1989

# Adolescent suicide: The secondary school's response

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## Abstract

The number of adolescent suicides has risen steadily over the past thirty years. The United States Department of Health and Human Services reported that from 1950-1982, the suicide rate for adolescents increased by 300% (McGinnis, 1987). About 6,000 young people murder themselves each year (Keasey & Keasey, 1988). According to Johnson and Maile (1987) the problem of adolescent suicide is not confined to the United States as both Canada and Western European countries have experienced an increase in suicide rates in the past ten years. Neither is the problem confined to a particular area of the United States. The overall suicide rate for youths 15-19 years of age was 15.5 per 100,000 in 1982 (McGinnis, 1987). That compared with Smith and Crawford's (1986) study of Kansas high school students in which they found a rate of 13.5 per 100,000. Similarly, the Iowa Department of Health reported a suicide rate of 13.3 per 100,000 for its 15-19 year olds in 1983 and 17.5 in 1986 (Blundell, 1987).

# ADOLESCENT SUICIDE:
# THE SECONDARY SCHOOL'S RESPONSE

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A Research Paper

Presented to

The Department of Educational Administration

and Counseling

University of Northern Iowa

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

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by

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December 1989

This research paper by: Steven K. Bomgaars

Entitled: ADOLESCENT SUICIDE: THE SECONDARY SCHOOL'S RESPONSE

has been approved as meeting the research paper requirement for the Degree of Master of Arts in Education.

Nov 13, 1989
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Nov. 14, 1989
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Nov 14 1989
Date Received

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The number of adolescent suicides has risen steadily over the past thirty years. The United States Department of Health and Human Services reported that from 1950-1982, the suicide rate for adolescents increased by 300% (McGinnis, 1987). About 6,000 young people murder themselves each year (Keasey & Keasey, 1988). According to Johnson and Maile (1987) the problem of adolescent suicide is not confined to the United States as both Canada and Western European countries have experienced an increase in suicide rates in the past ten years. Neither is the problem confined to a particular area of the United States. The overall suicide rate for youths 15-19 years of age was 15.5 per 100,000 in 1982 (McGinnis, 1987). That compared with Smith and Crawford's (1986) study of Kansas high school students in which they found a rate of 13.5 per 100,000. Similarly, the Iowa Department of Health reported a suicide rate of 13.3 per 100,000 for its 15-19 year olds in 1983 and 17.5 in 1986 (Blundell, 1987).

Not only is the suicide rate among young people alarming but the number of attempted suicides is staggering. Wodarski and Harris (1987) suggested that for every one suicide there may be 50-150 attempts. Curran (1987) found the ratio of attempted suicides to suicides to be a much higher 312:1 for 15-18 year olds in a nationwide sample. As many as 10% of

New York's high school students and 13% of northern California high school students were reported to have attempted suicide (Smith & Crawford, 1986). These figures are frightening but are more striking since it has been shown that four of five adolescents who committed suicide had made a previous attempt (Martin & Dixon, 1986).

Educators, and school counselors in particular, have extremely important roles to play in the prevention of adolescent suicide and in the aftermath of a student suicide (Zinner, 1987). Much has been written about suicide prevention programs and the incorporation of suicide education into the curriculum (Butler & Statz, 1986; Adolescent Suicide Prevention Program, 1987; Garfinkel et al., 1986; Zinner, 1987). According to the American Association of Suicidology (Ojanlatva, Hammer, & Mohr, 1987), most programs in the secondary schools are prevention models. California and Florida recently mandated that secondary schools offer suicide prevention programs for students and training for teachers in suicide prevention (Curran, 1987).

Much less has been written on how schools and school counselors should respond to the tragedy of a student suicide (Butler & Statz, 1986). Zinner (1987) and Curran (1987) maintained that although prevention programs are admirable, professionals cannot expect to prevent all student suicides.

Curran further maintained that suicide education and prevention must include preparation and assistance for the potential survivors of an adolescent suicide.

The purpose of this paper will be to explore the emotions of student survivors following a suicide. A second purpose will be to explore the responsibilities of the school counselor and the school, in general, in the aftermath of such a tragedy. This will be accomplished by a review of the literature. Finally, a model for responding to student suicide, based on three successful models used within Iowa and two used outside the state, will be presented.

Several studies (Alexander & Harman, 1988; Bensely & Bertsch, 1987; Capuzzi & Golden, 1988; Curran, 1987; Keasey & Keasey, 1988) have commented on the importance of the school's initial response to a student suicide as a result of the contagion factor. The contagion effect, adolescent suicides that occur in clusters in the same geographic area and over a short period of time, is baffling and alarming. Keasey and Keasey (1988) reported that the contagion effect is very real and is an important factor in provoking adolescents to commit suicide. They found that a predominant factor in the suicides of 96 young people was the suicide of a classmate, sibling or parent.

Johnson and Maile (1987) reported that potentially severe emotional problems may be experienced by broad groups of people within the school following a student suicide and that the negative effects on the learning process can be quite severe. Capuzzi and Golden (1988) stated that 6-10 people are affected on a long term basis for each adolescent suicide attempt or completion. High school students who survive a suicide are at-risk for suicide themselves, especially if they were close to the victim (Alexander & Harman, 1988).

Zinner (1987) stated that school counselors, because of professional training, are in a unique position within the school to intervene when a suicide occurs. The school's postvention response to a student suicide thus becomes a means of prevention for the surviving student body (Capuzzi & Golden, 1988). Prevention programs and suicide education are long-range measures while the postvention response is both a long-range preventive measure and a targeted intervention program to help those student survivors.

## Emotional Effects of Suicide on Survivors

The survivors of a student suicide, those significant others affected by the death, will experience a multiplicity of feelings. Many studies (Bensley & Bertsch, 1987; Butler & Statz, 1986; Garfinkel et al., 1986; Ojanlatva et al.,

1987) have commented on the emotional impact a suicide has on those people close to the victim. In order to respond effectively the school counselor must understand the normal feelings felt by the victims of student suicide. Butler and Statz (1986), Garfinkel et al. (1986), and Ojanlatva et al., (1987) found that the most commonly held feelings that survivors must deal with are guilt, anger, denial, shame, and relief.

Ojanlatva et al. (1987) maintained that guilt is the most prominent emotion that affects survivors. The tremendous guilt that survivors must deal with can be overwhelming as they must also deal with a massive sense of responsibility (Butler & Statz, 1986; Garfinkel et al., 1986; Ojanlatva et al., 1987). Valente, Saunders, and Street (1988) found that the younger the teenage survivor, the greater the sense of responsibility. This sense of responsibility seems to stem from the survivor's feeling that they could have prevented the suicide. Classmates and other peers may blame themselves for not seeing the signs of the impending suicide or for not meeting the needs of the victim or even for adding to the stress in the suicide victim's life (Garfinkel et al., 1986).

Closely related to the guilt feelings of the survivors, a great sense of anger is likely to exist. Ojanlatva et al. (1987) reported that survivors may be angry with themselves

for not doing more to help the victim. Anger can also manifest itself in many other ways. Garfinkel et al. (1986) commented on the sense of rage felt by survivors over being abandoned by the victim. It has been stated by both Ojanlatva et al. (1987) and by Garfinkel et al. (1986), that anger may be directed at someone or something else to deny the survivor's role in the suicide and to establish a meaning for the suicide. Peers may direct their anger toward God for allowing the suicide to occur, toward clergy or friends for not being supportive, or toward drugs and/or alcohol if they were mitigating factors (Ojanlatva et al., 1987). Whatever the form, anger is a predominant feeling among survivors.

Many in the survivor group will deny that the victim took their own life. Denial is especially prominent among the victim's close friends and is used to mask other feelings. Garfinkel et al. (1986) reported that denial may take the form of protesting the medical examiner's report for calling the death a suicide or may even take the form of idealizing the deceased, making them appear to be larger than life. The length of the denial period can vary from a matter of hours or days for some but it may linger on for weeks and months in others, according to Butler and Statz (1986).

Close friends and siblings of the victim may also feel a sense or shame (Butler & Statz, 1986; Garfinkel et al., 1986; Ojanlatva et al., 1987). Society accords a stigma to suicide and survivors may find it difficult to give or receive support from others (Garfinkel et al., 1986). Shame creates doubt about the survivor's mental health within themselves and tends to insulate them from other feelings (Butler & Statz, 1986; Garfinkel et al., 1986).

The final emotion that survivors may have to deal with is relief. Ojanlatva et al. (1987) stated that relief may also be accompanied by a sense of guilt that indicates the ordeal is finally over. According to Garfinkel et al. (1986) the sense of relief is usually an indication that the survivors have accepted the death and are ready to go on with their own lives.

According to Valente et al. (1988) the survivors of a student suicide represent a major mental health population in need of counseling. School counselors must understand the trauma of the survivors and help them deal with the feelings associated with suicide. It is imperative, according to Valente et al. (1988), that school counselors help the student survivors through the process of bereavement which involves the feelings and responses over time to death. Not only must school counselors deal with the issues of death

and grief but they must also deal with the uniqueness of death by suicide (Butler & Statz, 1986). The school counselor must, through preplanning, be in a position to give immediate help to the survivors of a student suicide.

## Counselor Role in Helping Survivors of the Student Suicide

The existing literature offers very little to prepare school counselors for the role of intervening in the aftermath of a student suicide. Most sources agree that the school counselor plays a crucial role in responding to a student suicide (Estherville, IA. Public Schools, 1987; Mississippi Bend AEA/Bettendorf, Ia. Community Schools, 1988; Wilde, 1986; Zinner, 1987). Zinner (1987) stated that the initial actions of the counselor should bring the appearance of strength and reassurance to an overwhelming and unanticipated situation. In the examination of the literature there appear to be five primary functions that counselors should carry out immediately after a student suicide: 1) identification of at-risk students; 2) establishment of survivor support groups; 3) establishment of a survivor crisis center; 4) classroom visitations; and 5) individual counseling of potentially suicidal students (Estherville, IA. Public School, 1988; Johnson & Maile, 1987; Mississippi Bend AEA/Bettendorf,

IA. Community Schools, 1988; Ojanlatva et al., 1987; Zinner, 1987).

Most sources indicate the initial responsibility of the school counselor must be the identification of those survivors closest to the victim (Johnson & Maile, 1987; Mississippi Bend AEA/Bettendorf, IA. Community School, 1988; Ojanlatva, 1987; Zinner, 1987). According to the Mississippi Bend/Bettendorf, Iowa program, and Zinner (1987) the school counselor should immediately start a list of high risk students, those who may be more affected and who may require extra support. Those students in the high risk category would include close friends, relatives, students in the same activities, neighbors, suicidal students and students identified by other students or teachers as having trouble dealing with the suicide (Wilde, 1986). Zinner (1987) stated that taking care of those identified as most vulnerable reassures the more distant members of the survivor group that a caring atmosphere prevails. She also noted that after high risk students have been identified, the counselor must determine how the students could best be helped. According to Morrison (1987), the counselor's options include: support groups; individual counseling; and referral to an outside agency.

Helping Student Survivors: The Counselor's Role

Identification of high risk students by the counselor may be enhanced by classroom visits made by the counselor. The only source which suggested this role was the Estherville, Iowa Public Schools (1987). They advocated a schedule of visitations in which the counselor may directly observe the reactions of students to a suicide. It was also suggested by the Estherville program that this would provide the counselor an opportunity to advise students of the availability of various means of support within the school and community.

The Estherville, Iowa Public Schools (1987); Mississippi Bend AEA/Bettendorf, Iowa Community Schools, (1987); and Morrison (1987), all advocate the use of crisis centers within the school following a student suicide. According to Morrison (1987), the crisis center should be administered by the school's counselors and staffed by the counselors and mental health professionals from the community if needed. All three of the above sources agreed that a crisis center should be a designated area near the guidance office where students can talk about their feelings with a counselor, either individually or in a small group.

The least costly, least threatening, and perhaps most efficient form of counseling service that can be provided to student survivors are student support groups (Morrison, 1987).

Valente et al. (1988) showed that adolescents manage their grief better when they can talk about their feelings within a support system. Wilde (1986) stated that the purpose of student survivor groups should be to facilitate appropriate adjustments after the suicide. Alexander and Harman (1988) commented that the purpose of such groups should be to explore constructive ways of coping with the situation and to enhance students' awareness of their thoughts and feelings about the suicide. Zinner (1987) concurred by stating that support groups for survivors can help members create appropriate and meaningful responses to the death. It is important that the school counselor be directly involved in the entire group process, from identifying students at-risk to conducting the group sessions and making referrals, when needed, to other mental health professionals.

The survivor group, under the direction of the school counselor, can help group members by: clarifying the facts surrounding the suicide; providing professional and peer support; referring those students within the group who may need professional therapy; providing information about available community resources; identifying those students in the group who may be at-risk for suicide; focusing on the feelings of grief; and not glorifying the act of suicide (Alexander & Harman, 1988; Wilde, 1986).

Wilde (1986) stated that two groups of students will generally be identified as needing the services of a support group: a core group made up of the victim's closest friends and a peripheral group comprised of students in the same activities, neighbors, etc. but who were not the deceased's close friends. Other students who may need help may not be easily identified. These students would likely fall into the peripheral group. According to Wilde, it is wise for the school counselor to check the survivor list with the victim's family or with individual group members. Identification is an integral part of the process and the school counselor must be sure that all appropriate students are identified for the group (Morrison, 1987). After group membership has been determined, the school counselor should schedule group meetings as early in the school day as possible. It has also been suggested by Morrison (1987) and Wilde (1986) that the school counselor co-facilitate the group. Thus, the counselor needs to also identify mental health professionals in the community or teachers who have an interest in training in group work to assist with co-facilitation of the groups.

The initial meeting of the survivor group may be the most emotionally intense for all individuals involved (Alexander & Harman, 1987). The free expression of feelings

is extremely important at the initial meeting because, as Valente et al. (1988) pointed out, adolescents who can not come to terms with the bereavement process may be at-risk for ongoing mental health problems. Thus, it becomes essential for the school counselor to address the feelings of the survivors so they can be guided through the grieving process (Alexander & Harman, 1988; Mississippi Bend AEA/Bettendorf, IA. Community School, 1987; Valente et al., 1988).

The school counselor can expect to have referrals from various sources concerning possible suicidal students following the suicide of a student (Johnson & Maile, 1987). Each referral must be taken seriously and the school counselor must initially determine the lethality of the intent. According to Fujimura, Weis and Cochran (1985), Garfinkel et al. (1986), and Martin and Dixon (1986), the counselor must examine several symptoms to determine suicidal intent.

During the initial interview with a potentially suicidal student the counselor must look for the following: 1) previous suicide attempts; 2) dramatic mood swings; 3) a detailed plan for committing suicide; 4) withdrawal from family and friends; 5) giving away prized possessions; 6) a history of substance abuse; 7) knowledge of resource and support systems; 8) a history of psychological treatment; and 9) the availability of the means for carrying out the

suicide plan (Fujimura et al., 1985; Garfinkel et al., 1986; Martin & Dixon, 1986).

Several steps need to be taken if it has been determined that a student is indeed suicidal. Garfinkel et al. (1986) reported that the following steps need to be observed: 1) stay calm, as the student is likely to be distraught and overwhelmed; 2) try to get the student to talk and express feelings; 3) build trust by indicating the student has done the right thing by coming for help and point out that options are available; and 4) try to get the student to agree to a contract to live, either written or verbal. The school counselor must also be aware that there are several things they should not do when counseling a suicidal student. According to Martin and Dixon (1986), it is imperative that the counselor never promise confidentiality. The school counselor should promise the student help and a right to privacy but the situation may involve the expertise of the professional. The student needs to be notified of this fact as well as the fact that the student's parents and the school administration need to be informed (Garfinkel et al., 1986; Martin & Dixon, 1986).

## Proposed Model of a School Response Program in the Aftermath of a Student Suicide

In order for the school counselor to adequately discharge his/her appropriate role following a student suicide, a school-wide system or program must be in place to help students grieve and mourn the loss in a healthy manner (Curran, 1987). According to the Estherville, Iowa Public School program (1987) a school response program should be concerned with two major considerations: 1) the emotional adjustment of the students and 2) the restoration of the school to "normalcy." Unfortunately, very little has been written about school response programs or the counselor role in a response program. Therefore, in this section a proposed model program for school response to student suicide is presented. The model has been constructed by the paper's author and is based on three models in use in Iowa schools and two models in use in other states (Adolescent Suicide Prevention Program, 1987; Estherville, IA. Public Schools, 1987; Garfinkel et al., 1986); Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988; Wilde, 1986).

The proposed model program is divided into three phases: preplanning, implementation of action plan, and follow-up activities. Although only the Adolescent Suicide Prevention Program (1987) and Garfinkel et al. (1986) advocated these

phases, they are helpful in clearly designating responsibilities and roles within the program.

Preplanning Phase

Step 1

Garfinkel et al. (1986) and Mississippi Bend AEA/Bettendorf, Iowa Community Schools (1988) advocated establishment of a core group who would be in charge of the school response program. Although Garfinkel et al. referred to the group as the School Crisis Team (SCT) and Mississippi Bend AEA/Bettendorf referred to it as the Emergency Response Team (ERT), both programs advocated essentially the same responsibilities for the group. For the sake of continuity, in this paper the group will be referred to as the SCT.

In the proposed model, the SCT would be comprised of an administrator, all school counselors, two or three teachers, school nurse and a social worker (Garfinkel et al., 1986; Mississippi Bend/AEA Bettendorf, IA. Community Schools, 1988). The SCT would be primarily responsible for executing staff inservice programs and coordinating the activities of the school during the crisis period. Garfinkel et al. (1986) advocated that the SCT select someone to be in charge during the crisis and also to designate a substitute in the event that the appointed person is unavailable at the time of the emergency.

Step 2

According to the publication from the Fairfax County, Virginia Public Schools, Adolescent Suicide Prevention Program, (1987) and Garfinkel et al. (1986), the school administration should hold inservice programs on suicide prevention and intervention for all school staff. In the proposed model, the SCT would be responsible for conducting such inservices on an annual basis. The administration would establish the time of the inservices and provide the necessary facilities.

Step 3

Wilde (1986) suggested that the school establish a reference list of all community resources available to help during a crisis. Other sources indicated that the school should establish good working relationships with community resources (Estherville, IA. Public Schools, 1987; Garfinkel et al., 1986; Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988).

The role of establishing a working relationship with community resources through the establishment of periodic meetings. However, it would also be incumbent upon the SCT to compile a list of community personnel that could be called upon in a time of crisis.

Step 4

Garfinkel et al. (1966) and the Adolescent Suicide Prevention Program (1987) suggested holding inservice programs for all secretarial staff on how to handle telephone calls and requests for information from the public and the media.

In the proposed model, the SCT would be responsible for conducting this inservice. Although this particular step is not found widely in the literature, it would be imperative that support staff be instructed carefully in responding accurately and delicately to queries.

Step 5

The Adolescent Suicide Prevention Program (1987), Garfinkel et al. (1986), and the Mississippi Bend AEA/Bettendorf, Iowa Community Schools (1988) advocated having a plan to make space available for necessary meetings of students, staff, parents, and media. The Estherville, Iowa Public Schools (1987) suggested making a room available for despondent students.

In the proposed model, the SCT would assign areas for all necessary groups. This would require the assistance of the administration and the cooperation of teaching staff to make flexible adjustments if needed.

Implementation of Action Plan

Step 1

Garfinkel et al. (1986) believed that the SCT would initially verify the fact that a suicide had occurred. Although this was a step not found in other literature, this would be the initial responsibility of the SCT in the proposed model. The SCT would not be able to act if verification of the suicide were not collaborated. Therefore, in the proposed model, the SCT would act first by making contact with hospital and/or police authorities to determine cause of death and the exact name of the student involved.

Several studies (Adolescent Suicide Prevention Program, 1987; Estherville, IA. Public Schools, 1987; Garfinkel et al., 1986; Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988; Wilde, 1986) indicated that once the facts surrounding the suicide are confirmed, the key people in the school system needed to be informed. Under the proposed model, the responsibility of informing key school personnel would be delegated to the SCT. The SCT would not only inform them as to the facts surrounding the case but also brief them on the protocol to be followed during the crisis.

Step 2

The SCT would draft a press release for the media and designate guidelines for media behavior on school property

(Garfinkel et al., 1986). Although Garfinkel et al. (1986) is the only source to stress this step, it would be important to have the school response outlined in advance and established media guidelines in hand.

Step 3

A general statement would be prepared for the student body to be made by the principal (Adolescent Suicide Prevention Program, 1987; Garfinkel et al., 1986; Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988; Wilde, 1986). The Adolescent Suicide Prevention Program and Garfinkel et al., recommended that the announcement be a straightforward statement about the death with expression of sympathy and condolences to the family. In the proposed model, the SCT would meet with the principal to help draft a statement.

The Mississippi Bend AEA/Bettendorf, Iowa Community Schools (1988) advocated making the students aware that the school would release more information as it became available. The SCT would cooperate and assist the administration with this task under the model program. It would be important for the school to communicate as much information as appropriate to alleviate the possibility of damaging rumors and establish the school as credible and caring in the eyes of the students.

Step 4

Most Sources (Adolescent Suicide Prevention Program, 1987; Garfinkel et al., 1986; Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988; Wilde, 1986) suggested that a mandatory faculty meeting be conducted as early as possible to inform the staff of the school's response. Under the model program, the faculty meeting would be primarily the responsibility of the SCT. The faculty would be aware of the school's response program through prior inservicing but it would be the SCT's job to communicate the facts surrounding the death and to review the previously established protocol.

Step 5

Many sources (Adolescent Suicide Prevention Program, 1987; Estherville, IA. Public Schools, 1987; Garfinkel et al., 1986) advocated that the school counselors and the SCT be prepared to compile a list of students who were close to the victim and that those students be brought together at a predetermined site for a discussion about their feelings toward the death. The SCT would assist the counselors with the task of identifying the friends of the deceased under the model program.

The Estherville, Iowa Public Schools (1987) recommended the establishment of a Crisis Center for students having trouble handling their grief. They maintained that the Crisis

Center needed to be staffed at all times during the day with mental health professionals and peer counselors.

Under the model program, a Crisis Center would be established and the location announced to the students early in the day. Since students are accustomed to receiving services from the counseling office, the location the Crisis Center would ideally be located nearby. A Crisis Center would be staffed by mental health professionals from the school and community. By establishing a Crisis Center, the school would extend a sense of caring to troubled students.

Step 7

The SCT, along with other community resources, would be responsible for arranging a community meeting (Estherville, IA. Public Schools, 1987; Garfinkel et al., 1986). In the model program, the SCT would organize the community meeting for the purpose of communicating the facts surrounding the suicide and the school's response to the crisis. Mental health professionals from the community would be asked to help at the meeting. This would indicate that the suicide was a community problem which required community action and cooperation, not simply a school problem.

Step 8

The SCT may need to work with students to plan a memorial for the deceased student (Adolescent Suicide Prevention

Program, 1987; Garfinkel et al., 1986; Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988). According to Garfinkel et al., the school should not allow students to express a sense of loss. In the model program, the SCT would work with the deceased's close friends to plan a memorial that would reflect a sense of loss but not glorify the act of suicide.

Step 9

The SCT should collect information about funeral arrangements and visit with the family to express the school's sympathy and condolences (Adolescent Suicide Prevention Program, 1987; Garfinkel et al., 1986). Garfinkel et al. (1986) recommended that the SCT visit with the family about faculty and student attendance and participation at the visitation and funeral.

Under the model program, the SCT would be responsible for communications with the deceased student's family. They would be the liaison between the family and school. The school's actions during the time of crisis would be communicated to the family through the SCT. Likewise, requests from the family would be communicated to students and faculty through the SCT. The SCT, in the model program, would provide the major conduit between the deceased's family and the school personnel, staff and students.

Follow-Up Activities

Step 1

According to Mississippi Bend AEA/Bettendorf, Iowa Community Schools (1988), the school principal, following the funeral, should make an announcement to the faculty and students to bring closure to the event and to express thanks for the cooperation during the crisis.

The model program would take this step in an effort to return the school to normalcy. In the model program, the SCT would be responsible for helping the principal draft the announcement. Just as it would be important not to glorify the act of suicide in a memorial, it would be equally important not to glorify it in an announcement. The announcement would not need to be elaborate but, rather, a sincere expression of thanks and remorse. This would send a caring message but would also start to bring a sense of finality to the crisis.

Step 2

Following the funeral, teachers should be encouraged to bring closure by resuming regular activities as quickly as appropriate (Estherville, IA. Public Schools, 1987; Mississippi Bend AEA/Bettendorf, IA. Community Schools, 1988). Students who seem to be having trouble dealing with their grief should be referred to the counselors (Adolescent Suicide Prevention Program, 1987; Garfinkel et al., 1986).

In the model program, the principal would conduct a short faculty meeting to encourage teachers to resume normal classroom activities. The SCT would also present, at that time, any pertinent information about students-at-risk as a result of the crisis. Teachers would also be directed, by the SCT, to observe students carefully and make appropriate referrals to the school counselors.

Step 3

The school counselors should meet with the student survivors who were close to the victim in support group sessions for a time after the funeral to ensure they were handling their grief in an appropriate manner (Adolescent Suicide Prevention Program, 1987; Garfinkel et al., 1986). According to Garfinkel et al. (1986) referrals should be made to outside agencies for those students who seem to be having extreme difficulty in coping with the suicide.

In the model program, the SCT would compile a list of students who might need support services. The counselors would, initially, meet with student survivors individually and then comprise as many support groups as needed. The counselors would be responsible for the referral of students needing more acute care to appropriate outside agencies. The support groups would meet for one hour on a weekly basis until the counselors felt they were no longer needed.

## Conclusion

In this paper four major areas were treated: the prevalence of student suicides, the feelings students may experience after the loss of a friend through suicide, the counselor's role in the aftermath of an adolescent suicide, and a proposed model school response program.

The statistics on adolescent suicide clearly indicate a dramatic increase in rate over the past 30 years. Some school systems throughout the country have implemented suicide prevention programs and installed suicide education in the curriculum. However, a review of the literature indicates that very little has been written about school response programs to adolescent suicide. The aftermath of a student suicide is a stressful and, for some students, a traumatic experience.

Adolescent suicides will continue to occur despite preventive measures. Clearly, the school, and particularly the school counselor, need to be ready to respond in the event of a student suicide. The manner in which the school responds to the tragedy can have a tremendous impact on the mental health of the entire school community.

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