funeral with no crisis team responsibilities
- Seek help through Employee Assistance Program or community mental health/bereavement services

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Item 9:
Conduct a Staff Planning Session

- Replacing rumors with facts and honoring the family's request for privacy
- Encouraging the ventilation of feelings
- Stressing the normality of grief and wide array of stress reactions children demonstrate
- Discouraging attempts to romanticize the suicide
- Identifying students at risk for an imitative response
- Making the appropriate referrals
- Address staff reactions and student perceptions
- Prevention messaging

Answering the difficult questions 

Scenario:

Paul a 4th grader is coming back to school Monday and everyone knows his dad died by suicide--what can his school and especially his teachers do to help his reentry and recovery

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Suicide loss: Psychological first aid

- Listen
 - "I am so sorry this happened to you"
 - Don't be afraid to talk about suicide, you will not be putting ideas into their heads.
 - Listen and observe for risk factors/warning signs
- Protect
 - What is the most difficult thing to deal with right now?
 - Intervene/advocate in cases of bullying or insensitivity
 - Normalize wide range of reactions. The grief that follows a death by suicide is complex.

"Listen, Protect, and Connect Model & Teach" 39
 Psychological First Aid for Children 2006 M. Schreiber, R. Gurwitsch. M. Wong.

Suicide loss: Psychological first aid

- Connect
 - What can I/teachers do to help you?
 - The benefit of peer connectedness and other social supports
- Model
 - Model calm and optimistic behavior
- Teach
 - "You are not to blame, it is not your fault"
 - Provide suicide prevention resources
 - Provide information on crisis reactions and stress management techniques

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Item 12:
Memorials

- Strive to treat all student deaths the same way
- Encourage and allow students, with parental permission, to attend the funeral
- Reach out to the family of the victim
- Contribute to a suicide prevention effort in the community
- Develop living memorials, such as student assistance programs, that address risk factors in local youth
- Address spontaneous memorials on school grounds

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Item 12:
Memorials

- Prohibiting all memorials is problematic
- Recognize the challenge to strike a balance between needs of distraught students and fulfilling the primary purpose of education
- Meet with students and be creative and compassionate
- Spontaneous memorials should be left in place until after the funeral
- Avoid holding services on school grounds

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Item 12: Memorials

- Schools may hold supervised gatherings such as candlelight memorials
- Monitor off campus gatherings
- Student newspaper coverage should follow media reporting guidelines
- Yearbook and graduation dedication or tributes should all be treated the same
- Grieving friends and family should be discouraged from dedicating a school event and guided towards promoting suicide prevention
- Permanent memorials on campus are discouraged

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Item: 13 Social Media

- Appoint a Social Media Manager to assist PIO
- Utilize students as "cultural brokers" to help faculty and staff understand their use of social media
- Train students in gatekeeper role, and specifically identify what suicide risk looks like when communicated via social media.
- Have staff monitor social networks and provide safe messaging when important (this will require that districts not completely block these networks)
- Have parents get involved in their child's social media

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Item: 13 Social Media

- Monitor for high risk students
- Psycho-education: Make use of social media to post prevention messages, hotlines and community mental health resources.
- Give students specific helpful language to include when making use of social media
- Work with YouTube and Facebook to take down messages, disturbing images or language
- Utilize the Facebook application for concerns or issues with content.

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Prevention Messaging for Administrators

Suicide and the grief that follows a death by suicide are very complex and no one person, no one thing is ever to blame.

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National Issues: Safe messaging

- Unsafe messaging can lead to contagion
- Media: "Committed suicide"/"Died by suicide"
- Suicide is preventable
- There are evidenced based treatments for all the risk factors of youth suicide
- Everyone plays a role in suicide prevention
- Resilience and recovery are possible

Suicidepreventionsafemessaging.org

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Long term follow-up

- Maintain ongoing monitoring of affected students and staff
 - Continued communication to monitor academic progress, social relationships, and overall adjustment
 - Do not underestimate the long term impact
 - Identify those in need of additional support or services
 - Utilize and accept community resources and assistance

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Long term follow-up

- Resurfacing of grief reactions may occur during momentous occasions, such as:
 - Graduation
 - Anniversary of the death
 - Another death by suicide in the school community

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Best Practices for Schools

- Awareness training on warning signs for all staff annually
- Suicide lethality assessment training for key staff
- Policies and guidelines for parent notification and supervision
- Referral procedures for community services and re-entry and follow up at school
- Information on the district website about depression and suicide

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Suicide Prevention in the Schools Promising Strategies (CDC)

- Gatekeeper training
- Depression screening programs
 - SOS (Signs of Suicide)
- Hotlines: Lifeline
- Means restriction




SPRC
SUICIDE PREVENTION RESOURCE CENTER

Suicide Prevention Resource Center Best Practices Registry
<http://www.sprc.org/bpr>

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Suicide Prevention in Schools: Gatekeeper Programs




QPR
For Suicide Prevention

Ask A Question,
Save A Life


William Barreto
Partners in Suicide Prevention
TAY Division




ASIST



LivingWorks



LAC
DMH
MENTAL HEALTH



USA
MENTAL HEALTH
FIRST AID
www.MentalHealthFirstAid.org

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Current Issues: Depression







Hope
depression

Suicide Prevention: Depression Screening


ACT: Acknowledge, Care, Tell

Acknowledge that you are seeing signs of suicide and that it is serious.

Care: let that person know that you are there for them and that you are concerned that they need help that you cannot provide.


Tell a parent/professional, either with that person or on their behalf.

- SOS: Signs of Suicide**
- Evidenced based
- www.mentalhealthscreening.org
- Educational video on warning signs of depression and suicide and the importance of getting adult help
- Student and/or parent questionnaires screen for depression that take 5 to 10 minutes and are self scored




Aseltine & DeMartino (2004)

National Issues: Hotlines



National LifeLine
1-800-273-TALK (8255)


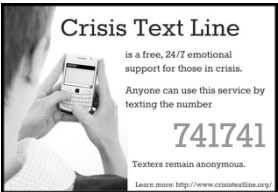



TeenLine
(310) 855-HOPE (310) 855-4473
(800) TLC-TEEN (800) 852-8336

GET HELP HELP


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Suicide Prevention: Hotlines

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SUICIDE PREVENTION: COLLEGES Means restriction




Specific efforts by colleges may include:

- restricting access and/or erecting fences on roofs of buildings
- replacing windows or restricting the size of window openings
- restricting or denying access to chemicals like cyanide that are often found in laboratories
- prohibiting guns on campus
- reducing consumption of alcohol and other drugs (e.g., enforcing underage drinking policies).

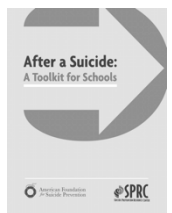
THE JED FOUNDATION
CAMPUS PROGRAM

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Preventing Suicide: A Toolkit for High Schools



After a Suicide: A Toolkit for Schools



SAMHSA SPRC/AFSP

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Suicide Prevention Is Everyone's Responsibility

More Information:
Suicide in schools
Erbacher, Singer & Poland (2015) Routledge
www.nova.edu/suicideprevention


Lieberman, R., Poland, S., & Kornfeld, C. (2014). Best practices in suicide intervention. In A. Thomas & P. Harrison (Eds.), Best practices in school psychology. Bethesda, MD: National Association of School Psychologists.

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YOUTH SUICIDE: Resources




Suicide Prevention Resource Center
sprc.org




American Association of Suicidology
suicidology.org

American Foundation for Suicide Prevention
afsp.org



National Association of School Psychologists
nasonline.org



Centers for Disease Control
cdc.gov

American Foundation for Suicide Prevention

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