Postvention in Schools: Continued Practices, Revised Recommendations and Current Challenges

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STAR-Center Outreach
Objectives:

- Describe the rationale and recommendations for continuing postventions in schools after a tragic loss
- Describe the emerging impact of technology on postvention response
- Identify resources and self-care strategies for students, school personnel, families and community members
A Lesson From Loss

Let us not look behind us in anger or forward in fear but around us in awareness

James Thurber
Reflections on Postvention

Why we do what we do following a tragic loss
When individuals are in distress consider…

My underlying premise …

YOU are the human tool.
Lessons From Loss and Those Who Have Been There

- Most folks “get by” through their natural supports
- Schools are often expected to serve as the *only* supports for some students
- Grieving is life long. We can often get “triggered” by another’s loss.
- Can also be a window of opportunity to get help
- Anger is as common a response to loss as sadness - there will be conflict
- Grief is experienced affectively, cognitively, behaviorally and physically
- It is often two years after a loss that it “hits us”
Six Steps to Comprehensive Suicide Prevention in Schools

- Screening
- Identification & Response
- Postvention
- Staff Education
- Parent Education
- Student Education & Advocacy

SAMHSA, 2012
Balancing the threat of contagion with the opportunity to get students help.

Talking about suicide does not cause it, but exposure to another’s suicide becomes a risk factor for suicide…especially among teens.
To talk about suicide prevention we must look at what causes suicide.

The exact cause of a suicide is complex; but we do know of risk factors and conditions that are more likely to lead to a suicide.
In reviewing suicide attempts and completions researchers have found…

- In about 90% of teen suicide completions a psychiatric diagnosis was present (Gould, et al., 2006)
- In over 80% of community referred cases of suicide attempts there are psychopathology such as depression, anxiety and/or chemical dependency
- The “best” predictor of a future suicide attempt is a previous attempt BUT there are suicides with no previous attempts – brain imaging is shedding new light on this 10%
Specifically, after a youth suicide Dr. Brent and others have found…

- Teens are more vulnerable to the media coverage of a teen suicide than adults (6.9% increase versus .5%)
- Those closest to victim may be “inhibited” due to the pain, anger, “cost” of their friend’s death
- Imitative suicidal behavior more often among acquaintances of the victim
- Although close friends may not attempt, at 6 mo. after a friend’s completion, they met the criteria for MDD (29%) and PTSD (6%)
More findings by Dr. Brent on youth exposed to a peer suicide:

- Six months after a peer suicide, exposed youth are at greater psychiatric risk than youth not exposed to a peer suicide
  - 4x more likely to develop a mental health disorder
  - 6x more likely to develop major depression
  - More likely to develop PTSD

- Most of the risk occurs within the first month of the exposure

- Siblings showed less traumatic grief – perhaps more opportunity to grieve or not as close
And more findings...

- Complicated/traumatic grief is real, especially in teens surviving a peer suicide:
  - Severe impaired functioning
  - Longing for and often preoccupation of victim
  - Not accepting the death
  - Hopeless and purposeless about the future
  - Loss of security
  - Anger, bitterness
  - Numbness and detachment
  - Unable to reinvest new energy in life—“stuck”
And more…

- Even 6 yrs. after a death, those w/traumatic grief had 5 x higher rate of suicide ideation than their other exposed peers – even when controlled for MDD

- Siblings showed less traumatic grief – perhaps had more opportunity to openly grieve, may not be as close to victim as friend, or may have strained family connections

- It is estimated 1/5 of youth meet criteria for mh dx. but less than 1/5 of those get adequate trx.
Implications for Postvention:

- Screen, ASAP, not only siblings, close friends, and those directly exposed, but also acquaintances and those in the general student body who are:
  - Experiencing issues with other losses/deaths
  - Using drugs and alcohol
  - Have an affective disorder (e.g. anxiety)
  - Appear upset

- Conduct follow up screenings at 1, 3, 6, 9 and 12 months out and possibly longer.
Additional Implications for Postvention:

- Be sure and check-in with student’s already referred to your SAP team.
- Follow up with students who are already receiving mh/d&a trx. and ideally with their clinician. *Have releases signed at the onset of trx. facilitates communication during a crisis.*
- Consider longterm follow up for youth with complicated grief.
- Assess school personnel on what they know and think they know about suicide prevention. Include substitute teachers.
Implications for Postvention cont.:

- Train *all* school personnel (e.g. faculty, aides, administrators, bus drivers, secretaries, crossing guards, coaches, janitors, POs, nurses, counselors etc.), parents & other “gatekeepers” on youth highest at risk for suicide:
  - Males 16 – 19
  - Youth with mental health/ drug & alcohol problems
  - GLBTQ youth
  - Youth who have attempted suicide in the past
  - Teens with an impending disciplinary action and other risk factors
Risk Factors for Youth Suicide

- Depression or bipolar disorders
- Hopelessness
- Drug or alcohol abuse
- Availability of firearms
- High suicidal intent
- Previous attempt
- Co-existing condition
- Suicidal behaviors
- Insomnia
- Non-suicidal self-injury/NSSI
- Behavior problems
- Involvement with bullying as target and/or aggressor
- Current or past abuse
- Legal or disciplinary crisis
- Lack of treatment
Other Possible Risk Factors & Conditions that *may* lead to Suicide:

- Family history of suicidal behavior
- Certain personality characteristics such as perfectionism, impulsivity and hypercriticalness
- Experiencing a critical precipitating event – e.g. break up, failing grades, physical illness/injury
- Unsupported and/ mistreated GLBTQ youth
- Parent child hostility and neglect
Any one of these factors or conditions may not “cause” a suicide, but they can increase the risk of one.
Protective Factors Against Suicide/At-Risk Youth Behavior

- Parental involvement – spending time together – meals, leisure activities, etc.
- Faith based connections & beliefs
- Appropriate level of care for student and parental depression
- Intervention for complicated grief/bereavement
- Consistent discipline. Limit setting. Supervision.
- Sense of purpose- plans for the future
Protective Factors cont.:

- Connectedness to parents and peers – the quality and density of the relationships matter
- Means restriction
- Social supports – sports, leisure, service, even grief – in and out of school
- Note that online youth oriented social networking “communities,” depending on the social norms they endorse related to suicide, help seeking and healthy coping, may be a protective factor against suicide OR a risk factor for suicide
Emphasize that suicide is not a typical or healthy response to stress.

Public Service Announcements on line and in the community – www.psacentral.adcouncil.org

“We Can Help Us”
Focus Our Prevention Efforts on…

- Educating students and “gatekeepers” on mental health awareness especially signs of depression
- Screenings for depression and d/a dependency – *ideally* universally, but during postvention at least indicated and selected
- Promoting help-seeking behavior – advertise crisis services
- Teaching life skills to increase protective factors
- Minimizing risk of contagion – remind media
- Limiting access to lethal means
Continued Practices:

- Updating policy and procedures on suicide prevention, intervention and postvention –
  - Refer to handout for sample

- Screening students

- Educating *all* gatekeepers

- Alerting media to appropriate coverage
  - Refer to SPRC “Effective Messaging”

- Supporting care givers and modeling Self-care
Helpful Crisis Management Frameworks to Keep In Mind:

BE C.A.L.M

SSII
When Responding to A Crisis Use: BE C.A.L.M. Checklist

- Before you act… BE sure you have the facts and ask for help/back up
- C - communicate, collaborate & coordinate
- A - anticipate, activate & adjust
- L - look for signs and listen to your many constituents
- M - monitor the response, maintain your team & manage the overall crisis over time
Another Practical & Useful Resource:

“School Crisis Preparation and Intervention “(Kerr, 2009). Covering the crisis management components of:

- Mitigation
- Preparation
- Response
- Recovery

Includes scenarios, checklists, reflective questions and resources
1. Overview

Postvention is the array of services we offer following a tragedy. The goals of postvention are to:

- support those grieving the loss of a classmate, teacher, or colleague
- return the school to its normal routines
- identify and assist those at risk for unhealthy behaviors, and reactions
- refer those who may be at risk for psychiatric disorders
- reduce the risk of contagion for those at risk for suicidal behavior
2. The *Who* and *What* of Postvention

- Every postvention needs someone in charge. Yet, no one can do it alone. We recommend that the coordinator have a mental health consultant available for at least phone conferences.

- Scan the descriptions of the Postvention Coordinator and the Mental Health Consultant, pages 9-12.

- What would be your role?
Another Useful Crisis Management Framework: SSII

School district's whose personnel utilize supervision and surveillance will gather information to assist with intelligence and enhance school safety and security.

Especially during a postvention:
- Supervise
- Conduct Surveillance
- Gather information
- Appropriately share your intelligence
3. Communications with...

- **law enforcement** to confirm the death.
- **staff and faculty** to inform them and seek their help.
- **students and with their parents**, to inform them and educate them about reactions to sudden death.
- close friends, teams, and other naturally occurring **groups who knew the deceased**.
Specific Communications:

- Review the following sections:
  - Verifying the death (13)
  - Contacting the victim’s family (15)
  - Informing school staff (18)
  - Announcing the death to students (21)
  - Funeral Plans/Contacting leaders of faith-based organizations (34)
  - Responding to rumors (36)
  - Holding a parent meeting (36)
  - Communications with the media (38)
4. Support for students may include:

- Following the schedule of the deceased (23)
- Grief presentations (24)
- On-time educational support groups (26)
- Review the “Postvention Implementation Plan Checklist “
  - What do you do differently?
5. Rationale for Screening and Referral

- Turn in your Manual to (5-7).
- Now turn to pages (81-84).
- Record keeping is critical for follow up.
- With each student continue to ask “Who are we missing?,” “Anyone else you are concerned about?”, or “Who would you check on?”
6. Supporting the Adults

- Preparedness
- Information (18 – 20)
- Crisis response kit (87)
- Employee Assistance Program services
- Refer to “Common Symptoms” & “What You Can Do For Yourself”
- Remember YOU are the human tool
Grief and Mourning (Rando)

- Assumptive world -- beliefs we have about our experiences in life
  - Expectations about the world in general i.e. “God is good,” “the world is fair”
  - Expectations about people i.e. “I will be supported,” “Kids will out live their parents.”

- After a death one’s assumptive world is shattered – expectations are violated

- Caregivers must deal with the assumptive world of the griever not the actual death
Tasks of Grieving (Worden, 1982)

- Accept the reality of the loss
- Experience the pain of the loss
- Readjust to the environment
- Reinvest emotional energy in other relationships
- “Failure” to address these tasks may result in complicated grief and griever’s may “get stuck”
Tasks of the Therapeutic Response (Wesner, 2013)

- Help individual with the formation of their story — *challenge* their assumptive world by offering other perspectives and possible interpretations
- Redefine suicide by dispelling myths, clarifying misconceptions and providing developing research
- Educate the individual on the grieving process
Revised Recommendations:

- Encourage a more consistent, less school focused, response to any death.
- Consider implications for multiple deaths within a school year.
- Review the language you use in referring to the death; tragic loss, death by suicide, car accident?
- Gather input from students, family and other stakeholders but resist impulsive decision making – “taking all options under consideration” and then offer appropriate choices/alternatives.
Memorials

- Ideally, have a policy already in place to address the commemoration of any death.
- Delay making emotionally based decisions by gathering all suggestions and input to be reviewed at a later date.
- Make decisions via a representative committee.
- Consider the scope and scale of the request.
- Remember the school is not the only arena to channel grief and honor a death.
- Schools live “their past precedents.”
Memorials, Graduation and Anniversary Dates

- Monitoring guest book, funeral services, “spontaneous” memorials
- Be sure and include mental health resources whenever possible
- Avoid associating the death with the school
- When possible, do not have memorial sites “up” indefinitely
- Consider private graduation options
- Encourage other venues for “anniversary” activities
Current Challenges:

- Schools/adults are no longer the primary dispensers and controllers of the information that is distributed.
- The immediate, uncensored access to volumes of information.
- Risk of repeated exposure and retraumatization for students and adults.
- Unknown legal ramifications.
Emerging Developments

- We are still “living out” the impact of technology on our prevention, intervention and postvention efforts.
- Empirical research on postvention, on or off online, is still sparse.
- Court precedents will continue to “dictate” our policies and impact our procedures.
- Accessibility and affordability of mental health care treatment a national, public health issue – e.g. National Health Parity Law
Joining Forces in Our Youth Suicide Prevention Efforts

- PA Youth Suicide Prevention Initiative – www.payspi.org
  - County Suicide Prevention Task Forces – over 25 across the state
  - Interface with statewide stakeholders
  - Network with local and statewide efforts
  - GLS Behavioral Health Screening Grant
  - Latest research and resources
More Collaboration Opportunities:

- PA Child Death Review Teams
  - Mandated by Act 87 of 2008
  - Multidisciplinary team - e.g. CYF designee, coroner, DA or designee, law enforcement, EMS, physician
  - Review all deaths from birth to 22
  - Intensive data collection – last year’s report found on payspi.org website
  - Make recommendations especially related to prevention – e.g. screening youth for possible mh issues at annual visits

- Visit www.childdeathreview.org
Suicide Prevention Lifeline- www.suicidepreventionlifeline.org

- Order free resource materials e.g magnets, posters, pamphlets @ www.store.samhsa.gov

- New Lifeline On-line Postvention Manual
  - Sample parent letters and crisis postings

- National Suicide Prevention Lifeline
  - 1-800 – 273 - TALK
Suicide Prevention Lifeline Partnering w/ Social Networking Sites on Suicide Prevention

- Established protocol to send message of concern with 1-800-273-TALK # when alerted
- @security – to report tweeted threats
- “flagging” and reporting threats to site officials e.g. Facebook and Myspace
- Use “liking” to spread positive psa’s on mh issues, effective treatment & encourage help seeking
National Resources Geared to Youth:

- The Trevor Project – Crisis Hotline and website designed to address GLBTQ youth and those who support them
  - Includes multiple social mediums to reach youth – website, twitter, txtng
  - Provides free educational materials
  - www.thetrevorproject.org
  - 1-866-4-U-TREVOR
National Resources Geared to Youth:

- **Inspire USA Foundation** -
  - [www.inspireusafoundation.org](http://www.inspireusafoundation.org)
  - Hosts a specific youth driven suicide prevention campaign within their website – [www.ReachOut.com](http://www.ReachOut.com)
  - Part of the “We Can Help Us” campaign and “What A Difference A Friend Makes” - [www.store.samhsa.gov](http://www.store.samhsa.gov)
Well Aware™ - Suicide Prevention Program for School Administrators

- Free webinars e.g. -Generation Wired: Social Networking and Engaging Youth In Suicide Prevention (2011)
- Featured spokespersons from Trevor Project and Reach Out (Inspire USA Foundation)
- Recommendations for online suicide prevention and intervention efforts geared to youth social networking sites
  - More teens report txtng than emailing or talking on the phone (www.pewinternet.org)
### Proposed Do’s & Don’ts of Suicide Messaging: Generation Wired Webinar

**Do:**
- Give message suicide is often preventable
- Encourage help seeking behavior
- Provide accurate information on warning signs
- Offer resources
- Identify protective factors

**Don’t:**
- Glamorize or romanticize the suicide
- Make a martyr of the victim
- Over report suicide as an “epidemic”
- Give personal details of the suicide
- Simplify suicide as a response to stress
Recent Well Aware™ Webinar’s:

- Archived presentations include:
  - Crisis Response: When a Student Dies by Suicide (2010)
  - Cyberbullying & Suicide: What Schools Must Do to Protect Students and Districts
  - Those Left Behind: Helping Students Who Have Lost a Peer to Suicide (Brent, 2010)

- Visit www.wellawaresp.org/webinars.php
Proposed Recommendations by Well Aware™ and Others:

➢ School policies updated to include:

● Online monitoring of youth social networking sites by school officials - not just following a crisis

● Online support – e.g. social worker to “talk” with students on youth sites

● Schools should include online activities in their school crisis plans – prevention, intervention and postvention
Resources to Assist with Monitoring of Online Activities

- www.socialmention.com – identify parameters to narrow the search of social networking sites re suicide among your specific school, community, region, etc.

- Social Media at the Center for Disease Control – www.cdc.gov/socialmedia/
  - “Health Communicator’s Social Media Toolkit”

- PEW Internet & American Life Project
  - www.pewinternet.org

- Cyberbullying Research Center
More Resources & Recommendations

- “2012 National Strategy for Suicide Prevention” order at www.samhsa.gov/nssp
- “Preventing Suicide: A Tool Kit for Schools” download at www.store.samhsa.gov or call 877-726-4727
- “After A Suicide: A Tool Kit For Schools” at www.sprc.org
Postvention Resources

- “After A Suicide: A Toolkit for Schools” -
- STAR Postvention Manual – 2014 Update pending
  http://www.starcenter.pitt.edu/Files/PDF/Manuals/Postvention.pdf
- Maine Youth Suicide Prevention Guide -
- Youth Suicide Prevention Guide – Issue Briefs and Checklists-
  http://theguide.fmhi.usf.edu/
Summary

- Empirical research on postvention is sparse but we believe postvention activities (especially screening and follow up) can assist with our suicide prevention efforts.

- Consider opportunities to increase protective factors and for healthy bereavement.

- Technology is rapidly impacting our prevention, intervention and postvention efforts. We are still “living out” the results.
Summary cont.

- Consider adding online activities in your crisis management plans along with board approved policies and procedures.
- Establish and revisit memorial policies and procedures – encourage non-school venues.
- Seek out national guidelines regarding suicide prevention and postvention; especially related to “cyberspace” to inform your policies/procedures.
- Educate parents and gatekeepers on sp efforts.
- Encourage and model self-care.
Selection of Support Resources

- Mental Health America – advocacy & assistance
  - www.nmha.org

- National Alliance for the Mentally Ill
  - http://www.nami.org

- PA Families Network Inc., - list of support for parents by county – 1- 800-947-4941
  - www.pafamiliesnetwork.com
Additional Resources

➢ American Association for Suicidology
  • www.suicidology.org
  Also features National Center for Prevention of Youth Suicide

➢ American Foundation for Suicide Prevention
  • www.afsp.org

➢ Mental Health Screening, Inc.
  • www.mentalhealthscreening.org

➢ National Institutes of Mental Health
  • http://www.nimh.nih.gov
Additional Resources cont.

- School Based Behavioral Health – podcasts and power points
  - [http://www.sbbh.pitt.edu](http://www.sbbh.pitt.edu)

- Substance Abuse and Mental Health Services Association -1-877-726-4727
  - [http://www.store.samhsa.gov](http://www.store.samhsa.gov)

- Suicide Prevention Resource Center
  - [www.sprc.org](http://www.sprc.org)

- Western Psychiatric Institute and Clinic Office of Educational and Regional Programming – web and podcasts – 412-802-6917
  - [www.wpic.pitt.edu/oerp](http://www.wpic.pitt.edu/oerp)
STAR-Center Resources

- STAR-Center website
  - [http://www.starcenter.pitt.edu](http://www.starcenter.pitt.edu)

- STAR-Center Manuals include:
  - Dialectical Behavior Therapy with Teenagers
  - Managing Anxiety
  - Living with Depression
  - Teenage Depression

- Video links for talks by Drs. Brent and Kerr on latest research and best practice i.e. “Suicide Assessment Across the Lifespan” and “At Least Do No Harm”
Crisis Related Resources

- National Suicide Prevention Lifeline
  - 1-800-273-TALK
  - www.suicidepreventionlifeline.org

- National Suicide Prevention Life for GLBTQ Youth – www.thetrevorproject.org
  - 1-866-4-U- Trevor

- Every county should have an emergency crisis number
  - In Allegheny Cty. re:solve Crisis Network – 1-888-796-UCAN (8226)
Ultimately, research on resiliency challenges the field to build connectedness, this sense of belonging by transforming our families, schools and communities to become “psychological homes” wherein our youth can find mutually caring and respectful relationships and opportunities for meaningful involvement. (McLaughlin et al., 1994)
Questions to Reflect On...

- What are you already doing to promote resiliency within yourself, your family, your students, your community?
- Who do you turn to for help?
- How did you overcome some of the difficult times in your life?
- What are your current strengths?
Are You a Self-Renewing Adult?

- Value driven
- Require solitude and alone time
- Pace yourself
- Connect with the world around you
- Always in training
- Adapt to change
- Creative and playful
- Learn from down times
- Have contact with nature

(Hudson, 1990)
Remember, YOU are the human tool. When we nurture our own resilience we model it in the process.

Look in the mirror and you are looking back at one of the most protective factors in a young person’s life.
Life isn’t the way it is supposed to be. Life is the way it is. It is how we cope that makes the difference.

Anonymous Student
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