

STAR-CENTER PUBLICATIONS

Services for Teens at Risk

Postvention Standards Manual A Guide for a School's Response in the Aftermath of a Sudden Death (Fifth Edition)

UPMC WESTERN PSYCHIATRIC
HOSPITAL

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INTRODUCTORY MATERIALS

FOREWORD

This manual has been prepared for educators, social workers, psychologists, counselors, and other professionals who work with children and adolescents in the aftermath of tragedies. Our goal is to guide schools and communities in developing their own postvention policies and procedures. Postvention in this guide refers to the support services offered to survivors in the aftermath of a tragic death. While the term postvention originally referred to deaths by suicide (Leenaars, 2010), this manual uses the term more broadly and can assist schools with the task of responding to any tragic death. This guide does not replace professional advice and should not be the only source of guidelines for a specific situation, *as each postvention will be different*. Appropriately trained professionals should be consulted for discussion and evaluation of particular issues or cases.

STAR-Center is a treatment, training, outreach and research program of the Division of Child and Adolescent Psychiatry, University of Pittsburgh Medical Center. Since 1987, staff members have conducted postventions and provided consultation across Pennsylvania and in other states. We acknowledge with gratitude the funding of the Pennsylvania General Assembly, which makes our services possible. We also wish to honor Dr. Mary Margaret Kerr and Dr. David Brent, authors on the original and subsequent editions of this manual and co-founders of the STAR-Center. We also acknowledge Brian McKain as a co-author of prior editions of this manual. Over the years, STAR-Center staff and consultants, through their postvention efforts, have contributed the ideas for this guide. We thank them for their insights and helpful suggestions. We are especially indebted to Dr. David Brent for his editorial guidance in this latest revision. As well, we would like to thank Jamey Covaleski, administrative coordinator, for her efforts in managing the many activities of STAR-Center Outreach, including revisions of this fifth edition. Support for the latest revision was also provided by the Pennsylvania Garrett Lee Smith (GLS) Youth Suicide Prevention Grant.

2020 revision by
Paula McCommons, Ed.D., STAR-Center Outreach
Perri Rosen, Ph.D., NCSP, GLS Youth Suicide Prevention Grant

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Services for Teens at Risk (STAR-Center)
3811 O'Hara Street, Pittsburgh, PA 15213
(412)864-3346

ATTENTION:

If you are using this guide because you are **presently involved in a postvention response** and are looking for **immediate action steps**, go to the next page to review the Postvention Action Steps checklist and accompanying reference points within the manual and attachments. This document and the subsequent attachments provide an overview of the essential postvention activities to consider.

If you are looking for a downloadable or printable version of this checklist, refer to [Attachment 1: Postvention Action Steps](#).

If you are not presently involved in a postvention response, please turn to p.12 to review how to use this guide.

ACTION STEP CHECKLIST

Note: The roles identified in the chart below may vary according to available resources and personnel within each school district/building.

Date	Time	Initials	Responsibility	Page #
_____	_____	_____	1. The school is informed of the death <input type="checkbox"/> Postvention coordinator is notified <input type="checkbox"/> Superintendent is notified <input type="checkbox"/> Building administration is notified	See p. 29
_____	_____	_____	2. Factual information is gathered <input type="checkbox"/> Postvention coordinator or school official contacts Coroner or law enforcement agency to confirm the death and identity of the deceased <input type="checkbox"/> Postvention coordinator completes the Coroner's/Law Enforcement Agency's Report (see Attachment 4)	See p. 29
_____	_____	_____	3. Postvention coordinator contacts mental health agency/other community resources for on-site support and/or consultation <input type="checkbox"/> Mental health agency states what services will be provided <input type="checkbox"/> Superintendent approves use of mental health services <input type="checkbox"/> Postvention coordinator reviews district's policy regarding outside school personnel who screen students and the need for signed consent	See pp. 26-27
_____	_____	_____	4. Meeting is scheduled for Postvention/Crisis/SAP team and building administration <input type="checkbox"/> Administrator/team designee prepares the announcement that is to be read by teachers <input type="checkbox"/> Administrator prepares letter to inform parents of the death, as well as the school's postvention activities <input type="checkbox"/> Postvention coordinator locates deceased's personal belongings and puts them into safekeeping for the family <input type="checkbox"/> Postvention coordinator removes deceased's name from individual class rosters, school mailing lists, and automated attendance call lists <input type="checkbox"/> Crisis Team designates rooms for screening students	See pp. 34-36

Date	Time	Initials	Responsibility	Page #
			<ul style="list-style-type: none"> ❑ Crisis Team confirms designated media spokesperson with the Superintendent 	
_____	_____	_____	<p>5. If death was a suicide, Crisis Team evaluates the risk of contagion</p> <ul style="list-style-type: none"> ❑ Postvention coordinator identifies and contacts feeder schools and/or adjacent school districts where students may be affected ❑ Mental health consultant contacts neighboring mental health providers 	See pp. 26-27
_____	_____	_____	<p>6. Faculty and school staff are notified of the death through phone/email chain</p> <ul style="list-style-type: none"> ❑ Teachers are informed of faculty and staff meeting to take place as soon as possible (e.g., an early morning meeting) 	See pp. 37-41
_____	_____	_____	<p>7. Crisis team begins to compile a list of at-risk students to be individually screened</p> <ul style="list-style-type: none"> ❑ Friends of the deceased ❑ Siblings of the deceased ❑ Students with a personal or family history of mental health problems ❑ Students with a past history of suicide attempt(s) ❑ Students who are currently in mental health or drug and alcohol abuse treatment ❑ Students who may be vulnerable due to concerns shared by parents and/or teachers ❑ Classmates /teammates /fellow club members of the deceased 	See p. 25
_____	_____	_____	<p>8. Postvention coordinator contacts the deceased's family</p> <ul style="list-style-type: none"> ❑ Conveys the school's condolences ❑ Asks parents/guardians about funeral arrangements ❑ Determines how parents/guardians would like the school to participate in the funeral ❑ Reassures parents/guardians that school will safeguard and return deceased's personal belongings ❑ Informs parents that the school is providing postvention activities for students and staff 	See pp. 31-32
			<p>9. Postvention coordinator and/or principal hold faculty meeting before school or as soon as</p>	

Date	Time	Initials	Responsibility	Page #
_____	_____	_____	<p>possible (see Attachment 7a)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expresses condolences to the staff <input type="checkbox"/> Acknowledges the efforts of the Postvention/Crisis/SAP team <input type="checkbox"/> Reviews the facts of the death as known and reminds faculty and staff to only share facts <input type="checkbox"/> Announces funeral arrangements if known <input type="checkbox"/> Makes sure that interested staff members may attend the funeral <input type="checkbox"/> Introduces all outside professionals <input type="checkbox"/> Gives an overview of the postvention activities <input type="checkbox"/> Advises teachers to send visibly distressed students to the guidance office or designated area with a hall monitor or escort <input type="checkbox"/> Encourages staff to monitor students, especially those that may be grieving (e.g., journal entries, comments written in margins, off-handed comments, etc.) <input type="checkbox"/> Describes the school’s policy on what to do with gifts/memorials that students leave for the deceased <input type="checkbox"/> Distributes the announcement that is to be read to the students <input type="checkbox"/> Encourages any staff member who needs assistance reading the announcement to contact the postvention coordinator <input type="checkbox"/> Reminds staff about self-care and the importance of seeking their own support if needed (e.g., EAP) <input type="checkbox"/> Announces follow-up meeting to be held ideally at the end of the school day 	See pp. 37-41
_____	_____	_____	<p>10. Postvention coordinator contacts the funeral home (no release of information is needed)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviews specific funeral arrangements and family’s wishes <input type="checkbox"/> Informs the funeral director that students might visit the funeral home 	See pp. 32-33
_____	_____	_____	<p>11. Superintendent approves letter to be sent to parents (see Attachment 8a and Attachment 8b)</p>	

Date	Time	Initials	Responsibility	Page #
			<ul style="list-style-type: none"> <input type="checkbox"/> Letter describing the tragedy and the postvention activities is distributed to students at the end of the day and/or sent to parents 	See p. 42
_____	_____	_____	<p>12. The schedule of the deceased is followed by a school mental health professional and/or postvention team member</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expresses condolences <input type="checkbox"/> Responds to students' questions about the death <input type="checkbox"/> Explains funeral arrangements and procedures if any are known <input type="checkbox"/> Discusses the subject of memorials <input type="checkbox"/> Explains that counselors are available to see students <input type="checkbox"/> Reviews various stress reactions and the necessity of exhibiting tolerance and understanding 	See pp. 43-46
_____	_____	_____	<p>13. A member of the postvention team and/or agency staff may conduct an educational support group</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asks how each student learned about the death <input type="checkbox"/> Explores each student's reaction to the death <input type="checkbox"/> Reviews aspects of grief <input type="checkbox"/> Discusses ways to deal with tragic loss <input type="checkbox"/> Encourages student discussion and questions <input type="checkbox"/> Distributes crisis resource and numbers, encouraging students to put these directly in their mobile devices <input type="checkbox"/> Urges students to self-refer or refer a friend if they are concerned <input type="checkbox"/> Emphasizes the need to contact an adult if students have concerns about suicide <input type="checkbox"/> Asks for and respond to students' questions 	See pp. 47-50
			<p>14. Postvention coordinator or mental health consultant coordinates individual screenings and keeps a confidential roster of all students referred and screened (Ideally all records are maintained in accordance with</p>	See pp. 51-53

Date	Time	Initials	Responsibility	Page #
_____	_____	_____	<p>pre-established letter of agreement between school district and agency/community providers prior to crisis response)</p> <ul style="list-style-type: none"> ❑ Contacts the parents/guardians of each student referred for screening ❑ Communicates to student that interview is voluntary and review confidentiality ❑ Makes appropriate referrals for in or out of school support ❑ Contacts therapists of students who are in treatment if releases are signed and on file ❑ Provides additional resources to students, as needed ❑ Immediate follow-up with students' parents/guardians, documenting recommendations ❑ Follow-up for all students screened by crisis team member 	
_____	_____	_____	<p>15. Postvention coordinator and/or principal facilitates follow-up faculty meeting at the end of the first day, if possible (see Attachment 7b)</p> <ul style="list-style-type: none"> ❑ Thanks faculty and staff and acknowledges their hard work ❑ Provides updates on any new developments of the death and/or funeral arrangements ❑ Reminds staff to refer all media inquiries to the district's designated media spokesperson ❑ If not already reviewed at morning faculty meeting, distribute and review the letter that goes home to parents ❑ Encourages faculty and staff to continue to monitor students ❑ Explains that students may have a resurgence of feelings after the funeral and in the weeks and months to come, as there is no timeframe for grieving ❑ Emphasizes that through natural supports, staff and students will get through this difficult time and that resources are 	<p>See p. 112</p>

Date	Time	Initials	Responsibility	Page #
			available for those needing additional support	
_____	_____	_____	16. Postvention coordinator holds a follow-up meeting for Postvention/Crisis team and building administration at the end of the first day <ul style="list-style-type: none"> ❑ Reviews all students who were seen (including those that were screened) ❑ Identifies plan for the following days, especially the day after the funeral 	See p. 56
_____	_____	_____	17. Postvention coordinator or principal holds optional parent meeting, typically a week or two after the funeral <ul style="list-style-type: none"> ❑ Reviews school's postvention activities ❑ Discusses typical child and adolescent responses to sudden death ❑ Identifies risk factors that may indicate a concern ❑ Reviews symptoms of depression and suicidal behavior ❑ Identifies national and local resources available in the community 	See pp. 62-63
_____	_____	_____	18. Postvention coordinator and/or principal holds meeting with Postvention/Crisis/SAP team and building administration (ideally within a week) <ul style="list-style-type: none"> ❑ Evaluates the postvention ❑ Plans for anniversary dates and special events ❑ Reviews student screenings ❑ Emphasizes that faculty and staff need to stay alert to upcoming events or lessons that may be reminders of the tragedy (e.g., fire safety week; bicycle safety week; literature about suicide, accidents or death) ❑ Makes recommendations for other interventions ❑ Emphasizes the need to for self-care (e.g., fluids, rest, exercise, etc.) 	See pp. 68-69

HOW TO USE THIS GUIDE

- Ideally, read and discuss this guide *before* a tragedy to understand the concepts, arrange for appropriate trainings for school personnel, and establish partnerships with emergency response services, outside agencies, and community resources.
- This guide provides a template for postvention activities following a tragedy involving a single or multiple deaths. Although the manual focuses on deaths of currently enrolled students, it may also be useful in responding to the deaths of school personnel. School personnel should still refer to their school district crisis plan in responding to the death of either a student or staff member.
- Unless otherwise stated, the recommendations in this guide are directed toward members of the postvention team, which for many school districts includes members of their district's crisis team. In Pennsylvania, Student Assistance Program (SAP) team members may also serve on their district's crisis and postvention teams. It is important that the coordinator of the postvention team has knowledge of suicide. This person may be a non-district mental health consultant.
- Attachments are included at the end of the manual to assist in postvention activities. Supplemental educational and resource materials that are found in the public domain and free to copy are also mentioned and hyperlinked in this manual to assist with referencing while reading.
- The guide is not prescriptive, nor does it cover a response to large-scale events such as natural disasters, acts of terrorism, or incidents with multiple casualties.
- The guidelines in this manual do not replace medical or legal advice. The recommendations are based on lessons learned from a significant number of responses, as well as evidenced-based or best practices.

THE RATIONALE: POSTVENTION AFTER A SUDDEN DEATH

Quantitative studies on postvention responses following a tragedy, small or large scale, are sparse. However, there is a large body of empirical research that describes who is at risk, the likely contributors, the role of contagion, and typical responses to sudden death (Nock et al., 2013; Maniglio, 2011; Hinduja & Patchin, 2010; Teasdale & Bradley-Engen, 2010; Kaminski & Fang, 2009; Kim & Leventhal, 2008; Bridge et al., 2006; Nock et al., 2006; Brent et al., 1993).

The unpredictability of traumatic events, the variety of interventions studied during postvention activities (e.g., school-based screening and therapy, adult education, referral to support groups), and the variety of tragedies being studied (e.g., natural disasters, community shootings, suicide on a school campus) all contribute to the dearth of research. Systematic reviews of postvention research are inconclusive, but all call for continued research and refinement of postvention activities, especially those related to suicide deaths (Andrueissen & Krysinska, 2012; Nadeem et al., 2011; Szumilas & Kuthcher, 2011; Cox et al., 2012; Berger & Gelkopf, 2009). Thus, it is prudent practice to offer support and intervention to those bereaved by a traumatic death, especially youth.

The four goals of most school postventions are to:

- 1) support those grieving the loss of a classmate, teacher, or colleague;
- 2) return the school to its normal routines as quickly as possible;
- 3) identify and refer those at risk for unhealthy behaviors and reactions; and
- 4) reduce the risk of contagion for those at risk for suicidal behavior, if the death was a suicide (Kerr, Brent, McKain, & McCommons, 2003; Kerr, 2010).

Postvention in schools is especially important because students usually develop close relationships with those in their building, given that schools are where students spend most of their waking hours. It is natural, therefore, for the school family to come together to support one another when a tragedy befalls one or more of its members. Onsite assistance and intervention also help to foster resiliency by providing students access to their natural supports—teachers, school counselors, nurse, coaches, and other school personnel.

No single model is adequate for every school or community, but there are certain basic guidelines in supporting schools through a tragedy. Two of the most important guidelines are to:

- 1) respect the unique needs of each school community, and
- 2) identify and support those most at risk.

The first guideline is to respect the unique needs of each school community and its members. Individuals react in different ways to sudden death and tragedy (refer to [Attachment 2: The Aftermath of Sudden Death](#)). What each individual needs will be determined by many factors, including but not limited to the nature of the exposure and who is at risk. Other factors may include

- Previous tragedies affecting the school and the school's response;
- Length of time that the individual who died was enrolled and his or her involvement in the school community;
- Information reported by the media and on social media about the death, as well as social media responses;
- Number of students who witnessed the tragedy or death and their degree of exposure;
- Number of students who may be at increased risk due to preexisting behavioral health concerns;
- Developmental considerations, including ages of the students affected;
- Cultural and religious preferences of the family;
- Enrollment and involvement of siblings and other family members in the district; and
- Timing of the event relative to the academic calendar (e.g., postvention response over spring break or summer).

The second guideline is to identify and support those most at risk. This is a special concern in the case of suicide. The next section will explain the rationale for preventing contagion and outline how to identify those most in need of support.

PREVENTING CONTAGION: POSTVENTION FOLLOWING SUICIDE

Suicide creates a unique postvention condition. Research on suicidal behavior among young people has shown that exposure to suicide can elicit suicidal behaviors in others (Askland et al., 2003; Ali et al., 2011; Borowski et al., 2001; Chen et al., 2012; Gould et al., 2003; Hawton et al., 2012; Insel and Gould, 2008; McMahon et al., 2013; Melhem et al., 2007; O'Connor et al., 2009; Robertson et al., 2012; Swanson & Colman, 2013; Yip et al., 2006; Brent et al., 1989; Davidson & Gould, 1986; Gould & Shaffer, 1986; Gould et al., 1987; Phillips, 1974; Phillips & Cartensen, 1986; Phillips & Paight 1987). This phenomenon is known as **contagion**. To assess risk for suicide, consider the concept of **exposure** and then the possibility of contagion.

Exposure to suicide is the knowledge that someone has died intentionally by some action (or by failing to take action, as in the case of intentionally abstaining from an essential medication). There are many ways to be exposed: witnessing the

incident, hearing about it, learning of it through the news media, texting, and social media sites such as Twitter, Facebook, Instagram, etc.

Contagion refers to an individual's level of suicidality occurring as a result of exposure to another person's suicide (Brent et al., 1993). Youth exposed to attempted suicide may also be at risk as compared to youth not exposed to attempted suicide (Hawton et al., 2013; Nock et al., 2013; Nock et al., 2006; Borowski et al. 2001 ; Hazell, 1993). In light of this finding, it is important to monitor friends of youth that have attempted suicide.

Postvention following a suicide seeks to stop or reduce contagion in exposed youth, as well as the incidence of depression and post-traumatic stress disorder (PTSD) among friends of the suicide victim (Gould et al., 2003). Contagion may result in suicide clusters. Suicide clusters account for approximately 1 to 13% of suicide deaths among teens and young adults (Gould et al., 1990). Clusters are characterized by an increase in suicidal behaviors or suicides that occur within a geographical area and within a short period of time. This definition of cluster does not include suicide pacts, which involve a direct relationship between the two victims (Zenere, 2009). The Centers for Disease Control (CDC) initially called for a community response in the aftermath of suicide to prevent further suicidal behavior and deaths in the 1980s (O'Carroll et al., 1988). In 2012, the U.S. Surgeon General and The National Action Alliance for Suicide Prevention (a national consortium of public and private sector leaders dedicated to suicide prevention) released the [National Strategy for Suicide Prevention](#) with goals and objectives in which everyone plays a role in preventing suicide.

It is widely accepted that social networking sites have become a dominant vehicle for socializing and communicating between young people (Mitchell & Ybarra, 2009). Research on the connection between the internet and suicidal behavior has largely focused on the effect of internet use on individuals who are searching websites and chat rooms about suicide (Alao et al., 2006; Biddle et al., 2008; Keles, McCrae, & Grealish, 2019; Mehlum, 2000). Online searches by suicidal people more commonly involve suicide-related topics and websites (Marchant et al., 2017). The role of the internet as a vehicle for contagion is still under preliminary investigation. Following multiple suicides in their communities, a few retrospective studies have documented the communications of youth on memorial pages and social networking sites and reported on the challenges of monitoring, assessing, and managing such activity as part of a community postvention response (Hacker et al., 2008; Robertson et al., 2012). Some studies have found that close friends of suicide victims are not more likely than non-bereaved youth to engage in suicidal behavior, despite having more risk factors for suicide (Brent et al., 1996; Wong et al., 2005). It is important to remember that friends of youth who have attempted or died by suicide have many more risk factors for

suicidal behavior than the average student (Brent et al., 1993). Qualitative interviews with such bereaved individuals indicate that they never understood the impact of suicide on the family, and having witnessed it firsthand, would now not engage in suicidal behavior. However, other studies show that exposure to suicide increases the risk of suicide, regardless of relationship (Swanson & Coleman, 2013). Those teens identified as close friends are understandably distressed by such a traumatic loss and in need of support. They are at risk for developing a Major Depressive Disorder (29%) or Post-Traumatic Stress Disorder (5%) within six months (Brent et al., 1993). Risk factors for the development of depression in those who knew the suicide victims include

- Previous depression;
- Being a close friend of the victim;
- Having a conversation with the victim within 24 hours of the death; and
- Being aware of the victim's plan before the suicide.

Symptoms of Post-Traumatic Stress Disorder (PTSD) may emerge when an individual witnesses the death, discovers the body, or sees the scene of death (Brent et al., 1996). The peak incidence of depression and PTSD among students exposed to a parent or peer death is often right before or after the actual exposure to the loss (Brent, et al., 2009; Brent et al., 1996). This suggests that youth with prolonged grief reactions often experienced a history of depression prior to their loss. In addition, bereaved individuals are at risk for prolonged or complicated grief, which involves intrusive thoughts about the deceased, guilt, feelings of worthlessness, anger, and bitterness. It is distinct from depression, although often individuals have both (Melhem et al., 2007, 2011). Because the peak incidence of onset of depression, PTSD, and complicated grief is shortly after the death, screening for these more extreme responses to bereavement should take place shortly after the death, with follow-up to determine if symptoms are resolving or the problem will be more persistent.

Fortunately, most youth exposed to a suicide will not become suicidal. However, there is a small, vulnerable group of teens more at risk. Research has allowed us to be more precise in our identification of teens who fit into the category of at-risk youth (Borowsky et al., 2013; Maniglio, 2011; Hinduja & Patchin, 2010; Teasdale & Bradley-Engen, 2010; Kaminski & Fang, 2009 ; Kim & Leventhal, 2008 ; Nock et al., 2013; Bridge et al., 2006; Nock et al., 2006; Brent et al. 1993). Students at increased risk for suicide would include, but not be limited to those with

- A personal or family history of mental health problems, most notably depression, anxiety disorder, PTSD, and substance abuse;
- A history of suicide attempts;
- A family history of suicide or suicidal behavior;

(**Note:** a previous loss by a student may affect his or her response to a student death and should be considered in the assessment of the student's risk and need for services. For tips in [supporting youth following a parent suicide](#), refer to the Child Mind Institute.)

- Current or previous mental health or drug and alcohol treatment;
- Lack of family and peer support for gender identity and/or sexual orientation;
- Involvement in bullying behavior (including cyber bullying) as target, aggressor, both, and/or witness;
- Non-suicidal self-injurious behavior; and
- History of physical, sexual and/or emotional abuse.

Other identified students of concern may include those who come to the attention of adults for the first time, who self-referred in the wake of the tragedy or when referred by their peers. These students may or may not already be involved in treatment.

Note: Students often confide their private thoughts and feelings to their friends, so it is important to pay attention to peer referrals.

Depressed youth with thoughts of deliberate self-harm were significantly more likely to seek help from friends than parents, while depressed youth without thoughts of self-harm were more likely to seek help from parents than friends (Goodwin et al., 2013).

It is important when responding to a suicide that schools provide a message that is adheres to national guidelines. However, due to widespread internet access and the prevalence of social media usage, schools are no longer the initial disseminators of information regarding a student death. Suggestions for responding to media coverage and addressing rumors are addressed later in this guide.

National organizations such as the Substance Abuse and Mental Health Services Association (SAMHSA), National Institute on Mental Health (NIMH) and Suicide Prevention Resource Center (SPRC) have compiled several resources on messaging, reporting, and memorials covering suicide:

[Safe and Effective Messaging for Suicide Prevention](#)
[Recommendations for Reporting on Suicide](#)
[At a Glance: Safe Reporting on Suicide](#)

POSTVENTION: ONLINE EFFORTS

The National Suicide Prevention Lifeline recommends in their [Lifeline Online Postvention Manual](#) that postvention activities that are done “off line” (e.g., within the school setting) should also include online efforts as part of the postvention response. Teens and young adults are among the most frequent internet and social media users (Pew Research Center, 2015). In addition, the deceased’s online social media profile may become a source of connection for peers, friends, and family to discuss the suicide and/or memorialize. As such, it may serve as a means of exposing vulnerable youth to suicide and thus creating the conditions for possible contagion.

Research supports crisis and outreach efforts in the medium that youth are most likely to use via social media (e.g., apps, chat rooms, and profile pages) and their mobile device (e.g., texting) (Robertson et al., 2013; Whitehill et al., 2013; McCarty et al., 2010; Harris, et al., 2009; & Gould et al., 2004). Unfortunately, the same research also suggests that youth most at risk are more likely to engage in harmful online use (e.g., visiting pro-self-injuring sites). Also, depressed and suicidal youth have reported more frequent internet usage (Whitehill et al., 2013).

The Lifeline suggests that schools use social networking sites as part of their postvention online response to

- Distribute relevant information and resources to youth, families, and community members; and
- Monitor comments from those bereaved for warning signs and the need for intervention and support.

These postvention activities should extend to parents so they can be encouraged to actively monitor their teen’s social media use, as well as to the parents of the deceased so privacy settings can be bypassed to promote sharing resource materials and monitoring any distressing messages.

The Lifeline outlines a three-step implementation process:

1. Identify social media profiles (i.e., of the deceased, close friends, girl/boyfriend) by searching www.google.com;
2. Post a variety of resources including national crisis hotlines such as the National Suicide Prevention Lifeline: **1-800-273-TALK (8255)** and Crisis Text Line: **Text PA to 741-741**; and
3. For schools, send a letter to parents alerting them of the possible online activity of their teen and others, encouraging their supervision of such online activity and communicating with their teen about what is being posted.

For the full recommendations, sample letters, and sample postings, refer to the [Lifeline Online Postvention Manual](#).

In communications with youth and their parents, it is important to remind them that law enforcement also has access to online accounts. Knowing that even “private comments” may be downloaded might deter some students from making threatening, derogatory, or slanderous comments. While postings may share safe and hopeful messaging, they could also be downloaded as evidence in criminal investigations. It is critical that parents discuss and monitor their son/daughter’s internet and mobile device usage. The [Cyberbullying Research Center](#) provides tips for parents on talking with their teen about safe internet use.

POSTVENTION FOLLOWING HOMICIDE: GENERAL CONSIDERATIONS

Although it is important for a school to follow a similar postvention response regardless of the manner of death, there are additional considerations and conditions that may arise when the death is the result of a criminal act such as a shooting or vehicular homicide. A homicide may generate strong feelings of blame. With any loss, there may be a need to hold someone accountable. However, there are often complex circumstances and emotions following a death involving a criminal act.

Key actions for the postvention team to consider when the postvention involves violence:

- Consult with community mental health professionals that specialize in supporting survivors of a crime (e.g., [Pennsylvania Office for Victim Services](#) County Locator).
- Communicate and cooperate with law enforcement while balancing the needs of the school community, recognizing that there may be individual and community differences with regard to trust and perceptions of law enforcement and the legal process.
- Given possible legal investigations, consult with school district solicitor before proceeding with postvention activities, especially with regard to what information to share with students and what to do with information students may reveal.
- Address retaliation and revenge-seeking behavior that may surface and may require involvement with school police and/or law enforcement.
- Seek to create a “truce” on school grounds. It is important that all students and parties involved know that school is a safe place for all.
- Focus on individuals as “students who are impacted” and not “friends of shooter” or “friend of a drug dealer.” Emotions are often influenced by perception and the

language used to describe the death (e.g., defenseless victim vs. aggressive instigator, turf war vs. random shooting).

- Keep in mind that students from large urban areas with high crime rates may present with flat or detached reactions which mask a trauma history (Collins et al., 2010).
- Anticipate increased conflicts and tensions following a homicide due to the strong opinions that may be generated among those directly impacted (e.g., friends of the deceased, friends of the accused, and friends of both) and those who are commenting on “just another news event.”
- Consider underlying relationship dynamics (e.g., girlfriend of an alleged suspect who lives in the neighborhood of the deceased) that may raise safety concerns and require contacting law enforcement or other community partners (e.g., crisis response teams, faith-based coalitions) for additional support.
- Collaborate with community leaders (e.g., faith-based leaders, youth organizers) to coordinate additional outreach and support outside of school.
- Review and reiterate how students can increase their personal safety at school, home, and in between as there may be increased fear and concerns for physical safety among students.
- Keep in mind that a trial may bring back strong emotions in friends and family of both the deceased and accused. However, due to investigations and ongoing legal actions, there may be months (or longer) until a trial.
- Provide resources and follow-up for school-age siblings, family, and friends of both the deceased and accused/convicted.
- Remember that youth involved with the juvenile justice system are at an increased risk for suicidal behavior, as are youth with a trauma history.
- Keep in mind that as in the case of other traumatic deaths, witnesses to the incident, scene, or body are more vulnerable to PTSD.
- Emphasize how individuals are coping regardless of their relationship to the deceased or the accused, refer students for support as needed, and provide follow up.

POSTVENTION: AN OVERVIEW

Despite vigilant efforts to keep children and youth safe and healthy, tragic events happen. This manual will assist schools in preparing for and responding to a sudden death. If a death takes place at school, the school should first follow established district emergency procedures for notifying police, emergency medical personnel, and parents. Postvention activities do not replace emergency first responses, which are initiated to ensure the immediate safety and security of individuals at school.

Advanced planning can reduce the negative impact of a tragedy on youth and those who live and work with them. Therefore, it is recommended that school districts, working closely with their community resources, prepare for tragedies by developing policies and procedures that are trauma-informed and may be activated on very short notice. Each postvention plan should include:

- **School board policy** authorizing postvention activities. Refer to the Pennsylvania Department of Education’s [Act 71 page](#) for a sample [policy](#) and [procedures](#) to address suicide prevention, intervention, and postvention efforts. Several national organizations, including the American Foundation for Suicide Prevention and The Trevor Project, recently collaborated to develop an updated [model policy](#).
- **Interagency agreements** to ensure that resources will be available in the event of a tragedy (refer to [Attachment 3: Checklist for Schools Receiving Postvention Services from Agencies](#), for a checklist of pre-arranged agreements to consider before receiving agency assistance).
- **Communications plans:**
 - [Internal communications](#) plan for faculty, administration, district administrators, school board members, and postvention team members (e.g., on-call arrangements, phone/email/fax contact lists, phone tree) with updates at least annually.
 - [External communications](#) plan, including how to reach qualified professionals for consultation, how to respond to media requests, and how to keep parents and guardians informed, including how they can both obtain and provide information (e.g., through the district’s website, school notification system, tip line for parents).

- **Deployment plans for key personnel** by name and area of responsibility during the postvention period. These personnel may include
 - Postvention coordinator charged with overall management and evaluation of the postvention;
 - Postvention team;
 - School pupil services staff and/or Student Assistance Program (SAP) teams;
 - School resource officer, who provides law enforcement and police services to the school community acting as a communication link between police and school;
 - Community mental health professionals;
 - School-based juvenile probation officer;
 - Monitors and escorts for students;
 - Clerical support persons;
 - Security staff;
 - Group facilitators from organizations such as hospice and grief centers, if they have been part of the team;
 - Local youth suicide prevention task force members;
 - Central office contact persons (e.g., Director of Pupil Services, Assistant Superintendent).

- **Identified frameworks** for individual or school-wide crisis, such as the [SAFER-R Model](#) (Everly, 2001), the PREPaRE Model (Brock et al., 2009), or the Be CALM approach (Kerr & King, 2018).

- **Current evidenced-based and best practice supports and intervention resources** for parents, students, faculty, and staff. Many of the appendices and resources in this manual are in the public domain. Feel free to distribute and post these on district websites.

- **Information on the district website** about emergency management or other local resources in the event of a crisis or postvention.

- **Strategies for debriefing** (this refers to an informational session to review the postvention effort, not a psychological debriefing) the postvention team members, evaluating the postvention, and discussing how to prevent or respond to another such tragedy.

- **Space allocation** for various postvention activities, including meetings with individual and small groups of students, faculty, and the postvention team.

- **Refresher training** for district employees assigned to respond to tragedies. Include substitute teachers and ancillary staff, such as secretaries, who are frequently called upon to assist with communication and monitoring in a tragedy.
- **Ongoing recruitment and training** for new postvention team members.
- **Annual review** of postventions and revisions to the postvention plan.

[Attachment 1: Postvention Action Steps](#) outlines the general components and steps to take during the initial stages of postvention. The following sections build on these essential aspects of postvention.

POSTVENTION PLANNING AND PERSONNEL

Supporting a school-based postvention plan should be a board-authorized policy that describes:

- Articulation of board support for postvention procedures as outlined in the postvention plan (See [Attachment 2](#));
- Authorization for the use of non-school personnel in providing postvention, which may require a Memorandum of Agreement with those agencies (See [Attachment 3](#));
- Information-sharing practices among those providing postvention services, parents, staff, and students;
- Plans for addressing media communications, who will do this, what will be discussed, and by when;
- Funding approval (if any);
- Compensation for those providing services, or any other contractual issues that might arise during a postvention;
- Process for handling memorials;
- Reporting requirements (e.g., reports to the board members, reports to other agencies) and documentation.

It is important to identify essential personnel who carry out specific postvention duties. The following sections describe these roles and suggest how they might facilitate the postvention activities.

POSTVENTION COORDINATOR

Cooperation between educators and mental health professionals is necessary during a postvention. The school hosts the postvention, yet clinical issues may emerge that should be addressed by trained mental health professionals employed by the school district or by a community agency. When choosing a postvention coordinator, a district employee who works well with school staff as well as with mental health consultants should be an important criterion.

The postvention coordinator may be a school administrator, social worker, school counselor, prevention specialist, or school psychologist familiar with school services, community mental health agencies, and with other community resources. This person needs to be a calm and quick-thinking leader in a crisis who can organize simultaneous efforts to meet the needs of diverse populations. The postvention coordinator should

receive annual refresher training to understand the behaviors of depressed and suicidal youth, violent youth, and to identify students who may be at risk. In the event of a tragedy, the postvention coordinator is responsible for ensuring that the following tasks are completed:

- Convene the district's postvention team, composed of school support staff (e.g., school counselors, social workers, school psychologists, Student Assistance Program (SAP) team members).
- Arrange for mental health professionals to provide on-site support and/or consultation.
- Contact the coroner to verify the death.
- Locate and put into safekeeping the personal belongings of the victim (e.g., any photographs of the person, locker and desk contents, completed papers and projects, artwork, team jersey, books).
- Remove the victim's name from individual class rosters, school mailing lists, and automated attendance call lists. If the victim was a high school student, the coordinator or counselor may also wish to reach college or military recruiters who may inadvertently contact the victim's family.
- Compile a confidential list of at-risk students including, but not limited to, the following:
 - Students with a history of mental health problems, suicide attempts, or substance abuse problems, and students who are currently in treatment;
 - Students who are not in treatment but have been a concern for parents or teachers (e.g., those who are already referred to the Student Assistance Program, those involved with juvenile probation and child protective services, those who have a trauma history, those who are involved in bullying behavior, etc.);
 - Siblings and other relatives of the deceased who are in the district;
 - Boy/girlfriend and close friends of the deceased (self-identified or identified by others);
 - Students who have experienced a recent loss or the anniversary of a loss (e.g., grandmother died last month, parents recently divorced, it is the same month as when a student's brother died six years ago);
 - Students who identify themselves as needing support;
 - Students who have gone to the funeral home or cemetery for visitation and/or attended funeral services;
 - Members of organizations or teams in which the deceased participated; and

- Any other specific groups of students and/or staff on whom the death might have a direct or indirect impact (e.g., children for whom the victim provided childcare, neighbors, students who shared a school bus).

The responsibilities of the postvention coordinator include arranging for communication with the following:

- Family of the victim (**Note:** it is recommended that one key school spokesperson be identified to communicate with the family);
- Funeral home;
- Other schools where the death may have an impact;
- School staff, including faculty, secretarial, custodial, food service, etc.;
- Community mental health agencies about possible referrals;
- Students and parents, about the tragedy and available services and supports;
- Media (**Note:** decide proactively who will respond to inquiries from the media, such as the district's media spokesperson);
- Crisis/postvention team, to evaluate and discuss postvention efforts (**Note:** this should occur daily and at the end of the postvention).

A tragic death affects the entire equilibrium in a school and may continue to impact at certain milestones. Therefore, the postvention coordinator needs to plan for the anniversary dates, holidays, birthdays and other special events such as graduation. Plans may include check-ins with vulnerable youth, alerts to staff, and additional service providers placed on standby to assist during these times.

The next section outlines the duties of a mental health consultant. This person most often comes from an agency that specializes in crisis response and/or mental health services. It is not recommended that the postvention coordinator and mental health consultant be the same person. [Attachment 3](#) provides a list of duties and expectations for schools to review when receiving postvention services from an outside provider.

MENTAL HEALTH CONSULTANT

Mental health postvention specialists can help assess the scope of the tragedy and anticipate what may occur. Soon after confirming the death, the postvention coordinator should consult with a mental health professional in order to think through the first stages of the response. Best practice suggests that having another perspective on the tragedy is useful. The mental health consultant might work with the school's postvention coordinator and postvention team to:

- Inform district employees of the postvention services and community resources available for students.
- Review procedures for conducting classroom or small group presentations on responses to sudden loss.
- Familiarize staff with the developmental tasks associated with recovery from loss and the dynamic nature of trauma and loss, including both immediate reactions as well as reactions over the weeks and months to follow.

The mental health consultant may also work with the postvention coordinator and team to:

- Screen students and provide appropriate referrals when warranted. It is important to obtain the appropriate consents for such screenings as outlined in the district's policies. In 2014, The Trevor Project, in conjunction with SAMHSA, compiled a webinar and model of a sample suicide prevention policy for school districts. This information can be found on their [Model School Policy](#) page.
- Co-lead support/education groups and meetings for students (i.e., students who self-identify or those who are referred by school personnel).
- As mentioned, it is important to have letters of agreement established between agencies and school districts before a tragedy occurs to outline duties and responsibilities.
- Assist school staff in conducting parent meetings.
- Provide consultation on memorials.
- Assist with postvention management through consultation to school mental health professionals and the postvention team.
- Assist school personnel in their communications with the family of the victim.
- Provide support services or referrals to the family members of the victim.
- Coordinate postvention activities with feeder schools, other schools within the district, or adjacent school systems that may be affected by the tragedy.
- Assist the postvention team in evaluating their efforts in order to modify the postvention policy and procedures as needed (e.g., identify new community resources).

Many of the activities described above are outlined further in the attachments at the end of this manual.

CONTACTING LEADERS OF FAITH-BASED ORGANIZATIONS

Contact with leaders of faith-based organizations is often helpful, especially if they are providing support to students outside of school. These leaders, including heads of youth groups, often act as natural supports for students and can be an integral part of school and community resources. If there is a need to communicate with spiritual or religious leaders (e.g., questions and/or concerns about student participation in the funeral service), then the postvention coordinator can initiate contact. It is important to check your district's policy on confidentiality before revealing specific details about the death or about any individual student.

At times, faith-based leaders will contact the school in an attempt to get a better understanding as to how students are responding, what issues to address or avoid in their eulogy, worship services, and youth activities. Again, safeguard confidentiality while providing general information and suggestions about how the community and school can work together.

In the case of a suicide, a member of the postvention team may forward the Suicide Prevention Resource Center (SPRC) guide, [After a Suicide: Guidelines for Religious Services and Other Public Memorials](#) or the National Action Alliance for Suicide Prevention's guide, [Suicide Prevention Competencies for Faith Leaders](#).

POSTVENTION IN OTHER SCHOOLS

As mentioned, contagion may make a significant contribution to suicidal behavior. Postvention activities may extend beyond a classroom, grade, or school building. The tragedy may affect students and adults in other settings. For instance, feeder schools where the deceased had friends or relatives, or adjacent school districts, may have students who are also affected by the death.

The postvention coordinator may need to contact these schools or other sites (e.g., recreation centers, church youth groups, traveling soccer teams, etc.). Planning a comprehensive postvention program may involve cooperation between various schools within a district, between districts, and between schools and other community groups. All those involved should be encouraged to monitor students that may be at risk and share information, especially issues of concern that may be circulating via social media. Should the impact of the suicide extend beyond the school district or local community, the mental health consultant may assist with efforts to engage additional mental health resources in neighboring communities. The mental health consultant may need to explain the school's postvention efforts thus far and discuss steps to minimize the effects of contagion.

POSTVENTION ACTION STEPS

The Postvention Action Steps (See [Attachment 1](#)) outlines the activities that are typically involved in the postvention process following a tragic loss. However, every tragedy has its own timetable. For that reason, a step-by-step sequence in which activities should take place is not provided. Instead, the elements of postvention are included for review and consideration. The first element will address the verification of the death.

VERIFYING THE DEATH

At least one school employee, often an administrator and/or postvention coordinator, may be designated to carry a district cell phone so that news of a tragedy can reach the postvention team during nights and weekends. This coverage may include summer vacation and holidays. Thus, staff may take turns carrying the cell phone. The number is given to the local police, superintendent, or others in the community who might learn of a tragedy.

Upon hearing of a death, the postvention coordinator or senior school official contacts the coroner's office or office of the medical examiner to obtain accurate information about the deceased student's death (refer to [Attachment 4: Coroner or Law Enforcement Officer's Report](#)). If the coroner cannot be reached, contact the law enforcement agency in the jurisdiction where the death occurred. The primary purpose of talking to the coroner or law enforcement agency is to verify that the death of an enrolled student has occurred and the nature of the circumstances.

Problems have arisen when school officials assumed that the victim was a student at their school, only to learn that the victim was misidentified. The exchange of communication is facilitated when school officials, the police and coroner have introductions *prior* to a tragedy. In addition to reviewing their emergency operations plans with law enforcement officials, school officials should include their postvention plans as part of an annual comprehensive review of school safety planning and protocols with law enforcement officials.

The police and/or coroner can provide information about

- Manner and/or cause of death
- Where the death occurred
- Circumstances surrounding the death

- Witnesses to the death
- Indications of drug and/or alcohol use
- Any other relevant investigations or findings

The coroner is the only official who can legally rule a death a suicide, unless there is a criminal investigator. In general, because each situation is different, consider the following:

- Until the coroner makes a ruling, the death should be referred to as a **tragic loss** or **sudden death**. The postvention team can still address the rumors of suicide or individual student reactions by providing accurate information on suicide, without referencing details of the student who died. (See [After a Suicide: Toolkit for Schools, 2nd Edition](#), p. 14, for a sample of optional phrasing.)
- A death should never be referred to as a suicide unless the coroner has ruled the death a suicide. Once the coroner has ruled the death as a suicide, the school can specifically refer to the death as a suicide. However, it is recommended that the school first contact the family before disclosing the cause of death to the school community.
- If a postvention team has confirmed that a suicide has taken place, the team should take the precautions outlined earlier in this manual in the section, "Preventing Contagion: Postvention Following Suicide." In an effort to minimize the risk of contagion, it is recommended that the school proceed with disclosing the cause of death to the school community, regardless of the family's wishes for privacy. However, ideally the school would communicate with the family about how disclosing the cause of death can help educate staff and students to be vigilant to possible imitative suicidal behavior, therefore supporting the school's efforts to prevent another suicide.

Some additional points for the postvention team to consider when deciding how to refer to the loss in their communications with staff, students, parents and community include the following:

- Communication should be factual. Always consider the privacy of the family while also providing accurate information to dispel rumors.
- Labeling all deaths as a **tragic loss** or **sudden death** without revealing the manner of death—accidental, homicide, natural, suicide, undeclared—has some pros and cons:
 - Not revealing the manner may respect the privacy of the family, yet the manner of death is public record and information is easily accessed electronically by adults and students alike.

- The coroner's ruling may conflict with what others believe happened as they form their own "loss story."
- Regardless of the cause of death, the emphasis should not be placed on the details of the death but rather on how the bereaved are coping.
- When devising communications, remember that this is an opportunity, born out of tragedy, to educate youth and families on suicide prevention, including reducing risk factors and strengthening protective factors. Refer to the section, "Upstream Suicide Prevention Approaches," later in this manual.
- Ultimately, acknowledging the death as a suicide, per the coroner's ruling, lets the students know that you are telling them the truth and assists in addressing the unfortunate and potentially harmful myths and stigma often associated with suicide.

CONTACTING THE VICTIM'S FAMILY

As soon as practical, the school principal/administrator should directly contact the parents of the deceased student or staff member's family to offer condolences on behalf of the themselves and the school district. In some cases, the family of the victim is the first to notify the school. The initial conversation should be brief. Let the parents know that someone from the school will follow up with them to confirm the funeral arrangements. Mention to the parents the postvention efforts at the school and gather any concerns or requests. Again, offer condolences. If the death occurred on school grounds or during a school-sponsored event, the school official should first contact the district's legal counsel before reaching out to the family.

If possible, the school official should offer to visit the home for the follow-up conversations regarding funeral arrangements and needed supports/resources. It is recommended that the school official go with another staff person known to the family. Both should be supportive and sympathetic in dealing with the deceased student's parents. Special sensitivity is required when the death is a suicide, the result of alcohol or other drug abuse, violence, or reckless behavior. Often, there is a stigma attached to such deaths. Parents need reassurance that the school is not passing judgment on them, especially in the case of a suicide. The victim's family can play a pivotal role in supporting the postvention efforts.

During their communication with the family, the school official should

- Convey the school's condolences.
- Reassure the parents that the school will safeguard and return the victim's personal belongings when the family is ready to receive them. These

include items in the student's locker and desk, papers and projects, school records, and any photographs of the student.

- Obtain information about funeral arrangements.
- Determine how the parents would like the school community to participate in the funeral arrangements (e.g., if services are private, if classmates invited). Schools may have to consider whether they can accommodate the family's wishes (e.g., the school providing transportation to the service, use of school facilities for funeral activities). Guidelines about memorials are address in a later section of the manual.
- Inform the parents that the school is providing mental health support (e.g., counselors) to help students and staff with their grief.
- Explain postvention—the goal is to minimize the risk of contagion and to help students grieve and manage their reactions.

FUNERAL PLANS

After speaking with the parents of the deceased, the postvention coordinator should contact the funeral home and discuss the following with the funeral director (refer to [Attachment 5: Funeral Home Information](#)):

- Specific funeral arrangements (e.g., visitation hours, dates, times, interment, route of the funeral procession to avoid the school if possible, etc.).
- Potential for large numbers of students that might visit the funeral home.
- Resources and supports available for students and the victim's family members.
- A school contact, should there be any questions or concerns. In the case of a suicide, offer to forward the Suicide Prevention Resource Center's [Supporting Survivors of Suicide Loss: A Guide for Funeral Directors, 2nd Edition](#).

At least two members of the postvention team should be available to students at the funeral service. All other faculty and staff members should make their own decisions about attending the funeral. Those who attend the funeral service may provide helpful feedback about the response of the students to share with the postvention team. Accommodations (e.g., class coverage or release time) for faculty and staff wishing to attend the funeral service may also need to be addressed. It is important for districts to have a plan in place that addresses the needs of grieving faculty and staff. This may include the use of substitute teachers, who should have crisis/postvention training.

Additional recommendations:

- As discussed earlier, it is important that students also be given the choice to attend funeral activities and that they have been educated on what to expect at the funeral home (e.g., whether there will be an open casket, how to offer condolences to the family).
- If students attend the service, a parent should drive and attend with them (regardless of their age), and students should not return to school the same day as the service but remain with their natural supports, which should include a caring adult.
- For students who choose not to attend, it is important that they are offered other ways to pay their respects in and out of school (e.g., a card, online guest book comment, saying a prayer, watching a sunrise or sunset, and/or making a donation).

PLANNING THE SCHOOL ENVIRONMENT

SPACE

The postvention coordinator should make plans to accommodate the mental health professionals and support staff who are providing postvention services. The space selected must provide privacy for individual screenings and small group discussions. It is helpful to choose rooms that are close to one another and that have access to telephones and/or cell phone reception.

It is also helpful to decide in advance how space will be used for other postvention activities. A floor plan should be included in each school's postvention plan. This space plan should also include arrangements for postvention team members to park their cars on school property.

ESCORTS

In a postvention, students need to be seen for individual screenings in an organized and expedient manner. An office escort (e.g., a school secretary, paraprofessional, security aide, or postvention team member) can keep a confidential list of students, look up schedules, and call students to the office. Coordinating the movement of students will minimize disruptions, deter students from congregating in large groups, and save valuable time for the counselors and students.

Although the role of the office escort is largely managerial, it is best to designate someone who is sensitive to the students and faculty. This individual will need to be aware of his/her role before a crisis occurs. Clerical and ancillary staff who will be answering phones, receiving visitors, or escorting students should receive postvention training.

SECURITY

It is important that security staff participate in suicide prevention and postvention training and be included in any staff meetings held during a postvention. Building security staff can be helpful in addressing issues that may arise. Security staff might address the following:

- Accompany distressed students to the designated area for proper support. The postvention team can decide whether students should attend their

regularly scheduled classes or go home to a parent or other adult caregiver provided proper permission is obtained. Escorts, hall monitors, and security may need to work together to monitor students.

- Monitor students congregating in large groups. Security staff can empathize with students but set limits on their spontaneous gathering. Security should inform the postvention team of any such spontaneous gatherings, so they may be addressed.
- Approach representatives from the media and refer them to the school's media representative. If necessary, escort them to an appropriate waiting area.
- Intervene with media representatives who attempt to interview students or teachers on the school grounds without permission.

In the absence of security, teachers or other adults in the building may be asked to monitor hallways, stairwells, bathrooms, locker rooms, entrances/exits, and other areas where students may congregate or attempt to leave.

SAFEGUARDING THE DECEASED'S BELONGINGS

As soon as the school learns of a death, an administrator should arrange for the safekeeping and subsequent return of the deceased's personal belongings to the family. Consider the following steps:

- Gather any articles promptly to prevent personal effects from being removed or becoming a memorial site for grieving peers.
- Place the belongings in a safe place and in a suitably respectful container (never a plastic trash bag).
- Request faculty members to collect personal items of the victim (e.g., papers, artwork, flash drive, awards, trophies, photographs, clothes, projects, newspaper articles, videotapes, poems) to present to the family.
- Set aside the student's textbooks in the event that the school chooses to give them to the family.

In the event of a faculty or staff death, it is important to collect the items from the person's workplace. If time allows, the school may invite the family to assist in this.

REARRANGING THE CLASSROOM OF THE DECEASED STUDENT

The postvention coordinator, principal, and others close to the students will make a judgment about involving students in planning how to handle the deceased student's desk. In some circumstances, schools may choose to seek student input about the

location of the desk of a deceased classmate and the rearrangement of the desks in the classroom. It is important to consider the following:

- Allowing the desk to remain in its usual place for a long period can be an unnecessary stressor and could lead to problem behaviors (such as writing comments on the desk or turning it into a shrine to the deceased).
- Removing the desk suddenly or without any discussion/explanation with classmates can also be disturbing and disruptive.
- When discussing the deceased student's seat, locker, or other assigned items, it is important to gently remind students that these items did not belong to the deceased and they are not the deceased; they were only being issued for a school year and are actual school property.
- Explain that the intention is not to be insensitive to the deceased student, but to shift memories of the deceased away from objects and spaces that students encounter daily. It is important for the classroom to remain a place of education rather than becoming a memorial site.
- Suggest to students that there are other ways to honor and remember their friend/classmate outside of school or within themselves (e.g., prayer, positive thoughts, memories).

Whether adults take on the responsibility of rearranging the room alone or share it with students, the aim is to return the classroom to a normal learning environment, while minimizing additional stress and re-exposure to students close to the tragedy.

INFORMING SCHOOL FACULTY AND STAFF

INITIAL POSTVENTION TEAM MEETING

Prior to meeting with the faculty and staff, the postvention team must meet to plan the response. Ideally, there is already a plan in place to follow. Many of the internal communications cited at the beginning of this guide will have already occurred via emergency alerts, emails, and phone calls. As soon as possible upon hearing of the tragedy, the postvention team should convene a time to meet face-to-face prior to the first day back to school. [Attachment 6: Sample Initial Postvention Team Meeting Agenda and Timeline](#) offers an example of a postvention team's initial meeting following news of an automobile accident involving high school students on a Friday night. There are times when the postvention team is alerted the night before school and may be convening a meeting an hour or so before the start of school. There are also occasions when the postvention team may convene during the school day on the same day a tragedy occurs. In this case, the team may distribute an email alert or announcement to extend an existing class period, allowing the postvention team to convene before proceeding with the postvention activities.

MEETING WITH FACULTY AND STAFF

An emergency meeting of all school faculty and staff should take place as soon as possible after the school learns of a sudden death. Use the existing notification system to inform staff of the tragedy and details about the meeting. The Postvention Coordinator or administrator should consider whether the victim had a close relationship with any particular adults at school. If so, it is better to notify those individuals in person or contact a friend or family member who can share the information directly and sensitively with them. This is especially important in the event of a staff or faculty death. If the school does not have a notification system, a mechanism for informing staff should be developed as part of the school's postvention or crisis plan (e.g., emergency alerts). If the death occurs during the school day, the postvention team may need to develop an alternate means of notification (e.g., crisis team members go classroom-by-classroom to inform staff; announcement for staff to check emails for a notification. Note that the intent of the announcement is **not** to announce the tragedy but to calmly direct staff to promptly check their email.)

As noted earlier in the section "Verifying the Death," the postvention team, often in consultation with a mental health professional, should consider the following when determining how to communicate the death to faculty and staff:

- Board policy on such communications
- Past communications regarding other student or staff losses
- The coroner's ruling
- The risk of contagion
- The family's wishes with regard to funeral arrangements

It is important that the postvention team is clear with the faculty on how to refer to the death in their interactions with students, as well as the rationale for the selected terminology.

The postvention coordinator should develop, in advance, an agenda for the first meeting with the staff so that items are not overlooked. An example of such an agenda can be found in [Attachment 7a: Sample Agenda for Initial Faculty Meeting](#).

Key areas to cover on the agenda are

- Introductions and basic information
- Overview of postvention services
- Faculty and staff responsibilities with announcements
- Important reminders during the postvention
- Parent communications
- Funeral attendance
- Closing the meeting

Introductions and Basic Information

- Give the name and grade of the deceased and details of the death.
- Express condolences to the staff and recognize their feelings. A teacher might be a close colleague or relative of the deceased, a friend of the deceased's family, or be involved with the deceased through school or community activities. The tragedy may also evoke memories of a past loss.
- The postvention team may also anticipate that faculty members and staff may need assistance due to unrelated losses or hardships and offer individual support. Some districts provide Employee Assistance Program (EAP) services for staff and faculty.
- Introduce anyone from outside of the school who is assisting in the postvention.
- Share any postvention plans involving feeder schools and adjacent school districts.

Overview of Postvention Services

Give an overview of the postvention services:

- Plans for contacting the victim's family
- Funeral arrangements
- How the school will inform and assist other students
- The availability of counselors to talk with students individually and in groups
- Signs to look for in students who may be at risk
- Procedures for referring students for individual screening and assistance
- Parent letter (refer to [Attachment 8a](#) and [Attachment 8b](#) for sample letters for high/middle school and elementary age students)

Faculty and Staff Responsibilities with Announcements

- Explain the faculty's responsibility to announce the death during their homeroom.
 - If the tragedy occurred during the school day, the school may choose to have students return to a special homeroom session for this announcement or make other arrangements to reach faculty, such as having postvention team members and trained postvention staff go room by room and announce the death to students.
 - Any faculty member that does not feel comfortable announcing the death in the classroom or answering students' questions should inform the principal or a member of the postvention team who can inform administration. A postvention team member then can step in to make the announcement or otherwise support the faculty member (refer to [Attachment 2: Aftermath of Sudden Death](#), [Attachment 9: Guidelines for Talking with Students in the Aftermath of a Sudden Death](#), and [Attachment 10: Common Questions about Sudden Death – What to Expect](#)). In the event of a suicide, in addition to the handouts just listed, see the [Youth Fact Sheet](#) from American Association of Suicidology, and [When A Friend Dies By Suicide](#) from the Society for the Prevention of Teen Suicide.
- Distribute the announcement. The announcement should be typed in advance so that each teacher is giving the same information (refer to [Attachment 11: Sample Announcement of a Death](#) for an example and [After a Suicide: Toolkit for Schools, 2nd Edition](#) pg. 14, for a sample of optional phrasing).
- Ideally, a member of the postvention team will have already met with the deceased's teachers before the start of school to check in regarding relationship dynamics within the classroom as well as the physical set-up

of the room. It will also allow each teacher an opportunity to share his or her own reactions before being in front of students.

Important Reminders during a Postvention

- Emphasize confidentiality. Remind school staff that much of the information shared during a postvention is confidential. Alert staff that community members will undoubtedly question them for details of the tragedy. Review school district guidelines about sharing confidential student (or faculty) information.
- Dispel any rumors and remind teachers not to respond to, or engage in, unsubstantiated conversations with students, parents or community members. A brief response might be as follows:

“I am not aware of such details. What I do know is we are doing everything to support students with their reactions and coping. Are you concerned about yourself or someone else?”

- Remind students of responsible social media usage and any commenting they may make online.
- Refer any media on school grounds to the district spokesperson.

Parent Communications

Inform staff that a letter will be developed to inform parents of the death and about support services in the school, as well as other resources including crisis response services within the community, if needed. School districts may choose to send the letter electronically, send a copy home with students, mail the letter home, and/or post the letter on the district website (refer to [Attachment 8a](#) and [Attachment 8b](#)).

Funeral Attendance

Inform staff of the following:

- Funeral arrangements will be provided to staff once confirmed.
- Review policies and procedures for staff to attend the funeral, should they choose.
- Depending upon particular religious and/or cultural traditions and rituals, timeframes may be very limited. For example, some faiths have services within a day or two of the death. Communicating this information to parents may take place via phone with a written follow-up or email.

- Providing information about the death is essential, but it is also important to communicate clearly that the parents' support of their grieving children is vitally important. With this in mind, parents will decide whether their child will attend the funeral/memorial services, as well as whether they will accompany them.
- No student will be permitted to leave the school without parental permission. Students will be excused to attend funeral services during school hours after a note from the parent or guardian is received.
- If the funeral happens during school hours, it is not recommended that students return to school but rather remain at home under adult supervision and care. It can potentially be very disruptive to have emotionally distraught students returning to school and interacting with students who did not go to the funeral.

Closing the Faculty Meeting

- Refer to [Attachment 12a: Common Symptoms after a Critical Incident](#) for stress reactions students and adults may experience and [Attachment 12b: What You Can Do for Yourself](#) for common ways to address reactions.
- Allow as much time as possible for faculty to review the information shared in this meeting. Address any questions or concerns as completely as possible and acknowledge the difficult task the staff members are facing.
- Announce follow-up meetings, such as an end-of-day update meeting. Intermittent staff meetings may occur depending upon the need to share new information or get feedback from the faculty.
- Encourage staff to share questions or concerns with the postvention coordinator regarding the general climate of the school, the postvention activities, and how these may impact scheduled school-based activities.
- Thank the faculty and staff for their cooperation and patience with the changes to their normal routines.

[Attachment 7b: Sample Agenda for Follow-Up Faculty Meeting](#), provides an outline for the faculty and staff meeting for the end-of-day postvention activities.

ANNOUNCING THE DEATH TO STUDENTS

Students and their parents need accurate information about the tragedy and about services that the school will provide. It is important that each student hear the same information about the death, so the following guidelines are recommended:

- A letter should be mailed and/or e-mailed to parents about the tragedy, describing the postvention services available.
- A letter may also be given to students to take home at the end of the day to share with their parents (see [Attachment 8a](#) and [Attachment 8b](#) for samples).

Note: The details in the parent letter need to match the information given to students.

The following approaches are **not** recommended:

- The announcement of a death should not be broadcast over an in-school announcement system or printed solely in a school bulletin.
- The announcement should not be shared in a large group assembly.

These approaches do not allow the school faculty to assess the reactions of students and provide them with individualized support.

FOLLOWING THE SCHEDULE OF THE DECEASED

STUDENT DEATH

A school counselor or other member of the school's postvention team may follow the deceased student or staff member's schedule in order to:

- Provide support to teachers and classmates,
- Give everyone a chance to express their feelings, and
- Answer sensitive questions.

The postvention team member may spend a few moments checking in with students at the beginning of class, making sure everyone is aware of the death and reviewing their reactions and ways of coping. In some cases, students are returning from another school and/or appointment and have not heard of the death. Provide an opportunity for these students to process the news outside of class, as needed.

FACULTY/STAFF MEMBER DEATH

If the deceased is a faculty member, the postvention coordinator and principal should decide how to modify the schedule to support students. For example, a familiar teacher may cover the deceased's schedule. This approach is better than having an unfamiliar adult in the deceased's classroom. It also underscores the importance of including substitute teachers in postvention training.

Refer to [Appendix 1](#) at the end of the manual for additional background information on trauma, loss, and grief.

GUIDELINES FOR CLASSROOM ANNOUNCEMENT

The purpose of the classroom announcement is to provide information and offer additional supports to those students in need. As research notes, not all individuals within the school community will be equally impacted by the tragic loss or demonstrate an interest in or need for intervention (McNally et al., 2003). Unwarranted intervention may inadvertently cause harm by increasing crisis exposure, thwarting independent problem-solving, and creating a self-fulfilling prophecy (Berkowitz, 2003; Everly, 1999; National Association of School Psychologists [NASP], 2011).

General Classroom Announcement

The general classroom announcement should be brief and factual. A prepared, written statement should be read aloud to students. This may lead to a brief classroom discussion that should not last longer than 10-15 minutes.

Below is a sample statement (see [Attachment 11](#)):

“On **(date)**, a student (staff member) from our school, **(name the deceased)**, died tragically **(indicate cause of death, if verified)**. We are all saddened by this loss. A sudden loss like this can cause many strong feelings. It is good to talk to someone about these feelings. We recommend that you speak to your parents about this and share your reactions. It is important to let your parents know how you feel.

In other schools where this has happened, students have also found it helpful to speak to a counselor or other mental health professional. The school is sensitive to this need and has arranged to have counselors from **(name of agency)** available to talk with you **(time and place)** in addition to **(whatever your students know your in-school supports as)**. Arrangements to see a counselor can be made at the **(counseling office or other location)**.

We want you to know that you are not alone. As a school community, we are here to help each other through this difficult time.”

The classroom discussion that follows the statement should adhere to the following guidelines:

- **Ask** students what additional questions they may have and dispel any rumors.
- **Inform** students that their parents will be getting a letter regarding the death and that their parents will be encouraged to talk with them.
- **Remind** students that there is no one way to react or grieve. Internal and external conflicts are common. Acknowledge that previous losses may resurface. Encourage students to be more tolerant of themselves and each other in the days and weeks ahead.
- **Encourage** students to utilize their natural supports (e.g. parents, family, faith leaders, coaches, extracurricular activity sponsors).
- **Emphasize** the importance of seeking adult consultation when worried about a friend or themselves. Remind all again of local and national crisis numbers.
- **Advise** students about how to respond to media representatives in person or online. They do not have to talk to a reporter, but if they choose to, they should be made aware that videos and quotes are often clipped or taken out of context.
- **Caution** students with respect to use of their social media during this difficult time. For instance, posts intended to be private may be shared. Conversely, students should be alerted to posts reflecting a safety concern that may need to be shared.

Special Considerations When Making the Announcement in the Classroom of the Deceased

As discussed earlier, in ideal circumstances the postvention team will meet with the deceased student's teachers before the start of school. Allow each teacher to share their own reactions before being in front of their class, discuss any concerning student dynamics, and consider the physical configurations of the room. Some teachers may have strong reactions and feel unable to communicate the information. When this occurs, a postvention team member can deliver the classroom announcement. Review [Attachment 9: Guidelines for Talking with Students in the Aftermath of a Sudden Death](#) prior to the discussion. [Attachment 2](#) and [Attachment 10](#) may also be shared directly with students if needed.

In addition to the components of the general classroom announcement, the adhere to the following additional considerations:

- **Acknowledge** that the deceased student was a classmate:
 "We learned this morning about the tragic loss of your classmate. Since you were in classes with _____, we want to provide you with some extra support."

- **Explain** funeral arrangements and procedures for student attendance at the funeral. For example, only students with written permission from parents will be excused for the funeral.
- **Respond** to questions about memorials. Remind students that there will be a basket in the main office or other supervised location to collect cards and other items for the family.
- **Discuss** ideas of what students have done in other schools regarding seating arrangements. Reassure students that if possible they will be notified of changes ahead of time. A member of the postvention team or other staff member may even sit in the student's seat to demonstrate that physical items (e.g., chair, locker, lunch table) may be associated with the deceased student but are not "the student."
- **Collect** artwork, projects, and other items of the deceased to share with the family.
- **Help** students anticipate conversations they may have with parents and family about the tragedy:
"Think about what your parents can do and not do to be of most support to you. Consider what concerns you might have as a parent: Is your son/daughter safe? Are they thinking of hurting themselves?"
- **Remind** students of the power of resiliency and making meaning out of tragedy (refer to [Attachment 13: 10 Tips to Build Resilience](#)).
- **Re-emphasize** the importance of help-seeking inside and outside of the school setting.

ONE-TIME STRUCTURED EDUCATIONAL SUPPORT GROUP

At-risk and other grieving students may benefit from a small group discussion on coping with the trauma of a sudden loss. In the case of a suicide death, naturally occurring groups to consider besides the victim's close classmates might include teammates, students who rode the same bus, lab partners, band members, youth group members, and clubs outside of school (e.g., scouts). Participants in the meeting should be from similar groups (i.e., same team or band).

The following students would typically **not** be included in a group setting, although their attendance could be considered on a case-by-case basis:

- Students who have previously been identified as at-risk for psychiatric disorders, drug or alcohol abuse;
- Students who witnessed the tragedy;
- Students who were injured during the tragedy; and
- Students who are otherwise seen as highly vulnerable and in need of more personalized attention than the group format can provide (see section earlier in this manual, "Preventing Contagion: Postvention Following Suicide").

Instead, the above identified students should be screened by a school or community mental health professional in a one-on-one session. Additionally, students who participate in the one-time educational support group who ask unusual questions or make provocative statements in support of suicidal behavior should be referred promptly to the postvention team for an individual screening.

Although the one-time group meeting is primarily for students, key adults that had a close relationship with the deceased student and peers (e.g., coach, musical director) may also be present and participate. The postvention team coordinator, in collaboration with the mental health consultant, can make the final decision on the composition of the group.

Group Purpose and Guidelines

A structured one-time educational support group offers the following (refer to [Attachment 14: Objectives and Outline for the One-time Structured Educational Support Group](#)):

- An opportunity to provide students with factual information about the traumatic event (especially if it is a suicide), as well as to educate students on common reactions to trauma, thus normalizing some of their reactions;
- A supervised and supportive atmosphere where students can express their feelings and reactions to their friend's death;
- Guidance from group leaders, who may be from the postvention team or the Student Assistance Program (SAP) team, on coping skills and grief reactions, as well as information on additional supports; and
- Encouragement to seek help from a trusted adult if students or their peers are experiencing suicidal thoughts or behaviors (e.g., a friend texting "I'm done" at 2 a.m. or a friend posting comments on social media about wanting to "end it all"). It is better to lose a friendship than a friend.

Before conducting any support group session, the postvention team should carefully review the following guidelines:

- **Consult and confirm** district policies regarding the need for parental consent for student involvement in crisis response activities.
- **Limit** each group to 20 students due to the intensity of emotion that is often conveyed in these support groups. Carefully consider the selection of group members, as reflected in the safeguards stated above. When dealing with close friends of the victim, small groups of 10 students or fewer are even better.
- **Co-facilitate** groups with trained individuals from the postvention team and/or a mental health agency.
- **Conduct** the group in a private area in the school to facilitate discussion and ensure privacy.
- **Review** limits of confidentiality—and concerns about safety to self, others, abuse, and/or other at-risk behaviors and information may be reported.
- **Consider** limiting the meeting to no longer than 50 minutes and offering nourishment (e.g., water, snacks) to model self-care.

Educational support groups often work best when they are well-structured. At the beginning of the session, one of the group leaders should pass around a sign-in sheet for each student to sign his or her name, and contact information. Facilitators and students should then introduce themselves. The following topics may be explored during the session:

- Each student's relationship with the deceased.
- Individual reactions to the death and with whom they were shared.
- Misinformation and rumors about the death, particularly in the event of a suicide.

- Students' questions: acknowledge that not every question has an immediate answer and that some questions may never fully be answered.
 - Typical reactions to grief:
 - There is usually a common set of responses including shock, sadness, anger and disbelief. Some students might respond by saying the death was "foolish" or "stupid." Other responses are also possible and the presenter must be prepared for students crying or expressing feelings of anger or guilt.
 - If the death is ruled a suicide, there may be intensified grief reactions, especially around feelings of guilt, anger and/or relief. See also [SPTS: When a Friend Dies](#).
 - Symptoms associated with depression, perhaps explained with the help of a pamphlet or app (See [NIMH teen depression handout](#)).
 - The concept of resiliency. Ask students to reflect on ways they have gotten through difficult times in their lives. What worked and what didn't work? Admit that "bouncing back" after a tragedy can be challenging but it is possible. Remind students that they are not alone in their efforts (refer to [Attachment 13](#)).
 - Discussion among students about who and what some of their natural supports are or could be.
 - Expectations about the funeral and ways of expressing sympathy and condolences to the family. Encourage youth to attend the funeral with their parents and/or another supportive adult.
 - Encouragement and permission for students to enter resource and emergency numbers into their mobile devices. Distribute any local resource cards, such as county emergency cards or national suicide prevention lifeline cards.
- Note:** National Suicide Prevention Lifeline cards can be downloaded and printed from the [SAMHSA publication store](#). For a list of crisis centers/numbers that are available to respond to individuals in crisis, visit <http://www.suicide.org/suicide-hotlines.html>. Additionally, [Crisis Text Line](#) provides crisis support 24 hours per day via text (Text PA to 741-741), and The Trevor Project provides a dedicated crisis line for LGBTQ youth, the TrevorLifeline (1-866-488-7386)

The National Association of School Psychologists (NASP) offers another classroom group format for crisis intervention (Brock & Jimerson, 2004; Brock et al., 2009) through their [PREPaRE model](#) that includes action steps, facilitative statements, goals, and goal attainment signs for each step. There are six steps to the process: 1) introduction, 2) provide facts and dispel rumors, 3) share crisis stories, 4) identify crisis reactions, 5) empower students and 6) closing.

After the educational support group session, facilitators should meet and review what took place. Consider the reactions of individual students and refer any student at risk of suicide, depression, or other behavioral concerns for an individual screening. Keep brief notes of the content and process of the group meeting. Ideally, district policy would also require that one of the group leaders make a follow-up contact with the parents of those students participating in the group.

INDIVIDUAL REFERRAL AND SCREENING

Certain students may be at higher risk for suicide and/or depression following a peer suicide. These students should be individually screened **by a qualified school or community mental health professional** (refer to [Attachment 15: Sample Screening Form](#)). Individual screenings assist mental health professionals in determining each student's vulnerability. Research has shown that screening for suicidal behavior is not associated with adverse effects (Gould et al., 2005).

If a student exhibits serious suicidal ideation (thoughts about suicide), has a suicide plan, or engages in behavior that represents a clear and present danger to self or others, immediately contact the parents or guardians and arrange with them for an emergency evaluation by a qualified mental health professional. The postvention team, often in consultation with a mental health professional, should know the procedures for an involuntary commitment in the case of a suicidal youth or if the parent refuses to take the child for an immediate evaluation when the student is determined to be in imminent danger. When necessary, consult with the county delegate to determine if there are grounds for an involuntary commitment. Select members of the postvention team should meet to discuss reentry procedures and follow-up support for any students returning from evaluations or hospital stays.

REFERRALS

Referrals may come from teachers, staff, students who have been interviewed, or from a student who contacted an adult helper out of concern for a fellow student or him/herself. Any referred student should have an opportunity to meet with an adult. A school staff member who identifies a student at risk can follow up initially and then refer the student to a member of the postvention team.

Despite fears that this method of identification could become unmanageable, it is better to provide support on an indicated basis than to assume a universal need of support by every member of the school community. **There will be a finite number of students whose reactions put them at risk and who will come to the attention of the postvention team during the course of the postvention.**

PARENT PERMISSION AND CONFIDENTIALITY

Before the screening occurs, a member of the postvention team should make every effort to contact the parents or guardians of each student referred for individual

screening, even if the school policy does not require it. Ideally, someone from the school who knows the family should make this contact.

Prior to the screening, the following should be made clear to the student:

- The screening is voluntary;
- Students do not have to answer any questions they choose not to; and
- The parents will be contacted afterwards to go over how their child/adolescent is faring.

Additionally, the mental health professional conducting the screen should explain that information shared by the student is confidential unless there is a risk of the student hurting him/herself or someone else, a risk of someone else being hurt, any suspicion of abuse, and/or other at-risk behavior. Consider the phrase: "My duty is to do everything I can to keep you and others in the school community safe."

SCREENING CONSIDERATIONS

There are many existing measures for schools to choose from when screening for suicide risk. Some measures are standardized and/or validated, such as the Columbia-Suicide Severity Rating Scale ([C-SSRS]; Posner et al., 2011), which is a free, brief instrument that is used across a variety of settings including schools. The C-SSRS is intended to help determine whether or not an individual is in need of immediate psychiatric evaluation. [The Columbia Lighthouse Project](#) offers free training videos on the C-SSRS and adaptations for schools.

The Substance Abuse and Mental Health Services Administration (SAMHSA) also developed the [Suicide Assessment Five-step Evaluation and Triage \(SAFE-T\) Model](#) for mental health professionals. This is a free resource to identify risk and protective factors while determining suicide risk, appropriate interventions, and subsequent documentation.

[Attachment 15: Sample Screening Form](#) provides an example of items when screening in the context of a postvention. These items may cover the following content:

- The student's exposure to the suicide, relationship with the deceased, and participation in the funeral;
- The student's current and past mental health care, including any time they were in counseling;
- Whether the suicide/tragic loss caused any exacerbation of any mental health symptoms;

- Any current or past history of suicide for themselves or any family members;
- Any symptoms of depression experienced by the student and whether the suicide caused an exacerbation of those symptoms, including depression, complicated grief, and PTSD symptoms;
- Any past or present involvement with the legal or juvenile court system;
- Access to firearms (even if in a locked cabinet);
- Past or current use of alcohol and other drugs;
- Stressors in the student’s life; and
- Any communication about the suicide between the student and the deceased.

A screening may reveal that the student is at risk for suicide, depression, or another mental health disorder. If so, the mental health professional conducting the screen should do the following:

- **Contact** the parents or guardians and facilitate a referral for further evaluation.
- **Review** crisis resources for student and parent to use in the interim before the evaluation. As previously encouraged, give the student a help/crisis card and/or have the student enter numbers into their phone. Develop a safety plan as warranted.

RECORD-KEEPING

It is imperative to keep accurate records of those students referred and screened. The postvention coordinator or mental health consultant should keep a roster of all students referred and screened so they can be monitored in the weeks and months to come. Each individual screening should be documented on a designated form for tracking the screens that may be maintained electronically or as hard copy (e.g., postvention screening form), dependent upon district policy (refer to [Attachment 16: Confidential Roster for Individual Screenings](#)).

Ideally, the postvention team member conducting the screening will phone the parent with their recommendations the same day of the screening, perhaps even with the student in the room. At a minimum, this conversation is documented on the screen and noted on the designated form for tracking the screens. Preferably, there is written follow up of the recommendations that is mailed or emailed to the parent (refer to [Attachment 17: Sample Letter with Recommendations from Screening](#)). Both the designated form for tracking the screens and the individual screening forms are confidential and should only be accessed by appropriate staff members.

Note: If the screen reveals the need for an immediate evaluation, the necessary procedures should be followed and documented accordingly. These procedures are outlined in the section on individual screening following a suicide.

SAFETY PLANNING: A BRIEF OVERVIEW

A safety plan is an agreement that is negotiated between the student and the mental health professional doing the screening. Postvention mental health consultants, clinicians, and/or trained school personnel may need to negotiate, create, and document a safety plan with a student that is then shared with the parent/guardian before the student leaves the screening (refer to [Attachment 18: Sample Safety Plan](#)).

There is limited empirical evidence to suggest that safety planning reduces suicidal behavior in youth. However, it is considered to be best practice and replaces the old standard of “no suicide contracts” (Lewis, 2007; Rudd et al., 2006). The purpose of the safety plan is to open communication, convey an understanding of the seriousness of the teen’s distress, and create a set of skills the teen can use in a crisis. Within clinical settings, a safety plan ideally is generated between the student and their therapist during an initial evaluation, shared with the parent as part of the treatment plan, and monitored as needed. It may be beneficial for the student to share the safety plan with key support individuals within the school setting (e.g., school counselor, school nurse).

Within the postvention context, it may also be appropriate for school mental health professionals to develop safety plans collaboratively with students, as needed. It is important to follow any agency or school protocols with regard to safety planning. Community resources will vary across counties and school districts. In some school districts, if a safety plan is needed, the county crisis is called, and an immediate, interim evaluation is arranged. Communities may also have 24-hour crisis walk-in centers that can assist if a hospitalization is not warranted yet there are still safety concerns.

In a safety plan the student agrees to the following:

- **Identify stressors** that have led to suicidality and structure activities to prevent the recurrence of such stressors. If conflict within the family has led to past suicidality, it is important to negotiate a “truce” around hot topics or issues both with the adolescent and the family member.
- **Identify distractions and other ways of coping** (both activities and people) to keep the youth from acting on suicidal ideation.
- **Access supportive adults** using identified “key” contact numbers. Work with the youth to evaluate the availability and appropriateness of identified

individuals and to inform these individuals that they are part of the teen's safety plan.

- **Contact the parent/guardian**, or other responsible adult if the youth is experiencing suicidal ideation.
- **Remove any means** of self-harm, with parental involvement and support.
- **Go to an emergency room** if the youth cannot keep safe and if other mental health professionals or support persons are not available.

Said another way, the development of a safety plan is a collaborative effort between an adolescent and mental health professional to reduce suicidal behaviors and to learn ways not to act upon suicidal thoughts.

Caution: Safety plans are not a guarantee that the youth will not engage in self-injurious or suicidal behavior. It is imperative that parents are contacted and involved in facilitating a referral and subsequent intervention.

[How to Cope with Suicidal Feelings](#) provides a Q & A pamphlet for helping individuals to understand their suicidal thoughts and feelings and to develop distraction and help-seeking strategies. Note that the pamphlet includes crisis numbers for outside of the United States. [The Suicide Prevention Resource Center \(SPRC\) Safety Plan Template](#) offers another safety plan example adapted by Stanley & Brown (2008).

PARENT FOLLOW-UP

The parents of all students who are screened individually should be contacted by telephone and, if possible, by the person who conducted the screening. It may be beneficial to have the student present when the parent is called.

If there is no need for further evaluation, the following information can be conveyed to the parent:

"Your son/daughter is understandably troubled by the death of his/her friend. At this time, s/he appears to be experiencing a normal grief/stress reaction. Should concerns arise, please contact the school at **(insert school contact information)**, reach out to your child's primary care provider, and/or contact local or national crisis resources."

Depending on the district's communication protocols, additional parental outreach may occur via email and/or hard-copy letter mailed to the home.

If a student is screened and deemed to be at imminent risk, the student's parents must be informed, and a referral made for further evaluation. Transportation to an

appropriate place for care may be arranged by school personnel, in accordance with school policies. The following steps are also recommended in this circumstance:

- **Consider** documenting any follow-up recommendations (e.g., sending a letter home and/or requesting parents come to the school to sign a letter of recommendations). Maintain a copy of the letter in a confidential file.
- **Advise** the parents or guardians to remove firearms, alcohol, and other drugs from the student's access. At a minimum, firearms should be secured separately from ammunition due to the strong correlation between a youth suicide and a firearm in the home (i.e., four times greater risk) (Brent & Bridge, 2003).

SCREENING FOLLOW-UP

At the end of each day throughout the postvention efforts, the postvention team should meet to review individual screening results and determine individual follow-up. School personnel need to establish a priority schedule for formal follow-up with any students screened. Follow-up should occur during the school day and should be documented.

- 1) Students who needed to go to the hospital for an evaluation due to imminent risk of suicide or self-harm should be seen again at the beginning of the first school day upon their return in order to review recommendations and establish a support plan (e.g., reentry plan, safety plan).
- 2) Students identified as at-risk because of their current concerns or past psychiatric histories may need more frequent follow-up until their reactions stabilize.
- 3) Students not needing immediate follow-up should be seen again the day after their initial screening and again within 3-5 days after that to assess for any further issues of concern. Until outside supports are established for referred students, a daily check-in with a member of the postvention team may be warranted at school.
- 4) At-risk students should also be seen as soon as possible after the funeral and within the week following the funeral.

Generally, within 4-6 weeks after postvention efforts are completed, a more formal meeting of the postvention team should review and document that the recommended student screenings occurred and confirm that the follow-up recommendations have been addressed. Remember, this does not replace the monitoring provided to students screened within the first few days. At a minimum, monitoring and follow up should continue at three-month intervals unless behaviors of concern arise in the interim.

ONGOING MONITORING OF STUDENTS

Recent research (Swanson & Coleman, 2013) indicates that students, especially those middle school and high school students already at risk, may need long-term follow-up. Middle schoolers who knew of someone who died by suicide were still reporting depressive symptoms two years after the initial interview. As previous research has indicated, high school students who were already at risk were also reporting symptoms two years later.

The majority of students screened during a postvention will not require mental health treatment, yet there are limits to screening. Screening tools provide information about the student's current reactions and responses; they do not provide diagnoses or predict how a student will cope in the future. Therefore, it is important to monitor students of concern:

- Those students whose severe grief impairs their daily functioning, or
- Those whose histories include the risk factors mentioned earlier:
 - Current or past history of depression
 - Those with a close relationship with the victim, or who discovered the body or witnessed the suicide. These students are particularly at risk for developing depression or Post-Traumatic Stress Disorder. Approximately 29% of close friends of suicide victims will become depressed, while 5% percent will develop PTSD (Brent et al., 1993; Wong et al., 2005).

These students should be monitored for school attendance, changes in academic performance, and any shifts in behavior. At-risk students and their parents or guardians should be referred to a mental health professional according to the procedures established by the school.

Close friends of the victim should also be monitored. Some will develop problems that only evolve over time. The staff and students' mutual awareness of this can facilitate access to treatment for those who are having difficulty with grief, depression, or Post-Traumatic Stress Disorder.

Other students identified as needing school monitoring based on their initial screen could be contacted on a less formal basis for an occasional check-in, often referred to as "touching base." Regardless of their initial status, students screened should always know where they can get help should they have any problems, questions, or concerns about the tragic loss that they experienced.

In the unfortunate situation that another tragedy occurs within the next month or year, the postvention team should revisit those students who were previously referred, as well as attend to the students involved in the current tragedy. Depending on the intensity of the tragedy, the postvention team may follow-up for two years or more when needed.

INDIVIDUAL SCREENING AFTER OTHER TRAGIC DEATHS

Exposure to any tragic death may be traumatic for students, parents, and school personnel. Students who should be individually contacted and possibly screened include the following:

- Close friends of the victim
- Any witnesses of the event
- Students who have experienced a recent loss
- Students who are receiving mental health or drug and alcohol treatment
- Funeral attendees
- Students who identify themselves as needing help

Unlike an individual screening after a suicide, this type of screening does not place special emphasis on suicidal ideation and behavior. However, these questions are included as part of the screening for depressive symptoms (refer to [Attachment 15](#) for individual screening form for use following a tragic death and [Attachment 17](#) for a sample letter of recommendations).

As with screenings following a suicide, the recommendations should be shared, at a minimum, with the parent via phone and the conversation documented. The recommendations should include emergency contact resources and safely securing all potential lethal means (e.g., medications, ammunition), consistent with universal precautions. Regardless of the nature of the death, follow-up with both the parent and student is warranted, as outlined in the previous section on screening after a suicide death.

Regardless of whether students are screened, students who are already receiving mental health or drug and alcohol treatment and/or their parents should be encouraged to contact their therapist or counselor as needed. Mental health professionals or appropriate postvention team members (e.g., school counselors, postvention coordinator) may contact the student's therapist or counselor directly if the appropriate releases are signed and on file. These conversations should also be documented.

SPECIAL CONSIDERATIONS

There are circumstances that can pose particular challenges in which postvention activities may need to be modified by the postvention team. This may include tragedies occurring near the end of the school year, over school breaks (e.g., summer), or on the last day of school. The time of the year becomes an important factor. The following steps may be especially helpful:

- In sharing the recommendations from the screening, be sure to emphasize resources that parents/guardians may access during school breaks or if their child is graduating.
- Disseminate treatment, crisis, and support resources in a variety of ways: send home resources in writing, have students enter resources into their phones, and/or post resources on the district website.
- Consider school contact numbers for parents to use over school breaks, including the summer (e.g., school mental health professionals that work year-round).
- Emphasize ways to foster resiliency in and out of school. With students, and in particular with seniors that are graduating, review young adult resources such as postsecondary support on and off campus, military and work supports (EAP), community resources (e.g., walk-in centers), and online supports (e.g., [Jed Foundation](#), [The Trevor Project](#), and other nationally-sponsored public service campaigns such as [#BeThe1To](#)).

Note that SAMHSA periodically promotes new outreach and awareness campaigns.

Additional considerations may be needed for students who have graduated, transferred, or dropped out of school. Although the impact of these deaths may still affect current students, a school-wide response may not be necessary. It may be more prudent to address affected students one-on-one and in small groups. Alternatively, the district may send a letter out to families informing them of the death, whether this occurs district-wide or is building-specific. Whether the response is district-wide or building-specific may depend on different factors, such as the size of the district or if there are siblings of the deceased in other buildings.

The death of an elementary-age student by suicide is very rare, and best practices for prevention and intervention efforts with this population are still emerging. However, recent research has identified some trends, including increases in suicide among African American boys under age 11 (particularly by suffocation/hanging); girls between ages 10-14; and among children under age 11 with a mental health diagnosis, a greater likelihood of ADHD (Bridge et al., 2015; Sheftall et al., 2016). It is essential to periodically review state and local data to better understand the developing trends among this younger population to inform prevention, intervention, and postvention

efforts. In responding to the death of an elementary-age student, the postvention team may especially reinforce the following:

- Educate and remind school staff and parents to take all comments seriously enough to follow-up with a referral for a risk screening or assessment even when the means is not lethal (e.g., an 8-year old comments, "I tried to drown myself in the bathroom sink but it didn't work" or "I tried to hold my breath till I died.")
- Consider developmentally-appropriate adaptations or modifications to existing risk screening or assessment tools, procedures, or interventions (e.g., safety plan). This may include simplifying language of existing tools (e.g., using "kill yourself" versus "suicide"), using visuals (e.g., emojis, facial expressions), using known characters to describe a thought, feeling, or action.
- Include parents in the process of gathering information for the screening/assessment, as well as the development of the safety plan. Discuss the level of supervision that may be needed for the student, as well as how to keep the environment safe by reducing access to lethal means. Emphasize the need to follow-up with outside providers, including a primary care physician and/or a mental health professional.

In cases of multiple student deaths, particularly by suicide, this can intensify stress reactions leading to fear-driven decision-making regarding the postvention activities. Often, in a quest to find answers, there may be increased conflict between various constituents (e.g., schools, families, community organizations, faith-based sects). Although well-intentioned, schools may find themselves deviating from standard best practice guidelines as they attempt to respond to multiple competing requests (e.g., having the funeral on school grounds, hosting a large open-mic assembly). In the event of multiple deaths, there may also be internal conflict within the school district among decision-makers (e.g., central office staff, school board members, pupil services, crisis team). In situations that may seem chaotic or overwhelming, the crisis team's role in reinforcing the rationale for the established process is important. At the same time, schools may need to consider alternative responses beyond the school setting that may utilize additional community partners.

COMMUNICATIONS WITHIN THE SCHOOL COMMUNITY

RESPONDING TO RUMORS

Rumors often arise amidst the circumstances of a tragedy. When people try to comprehend something shocking, they speculate about why the tragedy occurred. Speculation seems to be a normal part of the reaction to a crisis. However, speculation tends to perpetuate rumors and may result in unnecessary and added difficulties for a school trying to heal. The facts, as we know them and can share them, are the best defense against rumors.

The following strategies and responses may be helpful in managing rumors:

- Keeping staff informed on the current facts of a tragedy can help dispel rumors. When a new rumor arises, tell the students or staff what you know to be true. Consider using existing modes of communication (e.g., school hotline, email alerts, district website, social media pages) where members of the school community can report concerns as well as hear updates.
- If adults cannot immediately refute the rumor, find an appropriate source to address the rumor as honestly and accurately as possible. For example, when a suicide occurs, there is often an attempt to place blame directly or indirectly. This is a form of scapegoating. The goal in this situation is not to deny the reality of a conflict that may have existed, but to avoid placing blame or responsibility.
- Providing information in a sensitive and timely fashion may be useful in mitigating any perceptions among those within the school community that negative interactions with peers (e.g., bullying, harassment) caused the deceased's death.
- Sometimes, given limited information, the only answer may be:

“To the best of my knowledge, that is not true,” **or** “If I find out anything about that (rumor) being true, I will let you know. At this time, I don't believe that information is accurate. Do you want to talk with someone about how you're feeling?”

As information becomes available, the postvention coordinator or an administrator may update the postvention team. This information can also be shared with all staff at the faculty meeting at the end of the day.

HOLDING A PARENT MEETING

A parent meeting may be scheduled as part of the postvention activities conducted by the school. This meeting may include presentations by school or community mental health professionals. The goal of the meeting is to alleviate community concerns and enlist parental support in reaching youth at risk. Although the meeting should be advertised for parents, there may be students who attend. The postvention team should plan to have additional members on hand to offer to meet with these students one-on-one or in a small group apart from the parent meeting. In advertising and announcing the parent meeting, it is important that the purpose of the meeting be clear: **an informational session to support caregivers on how to help their youth cope with the recent tragedy.**

Given the often emotionally-charged environment following a death, it is prudent to structure the meeting with an agenda and a brief, allotted time for open questions. An open forum is not recommended. If there are additional questions, members of the postvention team and/or mental health professionals can offer to stay to meet with parents one-on-one and/or follow-up with them at another arranged time. Although there are no set timeframes, the initial parent meeting is often within one or two weeks after the funeral. This allows for some of the initial reactions of shock and disbelief to dissipate and for some of the mourning rituals to take place. Follow-up meetings or future informational sessions on relevant topics that emerge from the postvention can be scheduled as warranted (e.g., coping with grief, strengthening resilience, lethal means restriction, bullying prevention, etc.).

Before the meeting begins, school personnel should ascertain whether there are any media representatives in the audience and determine whether they are to remain for any or all of the meeting. Media representatives should **not** be present during parent and student group meetings to protect the information shared by parents who are concerned about their children. Instead, an interview with the district spokesperson could be arranged with a media representative to provide a summary on the postvention activities and resources for students and families. Help students and parents understand that their statements to the media might have a negative impact on others, as well as on the family of the deceased. Schools cannot prevent students and parents from talking to representatives of the media, but they can encourage students and parents to refer media inquiries to the designated school spokesperson.

The following items may be included in the parent meeting:

- Summary of the school's postvention activities.
- Typical child and adolescent responses to a sudden death.

- Risk factors and behaviors that indicate a concern.
- Symptoms of depression and suicidal behavior;
- Social media concerns (e.g., distressing posts) and opportunities (e.g., to identify students and connect them with appropriate resources). Remind attendees that law enforcement has access to all accounts and postings of both students and parents.
- Crisis contacts and support resources available in the school, community, and nationally. Consider distributing materials with these resources or encourage attendees to enter relevant contacts directly into their phones.

Additional parent/family resources that offer support following a suicide include the following:

- [The Society for the Prevention of Teen Suicide](#) for suicide specific “tip sheets” (i.e., Parent Awareness Series: [Talking to Your Kids About Suicide](#) and a 17 minute video from parents whose children have died by suicide, [Not My Kid](#)).
- The American Association of Suicidology (AAS), in addition to having numerous research based materials, offers a brief video for parents developed by the Mayo Clinic, [Go Ahead and Ask](#).
- Support group locators from the American Foundation for Suicide Prevention ([American Foundation for Suicide Prevention Support](#)) or the American Association of Suicidology ([American Association of Suicidology](#))

COMMUNICATIONS WITH THE MEDIA

Responding to the media after a tragedy is often difficult. Every situation is different. Prior to a crisis, it is recommended that the school work with a media specialist to develop a policy about dealing with and responding to the media. Only designated school officials should have contact with the media during the crisis. These individuals should have training in media relations, including how to respond to media questions, how to conduct interviews with reporters and journalists, and how to conduct a press conference. They may also need training in how to write a press release. The objective of reporters is to find a "story." It is important that the school media spokesperson work to develop a safe and effective message to be shared (refer to [Safe and Effective Messaging Guidelines](#)). Being prepared is key.

The school media spokesperson should prepare a written statement for release to media representatives who request it. The statement should include a very brief statement (without details about the death of the student), as well as information about the school's postvention policy and program. It may also include an expression of the school's sympathy to the survivors of the deceased. The statement may also include the following:

- References to responsible media reporting in a postvention situation;
- A summary the positive action that the school is taking to help students;
- Information about available school and community resources for students and their families.

It is not recommended that media representatives be permitted to conduct interviews on school grounds. In an effort to keep the school district from being defined by and associated with the tragedy, the school media spokesperson may avoid being interviewed in front of school logos or marquees. Whenever it is necessary to ask representatives from the media to leave the school grounds, this should be done in a calm and matter-of-fact way, requesting their cooperation. If available, school security may assist with escorting reporters from school property.

SUICIDE CONTAGION AND THE MEDIA

Speaking with the media is an important function of school administrators and/or their designee (i.e., school media spokesperson). Past research has demonstrated that front-page newspaper reports of suicide can increase the rate of suicide and that adolescents and young adults are particularly vulnerable to contagion (Chambers et al., 2005;

Gould, 1990; Phillips, 1974). In addition, fictional dramatizations of suicide have resulted in an increased rate of suicide attempts and deaths.

The contagion effect appears to be maximized when media present the story about the suicide without information about mental illness and the tragic impact that a suicide has on the family (Gould, et al., 2003; Gould & Shaffer, 1986). Conversely, media reports that portray suicide as being related to psychiatric illness and report on the availability and importance of treatment are less likely to be associated with contagion (Gould, Jamieson, & Romer, 2003). An adversarial relationship with the media can be harmful for all concerned. Clearly communicating the impact of suicide and the importance of help-seeking to access resources is an important community service that the media can provide.

Casual comments about the deceased may be taken out of context by the media and can have serious consequences for the school's recovery. Schools cannot always prevent media coverage, especially if the particular suicide is sensational (e.g., "Teen Leaps to Death after Break-up"). In these situations, the school can have some impact on how the story is reported. The school's preparation, approach, and response in a suicidal crisis can mitigate the potentially damaging effects of media coverage.

School officials, including school board members, should also be kept informed of the school's postvention efforts, as well as best practices for safe messaging about suicide. The effect of media coverage on suicide contagion should be emphasized when discussing postvention activities with these individuals. **It is important that school board members and community leaders refer any media questions to the postvention coordinator or school media spokesperson.**

National organizations such as the Substance Abuse and Mental Health Services Association (SAMHSA), National Institute on Mental Health (NIMH), and Suicide Prevention Resource Center (SPRC) have compiled several resources on messaging, reporting and memorials covering suicide. Refer to the following:

[Safe and Effective Messaging for Suicide Prevention](#)
[Recommendations for Reporting on Suicide](#)
[At a Glance: Safe Reporting on Suicide](#)

In general, the above guidelines recommend that media reports adhere to the following:

- **Avoid** focusing on the method of death and manner of death. Do not provide pictures or explicit details of the death.

- **Avoid** dwelling on details of the deceased’s adversities and troubles. Vulnerable youth may over-identify with the deceased and their manner of death.
- **Include** the research on the role of mental illness in the vast majority of suicides, even if the mental illness is undetected, untreated, or undertreated.
- **Provide** education on risk factors and warning signs for suicide, emphasizing suicide is the result of many factors and is no one’s fault.
- **Avoid** idealizing the deceased as having “no problems” or a “perfect life” as the suicide may be seen as a random event and promote hysteria as to “who is next?” It may also create risk among vulnerable youth who perceive themselves as having far more problems than the deceased into wanting to end their life.
- **Offer** hope and resources for crisis, treatment, and support including the [National Suicide Prevention Lifeline](#) which partners with social networking sites (e.g., Facebook, Instagram) to monitor concerning posts: 1-800-273-8255 (TALK), [Crisis Text Line](#): Text PA to 741-741, and [TrevorLifeline](#): 1-866-488-7386.
- **Emphasize** that suicide is one of the most preventable forms of death to the extent that suicidal individuals receive the treatment and support they need.

The CDC offers two guides on effective public health messaging and launching media prevention campaigns. Although not specific to suicide, they provide a useful template for public communications. Visit the following:

- CDC’s [Social Media Page](#)
- [Social Media Toolkit](#)

It is prudent to approach local media outlets **before** a tragedy and share research-based information on covering a suicide, especially a youth suicide. Information for future news features could also be shared, such as the national strategies on suicide prevention from an integrated public health perspective ([National Action Alliance for Suicide Prevention](#), 2012) or the strategies to lower risk factors and increase protective factor to minimize unhealthy behaviors including self-harm. News stations, especially local ones, may agree to air public service announcements (PSAs) on mental health awareness such as the SAMHSA youth mental health awareness campaign, [We Can Help Us](#) and [What a Difference a Friend Makes](#). PSAs developed by high school students in Pennsylvania through Prevent Suicide PA’s annual contest may be accessed [here](#).

SUPPORTING THE POSTVENTION TEAM

Team members require their own support during the intense stress of a postvention (Kerr, 2010). [Attachment 12a](#) encourages team members to be mindful of their own stress reactions. [Attachment 12b](#) offers strategies to help individuals cope after experiencing a trauma. Whenever possible, members should have ready access to water and nutritional foods, as well as time to take care of their own needs (e.g., rearranging child and pet care due to extended hours). Team members should take turns dealing with the high-intensity aspects of a postvention, such as student support groups, individual student screenings, and communicating with the family. School crisis responders and mental health professionals are not immune from the personal and professional toll of assisting with a postvention, especially one involving a suicide (Farberow, 2005; Grad, 2009).

Having a pre-established postvention policy with clearly delineated roles and responsibilities can alleviate anxiety and reduce the stress of postvention work. Provide each postvention team member with a "go kit" of essential forms, directories, personal items, maps, handbooks, and ready-to-distribute resource brochures/pamphlets. Carefully planned continuing education, including brief "refreshers," is one of the best ways to support and sustain team members. Periodically throughout the course of the year, the postvention team members can assess their compassion fatigue, burnout, and compassion satisfaction by completing the following survey: [ProQOL: Professional Quality of Life Scale](#). Please note the ProQOL is not a diagnostic instrument and should not replace clinical intervention.

EVALUATING THE POSTVENTION

Throughout the postvention, all services and events should be carefully documented to provide a factual representation of the events surrounding the suicide and the school's response. These documents should be handled in the same manner as other confidential information. The goal is to determine the strengths and challenges of the response so that future postvention activities can run more smoothly.

At the end of each day during the postvention or as necessary, the postvention coordinator and the school and/or community mental health professionals should conduct a debriefing meeting. This is an informational session to review the postvention effort, not a psychological debriefing. At this meeting, postvention team members evaluate the delivery of services, review students' screenings and recommendations, make recommendations for other interventions, and determine the need for further postvention activities.

On an annual basis, teams should review their services and make recommendations for any changes in the school's postvention policy or procedures. As previously mentioned, postvention teams should also monitor and maintain their individual and collective health.

MEMORIALS

GENERAL CONCEPTS

Any memorial activity is bittersweet. The memory of someone who is dear can be pleasant, yet, in his or her absence, painful. This is true regardless of how the death occurred. Immediate grief may be accompanied by countless questions and speculations about the events that resulted in death. Mourners need some way to make sense of the death, some cognitive comprehension that allows them to “file” this tragic event in their memory. Once the facts of the tragedy are accepted, the manner of death ceases to be the focus and the loss can be more fully addressed.

Mourning is bringing aspects of one’s own grief to the public. It is sharing the burden of one’s pain. Mourning can facilitate the grief process. It allows public recognition of the person’s life and a sharing of feelings on a community level. In most communities, memorials are an important part of the mourning process. How an individual mourns is a personal choice that may be influenced by one’s community as well as by his or her own beliefs and values. The interaction between the grieving individual person and the community is what finally determines what the mourning process will be.

The norms in the community will influence what will occur in any memorial activities on or off school grounds. Any planning of the memorial should attempt to involve the victim’s family. There may also be cultural considerations (e.g., wearing specific colors, use of prayer or religious images, a celebratory versus a somber tribute). Any school or community activity should take into consideration how past losses were memorialized, since people have a natural tendency to compare memorials.

It is advisable for schools to adopt a memorial policy that is general enough to cover any loss including a suicide **before** a tragedy occurs. Any school memorial should take into consideration how past losses were handled. The policy may outline a process for memorial requests (e.g., whether requests must obtain board approval). There may also be a period of deliberation between when requests are made that provides administrators time for making appropriate decisions that are not emotionally charged or driven by urgency. It may be useful to remind staff in the school community of the memorial policy at the faculty meeting that takes place at the start of the postvention.

Schools may establish a memorial committee that includes a diverse representation from school administration, student services department, agency mental health professionals, funeral directors, faith-based leaders, parents and perhaps a student

leader. This allows for different points of view to be considered when reviewing memorial requests. The size of the committee may vary but ideally is under ten members.

School administrators or staff who are approached by individuals interested in a memorial may offer the following:

“Thank you for your suggestion. Our memorial committee will be reviewing all requests. The school board will make the final decision. In the meantime, you may consider approaching other organizations and venues such as one of the churches or civic centers for more immediate options.”

It may help to consider four concepts when considering memorial activities:

- 1) **Proportion:** The memorial should be in proportion to past activities and with consideration to the amount of time and involvement from the school and community at large. For example, a memorial park should be smaller than a playground; a yearbook memorial page should not visually detract from or overwhelm the adjacent pages describing normal activities.
- 2) **Expression:** Ideas for memorials are often influenced by current fads and trends (e.g., social media page for the deceased, hashtags). While memorial requests may incorporate unique means of expression, review all memorials for cultural sensitivity to the deceased, his or her family, and the community as a whole.
- 3) **Outlook:** Adopting a theme of looking to the future with a sense of hopefulness is an important element in any memorial service, writing, or activity.
- 4) **Family Wishes:** Honor the surviving family’s wishes and preferences when possible.

Consider a similar manner of memorialization for all types of death. Tangible objects, although well-intended, are subject to decay, damage, vandalism and may interfere with future development. For example, a memorial garden may turn to weeds if no one is assigned to care for it in the long term, or it may become a parking lot as part of a future school building expansion project. A plaque may get lost in the archives of a school. A revered bench may become a canvas for graffiti. On the other hand, “living memorials,” such as donations to charity, prevention organizations, or scholarships through a non-school sponsored entity such as a civic organization like the Rotary may be a more viable option.

Other points to consider with regard to memorials:

- Gently remind students that the school is not the only venue to pay tribute to a loved one. Although it is important to offer outlets for grieving students to meet with a professional at school, not all of the activities have to take place on school grounds. In fact, doing so may set a precedent that is not advisable or manageable in the future. It may also serve as a disturbing reminder for some students.
- It is important for schools to keep in mind that they are about educating **all** students in a safe and supportive environment. The school should be as “equal” in memorial activities for students that are well-liked as well as those who were not. Thus, some schools deter from having school-sponsored memorials on site.
- Depending on the circumstances of the death, especially if there were legal issues involved or implied criminality, there may be a great deal of conflict in the school and community which may impact memorial requests and activities.
- Schools should be sensitive to individual and small group needs, but such support does not have to involve a school-sponsored or school-wide event. By accessing other natural supports such as faith-based organizations, specialized support groups, and community-based organizations, schools are actually expanding and strengthening the individual’s resiliency and support network.
- Remember, decisions regarding memorials do not have to occur immediately after a death. Emotions and opinions are often intense after a death. Allow time for reactions to dissipate and for the return of a regular school routine to ensure that tributes are reasonable and appropriate.

SPECIAL CONSIDERATIONS FOLLOWING A SUICIDE

Although the research on contagion supports a relationship between media coverage of a suicide and an increase in suicidal behavior (Gould et al., 1990; Insel & Gould, 2008), there is no such empirical research supporting the relationship between memorials following a suicide. In spite of the lack of research investigating memorials and contagion, there is a historical collection of anecdotal data and consensus among many suicidologists, mental health professionals, professional associations, and suicide survivors that certain precautions be followed as best practice recommendations regarding memorials following a suicide (Gould et al., 2003).

Thus, the general memorial recommendations mentioned in the previous section still apply following a suicide, but there are additional considerations and suggestions:

- Focus on the person, **not** on the manner/method of death. Sensationalizing and glamorizing a suicidal death should be avoided.
- Encourage living memorials (e.g., scholarships, donations to support/treatment organizations, annual walks to raise money for charity).

- Discourage “open mic” tributes with large groups of students. There is little control over what is shared, and the message that is heard by vulnerable youth in attendance may be skewed.
- Avoid the following: writing or murals on public school walls, impromptu shrines made at the locker or desk of the victim, clothing with pictures of the deceased or “rest in peace” messages, and ongoing gatherings without an adult present.
- Monitor online memorials and guest books for any comments of concern such as, “I’ll be joining you soon,” or “I won’t live without you.”
- Consider posting messages of support containing national and local crisis numbers along with resources at school.

Memorials should adhere to national safe and effective messaging guidelines, which were previously described in the section above on “Communications with the Media.” Key national resources include [Safe and Effective Messaging for Suicide Prevention](#) and [After a Suicide: Recommendations for Religious Services and Other Public Memorial Observances](#).

STUDENT-INITIATED GATHERINGS/GROUPS AND MEMORIALS

Any student-initiated support groups at school must have adult supervision, even though students may resist adult supervision. While students may want to exclude adults, it is essential that they have the encouragement and presence of caring adults so they can discuss their feelings in a safe and supportive environment. Adults provide structure and limits to the meeting that may otherwise become harmful. The postvention procedures can delineate qualified staff members with good student rapport to sit in on student-initiated groups.

Students may feel the need to leave mementos (e.g., letter, poems, flowers, balloons, teddy bears) on or near the victim’s desk or locker. It is important that students have a means to express their grief and remember their friend. However, the school must also consider the reactions that such visual reminders evoke. Visual reminders that begin to look like a shrine may be of particular concern if the death was a suicide because of the risk of contagion. Therefore, students can be encouraged to bring cards and other items they would like to share with the family to the main office or other supervised area. Remind students that any items left at a locker, desk, or other area will be carefully collected throughout the day and shared with the family. A member of the postvention team can review the materials for appropriateness before sharing them with the family.

Schools may engage community partners (e.g., faith-based organizations, law enforcement, mentoring groups) to assist in monitoring impromptu gatherings and

memorials off school grounds, noting that it is extremely helpful for those offering supervision to have prior training on supporting students with grief. Some adolescents are susceptible to using alcohol and other substances to self-medicate their stress and grief reactions. Memorial activities may provide an opportunity for school-community partnerships to offer support, enhance student safety, and intervene as needed.

YEARBOOK MEMORIALS

It is important to help students understand that the yearbook is a celebration of memories that will remain in their possession for many years to come. The yearbook represents a collection of many different memories, recollections, contributions, writings, and photographs. The proportion of the memorial to the entire yearbook is important to keep in balance. For example, the memorial should not overwhelm or dominate the entire senior class section of the book. To do this would be to deny many students and their families the joys that a yearbook offers.

The content and visual qualities of the memorial are important. There should be adequate space given to a photograph or two, but without reference to the details of the death. Avoid dramatic colors and designs, as they detract from the overall goal of a yearbook. Consider including a photograph of the deceased, even if the photograph is supplied by the family or from a previous school year. This may be less dramatic than a blank or darkened space.

Prior to designing any memorial in the yearbook, the yearbook staff, with their faculty advisor, may offer to meet with the family of the deceased to determine their wishes, preferences, concerns, and feelings about a memorial. This can be accomplished through a scheduled meeting at the family's home or at school. The yearbook staff may want to produce a separate memory book with pictures, anecdotes, stories, and poems about the deceased that could be presented to the victim's family. Creating such a project may relieve some of the tension regarding decisions about what is and is not included in the yearbook itself.

GRADUATION ACTIVITIES AFTER A DEATH

Commemorations at the end of the school year can be especially painful for the victim's loved ones. If a high school senior has died, contact the victim's family to determine whether they have any particular wishes that the school may be able to honor (e.g., having a family member come to the stage to gather the diploma at the beginning of the ceremony, making private arrangements with the family of the deceased to meet them at their home and present them with their child's diploma).

If the family chooses to receive the diploma in their home, the principal, superintendent, or other administrator from the school should go, accompanied by someone who knows the family. If there are any awards banquets or other ceremonies where the student would have been recognized, then the same idea is helpful. It is not recommended to leave an empty chair at the ceremony because the visual may elicit strong reactions from other students and other attendees.

At the actual graduation ceremony, a word of recognition about the tragedy may be helpful. If the school has reached out to the parents/family by visiting them and presenting the diploma, this can be shared. This acknowledgment may put other parents and students at ease and shows compassion. The superintendent or principal may want to mention a memorial fund or other memorial that the school has arranged or is planning.

Any tragedies that have occurred should be addressed at the beginning of the ceremony, so that the focus can remain on the celebration that is well-deserved by students and their families. Do not leave the victim's name off the list of graduates. It is not uncommon for students to mention the tragedies in their remarks. While many schools pre-approve student remarks, they may also have a staff member on standby so the microphone can be muted if comments become inappropriate.

The concepts outlined above also apply to situations in which a younger student has died. That student should still be recognized at any elementary or middle school graduation activities or be remembered at other commemorative activities, as appropriate.

ANNIVERSARY DATES

Grief feelings can resurface on or near the anniversary date of a tragic loss. It is helpful to keep in mind that the reactions associated with the anniversary are not limited to the exact date but rather a period of time, perhaps even the time of year. These feelings can reflect a normal "remembering" of the person or they may be of greater intensity. Some individuals may experience the anniversary as if the event was happening all over again, while others may not even acknowledge the day or display any reaction.

Some individuals may experience a postponed response called delayed grief reaction, which involves experiencing acute grief reactions at a later time, such as around the anniversary of the death rather than immediately following the death. There is also a possibility that some individuals may begin to experience complicated grief reactions after the six-month anniversary (Shear et al., 2005; Zistook & Shear, 2009). These reactions are marked by significant disruptions in sleep and daily routine and may

include an avoidance in activities associated with the deceased. As noted earlier, complicated grief often involves 1) disbelief that the individual has died and an inability to “move on,” 2) bitterness and anger over the death, 3) intense emotional pain with prolonged yearning and longing for the deceased, and 4) preoccupation with thoughts of the deceased that at times are distressing in nature (Prigerson et al., 1999).

The postvention team, in consultation with mental health professionals, can meet to discuss the appropriateness of follow-up activities. At a minimum, these activities may involve checking in with previously screened students, their parents, and impacted staff to see how they are coping. As noted earlier in the section on “Preventing Contagion: Postvention Following Suicide,” close friends and siblings exposed to a youth suicide are at an increased risk for PTSD and depression in the first month after the death, although the risk for PTSD from additional traumas may continue to increase (Brent et al., 1996). When possible, monitor students and staff even two years after the death, especially if the death was a suicide, to assess for any signs of complicated grief or other mental health concerns such as suicidal ideation and self-injurious behaviors (Swanson & Colman, 2013).

Faculty and staff, if reminded of the anniversary, can prepare to monitor and support students at that time. Adults are not immune to this. Depending upon their own personal history, various staff members may also re-experience the loss. The postvention team may consider a program on the anniversary date. Be aware that similar responses may occur on special occasions like the deceased’s birthday. Other potentially difficult dates include the first holidays, games, recognition dinners, proms, and graduation without the deceased.

TRANSITIONING FROM POSTVENTION INTO PREVENTION

Unless there are significant reminders of the tragedy (e.g., the intersection where a fatal car crash occurred is in front of the school, a fatal house fire is along a school bus route), and barring any other tragedies, the school community will slowly begin to return to a normal routine, albeit a “new normal.” Although the monitoring of those most at risk will continue in the months to come, the majority of the school community will not require individual follow-up. Following a loss, there is also an opportunity to make meaning from the tragedy by focusing attention, energy, and resources on potential prevention efforts. Depending on the nature of the loss, these efforts may include establishing a public awareness campaign against distracted driving, teaching conflict resolution skills to elementary students, and/or creating a mental health partnership to begin a school-based therapy program.

In developing and evaluating a social media strategy regarding public health communications and campaigns, the Centers for Disease Control offers a [Social Media Toolkit](#).

SUICIDE PREVENTION PROGRAMS

Especially following a suicide, school districts have an opportunity to revisit their prevention and intervention efforts. Most states now require some level of training on suicide prevention for school staff on a regular basis (Kreuze et al., 2017). In Pennsylvania specifically, Act 71 passed in 2014 and mandates that schools develop policies and procedures for suicide prevention, provide 4 hours of suicide prevention training to educators in grades 6 through 12 every five years, and incorporate student education into their school policy. Act 44 passed in 2018 also requires training for all school employees on school safety-related topics, including suicide prevention. In 2019, Act 18 further strengthened suicide prevention efforts by mandating training in trauma-informed practices.

SAMHSA (2012) compiled the [Preventing Suicide: A Toolkit for High Schools](#), which includes templates and programs for suicide prevention, intervention, and postvention activities. The toolkit promotes a comprehensive, multifaceted approach with components for students, teachers, and parents. These components are as follows:

- Policies and procedures to address suicide prevention and intervention;
- Policies and procedures for postvention following a suicide death;

- Gatekeeper training for all staff and specialized training for those staff responding to suicidal youth;
- Parent education;
- Programs for student education integrating suicide prevention into other healthy behavioral initiatives (e.g., Positive Behavioral Interventions and Supports [PBIS], social-emotional learning, health education); and
- Procedures and tools for screening of students universally and/or who may be at risk and those who become suicidal, as well as those exposed to a suicide death.

It is important that equitable, trauma-informed school district policies and procedures are established as they will govern and dictate all subsequent suicide prevention, intervention, and postvention efforts and activities. It is also important that specialized training for select staff around identification, screening, and intervention with suicidal youth be kept up-to-date. Ideally, gatekeeper training is expanded to include not only faculty, but also coaches, ancillary staff, parents and community members. Education and training for students around suicide prevention should be integrated into other mental health awareness programs, promote help-seeking behavior, and strengthen resilience and protective factors.

As referenced at the beginning of this guide, the research on postvention is sparse. More rigorous research is also needed regarding the evaluation of suicide prevention programs (Singer et al., 2018). York and colleagues (2012) reviewed 16 suicide prevention programs, which included student curriculum, combined curriculum, and gatekeeper training and competency programs, and found that only two demonstrated a positive impact on suicidal behavior, albeit slight (Eggert, et al., 1995; La Fromboise & Howard-Pitney, 1995). The majority of the programs did show a positive increase in student and staff awareness, attitudes, and knowledge of suicide.

Student programs that focus on education about depression and suicide, how to identify problems in fellow students and oneself, and how to access help have shown to actually decrease the incidence of suicide attempts in randomized clinical trials (Asetline et al., 2007; Wasserman et al., 2015). On the other hand, screening and referral and gatekeeper training alone have not been found to have an effect on incident attempts in high school settings (Wasserman et al., 2015).

In determining which programs to implement, schools can also visit the [Resources and Programs Repository](#) on the Suicide Prevention Resource Center (SPRC) website. The [SPRC website](#) also provides resources and guidance on strategic planning to support schools in making data-driven decisions about program implementation.

Several states have developed practical guides for school-based suicide prevention efforts. One set of guidelines is the [Maine Youth Suicide Prevention Program](#) (DiCarao et al., 2009). In particular, the Maine Program provides a comprehensive readiness survey for schools to complete to assess their protocols for suicide prevention, intervention, and postvention, along with many other practical handouts for schools to adapt. Another [school-based guide for suicide prevention](#) was developed by The Florida Mental Health Institute at the University of South Florida (Doan, et al., 2003 and 2012). The updated manuscript features issue briefs and checklists that schools can utilize for prevention, intervention, and postvention.

UPSTREAM SUICIDE PREVENTION APPROACHES

Upstream approaches to suicide prevention involve efforts to mitigate risk factors and strengthen protective factors (Wyman, 2014). In doing so, the goal is to prevent the onset of suicidality. Many existing school-based initiatives (e.g., bullying prevention programs, Gay-Straight Alliances, school climate initiatives, trauma-informed practices) could be seen as contributing to a school's comprehensive suicide prevention efforts, even though they do not explicitly address the topic of suicide.

Although not causal, research identifies the following **risk factors** as associated with certain at-risk behaviors, such as delinquency, substance abuse, and suicidal behavior (Maniglio, 2011; Bridge et al., 2006; Beautrais, 2004; Nouck et al., 2013, Nouck et al., 2006; Borowsky et al., 2013; Borowsky et al., 2001, Brent et al., 1999, & Resnick et al., 1997):

- Untreated mental health and substance abuse disorder;
- Family violence, conflict, and/or inconsistent parenting (e.g., too harsh and then permissive);
- Childhood abuse—physical, verbal and/or sexual;
- Exposure to a friend or family member's suicidal behavior;
- Access to lethal means, especially firearms in the home;
- Low self-esteem;
- Bullying (victim, perpetrator, both, and/or witness);
- Lack of family and/or peer support for gender identify or sexual orientation.

A great deal of media attention has focused on the victims of bullying and cyberbullying, particularly those who die by suicide. Both victims and perpetrators of bullying are at a higher risk for depression and suicide attempts than their peers. Children who are both victims and perpetrators of bullying (provocative bullies) are at the highest risk (Borowsky et al., 2013; Kim & Leventhal, 2008; Hay & Meldrum, 2010; Kaminski & Fang, 2009). Among the three classifications of victim, perpetrator, and

provocative bully, a history of self-injury and emotional distress were the strongest risk factors associated with suicidality (Borowsky et al., 2013). Parent connectedness was found to be a protective factor against suicidality among reported victims, perpetrators, and provocative bullies (Borowsky et al., 2013).

LGBTQ youth experience more bullying (including physical violence and injury) at school than their heterosexual peers (Berlan et al., 2010; CDC, 2018). A review of the research found that the relationship between bullying and suicide risk was stronger for LGBTQ youth than for heterosexual youth (Kim & Leventhal, 2008). [The Trevor Project](#) is a nationally recognized suicide prevention organization that aims to prevent suicide among LGBTQ youth. The organization offers live chat, texting, and phone support with trained clinicians, as well as a range of other online resources through their website. Parents, Families, and Friends of Lesbians and Gays ([PFLAG](#)) is a national organization that provides advocacy, education, and support for LGBTQ individuals, their families, and their friends.

An additional area of concern for the majority of schools and parents is internet safety and the impact of social networking. Although bullying behavior, including cyberbullying, is not causally associated with suicide, those who engage in bullying behavior report more depressive symptoms and may be more at risk for suicidal behavior. For additional resources, see [Cyberbullying Script for Parents to Promote Dialogue](#) and [Standing Up to Cyberbullying: Top Ten Tips for Teens](#). Visit the [Cyberbullying Research Center](#) for a variety of other templates and resources for parents, educators and youth, as well as the [Pacer Center](#) for additional resources for schools, youth and families experiencing bullying behaviors. In Pennsylvania, additional resources can be found on the Department of Education's [Bullying Prevention page](#), including information about the PA Bullying Prevention Consultation Line (1-866-716-0424) to assist students, parents/guardians, and school districts in Pennsylvania.

Research has also identified the following **protective factors** that appear especially connected to minimizing at-risk behaviors such as substance abuse, suicidal behavior and delinquency/violence among youth (Kaminski et al., 2010; CDC, 2009; Cha & Nock, 2009; Cheng, et al., 2009; Sharaf et al., 2009; Eisenberg et al., 2007; Grossman et al., 2005; Brent, 2004; Resnick et al., 2004; Borowsky et al., 2013; and Borowsky et al., 2001):

- School connectedness (e.g., constructive adult support, positive peer group, commitment to education, safe school environment). The CDC's [School Connectedness: Strategies for Increasing Protective Factors Among Youth](#) provides in-depth information on this topic.

- Parental involvement, including family connectedness (e.g., eating meals together, doing pleasurable activities as a family), supervision, fair and consistent parenting.
- Appropriate mental health treatment and follow-up with screening, level-of-care considerations, collaborative ongoing monitoring of progress, and support.
- Emotional intelligence (e.g., teaching students to manage emotions, relate well to adults and peers, make meaning of life experiences).
- Positive self-esteem and opportunities to build and maintain it.
- Lack of access to lethal means such as firearms, substances, etc.
- Academic success and academic skills (e.g., reading skills).
- Hopefulness about the future and working toward one's goals.
- Ability to recognize healthy role models.

Schools may already be implementing a range of programs that address these protective factors. Through multi-tiered systems of support (MTSS), for instance, schools may provide social-emotional learning and skill-building opportunities for all students to support the development of emotional regulation and coping strategies, as well as conflict resolution and problem-solving skills. Schools should consider the fact that academic initiatives to increase students' reading and math skills may also help build an important protective factor against suicide risk. Schools that implement behavioral health screening and/or offer on-site behavioral health services are also contributing to the early identification and intervention of risk factors. All of these efforts may be considered part of upstream approaches to suicide prevention within schools.

Singer et al. (2018) reviewed all school-based suicide prevention programs for youth and considered programmatic components such as staff training, screening, and student education from a multi-tiered lens. Existing programs were situated within a multi-tiered framework that considers interventions at the universal, secondary, and tertiary levels. Given that there are only two evidence-based programs for youth, one of which is **not** considered to be a *suicide prevention* program (i.e., Good Behavior Game), the authors emphasized the need for greater focus on "upstream approaches" to suicide prevention in schools, which includes initiatives to reduce risk factors (e.g., bullying, trauma, substance use) and increase protective factors (e.g., school climate, school connectedness). Considering upstream approaches may lead schools to broaden current understanding of what school-based suicide prevention may entail, making their approach more comprehensive and aligned with existing efforts.

FOSTERING RESILIENCY

Building resilience among students is a key protective factor that warrants additional consideration. Although it is important to identify and screen students who are most at risk following a traumatic event such as the death of a classmate or teacher, it is also important to use the tragedy as an opportunity to develop and strengthen the resiliency and protective factors of those within the school community. Resiliency can protect against suicidal risk (Borowsky et al., 2001; Borowsky et al., 2013). Research suggests that most individuals will cope with tragedies through their natural supports and develop stronger coping skills in the process (Mancini & Bonanno, 2009).

The following suggestions are adapted from the [Pennsylvania "All Hazards" School Safety Planning Toolkit](#) list of how schools can assist students to foster resiliency after a loss (refer to [Attachment 13: 10 Tips to Build Resilience](#)):

- **Identify** caring and trusted adults in student's life. This may start with family and teachers, and expand to include coaches, scout leaders, faith leaders, emergency responders, etc.
- **Minimize** exposure to upsetting images and comments. Encourage youth to limit their social networking to positive interactions.
- **Emphasize** importance of a healthy but flexible routine to minimize physiological discomfort and increase their immunity, which is often weakened following a loss.
- **Answer** questions and do not avoid talking about the incident. Be honest if you do not know an answer. Offer to try and find out an answer and report back. Acknowledge that not all questions have an answer.
- **Create** positive connections by developing classroom projects that include teamwork and involve topics such as help seeking, communicating respect, celebrating diversity, and emotional regulation.
- **Practice** breathing and relaxation strategies.
- **Provide** an opportunity to talk without pressuring students to do so.
- **Assist** students in setting realistic goals and breaking down problems and assignments into manageable chunks, with a priority of completing one piece at a time.
- **Point out** positive, active coping strategies that may occur over time such as writing a card, volunteering, exercising, eating well, journaling, being in nature, playing with animals, helping someone. Distinguish these from negative, passive coping, which may involve withdrawing from family and friends, self-blame, ruminating, and denial.

- **Increase** students' sense of mastery and control over events related to the death and in their daily routine. Offer appropriate choice when possible (e.g., where they sit, which questions to answer, if they want to send a card.)

In the weeks and months following a loss, refer also to self-inventories such as [The Resiliency Quiz](#) (Henderson, 2009) to identify and strengthen areas of resiliency for students and staff. As part of longer-term efforts, schools may want to consider broader frameworks such as the [Search Institute's 40 Developmental Assets](#) that young people need to succeed. [Free downloads](#) that have been translated into multiple languages, as well as other resources for schools, are available on the website. For resources and strategies to support educator wellness in a proactive and ongoing manner, refer to [Compassion Resilience Toolkit](#).

A FINAL NOTE

This manual is dedicated to those who shared their tragedies and thereby gave us new insights for helping others. We sincerely hope that you will find help in the pages of this manual. Please send us your suggestions so that we might improve future editions. May those who find themselves in need of this manual be comforted, informed and inspired by the words below, by philosopher and poet, James Thurber:

A Lesson from Loss

Let us not look forward in fear or
Backward in anger but
Around us in awareness.

APPENDIX 1: TRAUMA, LOSS, AND GRIEF: A BRIEF PRIMER

Responses to trauma may be cognitive, physical, emotional, and/or behavioral. Trauma is both a subjective and biological experience. Table 1 provides an overview of externalizing and internalizing signs of trauma in students. Table 2 summarizes common developmental responses to trauma among students. Culture may also influence how youth respond to the trauma (e.g., more internalizing versus externalizing) and how open they are to accessing professional support outside of the family. Trauma-focused cognitive behavioral therapy (TF-CBT) is one type of treatment that may be indicated for traumatized individuals, since bereaved individuals are at increased risk for PTSD. For further training and materials for educators on children and trauma please visit [The National Child Traumatic Stress Network \(NCTSN\)](http://www.nctsn.org).

Table 1 – Signs of Trauma Among Youth

Behavioral Signs of Trauma Among Youth	Internalizing Signs of Trauma Among Youth
Irritability Outbursts of anger and fighting School refusal Reenactment Hyper-vigilance, always on guard Shaking, sweating, flushed Breathing fast and shallow Retelling of the event	Extreme withdrawal Emotional numbing/flat affect Irrational fears Somatic/physical complaints Depression Inability to focus/pay attention Guilt Sleep problems (e.g., nightmares, insomnia) Anxiety Lowered self-esteem Regressive behaviors (e.g., bed wetting, sucking thumb)

Adapted from the National Child Traumatic Stress Network (NCTSN)

Table 2- Developmental Responses of Trauma Among Youth

Preschool and Young School-Age Children	School-Age Children	Adolescents
Helplessness Fear/uncertainty	School-age children may have the symptoms listed	Teens may have the symptoms listed under

Difficulty describing feelings or emotions in words Developmental regression (e.g., loss of speech, toileting skills) Separation anxiety Sleep disturbances/fear of going to sleep Traumatic play (e.g., representing focus on traumatic event or attempt to change the outcome)	under preschool/young school-aged children, as well as the following: Feelings of guilt or shame Preoccupation with the event (e.g., retelling of the event, their actions or inactions) Poor attention Learning difficulty Somatic complaints Internalizing problems Externalizing problems	children, as well as the following: Heightened shame Guilt, lowered self-confidence Self-consciousness about their emotional responses to the event Withdrawal Fantasies about revenge and retribution Self-destructive, high risk behavior
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Adapted from the National Child Traumatic Stress Network (NCTSN)

LOSS AND GRIEF: GENERAL CONCEPTS

Postvention often deals with sudden, unexpected death. Grief is a natural human reaction to the death of someone close and is to be expected. Grief reminds us that we continue to have a connection with our loved one even though they are not physically present. Grief is not an isolated event; it is a process that involves a range of feelings, thoughts, physical reactions, and behaviors that ebb and flow. Visit [The Caring Place](#) for more resources and materials for educators and caregivers on helping youth understand grief.

There are several important areas of grief work that postvention team members may consider to promote a healthy grieving process within the school community. These areas include: 1) general tasks of grieving, 2) differences between grief and complicated grief, 3) variables that influence children’s grief, and 4) key messages about grief.

General Tasks of Grieving

Researchers have identified four general tasks of grieving (Worden, 2009):

- Accepting the reality of the loss;
- Experiencing the pain of the loss;
- Readjusting to the environment without the deceased;
- Reinvesting emotional energy in other relationships.

Members of the school community may move at different rates with regard to accepting the reality of the loss and experiencing the pain of losing someone close. Postvention normalizes the grief process and encourages healthy expression of feelings and thoughts. Over time, it is hoped that the school community will move forward with day-to-day activities in positive ways.

Differences Between Grief and Complicated Grief

Individuals often hold unspoken assumptions about death, particularly the death of a young person. Grief work often focuses on challenging the assumptions individuals have about the world following a loss (Rando, 1994). For example, expectations about the world in general no longer ring true (e.g., "Old people die before young people" and "I will be supported if I am in need."). There is often a need to reexamine, reframe, and/or rewrite our assumptions (e.g., "Overall the world is good, but sad things happen and I need to help myself.").

When the death is a result of a traumatic event, grief becomes a more complex process. Often, a traumatic death does not give family and friends a chance to say goodbye because there is no way to anticipate it. Rando (1994) cites six additional factors:

- Witnessing the death of a loved one;
- The inability to prevent the death due to the randomness of the event causing the death;
- Multiple deaths from a single incident create layers of feelings, emotions, and challenges for survivors to integrate;
- The violent mutilation and destruction of the person or property;
- The survivor's personal encounter with the death and his or her own life-threatening experience of the trauma;
- Any personal injury that may make grief work more intense and confusing.

Following a traumatic death there is also the possibility of **complicated grief**. Complicated grief is a serious clinical condition and is distinguishable from PTSD and depression. Symptoms for complicated grief may include the following (Melhem et al., 2007; Shear et al., 2005):

- Preoccupation with the deceased;
- Experiencing bitterness around the death;
- Difficulty accepting the death;
- Unable to find any meaning in life;
- Significant impairment in daily functioning;

- Inability to focus on other aspects of one’s life or relationships apart from the deceased.

As discussed, grief is an ongoing process, with periods of acute reactions following the death and eventually longer periods of integrated reactions. Acute reactions such as intense emotions and a preoccupation with the deceased are not usually part of the day-to-day experience. The bereaved will eventually experience integrated reactions as they become able to recall the deceased with positivity and are no longer preoccupied with the death.

Complicated grief is marked by significant disruptions in sleep and daily functioning and is distinguishable from PTSD and depression six months after a loss (Shear et al., 2005; Zistook & Shear, 2009). Those with complicated grief are at an increased risk for depression and suicidality (Prigerson et al., 1999).

Those most at risk for complicated grief appear to be those who felt a particularly close bond to the deceased and who experienced difficulty in other relationships. In addition, individuals with mood disorders, lack of support, poor health, and adverse life events also seem more vulnerable to complicated grief. Young adults with complicated grief who had a friend die when they were adolescents reported more suicidal thoughts than those without complicated grief (Melhem et al., 2011; Melhem et al., 2007; Prigerson et al., 1999 in Zistook & Shear, 2009).

Melhem and colleagues (2011 and 2013) developed the following brief screening scale to help identify youth at risk of prolonged grief reactions:

Inventory of Complicated Grief-Revised for Children (ICG-RC) Screen

	Almost Never (Less than once a month)	Rarely (Monthly)	Sometimes (Weekly)	Often (Daily)	Always (Several times a day)
1. I feel that I cannot accept the death.	1	2	3	4	5
2. I very much miss the deceased.	1	2	3	4	5
3. I feel that I cannot believe the death.	1	2	3	4	5
4. I feel shocked over the death.	1	2	3	4	5
5. I feel lonely ever since the death.	1	2	3	4	5

6. I feel that the death made me see the world differently.	1	2	3	4	5
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Items from the full measure, the Inventory for Complicated Grief-Revised for Children (ICG-RC; Melhem et al., 2011, 2013), associated with above screen are available within the manuscript.

Variables that Influence Children’s Grief

As professionals working with children, it is important to note the variables that influence a child’s grief. According to Rando (1994), consider the following questions to guide your responses to individual children:

- What are the causes and circumstances of the loss?
 - What was the child told?
 - Where was the child told?
 - Did the child have an opportunity to ask questions?
 - How were the questions answered?
- What are the family dynamics after the loss?
 - Is there a change in the living situation?
 - Is there any change in parenting/guardianship? (**Note:** this would only be relevant to losing a parent, not a friend.)
- What were the dynamics within the family prior to the loss?
 - What was the relationship between the parents/caregivers?
 - What was the relationship between the parents/caregivers and child?

Key Messages about Grief

The postvention team has a role in normalizing grief for students, parents, and staff. The following additional concepts may be helpful with regard to these efforts:

- There is no one way to grieve, but some ways of coping can be more harmful than others (e.g., drinking or reckless driving as opposed to crying or making a charitable donation in honor of a loved one). Many bereaved describe how they often re-experience the loss over time, sometimes when unexpected. Each individual comes up with their own “story” of what happened, and that “story” can be revisited and rewritten over time as the individual receives new information or gains new perspective and insight.
- Expressions of anger or conflict with family, friends, peers, and teachers are not uncommon during the grief process. Internalized conflict, self-doubt, and questioning of self are also to be expected.
- Students often report difficulty with learning new material because their concentration is impacted; their long-term memory is usually better than their short term. Therefore, recalling material they have already learned is often easier than learning new material.
- Even young children under age six can experience grief. They will often take their “cues” from the caregivers around them.
- It is important to ask open-ended questions whenever possible (e.g., “What do you think happened?” “What worries you?” and “What makes you feel better?”).
- Although children and adolescents have many of the same reactions to trauma, children are not always able to verbalize their thoughts and feelings in the same way. When children are too young to benefit from an educational support group, using art, puppets, music, or books may help them to open up about their feelings.
- It is important that adults take care of their own needs so they can be supportive of young children who may require extra reassurance.

Additional Trauma and Grief Resources

For a better understanding of traumatic responses in children and ways to offer support as a parent, teacher, or caregiver, refer to the following resources:

- [Helping Children Cope with Trauma](#)
- [Tips for Talking with and Helping Children and Youth Cope after a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers](#)
- NCTSN’s [Child Trauma Toolkit for Educators](#)

One of the ultimate goals/outcomes is to find ways for children and adolescents to express their thoughts when they cannot put their reactions into words or when their reactions become overwhelming. [The Dougy Center for Grieving Children and Families](#) offers a variety of books and resources for children who are grieving and the caregivers in their lives.

For general supports on loss visit:

- [Compassionate Friends](#): support for parents who have had a child die
- [Hospice Foundation of America: Support Groups](#): may sponsor grief groups for students, as well as adults
- [Visiting Nurse Associations of America](#): often sponsors local grief groups

In supporting adults bereaved by suicide, refer to the STAR-Center manual, [Survivors of Suicide](#), which offers guidelines for facilitating a grief support group. To find other support groups for parents, caregivers, and adults (some also offer youth groups), consider the following specific support group locators for suicide:

- [American Foundation for Suicide Prevention: Find Support](#)
- [American Association of Suicidology: Survivors of Suicide Directory](#)

BEREAVEMENT FOLLOWING TRAUMATIC LOSS: IS SUICIDE BEREAVEMENT DIFFERENT?

Sudden loss in and of itself is not associated with poorer coping (Mancini & Bonano, 2009). However, there does appear to be a difference in the intensity of some of the reactions survivors of suicide report, especially if they found the body or were exposed to the scene (Hibbard et al., 2010; Zisook et al., 1998). This exposure has also been found to put such survivors at an increased risk for suicidality (Krysinka, 2003; Runeson & Asberg, 2003).

Though finding no significant differences between survivors of suicide and those bereaved by other losses, researchers found that survivors of suicide reported higher levels of rejection, shame, a need to conceal the cause of death, and blame more than the other survivor groups (Sveen & Walby, 2008). Researchers also outlined qualities among those bereaved by suicide that may impede their grieving process and increase risk for suicide (Jordan, 2008):

- Overwhelming feelings of guilt
- Overwhelming sense of responsibility

- Rejection
- Perceived abandonment and stigma
- Anger at the loved one and themselves

What does appear to be clear is the consensus among those bereaved by suicide, also known as survivors of suicide, of the following (from the [American Association of Suicidology: Survivors of Suicide Loss Fact Sheet](#)):

- Misinformation and stigma associated with suicide often prevent survivors from getting the support they need from others.
- Feelings of shame and embarrassment may also keep survivors from reaching out for support.
- Suicide survivors often experience intense feelings of guilt, whether feeling they could have done more to prevent the death or feeling relief that their loved one is no longer struggling with their mental health or substance abuse issues.
- Support groups specific to survivors of suicide are often reported to be very helpful by members.
- Healing can and does occur after a suicide loss.
- When suicide is associated with a psychiatric disorder, a person who loses a relative to suicide is always more vulnerable due to a family history of psychiatric illness (Brent et al., 2006; Bridge et al., 2006; Melhem et al., 2011).

When children are bereaved by suicide, the following may be helpful to remember (from [AAS: Survivors of Suicide Loss Fact Sheet](#)):

- Following the suicide of a loved one, children may experience strong feelings of guilt and abandonment.
- It is important to remind children, often repeatedly, that the death was not their fault and that someone will be there to take care of them.
- Not talking about the death or the manner of the death with a bereaved child often causes further distress and confusion.
- When talking with the bereaved child, it is important to provide general age appropriate information and ask the child what he or she wants to know. Be honest when answering, even if it is to say, *"I don't have an answer, but I am glad you asked."* Keep encouraging children to ask questions.

The following chart, adapted from the American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC) [After a Suicide: A Toolkit for Schools, 2nd Edition](#), may be helpful in addressing reactions of students following a suicide:

Talking Points About Suicide	What to Say
<p>Give accurate information about suicide.</p> <p>Suicide is a complicated behavior. It is not caused by a single event.</p> <p>In many cases, mental health conditions, such as depression, bipolar disorder, PTSD, or psychosis, or a substance use disorder are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Having a mental health problem is actually common and nothing to be ashamed of. Help is available.</p> <p>Talking about suicide in a calm, straightforward way does not put the idea into people’s minds.</p>	<p>“The cause of [name’s] death was a suicide. Suicide is not caused by a single event. In many cases, the person has a mental health or substance use disorder and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness.”</p> <p>“There are effective treatments to help people with mental health or substance abuse problems or who are having suicidal thoughts.”</p> <p>“Mental health problems are not something to be ashamed of. They are a type of health issue.”</p>
<p>Address blaming and scapegoating.</p> <p>It is common to try to answer the question “why?” after a suicide death. Sometimes this turns into blaming others for the death.</p>	<p>“Blaming others or the person who died does not consider the fact that the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply.”</p>
<p>Do not focus on the method.</p> <p>Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals.</p> <p>The focus should not be on how someone killed themselves but</p>	<p>“Let’s talk about how [name’s] death has affected you and ways you can handle it.”</p> <p>“How can you deal with your loss and grief?”</p>

Talking Points About Suicide	What to Say
rather on how to cope with feelings of sadness, loss, anger, etc.	
<p>Address anger.</p> <p>Accept expressions of anger at the deceased and explain that these feelings are normal.</p>	<p>“It’s okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about [name]. You can be angry at someone’s behavior and still care deeply about that person.”</p>
<p>Address feelings of responsibility.</p> <p>Help students understand that they are not responsible for the suicide of the deceased.</p> <p>Reassure those who feel responsible or think they could have done something to save the deceased.</p>	<p>“This death is not your fault. We cannot always see the signs because a suicidal person may hide them.”</p> <p>“We cannot always predict someone else’s behavior.”</p>
<p>Promote help-seeking.</p> <p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed.</p>	<p>“Seeking help is a sign of strength, not weakness.”</p> <p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”</p> <p>“If you are concerned about yourself or a friend, talk with a trusted adult.”</p>

ATTACHMENT 1: POSTVENTION ACTION STEPS

CRISIS TEAM MEMBERS

NAME	ROLE	CONTACT INFORMATION (OFFICE/CELL/EMAIL)

ACTION STEP CHECKLIST

Note: The roles identified in the chart below may vary according to available resources and personnel within each school district/building.

Date	Time	Initials	Responsibility
_____	_____	_____	1. The school is informed of the death <ul style="list-style-type: none"> <input type="checkbox"/> Postvention coordinator is notified <input type="checkbox"/> Superintendent is notified <input type="checkbox"/> Building administration is notified
_____	_____	_____	2. Factual information is gathered <ul style="list-style-type: none"> <input type="checkbox"/> Postvention coordinator or school official contacts Coroner or law enforcement agency to confirm the death and identity of the deceased <input type="checkbox"/> Postvention coordinator completes the Coroner's/Law Enforcement Agency's Report (see Attachment 4)
_____	_____	_____	3. Postvention coordinator contacts mental health agency/other community resources for on-site support and/or consultation <ul style="list-style-type: none"> <input type="checkbox"/> Mental health agency states what services will be provided <input type="checkbox"/> Superintendent approves use of mental health services <input type="checkbox"/> Postvention coordinator reviews district's policy regarding outside school personnel who screen students and the need for signed consent

Date	Time	Initials	Responsibility
_____	_____	_____	4. Meeting is scheduled for Postvention/Crisis/SAP team and building administration <ul style="list-style-type: none"> <input type="checkbox"/> Administrator/team designee prepares the announcement that is to be read by teachers <input type="checkbox"/> Administrator prepares letter to inform parents of the death, as well as the school's postvention activities <input type="checkbox"/> Postvention coordinator locates deceased's personal belongings and puts them into safekeeping for the family <input type="checkbox"/> Postvention coordinator removes deceased's name from individual class rosters, school mailing lists, and automated attendance call lists <input type="checkbox"/> Crisis Team designates rooms for screening students <input type="checkbox"/> Crisis Team confirms designated media spokesperson with the Superintendent
_____	_____	_____	5. If death was a suicide, Crisis Team evaluates the risk of contagion <ul style="list-style-type: none"> <input type="checkbox"/> Postvention coordinator identifies and contacts feeder schools and/or adjacent school districts where students may be affected <input type="checkbox"/> Mental health consultant contacts neighboring mental health providers
_____	_____	_____	6. Faculty and school staff are notified of the death through phone/email chain <ul style="list-style-type: none"> <input type="checkbox"/> Teachers are informed of faculty and staff meeting to take place as soon as possible (i.e., an early morning meeting)
_____	_____	_____	7. Crisis team begins to compile a list of at-risk students to be individually screened <ul style="list-style-type: none"> <input type="checkbox"/> Friends of the deceased <input type="checkbox"/> Siblings of the deceased <input type="checkbox"/> Students with a personal or family history of mental health problems <input type="checkbox"/> Students with a past history of suicide attempt(s) <input type="checkbox"/> Students who are currently in mental health or drug and alcohol abuse treatment <input type="checkbox"/> Students who may be vulnerable due to concerns shared by parents and/or teachers <input type="checkbox"/> Classmates /teammates /fellow club members of the deceased
_____	_____	_____	8. Postvention coordinator contacts the deceased's family <ul style="list-style-type: none"> <input type="checkbox"/> Conveys the school's condolences <input type="checkbox"/> Asks parents/guardians about funeral arrangements <input type="checkbox"/> Determines how parents/guardians would like the school to participate in the funeral

Date	Time	Initials	Responsibility
_____	_____	_____	<ul style="list-style-type: none"> <input type="checkbox"/> Reassures parents/guardians that school will safeguard and return deceased's personal belongings <input type="checkbox"/> Informs parents that the school is providing postvention activities for students and staff
_____	_____	_____	<p>9. Postvention coordinator and/or principal hold faculty meeting before school or as soon as possible (see Attachment 7a)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expresses condolences to the staff <input type="checkbox"/> Acknowledges the efforts of the Postvention/Crisis/SAP team <input type="checkbox"/> Reviews the facts of the death as known and reminds faculty and staff to only share facts <input type="checkbox"/> Announces funeral arrangements if known <input type="checkbox"/> Makes sure that interested staff members may attend the funeral <input type="checkbox"/> Introduces all outside professionals <input type="checkbox"/> Gives an overview of the postvention activities <input type="checkbox"/> Advises teachers to send visibly distressed students to the guidance office or designated area with a hall monitor or escort <input type="checkbox"/> Encourages staff to monitor students, especially those that may be grieving (e.g., journal entries, comments written in margins, off-handed comments, etc.) <input type="checkbox"/> Describes the school's policy on what to do with gifts/memorials that students leave for the deceased <input type="checkbox"/> Distributes the announcement that is to be read to the students <input type="checkbox"/> Encourages any staff member who needs assistance reading the announcement to contact the postvention coordinator <input type="checkbox"/> Reminds staff about self-care and the importance of seeking their own support if needed (e.g., EAP) <input type="checkbox"/> Announces follow-up meeting to be held ideally at the end of the school day
_____	_____	_____	<p>10. Postvention coordinator contacts the funeral home (no release of information is needed)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviews specific funeral arrangements and family's wishes <input type="checkbox"/> Informs the funeral director that students might visit the funeral home
_____	_____	_____	<p>11. Superintendent approves letter to be sent to parents (see Attachment 8a/8b)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Letter describing the tragedy and the postvention activities is distributed to students at the end of the day and/or sent to parents

Date	Time	Initials	Responsibility
 	 	 	<p>12. The schedule of the deceased is followed by a school mental health professional and/or postvention team member</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expresses condolences <input type="checkbox"/> Responds to students' questions about the death <input type="checkbox"/> Explains funeral arrangements and procedures if any are known <input type="checkbox"/> Discusses the subject of memorials <input type="checkbox"/> Explains that counselors are available to see students <input type="checkbox"/> Reviews various stress reactions and the necessity of exhibiting tolerance and understanding
 	 	 	<p>13. A member of the postvention team and/or agency staff may conduct an educational support group</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asks how each student learned about the death <input type="checkbox"/> Explores each student's reaction to the death <input type="checkbox"/> Reviews aspects of grief <input type="checkbox"/> Discusses ways to deal with tragic loss <input type="checkbox"/> Encourages student discussion and questions <input type="checkbox"/> Distributes crisis resource and numbers, encouraging students to put these directly in their mobile devices <input type="checkbox"/> Urges students to self-refer or refer a friend if they are concerned <input type="checkbox"/> Emphasizes the need to contact an adult if students have concerns about suicidality <input type="checkbox"/> Asks for and respond to students' questions
 	 	 	<p>14. Postvention coordinator or mental health consultant coordinates individual screenings and keeps a confidential roster of all students referred and screened (Ideally all records are maintained in accordance with pre-established letter of agreement between school district and agency/community providers prior to crisis response)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contacts the parents/guardians of each student referred for screening <input type="checkbox"/> Communicates to student that interview is voluntary and review confidentiality <input type="checkbox"/> Makes appropriate referrals for in or out of school support <input type="checkbox"/> Contacts therapists of students who are in treatment if releases are signed and on file <input type="checkbox"/> Provides additional resources to students, as needed <input type="checkbox"/> Immediate follow-up with students' parents/guardians, documenting recommendations <input type="checkbox"/> Follow-up for all students screened by crisis team member

Date	Time	Initials	Responsibility
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>15. Postvention coordinator and/or principal facilitates follow-up faculty meeting at the end of the first day, if possible (see Attachment 7b)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Thanks faculty and staff and acknowledges their hard work <input type="checkbox"/> Provides updates on any new developments of the death and/or funeral arrangements <input type="checkbox"/> Reminds staff to refer all media inquiries to the District’s designated media spokesperson <input type="checkbox"/> If not already reviewed at morning faculty meeting, distribute and review the letter that goes home to parents <input type="checkbox"/> Encourages faculty and staff to continue to monitor students <input type="checkbox"/> Explains that students may have a resurgence of feelings after the funeral and in the weeks and months to come, as there is no timeframe for grieving <input type="checkbox"/> Emphasizes that through natural supports, staff and students will get through this difficult time and that resources are available for those needing additional support
<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>16. Postvention coordinator holds a follow-up meeting for Postvention/Crisis team and building administration at the end of the first day</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviews all students who were seen (including those that were screened) <input type="checkbox"/> Identifies plan for the following days, especially the day after the funeral
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>17. Postvention coordinator or principal holds optional parent meeting, typically a week or two after the funeral</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reviews school’s postvention activities <input type="checkbox"/> Discusses typical child and adolescent responses to sudden death <input type="checkbox"/> Identifies risk factors that may indicate a concern <input type="checkbox"/> Reviews symptoms of depression and suicidal behavior <input type="checkbox"/> Identifies national and local resources available in the community
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>18. Postvention coordinator and/or principal holds meeting with Postvention/Crisis/SAP team and building administration (ideally within a week)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evaluates the postvention <input type="checkbox"/> Plans for anniversary dates and special events <input type="checkbox"/> Reviews student screenings <input type="checkbox"/> Emphasizes that faculty and staff need to stay alert to upcoming events or lessons that may be reminders of

Date	Time	Initials	Responsibility
_____	_____	_____	<p>the tragedy (e.g., fire safety week; bicycle safety week; literature about suicide, accidents or death)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Makes recommendations for other interventions <input type="checkbox"/> Emphasizes the need to for self-care (e.g., fluids, rest, exercise, etc.)

ATTACHMENT 2: THE AFTERMATH OF SUDDEN DEATH

Grief is an emotional course with dramatic highs and lows, and no straight lines. It may have emotional, physical, and cognitive manifestations. The grief process is ongoing.

COMMON ACUTE GRIEF/STRESS REACTIONS

- SHOCK** numbness, denial, and disbelief
- SADNESS** longing, yearning, and sorrow
- FEAR** inability to manage all of the feelings you are having
- SHAME** embarrassed by the circumstances or the strong emotions surrounding the death
- ANGER** mad at the unfairness of losing someone that you cared about, at the person who has died, and/or about the pain the death has caused
- GUILT** having been unable to prevent the death or the feeling that you could have done something more

WAYS OF DEALING WITH SUDDEN DEATH

Talk about Your Reactions

It is important not to dwell on the unnecessary or gory details, but talking about what happened helps you accept that the death has occurred.

Search for Reactions

Remember that you may never know all the reasons. Looking at different reasons why this has occurred may help alleviate some of the uncomfortable feelings and confusion you are experiencing. Focusing on the "what ifs" and ruminating on the "only ifs" or "shoulds" may complicate the grieving process.

Express Your Feelings

Talk to your family and friends about your thoughts and feelings. Expressing yourself and sharing your feelings with others can help you feel less alone and normalize your reactions. How much you talk and to whom you speak may depend upon your relationship with the person and the level of trust that you have. When sharing online, keep in mind how heightened emotions can be. Consider spending time away from social media.

Need to Be Alone as Well as with Others

Give yourself time to think and reflect privately if you feel that is what you need. Also, there will be times when you won't want to be alone and may need to be with others. You need a balance, but it is important not to isolate yourself. Try to ask for what you need. Remember you can change your mind.

There Are No Time Frames

Every person is different. The time it takes for someone to feel like his or her "old self again" is different from person to person. However, most people feel better maintaining a routine, as much as possible. This would include a regular eating, sleeping, and exercise schedule.

ATTACHMENT 3: CHECKLIST FOR SCHOOLS RECEIVING POSTVENTION SERVICES FROM AGENCIES

Advance preparations

Ideally, these steps should be completed and/or revised prior to a postvention and at the beginning of each school year.

- Designate the district and school crisis leadership:
 - Identify the coordinator/contact person for the district and for each school.
 - Identify the spokesperson for the district/school. Provide this person with a copy of the *STAR-Center Postvention Standards Manual*, highlighting the sections on dealing with the media and memorials.
- Exchange contact information (e.g., names, home/mobile phone numbers, fax numbers, email addresses, office locations) between school/district and agency personnel.
- Review with district/school coordinators the *Postvention Standards Manual*, including the checklist of responsibilities.
- Conduct a review meeting with each building administrator and the teams involved in postvention activities (e.g., SAP team, crisis team, postvention team – these teams and/or team members may overlap). At the review meetings, complete the following:
 - Update the contact information for each member of the team. This should include name, phone numbers (work, home, cell), e-mail address, office or work location and schedule, and that person’s specific assigned duties in responding to a crisis.
 - Go over the *Postvention Standards Manual* and other school procedures related to crises.
 - Review the required and recommended templates, forms, and resources, and replace or update any materials (e.g., templates for parent letters).
 - Review and document previous losses or crises that may have an impact on the school in the coming year. These should include last school year’s tragedies or crises as well as events that took place during the summer. Make a note of anniversary dates or other sensitive dates.
- Send the agency responders the information that has been updated:
 - Accurate driving and parking directions for the school.

- Map of the school, indicating the spaces to be used for individual and small group meetings. Show where the telephones, main office, cafeteria, and restrooms are.
- Information regarding how informed consent from parents will be obtained if agency providers are to have contact with students.
- Brief summary of previous crises or tragedies and those dates (this may be discussed verbally rather than put in writing).
- Prepare a template for confidential information to give to agency responders at the time of a crisis. Agency providers should a) sign a confidentiality statement upon receiving it, and b) return it after their work is complete. The information might include the following:
 - Contact information for all school crisis responders
 - Floor plans showing teachers' names
 - Telephone dialing instructions
 - Copier equipment codes
 - Security codes used in communicating lockdowns, etc.
 - Other information that agency responders might need to access resources in the building, especially in the event of a large-scale crisis
 - Spaces to add the names of students thought to be at ongoing risk because of prior mental health problems, substance abuse, family dysfunction, or other psychosocial stressors (regardless of their relationship to the deceased, these students will be at elevated risk in the event of a suicide)
- If necessary, the district/school and agency coordinator should meet to review procedures and to obtain signatures on agreements regarding the procedures (e.g., consent from parents, payment, reimbursement for expenses, record keeping, confidentiality agreements). Refer to [Attachment 1](#) for a checklist of postvention activities that may be delegated to school or agency personnel.

Actions to Take at the Time of the Crisis

The district/school coordinator should take responsibility for seeing that these actions are completed by members of the crisis/postvention team. These actions are in addition to those listed in the Postvention Standards Manual.

- If necessary, the district/school formally invites the agency to briefly review procedures outlined in the established Letter of Agreement to determine if

anything has changed, given the current crisis.

- ❑ Alert security that the agency personnel will be on campus (e.g., arrange for the agency staff to park on site).
- ❑ Draft the parent letter with information about those who will be providing services and consider having the agency coordinator review it.
- ❑ Arrange for spaces for the agency personnel to meet with students and with adults.
- ❑ Distribute copies of the completed confidential information sheet for agency personnel.

**ATTACHMENT 4: VERIFICATION OF THE DEATH
CORONER OR LAW ENFORCEMENT OFFICER'S REPORT**

Date _____

Name of person providing information about the death:

Title: _____

Agency: _____ **Phone number:** _____

Student Name: _____ **Sex:** ____ **Date of Birth:** _____

Building: _____ **Grade:** _____

Date of Death: _____

Cause of Death (if known): _____

Student's Address: _____

Parent(s)/Guardian(s) Names: _____

Parent/Guardian(s) Address: _____

Parent/Guardian(s) Phone Number(s): _____

Other Details:

ATTACHMENT 5: FUNERAL HOME INFORMATION

Funeral Home: _____ **Phone:** _____

Funeral arrangements (e.g., time, place, private, wake, open casket, cremation):

Family wishes:

Describe any cultural and/or religious differences/rituals:

Donations Request:

Capacity to accommodate student grieverers:

In case of suicide, shared [SPRC guidelines](#) with funeral director: yes/no

ATTACHMENT 6: SAMPLE INITIAL POSTVENTION TEAM MEETING AGENDA AND TIMELINE

The sample agenda presented below is for the first meeting of the postvention team and uses an example of a scenario of a car accident on a Saturday night involving the fatality of several high school students. Please note that the contents of the agenda would be similar for any postvention, regardless of the cause of death. However, in the event of a death by suicide, the risk of contagion must be addressed.

TEAM MEETING AGENDA

1. Assign someone to record information. Have a computer available to type as the decisions and plans are made.
2. Review all previously identified agency providers that will assist the district with postvention activities (refer to [Attachment 3](#)):
 - ❑ Share the names and contact information of the personnel from each agency.
 - ❑ Identify schedule when outside agencies will be available.
 - ❑ Identify need for parental/student consent forms and confidentiality.
 - ❑ Document this information and share with others working on the postvention.
 - ❑ Designate someone to be the liaison from the school/district to the agencies.
3. Triage and set priorities for what needs to be decided or addressed within the following timeframes:
 - ❑ 12 hours (prior to opening of school on Monday)
 - ❑ 18 hours (before school is out on Monday)
 - ❑ 24 hours (before school opens on Tuesday)
 - ❑ 48 hours (or before funerals)
 - ❑ reoccurring priorities (those things to be addressed each day this week)
 - ❑ next week's issues
 - ❑ short-term issues (e.g., upcoming musical that the students were involved in, any other school-sponsored gatherings)
 - ❑ longer-term issues (e.g., graduation, senior recognition dinners)
4. Identify where and when the crisis team briefings will take place. The goal is to keep everyone informed about any developments so that the plans can be modified.
 - ❑ Monday AM
 - ❑ Monday PM
 - ❑ Tuesday AM
 - ❑ Tuesday PM

PROPOSED TIMELINE FOR POSTVENTION TEAM

Task	When due?	Person(s) assigned	Notes
Secure deceased students' possessions in a safe place	Sunday night		This can be very stressful. May want more than one person assigned. Be sure to check all lockers, desks, bulletin boards, displays, etc. Will give to families at some point in the future during a home visit.
Write and duplicate the letter/homeroom announcement for parents/students	Sunday night		See samples found in this manual. Give to all high school students. Consider sending to all staff K-12 and all parents via mail and/or email and post on secure location of district website.
Get additional staff who can help on Monday-Thursday	Sunday night		Can use paraprofessionals as well as subs. Volunteer retired teachers?
Contact former teachers of deceased and injured students	Monday		Delegate to central office.
Have a plan for addressing media reps	Sunday night		Reporters likely to be on campus on Monday. Get a central office spokesperson, as school staff are too busy. Identify someone to write the statements re students to be given to the press, if any.
Update on injured students	Monday AM; Daily		Need to establish a liaison with the hospital or with the families.
Funeral arrangements	Monday AM		Need to decide rules for students/staff leaving school for funeral. May want to ask family to consider time of funeral to allow students and teachers to attend.
Homeroom announcements and discussion	Monday AM		Need to schedule. Need to prep teachers with script or discussion points/letter: <ul style="list-style-type: none"> ○ brief description of the event ○ status of the injured students (clear with

Task	When due?	Person(s) assigned	Notes
			<p>parents first; "recovering at home")</p> <ul style="list-style-type: none"> ○ any funeral arrangements for the deceased students ○ typical reactions during acute stress ○ where to go for help (parents as well as students) ○ info on consent and outside agency help ○ state that agencies will be providing educational session on handling traumatic stress ○ next steps (schedule, etc.) <p>Hand out letter. Need to assign another adult to those teachers who are most affected. Consider assigning an adult to follow the deceased students' schedules.</p>
Schedule briefing with school and central office staff	Every AM/PM as needed		<p>Central office may want to be present at the Monday briefing to show support. Monday AM briefing will review the homeroom announcements. As weeks goes on, briefings could be by phone.</p>
Identify spaces for small groups of students to meet	Sunday PM		<p>If this is going to be included in the homeroom announcements, identify the spaces on Sunday.</p>
Identify vulnerable groups and individuals	Monday AM		<p>Musical cast Classmates Friends Previously troubled students Student with recent loss</p>
Check on absent students	Monday PM		Attendance Office
Inform support staff	Monday AM		<ul style="list-style-type: none"> ○ Bus drivers ○ Cafeteria ○ Offices ○ Security ○ Other: _____

ATTACHMENT 7A: SAMPLE AGENDA FOR INITIAL FACULTY MEETING

At the meeting, the postvention coordinator, with assistance from other postvention team members, may address the following:

- Identify factual information regarding the death, including name and grade (or staff assignment) of the deceased(s), and general details of the death.
- Express condolences to the staff and recognize their feelings. Acknowledge that even those not close to the deceased may elicit memories of a past loss. Remind staff of the availability of the Employee Assistance Program (EAP) or community-related supports, including the outside agency mental health professionals that will be on site.
- Introduce anyone from outside of the school who is assisting in the postvention activities.
- Encourage staff who may be experiencing any difficulties or who anticipate needing support in their classroom to alert one of the postvention team members so that additional supports are put in place.
- If at all possible, meet with the teachers of the deceased before the start of the school day and following the faculty meeting to assess their status for the day and the relational and physical dynamics of the classroom.
- Give an overview of the postvention activities:
 - Plans for contacting the deceased's family
 - Funeral arrangements
 - How the school will inform and assist other students
 - The availability of counselors to talk with students individually and in groups
 - Signs to look for in students who may need to be seen/referred
 - Procedures for referring students for individual screening and assistance
 - The letter that will be sent to parents of the student body
 - Share postvention plans for feeder schools and adjacent school districts
- Explain the faculty's responsibility to announce the death during homeroom. If any faculty member does not feel comfortable announcing the death in the classroom or answering students' questions, they can inform the principal so other postvention team members can make the announcement or offer support.
- Distribute the typed announcement and supplemental handouts (refer to [Attachment 2](#) and [Attachment 11](#)). Stress that there is no one way for staff or students to react or grieve. Internal and external conflicts are

common. Acknowledge that previous losses may resurface. Encourage students to be more tolerant of themselves and each other in the days and weeks ahead.

- Postpone any testing and offer students the choice to see a member of postvention team, work independently, or go on with class with modified expectations. Students who are absent may require additional teacher support to catch up. Additionally, teachers should review any concerns regarding curriculum content or upcoming projects with the postvention coordinator (e.g., unit on death and dying in literature, writing one's epitaph).
- Emphasize confidentiality when addressing the media, parents, and community members.
- Announce follow-up meetings and the availability for staff to consult with postvention team members as needed regarding the impact of the postvention on school activities (e.g., after-school activities).
- Review funeral arrangements and procedures for students and staff to attend.
- Share wishes of the family regarding donations. Remind staff to let students know there will be a basket in the main office or other public but supervised location to collect condolences.
- Remind staff of the school's memorial policy. Any items found in the building will be gathered to share with the family.
- Review handouts on grief and/or stress reactions, as well as strategies to cope (refer to Attachment 2 and Attachment 10).
- Allow as much time as possible for faculty to review the information you are sharing and to address questions and concerns.
- Meet with the teachers of the deceased one on one or in a small group to address their reactions, concerns, and physical/emotional dynamics of their classrooms.
- Thank the faculty in advance for their assistance, patience, and cooperation. Remind them that as a school community you will get through this difficult time.

During this initial meeting, refer to the following attachments as needed: [Attachment 2: Aftermath of Sudden Death](#); [Attachment 9: Guidelines in Talking with Students](#); [Attachment 10: Commonly Asked Questions](#); [Attachment 11: Sample Announcement](#); [Attachment 12a: Common Symptoms after a Critical Incident](#); and [Attachment 12b: What You Can Do to Cope](#).

Attachments 12a and 12b, along with [Attachment 8a or 8b](#), the letters home, could also be distributed at either this meeting or the end of the day faculty meeting.

ATTACHMENT 7B: SAMPLE AGENDA FOR FOLLOW-UP FACULTY MEETING

At the meeting, the postvention coordinator, with assistance from other postvention team members, may address the following points. This meeting should be held at the end of the first day of the postvention, if possible.

- Thank staff again for all of their efforts.
- Update any previously shared information regarding funeral arrangements and the family's wishes and review procedures for students and staff wishing to attend the funeral.
- Readdress any rumors.
- Provide an overview of students' reactions throughout the day. Mental health professionals may give general impressions based on small groups and/or screenings.
- Remind staff of what to look for with regard to student reactions and observable behaviors of concern in the days and weeks to come. Stress that students most heavily impacted may have long-term difficulty when learning new information due to concentration difficulties.
- Emphasize the importance of their role in observing, referring, and encouraging students and parents to seek appropriate support.
- Reiterate recommendations regarding social media use and the district's memorial policy.
- Review resources for staff available currently and in the weeks to come, such as Employee Assistance Program.
- Review the importance of self-care.
- Offer to meet with staff 1:1 following the meeting, especially those teachers of the deceased to see how they are coping and to share any concerns regarding students or to address other issues.
- Remind staff of the power of resiliency and the support within the school community moving forward, remembering *"Life isn't the way it's supposed to be. Life is the way it is. It's how we cope that makes the difference"* (Anonymous).

During this follow-up meeting, the team may want to review the following attachments that may have already been distributed at the initial meeting: [Attachments 2](#), [8a/8b](#), [9](#), [10](#), [11](#), [12a/12b](#).

ATTACHMENT 8A: SAMPLE LETTER FOR PARENTS OF ELEMENTARY AGE CHILDREN

*Be mindful of previous postvention letters that may have been sent home to avoid having the letter look like a carbon copy with only a name change.

Dear Parents and Guardians:

It is with great sadness that we inform you of the death of a member of our school community, **(add the name of the student or staff member, if you have confirmation)**, who died on **(add date)**.

A sudden loss like this can have an effect on students. For that reason, we hope that you will listen to your child, as well as discuss with them their feelings and reactions to this tragedy. Sudden death is always painful to understand, and your child may experience signs of stress. These may include one or more of the following:

- Sleep difficulties (e.g., nightmares, trouble falling asleep, sleeping too much)
- Changes in appetite
- Inability to concentrate
- Absentmindedness
- Irritability
- Isolation
- Withdrawing from usual activities and friends
- Increased aggression or acting out
- Regressive behavior (e.g., thumb-sucking)
- Guilt
- Separation anxiety
- Fearfulness and worries
- Sensitivity to change in routine
- Use of alcohol or other drugs
- Risk-taking behaviors (e.g., riding a bike carelessly, use of firearms, "dares" to participate in dangerous behavior)
- Thoughts about death or dying

(Use the following paragraph if you suspect that students are at risk for suicide.) We are especially concerned about risk-taking behaviors and strongly recommend that you remove any guns from homes where there are young people experiencing grief and related stress. Similarly, remove from your child's access to any medications, drugs, or alcohol. Young people may be overwhelmed by their feelings and not use good judgment, especially if they are under the influence of drugs or alcohol. Your child may resist these restrictions, but safety is our first concern.

Counselors from **(add the name of the agency)** will be available at the school for several days to talk with students who are experiencing stress. If you have concerns about your child, please call **(add the name, title, and telephone number of the appropriate school contact.)** **(Add any additional information regarding parents' consent for their child to be seen by agency personnel, according to your school/district policy.)**

If your child was **(a friend of the youth who has died/close to the staff member who died)**, we urge you to call the school for additional support. After school hours, you may call **(add the name, title, and telephone number of the after-hours school contact for parents who cannot call during regular school hours)**. If you want your child to be excused for the funeral, we request that you send us a written excuse. Students should not return to school after the funeral service. We encourage you to accompany your child to the funeral home and services.

On behalf of **(school/district name)**, I have extended our sincere condolences to the family of **(name of student or staff person, or refer to them as "the student" or "the staff member")** on this sad occasion. We will continue to inform you of the school's steps in supporting students and their families. Please do not hesitate to call us if you have any questions or information that you would like to share.

Sincerely,
(Principal of the school or other school official)

ATTACHMENT 8B: SAMPLE LETTER FOR PARENTS OF ADOLESCENTS

*Be mindful of previous postvention letters that may have been sent home to avoid having the letter look like a carbon copy with only a name change.

Dear Parents and Guardians:

It is with great sadness that we inform you of the death of a member of our school community, **(add the name of the student or staff member, if you have confirmation)**, who died on **(add date)**.

A sudden loss like this can have an effect on students. For that reason, we hope that you will listen to your son or daughter as well as discuss their feelings and reactions to this tragedy. Sudden death is always painful to understand, and your adolescent may experience signs of stress. These may include the following:

- Sleep difficulties or changes in sleep
- Inability to concentrate
- Absentmindedness
- Irritability
- Isolation
- Withdrawing from usual activities and friends
- Increased aggression
- Guilt
- Fearfulness and worries
- Use of alcohol or other drugs
- Risk-taking behaviors (e.g., riding a bike carelessly, use of firearms, “dares” to participate in dangerous behavior)
- Thoughts about death or dying

(Use the following paragraph if you suspect that students are at risk for suicide.) We are especially concerned about risk-taking behaviors and strongly recommend that you remove any guns from homes where there are young people experiencing grief and related stress. Similarly, remove from your adolescent’s access any medications, drugs, or alcohol. Young people may be overwhelmed by their feelings and not use good judgment, especially if they are under the influence of drugs or alcohol. Your adolescent may resist these restrictions, but safety is our first concern.

Counselors from (add the name of the agency) will be available at the school for several days to talk with students who are experiencing stress. If you have concerns about your

son or daughter, please call (add the name, title, and telephone number of the appropriate school contact.) (Add any additional information regarding parents' consent for their adolescent to be seen by agency personnel, according to your school/district policy.)

If your son or daughter was **(a friend of the youth who has died/close to the staff member who died)**, we urge you to call the school for additional support. After school hours, you may call **(add the name, title, and telephone number of the after-hours school contact for parents who cannot call during regular school hours)**.

If you want your adolescent to be excused for the funeral, we request that you send us a written excuse. Students should not return to school after the funeral service. We encourage you to accompany your adolescent to the funeral home and services.

On behalf of **(school/district name)**, I have extended our sincere condolences to the family of **(name of student or staff person, or refer to them as "the student" or "the staff member")** on this sad occasion. We will continue to inform you of the school's steps in supporting students and their families. Please do not hesitate to call us if you have any questions or information that you would like to share.

Sincerely,
(Principal of the school or other school official)

ATTACHMENT 9: GUIDELINES FOR TALKING WITH STUDENTS IN THE AFTERMATH OF A SUDDEN DEATH

Note to staff: Make sure you take care of yourself! Be aware of your own stress reactions. Younger students will likely follow the reactions of the adults around them. As soon as possible, allow private time for your own reactions so you can be composed for your students. You may feel there isn't much you can say or do. Yet, coming to school and experiencing the tragedy with your students shows that you care and that individuals supporting one another can survive a tragedy.

The following guidelines may be useful in facilitating a conversation with students about the loss and may be considered based on the staff member's role and comfort level:

- Explain that it is normal to feel emotions such as shock, fear, sadness, guilt, or anger. Encourage students to talk about these feelings with parents, friends, and counselors. Identify additional natural supports such as extended family, clergy, coaches, and youth leaders.
- Let students know that there is no "right way" to feel after a tragedy. Remind them that people deal with grief differently, and they need to be patient and tolerant with each other.
- Do not expect students to resolve their grief after talking with someone about it. Grief is a process, and students need to work through that process in order to reconcile themselves with their loss.
- Do not try to cheer students up. They need to experience the grief process, even though it is often painful. You may want to offer your condolences to students.
- Help to clarify facts about the death. Correct errors and rumors.
- If the death was ruled a suicide by the coroner, follow the guidelines offered in this handbook. Stress that no one is to blame for the suicide. No one caused the deceased to take his or her own life. The deceased's decision-making ability may have been impaired.
- Do not glamorize a suicide in any way. In discussing it, focus on recovery of the survivors and alternative methods of dealing with problems. Avoid focusing on the manner of death, or idealizing or blaming the deceased. Shift focus to how

students are coping and concerns they have for themselves or peers.

- Encourage students to describe their memories of better times with the deceased.
- Talk candidly with students about what they can expect at the funeral home and funeral service and how they should dress and conduct themselves. Emphasize that the family's wishes should be respected.
- Rehearse possible condolence messages to the family. This may be a new experience for most students, and they may not know what to say.
- Emphasize that help is available to all students, not just those students who were friends or family members (or students of a teacher who has died). Make sure students know where to go to get help for themselves or for a friend who they are concerned about, especially if they think their friend may be depressed or suicidal.

ATTACHMENT 10: COMMON QUESTIONS ABOUT SUDDEN DEATH: WHAT TO EXPECT

Reactions to Sudden Death: What to Expect

Sudden death is always painful to understand, and you may experience signs of normal bereavement and stress. These may include the following:

- difficulty sleeping
- changes in appetite
- inability to concentrate
- absentmindedness
- irritability
- isolation
- withdrawing from normal activities and friends
- guilt
- fearfulness and worries
- anger and resentment
- physical symptoms
- use of alcohol or other drugs*
- thoughts about death or dying*

***Although common, these signs may become worrisome and potentially harmful, indicating the need for further professional support.**

Because you have experienced a **traumatic** loss, you may notice that you are responding in these ways, too:

avoidance of any reminders of the event

- a feeling that this is not real, disbelief, numbness
- thoughts about the accident that interfere with your activities and your concentration

What Can You Do?

It is really important that you take care of yourself during this stressful time. Try to eat nutritious foods and drink plenty of water so that you do not become dehydrated. Don't use drugs or alcohol. Try to follow a regular schedule for sleep or rest when you can. Talk about your feelings and reactions with friends and family members you can trust. Try not to focus too much on the "what if" and the "why" questions. Protect yourself from any additional stresses that you can avoid.

You will probably start to feel better within a few weeks. If you do not start to feel better, talk to your parents or to an adult at school. If one of your friends does or says something that worries you, please tell an adult. Getting help for a friend could be the most important conversation you ever have.

Some Questions You May Have...

<p>What do I say to the deceased's family?</p>	<p>A simple "I'm sorry" is alright. If you can add something about what the person meant to you, or what you liked about the person, that might be helpful. If you are at a loss for words, then just express your sympathy and wait until later to have a longer conversation.</p>
<p>I feel like I'm "losing it." What's the matter with me?</p>	<p>A sense of disorientation, disbelief, forgetfulness, or being in a "daze" is common for individuals who are experiencing a sudden loss. You may feel like you are on an emotional roller coaster, or that you cannot regain control of your thoughts and feelings. This is a normal reaction to a sudden, highly stressful event. As time passes, you should begin to feel more in control of your thoughts, memory, and feelings.</p>
<p>What if I don't have these reactions? Is something wrong with me?</p>	<p>People respond to death and sudden loss differently. These reactions are only an example of how you might feel. You may feel differently from day to day. You may experience one reaction and never experience another. Accept your feelings and reactions as they come. Talk them over with someone you trust. Avoid those who tend to pass judgment on your feelings. Remember: There is no single "right" timetable or process for grief and recovery.</p>
<p>I keep thinking about other losses and sadness. They aren't even connected to this. Why am I doing this?</p>	<p>This may be a normal reaction. New losses often remind us of past sadness. The present tragedy may stir feelings you have experienced before, or it may elicit new feelings. What is important is that you are able to recognize and talk about these losses. It may help to think about your strengths and how you have coped with other tragedies in a healthy way.</p>

ATTACHMENT 11: SAMPLE ANNOUNCEMENT OF DEATH

ANNOUNCEMENT OF DEATH

On **(date)**, a student from our school, **(name the deceased)**, died tragically **(insert cause of death, if confirmed)**. We are all saddened by this loss. A sudden loss like this can cause many strong feelings. It is good to talk to someone about these feelings. We recommend that you speak to your parents or other trusted adults about this and share your reactions. It is important to let your parents or other trusted adults know how you feel. **Note: If the cause of death has not been confirmed, inform students that this is all the information we have at this time.**

In other schools where this has happened, students have also found it helpful to speak to a school counselor **(or other mental health professional)**. The school is sensitive to this need and has arranged to have additional counselors from **(name of agency)** available to talk with you **(time and place)** in addition to **(whatever your students know your in-school supports as)**. Arrangements to see a counselor can be made at the **(school counseling office or other location)**.

ATTACHMENT 12A – COMMON SYMPTOMS AFTER A CRITICAL INCIDENT

After experiencing a traumatic event, it is very common, in fact quite normal, for people to experience a wide range of emotional or physical reactions. These responses may appear immediately after the event, or sometime later. They may last for a few days, a few weeks, or even longer. **Don't worry** -- these are normal reactions to an abnormal situation. It is important to understand that like the flu, your reactions will run their course and you will feel better in time. The following are some of the most common symptoms:

Emotional	Behavioral
<ul style="list-style-type: none"> • Fear • Anxiety • Depression, sadness, grief • Feeling hopeless or helplessness • Feeling numb • Irritability • Inappropriate emotional response • Anger • Guilt, survivor guilt • Denial • Agitation • Feeling overwhelmed 	<ul style="list-style-type: none"> • Social withdrawal/silence • Hyper-alert to environment • Suspiciousness • Emotional outbursts, loss of control • Changes from typical behavioral • Avoiding thoughts, feelings or situations related to the event • Changes in communication • Change in sexual function • Increased consumption of alcohol or other chemicals • Loss or increase of appetite • Inability to rest
Cognitive (Thoughts)	Physical
<ul style="list-style-type: none"> • Confusion • Difficulty concentrating and making decisions • Memory problems • Shortened attention span • Overly critical • Preoccupation with the event • Flashbacks • Hyper-vigilance • Overly sensitive 	<ul style="list-style-type: none"> • Easily startled/jittery • Fatigue • Changes in appetite • Sleep disturbances and nightmares • Headaches • Grinding teeth • Feeling uncoordinated • Nausea/Diarrhea • Shallow breathing • Twitches/Tremors • Chills/Sweating

Adapted from Oklahoma Department of Mental Health and Substance Abuse Prevention Resource Center.

ATTACHMENT 12B: WHAT YOU CAN DO FOR YOURSELF

When you've experienced a trauma, it can be a shock to your whole system. The following are some ideas to help you cope with any physical or emotional symptoms you may be experiencing.

- Eat well-balanced and regular meals, even if you don't feel like it.
- Get plenty of rest.
- Exercise regularly. It can help work off some physical symptoms, leaving you feeling calmer and better able to relax. If you are feeling lethargic it can help energize you and clear your mind.
- Avoid caffeine, especially if you are having trouble sleeping.
- Avoid the use of drugs or alcohol, including prescription and over the counter medications to numb the pain. It will only complicate or delay your recovery.
- Structure your time and set priorities. Maintain your basic normal routine, but give yourself permission to skip the extras for a while.
- Don't make any major life changes or decisions.
- Do make as many small daily decisions as possible to reassert your sense of control.
- Don't try to avoid or deny reoccurring thoughts or feelings about the incident. They are normal and will decrease over time.
- Give yourself permission to feel rotten and to share your feelings with others.
- Do things that you enjoy. Take mini-breaks: go out to dinner, take 10 minutes alone, watch a movie.
- Talk with people you trust: your family, friends, co-workers. Don't be afraid to reach out. People do care.

- Don't be afraid to set limits with others when you don't feel like talking. You don't have to discuss the incident or your feelings when you don't want to.
- Don't label yourself as "crazy." Remind yourself you are having normal reactions.
- Write down your thoughts and feelings. This can be especially helpful if you are having trouble sleeping or when you wake from a troubling dream.
- Ask for help if you need it. If you are having trouble coping on your own, help is available from many sources:
 - Professional assistance from a counselor may sometimes be necessary. This does not imply weakness or craziness. It simply indicates that the particular event was just too powerful to handle by yourself.
 - In the workplace you may be able to get assistance from your co-workers, the human resources department, or company EAP.
 - Church, friends, family, and other community resources can be valuable sources of support.

Adapted from Oklahoma Department of Mental Health and Substance Abuse Prevention Resource Center.

ATTACHMENT 13: 10 TIPS TO BUILD RESILIENCE

What are some tips that can help you learn to be resilient? As you use these tips, keep in mind that each person's journey along the road to resilience will be different. What works for you may not work for your friends.

1. **Get Together.** Talk with your friends and, yes, even with your parents. Understand that your parents may have more life experience than you do, even if it seems they never were your age. They may be afraid for you if you're going through really tough times and it may be harder for them to talk about it than it is for you! Don't be afraid to express your opinion, even if your parent or friend takes the opposite view. Ask questions and listen to the answers. Get connected to your community, whether it's as part of a church group or a high school group.
2. **Cut Yourself Some Slack.** When something bad happens in your life, the stresses of whatever you're going through may heighten daily stresses. Your emotions might already be all over the map because of hormones and physical changes. The uncertainty during a tragedy or trauma can make these shifts seem more extreme. Be prepared for this and go a little easy on yourself, and on your friends.
3. **Create a Hassle-Free Zone.** Make your room or apartment a "hassle-free zone"—not that you keep everyone out, but home should be a haven free from stress and anxieties. But understand that your parents and siblings may have their own stresses if something serious has just happened in your life and may want to spend a little more time than usual with you.
4. **Stick to the Program.** Spending time in high school or on a college campus means more choices, so let home be your constant. During a time of major stress, map out a routine and stick to it. You may be doing all kinds of new things, but don't forget the routines that give you comfort, whether it's the things you do before class, going out to lunch, or have a nightly phone call with a friend.
5. **Take Care of Yourself.** Be sure to take of yourself—physically, mentally and spiritually. And get sleep! If you don't, you may be more grouchy and nervous at a time when you have to stay sharp. There's a lot going on, and it's going to be tough to face if you're falling asleep on your feet.
6. **Take Control.** Even in the midst of tragedy, you can move toward goals one small step at a time. During a really hard time, just getting out of bed and going to school may be all you can handle, but even accomplishing that can help. Bad times make us feel out of control; grab some of that control back by taking decisive action.

7. **Express Yourself.** Tragedy can bring up a bunch of conflicting emotions, but sometimes, it's just too hard to talk to someone about what you're feeling. If talking isn't working, do something else to capture your emotions like start a journal or create art.
8. **Help Somebody.** Nothing gets your mind off your own problems like solving someone else's. Try volunteering in your community or at your school, cleaning up around the house or apartment, or helping a friend with his or her homework.
9. **Put Things in Perspective.** The very thing that has you stressed out may be all anyone is talking about now. Eventually, things change and bad times end. If you're worried about whether you've got what it takes to get through this, think back on a time when you faced up to your fears, whether it was asking someone on a date or applying for a job. Learn some relaxation techniques, whether it's thinking of a particular song in times of stress or just taking a deep breath to calm down. Think about the important things that have stayed the same, even while the outside world is changing. When you talk about bad times, make sure you talk about good times as well.
10. **Turn It Off.** You want to stay informed—you may even have homework that requires you to watch the news. But sometimes, the news, with its focus on the sensational, can add to the feeling that nothing is going right. Try to limit the amount of news you take in, whether it's from television, newspapers or magazines, or the Internet. Watching a news report once informs you; watching it over and over again just adds to the stress and contributes no new knowledge.

You can learn resilience. But just because you learn resilience doesn't mean you won't feel stressed or anxious. You might have times when you aren't happy - and that's okay. Resilience is a journey, and each person will take his or her own time along the way. You may benefit from some of the resilience tips above, while some of your friends may benefit from others. The skills of resilience you learn during really bad times will be useful even after the bad times end, and they are good skills to have every day. Resilience can help you be one of the people who've "got bounce."

Adapted from Alvord, Gurwitch, Martin, & Palomares (Updated May 2011). Retrieved from:
<http://www.apa.org/helpcenter/bounce.aspx>

ATTACHMENT 14: OBJECTIVES AND OUTLINE FOR THE ONE-TIME STRUCTURED EDUCATIONAL SUPPORT GROUP

Objectives:

- Students will identify common grief and stress reactions following a sudden death, including suicide.
- Students will discuss ways to cope with grief and stress reactions following a sudden death.
- Participants will identify a trusted adult to turn to when in crisis and describe the importance of seeking help for themselves and their peers.

GROUP LEADER'S OUTLINE:

At the start, pass a sheet around for students to write their names and provide parent/guardian contact information.

1. **Introduce yourself and tell them what you are going to do:**
"One of the sad parts of my job is going out and talking to young people about their feelings after someone they know has been seriously injured (or) has died" (whichever is appropriate).
2. **Discuss the limits of confidentiality:**
"What is said in the room stays in the room unless there is any mention of hurting oneself, hurting others, or abuse" (can be physical, sexual, or substance).
3. **Offer condolences:**
"I am really sorry to hear about the serious injury (or) death of your friend, _____. Such an occurrence can bring up lots of feelings, and we're going to talk about some of those feelings."
4. **Allow students to express their feelings:**
Have students go around the room each to introduce themselves and tell their name, how they felt when they heard about the event that resulted in _____'s injury or death.
5. **As students report feelings, you may respond in the following ways:**
 - Reinforce the legitimacy of their feelings under the circumstances
 - Clarify the feeling that they are vocalizing
 - Ask, "Did you feel anything else?"
 - Normalize reactions by responding, "Lots of people feel _____, and it is okay to feel _____. It makes sense if you feel that way."

6. Once students have expressed their feelings, summarize the various feelings shared.

- Explain that those feelings are all normal feelings in the aftermath of a death. Further highlight the common grief reactions below, and explain to students that while these symptoms may be “normal,” that they should tell an adult if they are not improving, especially after a couple of weeks.
- With older students, pass out [Attachment 2: The Aftermath of Sudden Death](#) and review the reactions listed.
- With younger students, review common grief reactions and common questions, [Attachment 10: Common Questions about Sudden Death – What to Expect](#)
- If suicide is the cause of death, review risk factors for suicide including depression, alcohol and other drug use, and access to firearms as risk factors (see the [NIMH Teen Depression Handout](#))

COMMON GRIEF REACTIONS	
SHOCK	<p>A feeling of being stunned.</p> <p>The reality of your friend's accident/trauma/death hasn't "sunk in" yet. It feels as though nothing has happened.</p> <p>"Going through the motions."</p> <p>A feeling that your body is doing all the things it's supposed to and going everywhere it's supposed to, but your mind isn't with your body.</p> <p>It may last several hours, days or several weeks.</p> <p>It is the body's way of "cushioning" the blow, so you don't deal with a whole flood of emotions all at once.</p>

<p>SADNESS</p>	<p>Feeling upset.</p> <p>Feeling sorry for your friend that this happened to him/her.</p> <p>Also includes loneliness, or missing your friend.</p> <p>Feeling sad because you won't be able to share the good times and life experiences with your friend any more.</p> <p>Many people express feelings of sadness by crying. <u>It is okay for any individual to cry.</u> Crying is a much needed release when you're grieving. People often feel better after crying. However, crying is not a measure of how much you cared about someone. Some people do not ever cry and that is okay, too.</p>
<p>FEAR</p>	<p>Afraid that things will never be right again.</p> <p>Young people/all people are often afraid to leave their friends alone because they are worried that something might happen to them.</p> <p>Some students have nightmares and are afraid to sleep by themselves.</p> <p>Students may want to sleep with their mom or dad for a while, or sleep with a light on.</p> <p>These fears and behaviors are normal as long as they don't go on indefinitely.</p>
<p>SHAME</p>	<p>Some people feel embarrassed because they have so many emotions after a loss. They often feel they don't have any control over their emotions. For example, a song on the radio may remind them of the friend and can bring on an unexpected flood of tears.</p> <p>It is <u>normal</u> to experience a lot of strong (intense) emotions in the aftermath of a friend's death. This isn't anything to be ashamed of. It is helpful, though, to be supportive of your friends during their emotional times.</p>

<p>ANGER</p>	<p>Angry that your friend was traumatized or has died.</p> <p>Angry with God or "the world" because it's not fair.</p> <p>You may not even realize you are angry but feel irritable and cranky, get in fights with friends, and find that you have a short temper or "short fuse" all of a sudden.</p> <p>It is <u>okay</u> to be angry. If you are angry, it is understandable, but we don't want anyone to complicate the situation by getting into fights or other types of trouble because of their anger (for example, fistfights or "slamming" others via social media with threats or slanderous comments). Even though you may be grieving, you are still responsible for your actions.</p>
<p>GUILT</p>	<p>The feeling that if you had done something differently, your friend would not have been in the situation and would not have gotten traumatized (or) killed.</p> <p>Second guessing yourself "If only...." or "we were supposed to get _____ together."</p> <p>Some people think about the last time they talked with their friend and feel badly about what was said. They wish they had said something different. This is a common response. Try not to dwell on it too much. I'm sure if you had known it was the last time you would talk to your friend, you would have said many things differently. We never know, though, when our conversation with someone will be the last.</p>
<p>OTHER SYMPTOMS OF GRIEF</p>	<p>sleep disturbances, including nightmares eating disturbances fatigue difficulty concentrating irritability not getting any or as much pleasure from things not doing things you like to do</p>

7. Discuss the various ways in which students may cope with the traumatic event, accident, or death.

- Describe the coping strategies and information below and explain to students how these may support their ability to cope in a healthy manner.

- Encourage students to brainstorm a trusted adult at home or school. If they have difficulty with this, provide assistance and/or speak with them one-on-one afterwards.
- Provide students with the opportunity to share a pleasant memory of happier times.

<p>TALK ABOUT WHAT HAPPENED</p>	<p>Talking about the trauma and the results can help you to accept the reality of the traumatic incident/event.</p> <p>Talk about the fact that your friend is gone and that you will miss him/her. This helps you accept the fact that your friend has died.</p> <p>It doesn't help to dwell on any unnecessary details of the death -- this can sometimes make things worse.</p>
<p>EXPRESS YOUR FEELINGS</p>	<p>When you're feeling angry, sad, guilty, etc., talk about it with someone. Talking about your feelings help you feel less alone and prevent your feelings from getting all bottled up inside.</p> <p>You can talk about your feelings with your parents, friends, teachers and/or counselors. All are good resources.</p> <p>Identify a trusted adult at home or at school.</p> <p>It also helps to talk about memories of your friend.</p>
<p>NEED TO BE ALONE AS WELL AS WITH OTHERS</p>	<p>Sometimes you may want to be alone and think privately about your friend. This is normal and can be very helpful.</p> <p>Other times, you may not want to be alone at all. You may need to be around your friends or family for support. This is also helpful.</p> <p>If you find that you're spending <u>all</u> of your time alone or <u>all</u> of your time with people around, you may need extra help in dealing with your friend's death. Make sure you tell your parent or teacher how you're doing, so that they can help you if necessary.</p>

<p>THERE ARE NO TIMEFRAMES</p>	<p>Everyone is different in how long it takes them to start feeling better. Some people will start feeling better and return to their normal routines in a couple weeks, and others not for a couple months.</p> <p>There is no right or wrong length of time to grieve.</p> <p>It is important to be very patient with each other. You may be having a good day while your friend feels very sad. A couple days later, you may feel badly, while your friend feels fine. Try to be supportive of each other and understand that you may feel differently at different times.</p> <p>Let your parents and family members know how you are feeling.</p> <p>If you are having a lot of difficulty sleeping, eating, concentrating, etc., and it doesn't improve after a couple weeks, tell your parent or teacher so they can help you.</p>
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8. Provide information about the funeral service and condolence messages.

- It is helpful to talk candidly with students about what they can expect at the funeral home and funeral service.
- Encourage students to go with their parents or guardians to the funeral and funeral home.
- Students often feel that they must stay at the funeral home the entire length of the viewing. Explain that they are not expected to remain the entire time. They are generally expected to pay their respects and then go.
- Consider rehearsing possible condolence messages to the family. This may be a new experience for most students, and they don't know what to say. Ask students for their thoughts. If no response, you might offer comments that other students have made without mentioning specific names or personal details. Some suggestions are as follows:

"I'm really sorry that _____'s gone. I'm going to miss him/her."

"_____ was a really good friend to me. I'll miss him/her."

"_____ taught me how to play basketball. S/he was a good friend."

9. Address any rumors and other student questions:

- Rumors often circulate in the aftermath of a student's traumatic event/accident/death. This may be due to the heightened emotions around a tragedy, the amount of misinformation, and the need for individuals to have answers to lower their own anxiety and/or feed their own curiosity.
- Emphasize the importance of being respectful in discussing the tragedy because each person may have a different relationship with the deceased. They may also experience the tragedy in a different way and may have their own history of losses.
- If there is an on-going investigation, give any pertinent public information in such a way as to inform but to avoid further stimulating rumors. State when the police arrived on the scene, and that interviews are ongoing to gather information. These investigations and the trial oftentimes take months or longer.
- Work to create a safe space for everyone to feel and express themselves and to provide additional support for those in need. Ask the following:

“Have you heard any rumors that you would like to have clarified?”

“Do you have any questions about anything we discussed?”

10. Provide students with resources.

- Remind students of the power of resiliency and making meaning out of tragedy (see [Attachment 13: 10 Tips to Build Resilience](#))
- Encourage students to utilize their natural supports (e.g., parents/family, faith leaders, coaches, extracurricular activity sponsors)
- Reemphasize the importance of seeking adult consultation when worried about a friend or themselves.
- Remind all students again of local and national crisis numbers, like the National Suicide Prevention Lifeline (1-800-273-8255), Crisis Text Line (Text PA to 741741), and TrevorLifeline (1-866-488-7386).

11. Conclude the group.

- Again, offer condolences.
- Remind students that there are many caring people for them to talk to (e.g., parents, teachers, counselors).
- Encourage students to support and take care of each other during this difficult time, and to be more tolerant of themselves and each other in the days and weeks ahead:

“There is a wide range of normal feelings you might experience when someone you were close to dies.”

"Grief is normal and it is important to be kind to others as well as to yourself."

You might conclude with, "I can see from so many of you here that you cared for your friend, and I am sorry that I did not have the opportunity to meet him/her."

Co-leaders should meet following the group meeting to write a brief narrative with names and phone numbers to include in the school or agency's file. Any students or issues of concern should be shared with the postvention team coordinator, and students that may be in need of individualized screening and/or supports should be identified.

ATTACHMENT 15: SAMPLE SCREENING FORM

**CONFIDENTIAL
STUDENT SCREENING FORM FOR TRAGIC DEATH**

School: _____ **District:** _____

Name: _____ **Grade/Age:** _____

Address: _____

Referred by: _____ **Date:** _____

Parent/Guardian Contact Information

Mother: _____ Home #: _____ Work #: _____

Father: _____ Home #: _____ Work #: _____

Relationship (circle all that apply)

1. Boyfriend/girlfriend
2. Close friend
3. Friend
4. Acquaintance
5. Neighbor
6. Other: _____

Exposure to Death (circle all that apply)

1. Witness
2. Found deceased
3. Funeral attendance
4. Heard about
5. Other: _____

Outcome

(Complete after interview)

- School staff to monitor** **Ed/support group**
- Re-screen**
- Referred for evaluation: yes/no** **Referred to:** _____

Reason: _____

Date when recommendation should take place: _____

Date of Parent Contact: _____

Comments: _____

Screened by (signature): _____ **Date:** _____

Screener's school/agency: _____

Contact Number: _____

Note which of the following were completed:

- Help Card/Crisis Cards
- Safety Plan
- Parents informed to remove weapons or store ammunition separately and dispose of unnecessary medications and secure/lock other medications

Screening Items

Describe the individual's general reaction to the incident:

AFFECTIVE SYMPTOMS:

*Indicate whether symptoms were present before and/or after incident.

Before the incident	After the incident	Symptom
		depressed mood
		irritability
		angry mood
		excessive guilt
		hopelessness
		anhedonia
		sleep disturbances
		appetite disturbance
		fatigue
		poor concentration
		psychomotor retardation

		psychomotor agitation
		other: _____

DRUG OR ALCOHOL USE

*Describe frequency, quantity, and concerns about use.

Before the incident	After the incident	Drug or Alcohol Use

Conduct or discipline problems:

Before the incident	After the incident	Conduct Problems
		violation of school rules
		running away
		suspensions
		stealing
		fighting
		referral to law enforcement
		other: _____

School problems: (describe)

Other stressors/losses: (describe)

Before	After	PTSD Symptoms	Before	After	Anxiety Symptoms
		Recurrent thoughts of the incident			Excessive anxiety and worry (difficult to control)
		Recurrent dreams of the incident			Restlessness or feeling keyed-up, or on edge
		Fear of recurrence			Being easily fatigued
		Psychological distress at reminder of incident			Difficulty concentrating or mind going blank
		Physical response to reminder of event			Irritability
		Exaggerated startle response			Muscle tension
		Avoidance of the trauma including (write in):			Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)
		Thoughts, feelings of the trauma			
		Activities			
		Inability to remember event			
		Feelings of detachment			
		Inability to experience emotions			
		Sense of foreshortened future			

Screening for suicidal and violent behaviors:

Screening Item	Notes/Comments
Hopelessness	
Present thoughts of suicide	
Suicide plan	

Intent to act on plan	
Acts anticipating death	
Available method (e.g., weapons, medication)	
Has youth told anyone?	
Has thoughts of revenge If so, against whom?	
Has homicidal ideation If so, against whom?	
Previous suicidal behavior If so, what?	

Has the individual been in treatment before: yes/no

Is the individual in treatment now: yes/no

If yes, indicate treatment provider name and contact information:

Additional information:

ATTACHMENT 16: CONFIDENTIAL ROSTER FOR INDIVIDUAL SCREENINGS

SCHOOL: _____ DISTRICT: _____ DATE: _____

NAME(S) OF SCREENERS: _____

STUDENT NAME	AGE/ GRADE	REASON REFERRED	SCREENED BY:	RECOMMENDATION	PARENT CONTACT (Date/Response)	FOLLOW-UP DATE (Add comments)

***Note: Another document may be used to track longer-term follow-up with students.**

ATTACHMENT 17: SAMPLE LETTER WITH RECOMMENDATIONS FROM SCREENING

School Letterhead

Date

Dear Parent/Guardian **(insert name)**,

During recent postvention services following the tragic death of one of our students, **(insert name)**, your daughter/son met with a member of our district's crisis team **(insert name and agency, if not a school employee)**, for support and a brief screen. This team member contacted/attempted to contact you on **(insert date)**. As a follow up to this conversation, this letter outlines the recommendations along with several resource options:

- _____ Receive an evaluation from a licensed mental health provider. If you need help in locating a provider after checking with your insurance carrier, you may call Mental Health America at ***-***-**** or visit their [website](#) to find local providers. For a list of private evaluators, please refer to your insurance carrier. If you are in need of insurance, your child may receive a free evaluation by contacting our county children's team at ***-***-****.
- _____ Refer your child to the Student Assistance Program (SAP). Consent forms are enclosed. Upon signing, please return to the school SAP coordinator **(insert name and number)**.
- _____ Follow up with your family physician.
- _____ A copy of the safety plan developed with your child/teen and previously shared with you is attached.
- _____ Remove any unnecessary medications and weapons from the home. At a minimum, store ammunition separately and supervise the dispensing of any medication **(ideally, this is a universal precaution that would be checked off for all families receiving this letter)**.
- _____ Support group for **(insert topic)** (e.g., Caring Place, Good Grief Center, Visiting Nurse Association, or in-school options.) **(Attach brochures or insert numbers)**

_____ No further evaluation is recommended at this time. Continue to monitor your child's reactions and consult with the school counselor/school psychologist as needed.

During this difficult time, do not hesitate to visit the district website for additional resources and/or contact your child's school counselor/school psychologist at ***-***-****. A member of the crisis team will follow up with you in the weeks to come. Should you require an emergency consultation regarding your child's reactions before then, you can contact our county's 24/7 crisis line at ***-***-****, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or text PA to Crisis Text Line at 741-741.

Sincerely,

Name of crisis team member contacting the family/school representative

ATTACHMENT 18: SAMPLE SAFETY PLAN

Student Name: _____ **Date:** _____

SAFETY PLAN

Start at the beginning of this plan. Go through each step until you are safe. Remember: Suicidal thoughts can be very strong. It may seem like they will last forever, but they come and go. You can get through this difficult time, and know that you are not alone. It is important to reach out for help and support as you need it. Since it can be hard to focus and think clearly when you feel suicidal, please copy this and put in places where you can easily access it.

Personal Stressors/Warning Signs

1. _____
2. _____
3. _____

Do the following activities to calm/comfort myself: (this is primarily for distraction; ensure these locations and strategies are accessible and safe)

What can I do for myself?

1. _____
2. _____
3. _____

Where can I go?

1. _____
2. _____
3. _____

Remind myself of my reasons for living:

Call/text/contact a friend or family member: (this is primarily for distraction, not to ask for help)

1. Name/Contact Info: _____
2. Name/Contact Info: _____
3. Name/Contact Info: _____

Call/text/contact a trusted adult: (these individuals should be made aware of what to do if the student shares that he/she is feeling unsafe)

1. Name/Contact Info: _____

2. Name/Contact Info: _____ 3. Name/Contact Info: _____
Call/contact a care provider (e.g., therapist, school mental health professional): (goal is to have mental health supports inside and outside of school) 1. Name/Contact Info: _____ 2. Name/Contact Info: _____ 3. Name/Contact Info: _____
Call, text, or visit my local or national crisis resources: (make sure these numbers are also in the student's phone) 1. Local County Crisis Name/Contact Info: _____ 2. National Suicide Prevention Lifeline: 1-800-273-TALK (8255) 3. Crisis Text Line: Text PA to 741-741 4. TrevorLifeline (for LGBTQ youth): 1-866-488-7386 5. Local emergency room at nearest hospital: _____ *Call 911 if transportation to the hospital is needed.

Safety Plan Template adapted from Samra & Bilsker (2007)
 Retrieved from http://www.comh.ca/publications/resources/pub_cwst/cwst.pdf

Student has copy of safety plan: yes/no

_____ hard copy _____ photo/in phone _____ in app on mobile device

Safety plan was shared with parent(s): yes/no **Date:** _____

Discussed with parents keeping the environment safe (e.g., removing or monitoring firearms and medication): yes/no

Notes: _____

Key Considerations for the Development and Implementation of the Safety Plan:

- The safety plan should be developed collaboratively with the student and shared with the parents/guardians to support the student's use of the plan when needed. The family also has an important role in helping to keep the student safe by making sure the environment is safe when the student is in crisis (e.g., removing firearms/ammunition from the home, locking up medications, etc.). Be sure to note any concerns.

- The mental health professional that develops the safety plan with the student should have training and background on how to do so.
- Key contacts included in the student's safety plan should be made aware that they may be contacted by the student when in crisis, and they should be informed of local and national crisis resources.
- It is important to identify any barriers to the steps outlined in the safety plan, revising the plan as needed. Role play may be utilized to support student's use of the safety plan, particularly with regard to the internal/external strategies that they identified, as well as in later steps of the plan, such as how they will get to an emergency room if needed.

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