

ED315700 1990-00-00 Suicide and Sudden Loss: Crisis Management in the Schools. Highlights: An ERIC/CAPS Digest.

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THE SCHOOL-AS-COMMUNITY

Suicide or sudden loss among student populations has become a major concern for school counselors, teachers, parents and helping professionals. Within the context of the school-as-community, the self-destructive potential of young people is a major contemporary crisis. Classmates, parents, teachers, and relatives experience both the direct implications of a student's death and the residual long-term effects of a significant loss. The devastating feelings of loss at a young age can be a traumatic experience for schools (Franson & Hunter, 1988). Inherently, personal loss or threat of loss also increases a person's suicide risk. Precipitating stressors include depression; loss of a significant relationship; impulsivity; stress; substance abuse; negative life events; physical, sexual or emotional abuse; isolation; alienation; or a mystical concept of death (Ray & Johnson, 1983; Phi Delta Kappan, 1988).

Hawton (1986) and Perrone (1987) found that peers of adolescents who attempted suicide are vulnerable because suicide is higher:

- among persons with unstable social relationships;
- when a population is self-contained (as in school-as-community and school-as-institution);
- when imitative behavior is common;
- when the element of bravado exists; and
- when the act is sure to be noticed.

Balk (1983) further identified acute emotional responses of students after the death of a peer. He revealed that while peer support and chances to talk with friends about the death at such a time of loss were important aids in coping with death, many peers feel uncomfortable talking about death. They frequently avoid the survivors to decrease their discomfort of not knowing what to say or how to say it. Balk maintained that young people sometimes hide their feelings of grief because such feelings often are not considered acceptable in public, and as a result, adolescents are often confused about the source of their recurring grief reactions.

BEHAVIOR MANIFESTATIONS OF LOSS

The reactions of survivors who have experienced a suicide or sudden loss are likely to be complex, but typically include some or all of the following behavioral characteristics: denial, anger, blaming, shame, guilt, fear, intellectualization, or hostility. Stanford (1978) and Hunt (1987) further suggested the need for direct intervention in schools with survivors. Shneidman (1972) noted that when a death occurs, particularly of an unexpected nature, there is no pattern of behavior to draw upon, and confusion results. Teachers also need help in understanding and handling young people's normal, yet often inappropriate, reactions to death. Young people often take clues as to how to react from the adults around them more than from the event itself. A paramount need is for counselors, educators and other support personnel to process the emotional needs of survivors. Intervention to enhance coping skills could ultimately prevent future suicides, or related self-destructive behavior.

MANAGING THE FIRST 48 HOURS

When a young person commits suicide, or is the survivor of any kind of tragic death, the school counselor is confronted immediately with a number of serious problems:

- Verifying what happened,
- Containing the information,
- Protecting the privacy of the family,
- Helping students cope with the death,
- Communicating beyond the school,
- Seeking resources in the community,
- Dealing with parents, and
- Minimizing the possibility that other students may

imitate the behavior and take their own lives.

The first 48 hours following a student's suicide or tragic death are crucial. The specific things for a counselor and his or her staff to do during the first 48 hours are listed below:

- Verify the death. Meet or call the family; share with family what school and staff plans to do; protect the family's right to privacy, but also share the critical survivor needs of students and staff.
- Convene School Crisis Management Team.

- Meet with faculty to provide accurate information and to implement school's crisis management plan.
- Designate a person to serve as a case manager.
- Call on city-wide crisis management teams or support services if needed.
- Identify staff member(s) who will follow the deceased student's class schedule to meet with teachers and classmates and to work the hallways following the crisis.
- Make counselors and/or support staff available to students.
- Identify students about whom faculty and staff are concerned.
- Provide rooms for students to meet in small groups.

CRITICAL QUESTIONS TO CONSIDER AFTER A CRISIS DUE TO SUICIDE OR

SUDDEN DEATH- How and when should the staff be informed?

- Is there a clearly defined phone tree in place?
- How and when should the students be informed?
- What specific information will be shared about the tragedy with the teachers and staff?
- How will the school protect the family's privacy?
- Who is the spokesperson for the school and what information will be released to the media?

- What will staff members be told to say if contacted by the media?
- How should the personal possessions of the student be handled?
- If feeder schools are affected by the crisis, how should they be included in the overall postvention efforts?
- Will you have a "care center" for those students who are upset?
- Where will the "care center" be located?
- Who will supervise the "care center"?
- How will students be identified to come to the "care center"?
- How many days will the "care center" be in existence?
- What available staff will you utilize city-wide?
- How will teachers, who are emotionally upset, be assisted?

TASKS OF MOURNING AND GRIEF COUNSELING

Accepting the reality of the loss and confronting the fact that the person is dead are two of the most important initial tasks of mourning. The early denial and avoidance is quickly replaced by the realization of the loss and it is necessary to feel the pain of the loss and work through the grief process.

The grief process includes adjusting to an environment in which the deceased is missing. Survivors must face the loss of the many roles the deceased person filled in their life (e.g., classmate, team member, close friend). Students need to recognize that symptoms such as startle reactions, restlessness, agitation, sleeplessness, depression and anxiety are typical intense reactions to a traumatic experience such as death. Also essential is coming to terms with the anger one often feels toward (1) the person who

has died, (2) oneself, and (3) others. A final task of mourning is to redirect the belief that one should have somehow prevented the death.

SPECIAL TREATMENT ISSUES WITH ADOLESCENTS

- Allow regression and dependency.
- Realize their lack of life experience in handling trauma.
- Allow expression of feelings such as sorrow, hostility, and guilt.
- Encourage discussion.
- Allow for fluctuations in maturity level.
- Watch for emergence of unfinished business or unresolved conflicts of the past.
- Answer questions and provide factual information.
- Correct distortions.
- Avoid power struggles with adolescents.
- Focus on strengths and constructive adaptive behaviors.
- Address conscious as well as unconscious guilt.
- Identify and help resolve adolescents' sense of powerlessness.

CONCLUSION

Young people continue to communicate their need for help in understanding their feelings of confusion, loss, alienation, loneliness, depression, anger, sadness, and guilt. Their ability to develop coping strategies for their uncomfortable but normal feelings and their ability to adjust to loss and maintain control over everyday life experiences, will

ultimately be dependent on the assistance they obtain and the resources provided to them by the school-as-community. Counselors, administrators and other support personnel can provide the curative environment that fosters prevention and intervention with at-risk students. Collective efforts to provide structured programs and secure environments to "work through" significant losses are necessary to arrest the present cycle of self-destructive behavior of contemporary youth.

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Counselor, 26(2), 96-98. ----- Rosemary Thompson, Ed.D., N.C.C. Supervisor of Primary Prevention and Early Intervention Programs Chesapeake Public Schools Chesapeake, Virginia 1990 ----- This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RI88062011. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.

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