Chapter 9
INTERVENTION AFTER A SUICIDE

Overview and Rationale

In the event of a youth suicide, one of the aims of crisis intervention involves mobilizing the staff and other resources in order to reduce the risk of a suicide cluster developing. Suicide clusters are groups of suicides occurring closer in space and time than would normally be expected. Such clusters occur predominately among adolescents and young adults. The mechanism generating suicide clusters has not been well established but seems to involve a sort of "contagious" phenomenon, by which exposure to the suicides of friends or others increases one's own risk of suicide. For this reason, schools and other community agencies should be prepared to respond quickly to minimize the likelihood of suicide contagion following one or more teen suicides. In this section, we focus primarily on the potential of crisis response in the prevention of suicide contagion. Crisis response has many other important functions and benefits as well; several are noted in the program descriptions that are listed at the end of this chapter.

The crisis intervention response is guided by a contingency plan developed in advance of the event as a part of suicide prevention efforts. According to the *CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters* (CDC, 1988), the crisis intervention plan should identify a coordinating committee to manage day-to-day response to the situation, and a host agency to "house" the plan, monitor youth suicide, and call the coordinating committee into action. The plan should be activated in the event of a suicide cluster or one or more traumatic deaths that might lead to the development of a suicide cluster, especially if these deaths occur among adolescents or young people.

The CDC goes on to recommend the following in managing a crisis situation:

- The first step taken by the coordinating committee should be to contact and prepare key groups, especially teachers, school counselors, support staff in schools, and others who will deal directly with friends and classmates of the suicide victim. These people should be briefed on the proper means of announcing the death, supporting the reactions of teenagers, and identifying and counseling close friends of the victim and other high-risk persons.

- The crisis response should be conducted in a way that avoids glorifying the victim and sensationalizing the suicide.

- High-risk persons, such as relatives, boyfriends or girlfriends, close friends, and past suicide attempters, should be identified, screened, and, if needed, referred for further counseling.

- Accurate data, in a timely flow, should be provided to the media.

- Elements in the environment that might increase the likelihood of further suicide should be identified and changed. Immediate access to the means of suicide, especially those used by the victim, should be restricted.

- Long-term issues suggested by the suicide cluster should be addressed and used to modify the suicide prevention program in the community.

Research Findings

In the absence of a crisis, evaluating the adequacy of a crisis intervention plan is difficult. The CDC recommendations include input from local school and government officials who have dealt with actual teenage suicide clusters and reflect what was learned from these situations. Many of the programs included in this report were implemented in response to clusters of teen suicides, and so were born of the need to prevent similar tragedies. Unfortunately, the materials submitted for this resource guide include no evaluations of the effectiveness with which crisis intervention plans have operated.

The advisability of a crisis intervention plan to manage the risk of multiple youth suicides is widely accepted by experts. The CDC recommendations were produced by a workshop with expert participants from education, medicine, local government, and public health and mental health agencies. Also present at the workshop were persons who had played key roles in community responses to nine different teenage suicide clusters.

Illustrative Programs

Virtually all school-based suicide prevention programs and most other suicide prevention programs have some kind of crisis intervention plan. Here are four examples of crisis intervention plans:

Bergen County Task Force on Youth Suicide Prevention
Bergen County, New Jersey

Following the task force recommendation, the county supports a 1-day training seminar in crisis response for municipal crisis response teams identified by community leaders. The task force recommends that teams include an educator, a clergyman, a policeman, a government leader, and a mental health professional from the community.

Department of Crisis Intervention
Dade County Public Schools
Miami, Florida

Every school district in Florida must develop an individual suicide prevention plan as part of a legislatively mandated state plan to prevent youth suicide. As part of its suicide prevention efforts, Dade County (Miami) trains "Crisis Care Core Teams" in every school to counsel staff and the community after a suicide or accidental death of a young person. The department also provides awareness and prevention training to all school employees, whether teachers or support staff.

Project SOAR
Dallas Independent School District
Dallas, Texas

Project SOAR is a school-based program that works with school gatekeepers and provides in-depth training to one staff member from each school to coordinate crisis response and postvention efforts.

Special Initiatives Team (SIT)
Indian Health Service (IHS)
Albuquerque, New Mexico

As part of its program to provide consultation to violence prevention programs in Native American communities, SIT provides direct technical assistance to communities seeking to develop crisis intervention plans. In 1988, crisis intervention assistance was provided to six Native American communities. The SIT has also developed a document with detailed recommendations for precrisis planning, crisis management, and postcrisis programs for the prevention of suicide cluster episodes. In addition, they will develop and pilot a community-based suicide surveillance system for IHS and tribal mental health programs that will be used to monitor potential crises.

Evaluation Needs

In an evaluation of crisis intervention programs, two factors must be considered: the adequacy of planning for a crisis and the operational effectiveness of the plan in an actual crisis. In the absence of a crisis situation, there is no obvious way to assess the likely effectiveness of a contingency plan. Simulations, or "dry runs," such as those used in emergency response programs, are not ethically acceptable in a situation of teen suicide. The only feasible guide to whether a contingency plan is likely to work is the experience of educators and officials who have managed actual crises. This experience is embodied in the CDC recommendations. The CDC requests further input from people involved with crises for purposes of updating its recommendations.

The outcome variables targeted by crisis intervention programs are suicide attempts and completed suicides. The impact of crisis intervention on these behaviors can be derived only with difficulty in an actual crisis situation, because there is frequently no way to establish a baseline for program effects. The CDC recommends that analysis of the risk factors and characteristics found among the cluster of people committing or attempting suicide be used to identify program elements that need to be developed or strengthened.

As an intermediate step, we need to assess whether persons identified through the crisis intervention were (1) the sort that might not have been identified otherwise, and (2) at high risk of suicide, as determined by screening or interviews with psychiatrists and other mental health professionals.

Process evaluation of the operation of a crisis intervention plan should be part of the program design. Following implementation of the crisis intervention program, participants and key personnel should be asked about their perceptions of the appropriateness of elements of the contingency plan and how well it operated. This input should then be used to revise the plan.

Finally, no matter how well developed a crisis intervention plan might be, it will not work effectively if (1) school personnel are unaware of its content or even its existence, and (2) school staff and community members are not fully supportive of the plan. To ensure a coordinated, cooperative response in the event of a tragedy, school staff and community members should be educated about the content and rationale of a crisis intervention plan.

Summary

Intervention after one or more youth suicides is designed in part to prevent or minimize the effect of "copycat" suicides. Although few data are available on the effectiveness of these approaches, the advisability of using a crisis intervention plan to manage the risk of multiple youth suicides is widely accepted by suicide prevention experts.

References About Intervention After a Suicide

Centers for Disease Control. CDC recommendations for a community plan for the prevention and containment of suicide clusters. *Monthly Morbidity and Mortality Weekly Report: Supplement*, August 19, 1988;37(suppl S-6):1-12.

Suggested Additional Reading

Davidson, L.E., and Gould, M.S. Contagion as a risk factor for youth suicide. In: Alcohol, Drug Abuse, and Mental Health Administration. *Report of the Secretary's Task Force on Youth Suicide*. DHHS Pub. No. (ADM)89-1622, Vol. 2. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1989:88-109.

Davidson, L.E., Rosenberg, M.L., Mercy, J.A., Franklin, J., and Simmons, J.T. An epidemiologic study of risk factors in two teenage suicide clusters. *Journal of the American Medical Association* 1989;262:2687-2692.

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Intervention After A Suicide:
Program Descriptions

Suicide Postvention Project
Survivors of Suicide Groups

Location: Piscataway, New Jersey
Contact: Karen Dunne-Maxim, R.N., M.S., (908) 463-4109

Suicide Postvention Project

Targets: Survivors of the suicide (close friends, students, teachers, and other school personnel); social service agency staff who work with youth; family members; and media personnel.
Years in operation: 5
Source of funding: New Jersey Department of Education; school systems; per diem from various agencies.
Amount of funding (per year): $35,500 (approximately).

Program description: Postvention program provides crisis intervention to school personnel, students, community residents, social service agency staff, and media personnel in the aftermath of a suicide. Over the last 2 years, such intervention services have expanded beyond youth suicide to include homicides and deaths from unintentional injuries. These services are a series of strategic interventions designed to help the school or worksite administrations help themselves and their students to effectively cope with suicide, homicide, or tragic death. These interventions are also provided to the community at large when appropriate. Human service agency personnel receive consultation on how to work with school staff in identifying suicidal youth and the risk for contagion. Media personnel receive consultation on how to report the suicide story in a responsible fashion, thereby reducing the risk for copycat or cluster suicides.

Exposure: Intensive intervention typically lasts 1 to 2 weeks. The duration of the services varies from 6 to 50 hours, depending on the recipients' needs.

Coverage: The postvention program has been provided to over 2,590 recipients in 82 postvention sessions since 1986.

Content/topics: Coping and grief strategies.

Referral/selection procedures: Appropriate school personnel (guidance staff, child study team members, student assistance counselors) are either referred to the project staff or staff members contact the school or worksite when a suicide, homicide, or unintentional injury death has taken place in the state.

Evaluation: Evaluation studies are being developed. Particular interest lies in conducting impact evaluation on the postvention program. This evaluation would determine the efficacy of the intervention services in decreasing maladaptive coping responses in the aftermath of suicide, homicide, or tragic death.

Data available: None.

Special population outreach: None.

Survivors of Suicide Groups

Targets: Family members or significant others of someone who has died of suicide.
Years in operation: 9
Source of funding: County Community Mental Health Center.
Amount of funding (per year): None.

Program description: Survivors of Suicide (SOS) group meetings are conducted monthly for family members or significant others of someone who has died of suicide. The groups stress self-help and mutual support and educate the survivors about the emotional issues and strategies involved in surviving the suicide of someone close. The program also trains group members in becoming group leaders should they wish to organize an SOS group in their local community.

Exposure: Group participation varies greatly. Some people are regular participants of the group each month, whereas others attend only a few times or in the months preceding holidays.

Coverage: Participants in the SOS groups in the last 9 years include members of well over 800 families.

Content/topics: The groups educate the survivors about the emotional issues and strategies involved in surviving the suicide of someone close. If requested, group leaders teach participants to organize an SOS group in their local community.

Referral/selection procedures: Referrals are made from a variety of sources, including past participants, clergy, police, funeral directors, self-help clearinghouses, social service and mental health professionals, and schools.

Evaluation: Evaluation studies are being developed. Particular interest lies in conducting an impact evaluation on the SOS groups. This evaluation would determine the efficacy of the SOS intervention in creating positive change in participants' level of perceived support, guilt and other maladaptive coping patterns, suicidal ideation and behavior, depression, and level of knowledge about suicide and the aftermath of suicide.

Data available: None.

Related components:

- Postvention

- Screening

- Survivors' support groups

Address: Suicide Postvention Project
            Karen Dunne-Maxim, R.N., M.S.
            UMDNJ - CMHC
            671 Hoes Lane
            Piscataway, NJ 08855-1392

Reports: Not described.

Crisis Intervention
Dade County Public Schools

Location: Miami, Florida
Contact: Dr. J. L. DeChurch, (305) 995-7315

Targets: All students.
Years in operation: 5
Source of funding: School district and grant.
Amount of funding (per year): $120,000.

Program description: In 1987, Dade County established a Department of Teenage Pregnancy and Suicide Prevention, which, in turn, became the Department of Crisis Intervention, whose purpose is to prepare staff at the district, region, and school levels to identify, assist, and refer students at risk. The department trains "Crisis Care Core Teams" in every school to counsel staff and the community in times of crisis. A hotline is available to assist administrators, counselors, and other support staff. Additionally, the District Crisis Team responds if a "crisis" situation occurs to provide help with coping and grief strategies.

Exposure: The District Crisis Team, which consists of one counselor and one psychologist, trains crisis core teams in the schools. Training consists of a 3-hour program, and so far about 1,000 individuals have been recipients.

Coverage: Crisis teams are present in all schools; this is a county-mandated requirement. School staff includes counselors, teachers, social workers, occupational specialists, college advisors, psychologists, bus drivers, cafeteria workers, students, peer counselors, and parents.

Content/topics: Coping and grief strategies.

Evaluation: Participant written and verbal feedback, which has been positive.

Findings: In 1988, there were 19 suicides, and in 1989, only 7, but program staffers are not sure whether they should take credit for this apparent decline. They found students in middle school to be most at risk and also found a link between suicidal tendencies and sexual abuse.

Data available: Program staffers are building a data base and want to use it for research and evaluation, but it is not yet operational.

Special population outreach: Not described.

Related components:

- General suicide education

- Means restriction

- Parent education

- School gatekeeper training

- Screening

Address: Dr. J. L. DeChurch
Executive Director
Division of Student Services
Dade County Public Schools
1444 Biscayne Boulevard, Suite 202
Miami, FL 33132

Project SOAR (Suicide: Options, Awareness, Relief)
Dallas Independent School District

Location: Dallas, Texas
Contact: Judie Smith, MA, (214) 565-6700

Targets: Survivors of suicide.
Years in operation: 3
Source of funding: Local school district funds.
Amount of funding (per year): $90,000, which provides the salary for three professionals. Clerical salaries and the cost of office supplies and training materials are absorbed by Psychological/Social Services Department budget.

Program description: Project SOAR is a comprehensive school-based program that covers prevention, intervention, and postvention. Postvention consists of training primary caregivers and following planned procedures (American Association of Suicidology Postvention Guidelines) after the suicide of a student or teacher. The Psychological/Social Services Crisis Team assists the staff and students during the grief process and helps them return the school to its normal level of functioning. All students who are known to be at risk for suicide and to be close friends of the person who committed suicide are screened. Follow-up counseling is provided as needed.

Outreach: During the first follow-up training (see School Gatekeeper Training), SOAR trainers provided all school counselors with 3 hours of training in postvention procedures and grief counseling. The instruction is now incorporated into the SOAR initial training course for all new counselors and staff members of the Psychological/Social Services Department.

Coverage: Each of the district's 194 schools has at least one trained crisis counselor who joins the Psychological/Social Services Crisis Team after a suicide on his or her campus. The district has 60,000 secondary school students and 72,000 elementary school students.

Content/topics:
- Children's understanding of death
- Tasks of mourning
- Grief counseling
- Postvention procedures

Referral/selection procedures: One counselor was selected from each school to receive training in crisis intervention and to become the campus primary caregiver. The training was continued each year for the remaining counselors and new members of the Psychological/Social Services Department staff.

Evaluation: No written evaluations or tests are done at this time.

Data available: A written summary of each intervention after a suicide is included in the Psychological/Social Services Department year-end report of all major crisis events. The data include the number of students the crisis team saw, the number of hours spent on the campus, the number and kinds of services provided, and the number of students needing follow-up counseling.

Special population outreach: No special effort at this time. The Dallas Independent School District is 49 percent black and 30 percent Hispanic.

Related components:
- General suicide education
- School gatekeeper training
- Peer support

Address: Project SOAR
Judie Smith, MA
Specialist in Psychological Social Services
Dallas Independent School District
1401 South Akard
Dallas, TX 75215

Reports: Yearly summary of crisis events.

Special Initiatives Team (SIT)

Location: Albuquerque, New Mexico
Contact: Lemyra DeBruyn, Ph.D., (505) 766-2873/6575

Targets: Native Americans.
Years in operation: 4
Source of funding: Indian Health Service (IHS).
Amount of funding (per year): Not provided.

Program description: This program is targeted at Native Americans. The SIT has the capacity to respond to community crises surrounding violent behaviors and is available for consultation with tribes or Indian communities and IHS units on crisis intervention and prevention strategies. Some schools have developed suicide prevention programs and school policies and procedures. Most Native American suicide prevention programs are community specific, not age specific. The team attempts to incorporate cultural, historical, and environmental factors relevant to the Indian communities served. Services offered by the team include assistance, consultation, and referral. The SIT also works with domestic violence, child abuse, child sexual abuse, and other forms of violence that have been found to be connected with suicidal behavior.

Communities have done a variety of things to promote suicide prevention. Some examples include developing crisis response teams, youth activities and programs, and school policies and procedures; removing access to water towers; implementing a suicide surveillance system; developing natural healers or "talking circles"; and implementing suicide awareness education programs.

Evaluation: None.

Data available: Data are being collected with the use of a Suicide Surveillance System developed on the CDC Epi Info Software program. Data have been collected and analyzed for some specific communities. The SIT also collects data on the types of requests it receives, including topic and target groups. These data are collected on an intake form and used in completing an annual report.

Related components: Postvention.

Address: Special Initiatives Team
        Lemyra DeBruyn, Ph.D.
        Special Initiatives Team - Team Leader
        Mental Health Programs Branch
        Indian Health Service
        2401 12th Street N.W.
        Albuquerque, NM 87102

Special population outreach: Native Americans.

Reports: Specific reports include "Development of Community-Based Suicide Surveillance Systems" and "Cluster Suicide Prevention in Native American Communities."

Appendix A

GEOGRAPHIC LISTING OF SUICIDE PREVENTION PROGRAMS DESCRIBED

Program	Components Described	Page
East:		
Massachusetts		
Jail Suicide Prevention Program National Center on Institutions and Alternatives (NCIA) Mansfield, Massachusetts	Community Gatekeeper Training	57
New Jersey		
BRIDGES Piscataway, New Jersey	School Gatekeeper Training	19
Suicide Postvention Project Piscataway, New Jersey	Intervention After a Suicide	161
Adolescent Suicide Awareness Program (ASAP) Lyndhurst, New Jersey	Community Gatekeeper Training General Suicide Education	47 75
New Jersey Adolescent Suicide Prevention Project Trenton, New Jersey	General Suicide Education	79
Pennsylvania		
Pennsylvania Network for Student Assistance Services (PNSAS) Pittsburgh, Pennsylvania	School Gatekeeper Training	21
Services for Teens At Risk (STAR) Pittsburgh, Pennsylvania	School Gatekeeper Training	23
Rhode Island		
The Samaritans of Rhode Island Providence, Rhode Island	General Suicide Education	81
Midwest:		
Ohio		
Suicide Prevention Center Dayton, Ohio	School Gatekeeper Training General Suicide Education Crisis Center and Hotline	25 83 137

Program	Components Described	Page
Midwest: (continued)		
Minnesota		
Rural Minnesota Program	Screening Program	109
Minneapolis, Minnesota		
Link-Up	Peer Support	121
St. Paul, Minnesota		
South:		
Delaware		
Delaware Youth	General Suicide Education	85
Suicide Prevention		
Pilot School Program		
Wilmington, Delaware		
Florida		
Crisis Intervention	School Gatekeeper Training	27
Dade County Public Schools	Screening Program	111
Miami, Florida	Intervention After a Suicide	163
Louisiana		
Jewish Family Service (JFS)	General Suicide Education	87
New Orleans, Louisiana		
Maryland		
Youth Crisis Hotline	Crisis Center and Hotline	138
Baltimore, Maryland		
Texas		
Project SOAR	School Gatekeeper Training	29
Dallas Independent	General Suicide Education	89
School District	Intervention After a Suicide	164
Dallas, Texas		
Crisis Center of Collin County	General Suicide Education	91
Plano, Texas	Crisis Center and Hotline	141
Virginia		
Adolescent Suicide	School Gatekeeper Training	32
Prevention Program		
Fairfax, Virginia		
Youth Suicide Prevention Program	Community Gatekeeper Training	49
Manassas, Virginia		

Program	Components Described	Page
West:		
Alberta		
LivingWorks Education, Inc. Calgary, Alberta, Canada	Community Gatekeeper Training	51
California		
Suicide Intervention Skills Workshop Department of Mental Health Sacramento, California	Community Gatekeeper Training	53
California School Suicide Prevention Program Los Angeles, California	General Suicide Education	93
Colorado		
Weld County Suicide Prevention Program Johnstown, Colorado	School Gatekeeper Training General Suicide Education	34 95
Nevada		
Suicide Prevention and Crisis Call Center (SPCCC) Reno, Nevada	General Suicide Education Crisis Center and Hotline	97 143
New Mexico		
Center for Indian Youth Program Development Albuquerque, New Mexico	Community Gatekeeper Training	55
Special Initiatives Team (SIT) Albuquerque, New Mexico	Intervention After a Suicide	166
Washington		
Youth Suicide Prevention Project Bothell, Washington	Peer Support	123

Appendix B

CROSSWALK OF SUICIDE PREVENTION PROGRAMS BY STRATEGY

Crosswalk of Suicide Prevention Programs by Strategy

Program	School Gate- keeper Training	Com- munity Gate- keeper Training	General Suicide Education	Screening Programs	Peer Support Programs	Crisis Center and Hotline	Means Restriction	Inter- vention After a Suicide
East								
MA								
Jail Suicide Prevention Program Mansfield, MA		●		○			○	○
NJ								
Adolescent Suicide Awareness Program Lyndhurst, NJ	○	●	●	○				○
BRIDGES Piscataway, NJ	●			○				○
Suicide Postvention Project Piscataway, NJ				○				●
Adolescent Suicide Prevention Project Trenton, NJ	○		●					○
PA								
Pennsylvania Network for Student Assistance Services Pittsburgh, PA	●							○
Services for Teens at Risk (STAR) Pittsburgh, PA	●			○				○
RI								
The Samaritans of Rhode Island Providence, RI	○		●			○		○
Midwest								
OH								
Suicide Prevention Center Dayton, OH	●	○	●			●		○
MN								
Rural Minnesota Program Minneapolis, MN	○		○	●				
Link-Up St. Paul, MN					●			

Key: ○ Program component.
    ● Description of the program component provided in this resource guide.

Program	School Gate-keeper Training	Com-munity Gate-keeper Training	General Suicide Education	Screening Programs	Peer Support Programs	Crisis Center and Hotline	Means Restriction	Inter-ventioi After a Suicidi
South								
DE								
Delaware Youth Suicide Prevention Pilot School Program Wilmington, DE	○		●					○
FL								
Crisis Intervention, Dade County Public Schools Miami, FL	●		○	●			○	●
LA								
Jewish Family Service New Orleans, LA	○		●		○			○
MD								
Youth Crisis Hotline Baltimore, MD						●		
TX								
Project SOAR Dallas, TX	●		●		○			●
Crisis Center of Collin County Plano, TX	○	○	●			●		○
VA								
Adolescent Suicide Prevention Program Fairfax, VA	●							○
Youth Suicide Prevention Program Manassas, VA	○	●	○				○	○
West								
ALBERTA								
LivingWorks Education, Inc. Calgary, Alberta	○	●						○
CA								
California School Suicide Prevention Program Los Angeles, CA	○		●					○
Suicide Intervention Skills Workshop Sacramento, CA	○	●						○

Key: ○ Program component.
    ● Description of the program component provided in this resource guide.

Program	School Gate-keeper Training	Com-munity Gate-keeper Training	General Suicide Education	Screening Programs	Peer Support Programs	Crisis Center and Hotline	Means Restriction	Inter-vention After a Suicide
West (continued)								
CO								
Weld County Suicide Prevention Program Johnstown, CO	●	○	●					○
NV								
Suicide Prevention and Crisis Call Center Reno, NV	○		●		○	●		○
NM								
Center for Indian Youth Program Development Albuquerque, NM	○	●			○		○	○
Special Initiatives Team Albuquerque, NM								●
WA								
Youth Suicide Prevention Project Bothell, WA	○	○	○	○	●	○		○

Key: ○ Program component.
     ● Description of the program component provided in this resource guide.

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Appendix C

NATIONAL SOURCES OF INFORMATION ON SUICIDE

American Association of Suicidology
2549 Ash Street
Denver, CO 80222
303-692-0985

American Suicide Foundation
1045 Park Avenue
New York, NY 10028
212-410-1111

Centers for Disease Control
National Center for Injury Prevention
   and Control
1600 Clifton Road, N.E.
Atlanta, GA 30333
404-488-4646

National Institute of Mental Health
Public Inquiries Section, Room 15C05
5600 Fishers Lane
Rockville, MD 20857
301-443-4515

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