

Students that Require Some Additional Support after Student Suicide (Tier II Response)

School Resources to Support Military-Connected Students is a project by the Clearinghouse for Military Family Readiness an applied research center at The Pennsylvania State University and is funded by the Department of Defense Education Activity Grant number HE1254-19-0009.

For more information click on the links below:

<https://schoolresources.militaryfamilies.psu.edu/>

<https://militaryfamilies.psu.edu/>

<https://www.psu.edu/>

<https://dodeagrants.org/>

Our goal is to provide school personnel with free, evidence-based resources to support military-connected students. This training is part of our *Suicide Prevention* series.

Important Reminders

Before starting this training, please read the items below carefully and check the box in front of each item to indicate your understanding.

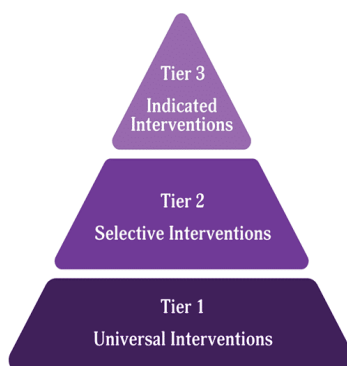
- The following content discusses suicide and may be upsetting to some individuals.
- Follow all district, local, state, and federal regulations. This training is **NOT** intended to replace or override existing procedures or laws.

Introduction

What is the purpose of this training?

Postvention efforts can be conceptualized in a multi-tiered systems of service (MTSS) framework (Erbacher, Singer, & Poland, 2015). While the MTSS perspective is most commonly employed as a method for improving instruction and academic results for students, it can also be effective in a crisis response situation. MTSS provides a framework for addressing all levels of need for students and staff, so that appropriate care can be provided for the entire school community.

See below for an overview of the three-tier model. This training will review best practices for tier II postvention after a student suicide.



Level of Service:

Tier 1

Target Population

School Community

Suggested Procedures and Interventions

1. Death announcement read in faculty/staff meeting and in class
2. Provide an opportunity to ask questions/dispel rumors/learn about funeral arrangements.
3. Psychoeducation about suicide and how to get help.
4. May include parent/community education meetings.

Level of Service:

Tier 2

Target Population

Those in Need of Additional Support

Suggested Procedures and Interventions

1. Small group or individual support from counselors.
2. Not therapy, but rather normalization of emotions and reactions.

Level of Service:

Tier 3

Target Population

Those at Higher Risk

Suggested Procedures and Interventions

1. Referrals for individual therapy support.
2. For students, possible coordination with parents.

Objective

The goal of this training is to increase your confidence in your ability to:

Identify and support students that may need additional help at the Tier II level after a student suicide.

How confident are you in your ability to do this now?

Please click on the link below to submit your response.

https://pennstate.qualtrics.com/jfe/form/SV_6Gp3iBHLvhcTluR?modulenumber=suicide35

Verify that you have completed each of the tasks below before proceeding with this training.

Answered the survey question in the link.

Clicked the arrow underneath the survey question to submit your response.

Recorded the ID number provided after you submitted your answer to the survey question. You will need it to complete the survey at the end of this training.

Research

What is most important for me to know?

After a student suicide, triage should be conducted throughout the day, as well as for the following days and weeks, for students who may be at increased risk, have difficulty coping, or demonstrate other risk factors. Tier 2 intervention should be in place for the first 24 hours yet may be in place longer for those students and school professionals that have delayed reactions or who remain in need of monitoring or support after the initial aftermath. Tier 2 planning should include identification of students who were not initially considered at risk, but whose coping skills have deteriorated over the two to four weeks following the suicide. These efforts could be coordinated through crisis team roles or through existing Tier 2 behavioral and academic monitoring systems (e.g., child study teams, RTII teams, and universal screening). Remember that there is no empirically supported “timeline” for when individuals should be “over” a loss or no set window of time after which we can assume that the impact of a loss is innocuous. Overall, Tier 2 interventions include the provision of safe rooms for those who require more individual support in the wake of the loss. Safe rooms, or places where students can seek individual or small group support, are the main thrust of Tier 2 interventions as part of this postvention model of service.

Triage – Who Is in Need?

Teachers and other school personnel should identify students in need of assistance, and to prioritize those in greatest distress for immediate counseling. Students who are identified as higher risk or in more distress should be referred for Tier 2 interventions. To assist in identifying those students at risk and in greatest need of immediate support, consider the following:

Geographical Proximity

How close were students to the actual event? Students who witnessed the suicide, found the body, or were on the scene when first responders arrived will be in need of extra support.

Psychosocial Proximity

How well did students know the deceased? Those who were close friends, neighbors, family, last persons to see or talk to the deceased, or those on teams or clubs are at higher risk. DO NOT forget those students who may have fought with or bullied the deceased.

Populations At- Risk

Students who have poor coping or problem-solving skills, a history of mental illness or suicidal ideation, or those who lack social support may be at increased need.

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Threat Perceptions

Students who view the death as extremely negative or feel highly threatened by the event are also in need of additional support.

Safe Rooms – Guidelines, Facilitation, and Goals

Providing students with a safe place to receive support and guidance is preferable to giving no support, or simply allowing students to return home where there may be no supervision or care available. However, it is important to note that, if not managed carefully, safe rooms can be harmful. The following section covers best practices for safe rooms as outlined by Erbacher and colleagues (2015).

Preparation

Decisions about the location and staffing of safe rooms should be part of your crisis preparedness planning. Include your team in identifying the best locations for safe rooms. How many students should the room accommodate for privacy and adequate climate? Safe rooms should include Go Kits (including water and snacks), comfortable chairs, and adequate

light. Teachers and other school staff should be aware that the use of safe rooms may include altered academic expectations for students (e.g., passes for attendance, extensions on assignments, etc.), and that these boundaries should be respected. It is also important that teachers and other staff be aware of the varying responses to grief and loss, and that judgment or assumptions that students requesting access to safe rooms are “just trying to get out of class, or “just trying to avoid homework” are inappropriate and potentially harmful. In the event that some students are having difficulty meeting expectations or reintegrating into school routines, they can be addressed on an individual level at the Tier 3 level, or through other pre-referral and prevention efforts.

Facilitation and Staffing

Group facilitation and teacher support are the two most important considerations in managing safe rooms. They are best overseen by two adults, one of whom should be a counselor trained in suicide postvention (a school psychologist, counselor, social worker, or clinical psychologist). The second adult may be a teacher who is familiar with the students and their personalities. Having two adults allows one to handle individual needs (e.g., students who may be very upset or their condition deteriorating, or a student needing to be escorted to the office or back to class) while the other adult monitors the room.

At the elementary level, it is especially helpful to include a classroom teacher in safe rooms because they have a working, daily knowledge of students’ affect/mood and coping abilities, and, given their ongoing relationships with students, may provide a sense of comfort. Trusted adults can be positive examples for students in managing strong feelings and modeling coping skills. Be cautious, however, when selecting teachers for safe room duty, that they are not having problems managing their own emotions, which could contribute to their students’ feelings of insecurity.

Regarding self-disclosure, it is common for clinicians and facilitators to believe that sharing personal stories of overcoming or coping with grief and loss can help to ease the suffering of those affected by a tragedy. For example, imagine a school-based mental health professional sharing a story about how he or she overcame feelings of loss following the suicide of a friend from high school (20 years in the past). This disclosure may seem like a way to normalize how students are feeling and offer hope that “it gets better.” Although well intentioned, and despite a potentially positive outcome, there is also a chance that your story may inflict additional vicarious trauma or serve to divert attention from the student in question. The basic rule of thumb for self-disclosure is to err on the side of not disclosing, unless you are SURE that this will not complicate a student’s grief or take the focus away from their needs.

Safe Room Specifics

Participants, Processes, and Guidelines

After adequately preparing for the logistics and staffing of safe rooms, there are important considerations related to the grouping of participants, discipline, parent permission, and confidentiality that are essential for healthy and effective management. Generally speaking, since students may have varied reactions and needs in the midst of responding to a suicide, safe rooms should be child centered and student led.

Homogenous Grouping

Students should be sent to safe rooms, or groups within safe rooms, that are tailored to their particular shared experiences. Thus, depending on relationships with the deceased, developmental level, or other losses or trauma that the suicide triggered for them, students can be engaged with others sharing similar experiences/ feelings. It is important to avoid vicarious traumatization for students, so it is critical with the deceased, developmental level, or other losses or trauma that the suicide triggered for them, students can be engaged with others sharing similar experiences/ feelings. It is important to avoid vicarious traumatization for students, so it is critical that students who witnessed the death should NOT be grouped together with students who neither witnessed nor were close to the deceased.

Appropriate Behavior

Discipline and rules of engagement are important in safe rooms. Students should be allowed some agency in developing the safe room rules, but adults should help guide discussion and emphasize basic rules of engagement such as peer confidentiality and kindness. Examples of basic rules for engagement may include: be kind, let an adult know if someone needs more help, and do not share outside what is discussed inside the safe space.

Duration/Use of Safe Rooms

Students should be encouraged to return to class after about an hour in the safe room. Students should be advised that they may return to the safe room later in the day if they have trouble. There are some students who will try to take advantage of

safe rooms, but it is important that classroom teachers NOT be the gatekeepers for safe room use. Teachers should always allow students to go to the safe room, while school mental health practitioners (e.g., school psychologist, guidance counselor, social worker) should make the determination about sending students back to class.

Parental Consent

In crisis situations, such as a death by suicide, it may be necessary to provide support in small group or individual settings without obtaining parental consent in advance. However, it is preferred that parents give permission PRIOR to students receiving individual or group support in the school setting. Procedures should be established, whereby parents are informed of their child’s participation in any services provided. This can be seen as an opportunity to increase communication between home and school and serve to support students who may be at risk.

Confidentiality

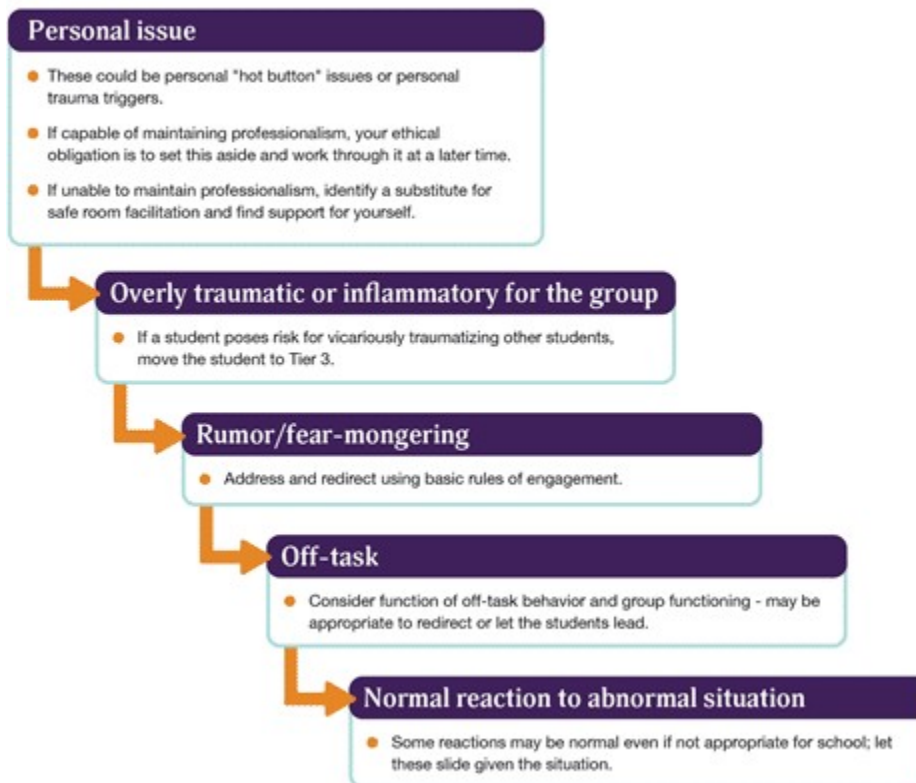
While confidentiality is important to maintaining an atmosphere of trust, before beginning to process students, limits must be established and reviewed explicitly regarding negative behaviors, such as harm to self, harm to others, and suspicion of abuse or neglect. Before participating or sharing in a group or individual setting, students should be able to indicate that they understand the limits of confidentiality, and that they agree. While it cannot be guaranteed, adults should encourage peer confidentiality and set boundaries for reporting those who have broken confidentiality.

Triage and Referral for Tier 3

While in safe rooms, it is critical that students be monitored for increased needs or risk that may warrant a community referral or other Tier 3 intervention supports in postvention.

A facilitation process in schools will have a different scope than what may be appropriate for a mental health clinical setting, due to limits from capacity and training. However, in the context of a safe room during postvention, recognize that the circumstances are rare and unusual—and atypical reactions to abnormal circumstances are normal. While it is not ethical to stretch beyond your scope of competency, you may have to step out of your comfort zone. There is a reason why parent permission requirements for ongoing counseling are different from a crisis response. Safe rooms should provide a time and space to be more flexible given the abnormal circumstances. If students do or say things that make you uncomfortable beyond the facilitation flow chart options (see the figure below), engage in the protocols for assessing risk.

Decision-Making During Facilitation of a Safe Room



Application

How might this look in my professional practice?

The goal of this training is to increase your confidence in your ability to:

Identify and support students that may need additional help at the Tier II level after a student suicide.

Determine the appropriate level of response for the following scenario:

Scenario

A student who died by suicide identified as LGBTQQ. In safe room conversations, several students have come out. Something about the conversations feels uncomfortable to you, though you can't quite put your finger on what it is. Walk through each potential source of discomfort listed in the boxes of the facilitation decision-making flow chart above. What would be an appropriate response?

Response

When you come across a "hot button" issue to address for yourself, you may have to sit with this until you are able to process it separately from the facilitation. Find support in supervision and consultation. For example, in the scenario provided, a facilitator who has difficulty with a LGBTQQ student coming out due to personal beliefs may wish to engage in trainings by the Trevor Project.

<https://www.thetrevorproject.org/>

Implementation

How can I effectively implement this content in my professional practice?

Please review the considerations below regarding potential implementation strategies, barriers to implementation, and collaboration strategies related to this content. This will help you coordinate the next steps as you begin to incorporate the information presented in this training into your professional practice.

This information can also be found on a handout that you will be able to download at the end of this training.

Implementation Strategies

- Ongoing training, meetings, and refinement of procedures are critical to manage handling safe room referrals, procedures, and policies.
- Your crisis team should collaborate closely with those who know the friends, siblings, romantic partners/ interests, or bullies of the deceased to monitor for the need for Tier II intervention.

Overcoming Barriers to Implementation

- Be sure that teachers understand that any student who asks to go to the safe room should be allowed to go. Teachers can be assured that students who are using safe rooms inappropriately will be sent back to class.
- Provide ongoing consultation for those who lead safe rooms and have other challenging roles in the process is essential to prevent burnout.

Collaboration Strategies

- Provide avenues for consultation for all school personnel, and safe room facilitators, so that they can get assistance when faced with questions, reactions, or circumstances that are confusing for them.

Resources

Are there any resources available to help me implement this content?

Click on the link below to download a tool that you can use to implement this content in your professional practice.

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:acfc1853-21e8-4b95-810d-54074dffb24a>

Below you can find other supplemental materials that may be helpful for you in your professional practice.

<https://img1.wsimg.com/blobby/go/6f351b1d-5ae1-4308-855c-eacec363cfc2/downloads/08%20Safe%20Room%20Sign-In%20Sheet.pdf?ver=1600961345541>

<https://img1.wsimg.com/blobby/go/6f351b1d-5ae1-4308-855c-eacec363cfc2/downloads/08%20Helping%20Grieving%20Students%20.pdf?ver=1600961345541>

<https://img1.wsimg.com/blobby/go/6f351b1d-5ae1-4308-855c-eacec363cfc2/downloads/08%20Teacher%20Handout%20-%20Suicide%20.pdf?ver=1600961345541>

http://www.mces.org/PDFs/SuicideLossBook_YouthEdition.pdf

Feedback

How can I help improve this training?

The objective of this training was to increase your confidence in your ability to:

Identify and support students that may need additional help at the Tier II level after a student suicide.

Answer the questions in the link below to let us know how well this training increased your confidence in your ability to accomplish this objective. Once you have answered all of the questions, click the blue arrow button underneath to submit your responses.

https://pennstate.qualtrics.com/jfe/form/SV_d771mLr9ZgW3kyx?modulenummer=suicide35

Verify that you have completed each of the tasks below.

Answered all of the survey questions above. You may have to scroll to see all of the questions.
Clicked the arrow underneath the last survey question to submit your responses.

Additional Readings

Where can I learn more about this content?

The following resources were used to create this training. If you would like more information about the information presented in this training, we encourage you to start here.

Erbacher, Terri & Singer, Jonathan & Poland, Scott. (2015). Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention.

Thank You!

Thank you for taking the time to complete this training. If you have any questions or comments, please email us at schoolresources@psu.edu.

Proceed to the next training

Click on the link below to move on to the next training titled *Students that Require Extensive Support After a Student Suicide (Tier III Response)*. In this training, you will increase your confidence in your ability to identify and support students that may need additional help at the tier III level after a student suicide.

https://learning.militaryfamilies.psu.edu/school-resources/modules/suicide_36-students-that-require-extensive-support-after-a-student-suicide-tier-iii-response_201022/

Return to the module directory

Click on this button to return to the module directory.

<https://schoolresources.militaryfamilies.psu.edu/modules/>